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| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0479. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. | | | | **OMB APPROVED**  0579-0479 | PAGE 1 of |
| **UNITED STATES DEPARTMENT OF AGRICULTURE**  **ANIMAL AND PLANT HEALTH INSPECTION SERVICE**  **ANIMAL CARE** | | **CONTINGENCY PLANNING PROGRAM** | | | |
| INSTRUCTIONS: This optional form or an equivalent format may be used to meet the requirement for a written Contingency Plan. This form may be used as a guideline for developing and writing a Contingency Plan. Pages or blocks which do not apply to the facility should be marked N/A. If the space provided is not adequate for a specific topic, additional sheets may be added. Ensure the additional sheets include Section and Item Numbers.  For more information, see 7 U.S.C. 2131-2159; 7 CFR 2.22, 2.80, and 371.7. | | | | | |
| SECTION I. ESTABLISHMENT OF CONTINGENCY PLANNING PROGRAM | | | SECTION II. MAINTENANCE OF PROGRAM | | |
| 1. LICENSEE/REGISTRANT NAME | 6. Site number | | Facilities must develop, document, and follow a contingency plan to provide for the humane handling, treatment, transportation, housing, and care of their animals in the event of an emergency or disaster. Make sure your contingency planning addresses the basics by completing this optional form.  The process of contingency *planning* is more important than an actual plan, especially if the plan is never revisited. Review your plan once a year, at minimum. Practice your plan through drills with employees. Use the reviews as an opportunity to improve your plan (e.g., add new triggers you had not thought of before, update contact information for all employees, add backup sources for feed, assess your training). Make sure your contingency plans as well as all annual review documentation are available to USDA upon request.  For more tips on planning, visit https://www.aphis.usda.gov/aphis/ourfocus/emergencyresponse/sa\_animal\_welfare  I have read and completed this Contingency Planning Program and understand my responsibilities.  Licensee / Registrant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 2. BUSINESS NAME | | |
| 3. USDA LICENSE/REGISTRATION NUMBER | 7. HOME TELEPHONE | |
| 4. STREET MAILING ADDRESS | 8. BUSINESS TELEPHONE | |
| 5. CITY, STATE, AND ZIP CODE | 9. email address | |
| SECTION III. IMPORTANT CONTACT INFORMATION | | |
| 1. ATTENDING VETERINARIAN | 10. POWER COMPANY | |
| 2. USDA INSPECTOR | 11. GAS COMPANY | |
| 3. EMERGENCY MANAGEMENT AGENCY | 12. WATER COMPANY | | IN THIS SPACE LIST THE DATES AND INITIAL WHEN YOU REVIEWED AND CONDUCTED DRILLS ON THIS PLAN. ADD MORE PAGES AS NEEDED. | | |
| 4. ANIMAL POISON CONTROL CENTER | 13. | |
| 5. ANIMAL EVACUATION SITE | 14. | |
| 6. FIRE DEPARTMENT | 15. | |
| 7. POLICE DEPARTMENT | 16. | |
| 8. HOSPITAL | 17. | |
| 9. POISON CONTROL CENTER | 18. | |

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| SECTION IV. SITUATIONS THAT WOULD TRIGGER YOUR CONTINGENCY PLAN*(Add more pages as needed.)* | |
| What are common risks to your animals? What types of hazards have you experienced in the past at your facility?  Here are some examples.  Electrical outages  Faulty HVAC systems  Fires  Animal escapes  Feed and water supply disruptions  Road closures  Natural disasters such as  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other situations:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | List other hazards and provide details below. |

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| SECTION V.SPECIFIC TASKS TO PREVENT AND RESPOND TO POTENTIAL HAZARDS LISTED IN SECTION IV *(Examples of tasks required in emergency situations: Animal evacuation to temporary housing; shelter-in-place; provide backup sources of food and water; provide backup methods of sanitation, ventilation, bedding; provide backup veterinary care and medications; contact local emergency management, public safety and/or law enforcement; contact all employees; contact your USDA Inspector; contact your Attending Veterinarian; establish Safety Leader)* | SECTION VI.RESPONSIBLE PERSONFOR THE TASK | SECTION VII.DETAILS NEEDED TO PERFORM THE TASK*(Consider physical materials, other resources, and training)* |
| *(Example only)*  *Use back-up animal feed* | *Animal Husbandry Manager*  *Cell 111-111-1111* | *Plan for 2 alternate feed sources at all times, keep 7 days' emergency feed on hand in Storeroom 1, use and replace emergency feed stock monthly to prevent spoilage; train staff on monthly stock rotation* |
| *(Example only)*  *Contact all employees in emergency situation* | *Staff Manager*  *Cell 222-222-2222* | *Maintain a way to contact employees when they are both on-site and off-site; keep contact list updated; perform drills to ensure all employees are trained* |
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