# Instructions [Delete this page when creating plan]

The goal of this template is to assist owners and managers with developing a carcass management plan specific to their site. The information will be useful for pre-event planning, as well as, during an emergency response.

## Sections

Fill out each of the sections of this template with the corresponding information from the Carcass Management Dashboard.

## Site Map

Insert a map created with a mapping tool, such as Google Earth, Google Maps, or MapQuest into [Annex A: Site Map](#_Annex_A:_Site). Include the following information:

* Property lines, easements, right-of-way, and any deed restrictions
* Location, type, and size of existing and public utilities (overhead power lines, cable, pipelines, water, sewer, telephone, natural gas, etc.)
* Position of buildings, wells, septic systems, culverts, drains and waterways, walls, fences, roads and other paved areas, runoff, and drainage patterns
* Proximity and access to roads
* Operation access points (gates/driveways into premises) and staging areas (for carbon source, carcasses, roll-offs), including biosecurity control zones (see FADPReP Biosecurity SOP).

The following resources, if available, may be helpful:

* A soils map of the area where all livestock production facilities are or will be located (see NRCS Web Soil Survey)
* Aerial photos - useful in laying out the proposed site
* Topographic map of site

## Vicinity Map

Insert a map created with a mapping tool, such as Google Earth, Google Maps, or MapQuest into [Annex B: Vicinity Map](#_Annex_B:_Vicinity). Include the following information:

* Location of wetlands, streams, legally established public drains, public drinking water wells, and other bodies of water in close proximity to facility/proposed site
* Existing land uses for contiguous land
* Names and addresses of adjacent property owners
* Location and distance to all non-farm residences within a half mile radius of the facility
* Aerial photos - identifying non-farm residences in the area; key facilities such as airports
* Topographic map of surrounding area
* Security control sites
* Potential access points, staging areas, biosecurity control points, within 100-150 yards
* Nearby disposal facilities (such as landfills)
* Main roadways, including access and control points

# Location Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Location Name: | | Click or tap here to enter text. | | | | |
| Street Address: | | Click or tap here to enter text. | | | | |
| City: | Click or tap here to enter text. | | State: | Click or tap here to enter text. | Zip: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | | E-mail: | Click or tap here to enter text. | | |

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| Land Owner Name: | Click or tap here to enter text. | | |
| Phone Number: | Click or tap here to enter text. | E-mail: | Click or tap here to enter text. |

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| Livestock Owner Name: | | Click or tap here to enter text. | | |
| Phone Number: | Click or tap here to enter text. | | E-mail: | Click or tap here to enter text. |

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| Location Point of Contact: | | Click or tap here to enter text. | | |
| Phone Number: | Click or tap here to enter text. | | E-mail: | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| Alternate Contact: | Click or tap here to enter text. | | |
| Phone Number: | Click or tap here to enter text. | E-mail: | Click or tap here to enter text. |

[Insert Map Here]

Emergency Contacts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| County Emergency Manager Name: | | Click or tap here to enter text. | | |
| Phone Number: | Click or tap here to enter text. | | E-mail: | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- |
| State Agriculture Point of Contact: | | **Southwest Border Food Protection and Emergency Preparedness Center** | | |
| Phone Number: | **(575) 646-4402** | | E-mail: | **swcenter@nmsu.edu** |

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| --- | --- | --- | --- | --- |
| Other Point of Contact Name (ex: Farm Services Agency): | | Click or tap here to enter text. | | |
| Phone Number: | Click or tap here to enter text. | | E-mail: | Click or tap here to enter text. |

Location Description

|  |  |
| --- | --- |
| Operation Type: | Click or tap here to enter text. |
| Species of Animals: | Click or tap here to enter text. |
| Number of Animals: | Click or tap here to enter text. |
| Avg. Weight of Animals: | Click or tap here to enter text. |

Primary and Secondary disposal methods

Disposal Methods

Primary Disposal Method: Choose an item.

