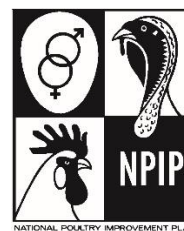


NPIP Program Standards

Biosecurity Principles Audit Form



1. Biosecurity responsibility

| | Y or N | COMMENTS |
|---|--------|----------|
| Is there a Biosecurity Coordinator? If so, please provide their name. | | |
| Is there a site-specific biosecurity plan? | | |
| Is the Biosecurity Coordinator knowledgeable in the principles of biosecurity? | | |
| Does the Biosecurity Coordinator review the biosecurity program at least once during each calendar year and make revisions as necessary? | | |
| Does the biosecurity plan indicate there will be a review by the Biosecurity Coordinator in periods of heightened risk of disease transmission? | | |

2. Training

| | Y or N | COMMENTS |
|---|--------|----------|
| Does the biosecurity program include training materials that cover both farm site-specific procedures as well as or company and/or complex-wide site-specific procedures as applicable? | | |
| Do all poultry owners and caretakers that regularly enter the perimeter buffer area (PBA) complete this training? | | |
| Has the training been completed at least once per calendar year and documented? | | |
| Are new poultry caretakers trained at hire? | | |
| Are training records retained as stated in Title 9-CFR §145.12(b) and 146.11(e)? | | |

3. Line of Separation (LOS)

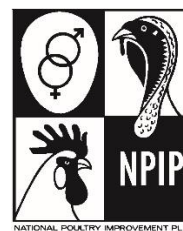
| | Y or N | COMMENTS |
|--|--------|----------|
| Does the site-specific biosecurity plan describe or illustrate the boundaries of the LOS? If not, please explain. | | |
| Does the site-specific biosecurity plan clearly outline procedures to be followed when caretakers, visitors, or suppliers cross the LOS? | | |

4. Perimeter Buffer Area (PBA)

| | Y or N | COMMENTS |
|--|--------|----------|
| Does the site-specific biosecurity plan describe or illustrate the boundaries of the PBA? | | |
| Does the site-specific biosecurity plan clearly outline the procedures to be followed by caretakers, visitors, or suppliers when entering and leaving the PBA? | | |

NPIP Program Standards

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5. Personnel

| | Y or N | COMMENTS |
|---|--------|----------|
| Does the biosecurity program and/or site-specific biosecurity plan include provisions specifically addressing procedures and biosecurity personal protective equipment (PPE) for site dedicated personnel? | | |
| Does the biosecurity program and/or site-specific biosecurity plan address the procedures and biosecurity PPE for non-farm personnel? | | |
| Does the biosecurity program and/or site-specific biosecurity plan specify procedures which all personnel having had recent contact with other poultry or avian species should follow before re-entering the PBA? | | |

6. Wild Birds, Rodents and Insects

| | Y or N | COMMENTS |
|--|--------|----------|
| Are there control measures in the biosecurity program and/or site-specific biosecurity plan to prevent contact with and protect poultry from wild birds, their feces and their feathers as appropriate to the production system? | | |
| Does the biosecurity program and/or site-specific biosecurity plan contain control programs for rodents, insects, and other animals? | | |
| Are these programs documented? | | |

7. Equipment and Vehicles

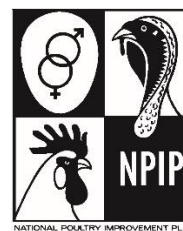
| | Y or N | COMMENTS |
|---|--------|----------|
| Does the biosecurity program and/or site-specific biosecurity plan include provisions for procedures for cleaning, disinfection, or restriction of sharing of equipment where applicable? | | |
| Are vehicle access and traffic patterns defined? | | |

8. Mortality Disposal

| | Y or N | COMMENTS |
|--|--------|----------|
| Is there a mortality disposal plan? | | |
| Does the mortality disposal plan reference the frequency of removal, storage of mortality, and pest control around mortality storage and disposal areas? | | |

NPIP Program Standards

Biosecurity Principles Audit Form



| | | |
|--|--|--|
| Does the mortality disposal plan address procedures for handling mortality disposal in a way that minimizes the potential for cross-contamination from other facilities or between premises? | | |
|--|--|--|

9. Manure and Litter Management

| | Y or N | COMMENTS |
|--|--------|----------|
| Is the manure and spent litter handled in a manner that limits the spread of infectious disease? | | |

10. Replacement Poultry

| | Y or N | COMMENTS |
|---|--------|----------|
| Is replacement poultry sourced from flocks which are in compliance with NPIP provisions and program standards? | | |
| Is replacement poultry transported in equipment and vehicles that are regularly cleaned, disinfected and inspected? | | |
| Are biosecurity protocols in place for equipment and personnel involved in the transport of replacement poultry? | | |

11. Water Supply

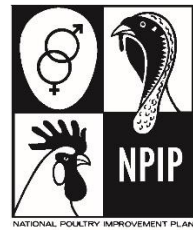
| | Y or N | COMMENTS |
|---|--------|----------|
| Is drinking water or water used for evaporative cooling sourced from a contained supply such as a well or municipal system? | | |
| If water comes from a surface water source, is water treatment used to reduce the level of disease agents? | | |
| If surfaces have been cleaned or flushed with surface water, is subsequent disinfection employed to prevent disease transmission? | | |
| If water treatment is not possible, is a risk analysis performed to determine actions needed to mitigate risks? | | |

12. Feed and Replacement Litter

| | Y or N | COMMENTS |
|--|--------|----------|
| Is feed, feed ingredients and litter stored and maintained in a manner that limits exposure to and contamination by wild birds, rodents, insects, and other animals? | | |
| Does the biosecurity plan address feed spills within the PBA (outside of the LOS)? | | |

NPIP Program Standards

Biosecurity Principles Audit Form



13. Reporting of Elevated Morbidity and Mortality

| | Y or N | COMMENTS |
|--|--------|----------|
| Does the biosecurity program address elevated morbidity and/or mortality above expected levels? | | |
| Is there a plan to report and take appropriate action should you suspect and need to rule out reportable disease agents? | | |

Satisfactory
 Unsatisfactory
 Opportunity for Improvement
 N/A

Additional

Comments: _____

X

Official State Agency - Date

X

OSA Designee/Reviewer - Date

X

Company Name and Representative
NPIP Approval Number- Date