OMB Approved 0579-0036, Exp. XX/XXXX

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## 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
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
2. BUSINESS NAME		basics by completing this optional form.
3. USDA LICENSE/REGISTRATION NUMBER	7. HOME TELEPHONE	The process of contingency <i>planning</i> 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.
4. STREET MAILING ADDRESS	8. BUSINESS TELEPHONE	
5. CITY, STATE, AND ZIP CODE	9. EMAIL ADDRESS	For more tips on planning, visit https://www.aphis.usda.gov/aphis/ourfocus/emergencyresponse/sa_animal_welfare
SECTION III. IMPORTANT CONTACT INFORMATION		I have read and completed this Contingency Planning Program and understand my responsibilities.
1. ATTENDING VETERINARIAN	10. POWER COMPANY	Licensee / Registrant Date
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.	

### 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?	List other hazards and provide details below.
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:	

# SECTION V.

## SECTION VI.

### SECTION VII.

FOR THE TASK	DETAILS NEEDED TO PERFORM THE TASK (Consider physical materials, other resources, and training)
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
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
	Animal Husbandry Manager Cell 111-111-1111 Staff Manager