Estimated Needed Equipment

Ex: Excavators, loaders, transport vehicles

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type: | Click or tap here to enter text. | | | Size: | Click or tap here to enter text. | | Quantity: | | Click or tap here to enter text. | |
| Point of Contact Name: | | Click or tap here to enter text. | Phone Number: | | | Click or tap here to enter text. | | E-mail: | | Click or tap here to enter text. |
| Equipment Owned/Not Owned: | | Choose an item. |
| Type: | Click or tap here to enter text. | | | Size: | Click or tap here to enter text. | | Quantity: | | Click or tap here to enter text. | |
| Point of Contact Name: | | Click or tap here to enter text. | Phone Number: | | | Click or tap here to enter text. | | E-mail: | | Click or tap here to enter text. |
| Equipment Owned/Not Owned: | | Choose an item. |

Estimated PPE and Supplies:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Latex Gloves (boxes of 100 ct.): | | | | Click or tap here to enter text. boxes | | | | | | | N95 Face Masks (boxes of 25 ct.): | | | Click or tap here to enter text. boxes |
| Tyvek Suits (one size): | | | Click or tap here to enter text. | | | | | | Boot Covers (pairs): | | | | Click or tap here to enter text. | |
| Safety Goggles: | | Click or tap here to enter text. | | | | | Trash Bags: | | | | | Click or tap here to enter text. | | |
| Sprayers: | Click or tap here to enter text. | | | | Disinfectant: | | | Click or tap here to enter text. | | | | | | |
| Other: | Click or tap here to enter text. | | | | | Other: | | | | Click or tap here to enter text. | | | | |

Personnel (ex: Supervisor, Safety Manager, Equipment Operator, etc.):

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| **Job Duties:** |
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Secondary Disposal Location: Choose an item.

Estimated Needed Equipment:

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| Type: | Click or tap here to enter text. | | | Size: | Click or tap here to enter text. | | Quantity: | | Click or tap here to enter text. | |
| Point of Contact Name: | | Click or tap here to enter text. | Phone Number: | | | Click or tap here to enter text. | | E-mail: | | Click or tap here to enter text. |
| Equipment Owned/Not Owned: | | Choose an item. |
| Type: | Click or tap here to enter text. | | | Size: | Click or tap here to enter text. | | Quantity: | | Click or tap here to enter text. | |
| Point of Contact Name: | | Click or tap here to enter text. | Phone Number: | | | Click or tap here to enter text. | | E-mail: | | Click or tap here to enter text. |
| Equipment Owned/Not Owned: | | Choose an item. |

Estimated PPE and Supplies:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Latex Gloves (boxes of 100 ct.): | | | | Click or tap here to enter text. boxes | | | | | | | N95 Face Masks (boxes of 25 ct.): | | | Click or tap here to enter text. boxes |
| Tyvek Suits (one size): | | | Click or tap here to enter text. | | | | | | Boot Covers (pairs): | | | | Click or tap here to enter text. | |
| Safety Goggles: | | Click or tap here to enter text. | | | | | Trash Bags: | | | | | Click or tap here to enter text. | | |
| Sprayers: | Click or tap here to enter text. | | | | Disinfectant: | | | Click or tap here to enter text. | | | | | | |
| Other: | Click or tap here to enter text. | | | | | Other: | | | | Click or tap here to enter text. | | | | |

Personnel:

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| **Job Duties:** |
| Click or tap here to enter text. |
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Offsite Location: Choose an item.

If Primary or Secondary Disposal Method will take place off-site, please enter the location here.

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| Location Name: | | Click or tap here to enter text. | | | | |
| Street Address: | | Click or tap here to enter text. | | | | |
| City: | Click or tap here to enter text. | | State: | Click or tap here to enter text. | Zip: | Click or tap here to enter text. |
| Miles away from premises: | Click or tap here to enter text. | | Method of Transportation: | Click or tap here to enter text. |  |  |
| Cost/Ton: | Click or tap here to enter text. | | Tipping Fees (if any): | Click or tap here to enter text. | | |

Other Waste Material

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| Decontamination Wastewater Amount (gal/day): | | | Click or tap here to enter text. | | |
| PPE Waste (# Contractor Trash Bags): | | Click or tap here to enter text. | | | |
| Other Waste: | Click or tap here to enter text. | | | Amount: | Click or tap here to enter text. |
| Other Waste: | Click or tap here to enter text. | | | Amount: | Click or tap here to enter text. |
| Other Waste: | Click or tap here to enter text. | | | Amount: | Click or tap here to enter text. |
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