# EMERGENCY ACTION PLAN

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| **FARM INFORMATION** | FARM NAME | PREMISES ID NUMBER (PIN) |
| | OWNER/OPERATOR NAME | PHONE |
| | FARM/SITE ADDRESS (INCLUDING EMERGENCY 9-1-1 ADDRESS) | |

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| **CONTACTS** | RESCUE/AMBULANCE | FIRE DEPARTMENT |
| | POISON CONTROL | DOCTOR |
| | POLICE/SHERIFF | INSURANCE |
| | HOSPITAL | OTHER |

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| **DISEASES** | STATE ANIMAL HEALTH OFFICIAL | FEDERAL ANIMAL HEALTH OFFICIAL |
| | VETERINARIAN | OTHER |

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| **MANURE SPILLS** | STATE EPA | EARTH MOVING |
| | MANURE PUMPING | HAULING |
| | EQUIPMENT | COUNTY ENGINEER |
| | OTHER | OTHER |

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| **SYSTEM FAILURES** | ELECTRICITY | PLUMBING |
| | VENTILATION | HEATING |
| | ANIMAL TRANSPORT | FEED |
| | MORTALITY DISPOSAL | OTHER |