



PREMISES ID: _____

Instructions: Please submit one questionnaire per Premises ID, even if multiple premises have a single owner. Attach any supplemental materials necessary and reference in each section as applicable. All dates should be written in mm/dd/yyyy format.

Section A—Basic Information, Inventory, and Animal Shipment Information

Interview date: _____

Interviewed by (name and title): _____

Operation type(s) of this premises - check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Backyard swine (confined but with access to outdoors surrounded by fence/barrier) | <input type="checkbox"/> Breeder swine (sexually intact, >6 months age) |
| <input type="checkbox"/> Commercial swine (confined to housing facility and raised to prevent exposure to feral swine) | <input type="checkbox"/> Feeder swine (<6 month age, not slaughter swine) |
| <input type="checkbox"/> Feral swine (free-roaming, non-domestic) | <input type="checkbox"/> Slaughter swine (sold/moved for slaughter only) |
| <input type="checkbox"/> Hobby (not intended for slaughter, breeding, exhibition, or sale) | <input type="checkbox"/> Livestock concentration point: |
| | <input type="checkbox"/> Buying station <input type="checkbox"/> Auction/Sale Barn |
| | <input type="checkbox"/> Slaughter Facility <input type="checkbox"/> Agriculture Exhibition Grounds |

Premises Main Point of Contact Information

Name: _____ Email: _____

Preferred Contact Number: _____ Secondary Contact Number: _____

Premises Information

Front gate geo-coordinates: Latitude (6 decimals (+)): _____

Longitude (6 decimals (-)): _____

Special ID (assigned by IMT): _____

Is this premises part of a Production System? Yes No System Name: _____

Premises/Site Name: _____

Premises/Site Phone Number: _____

Physical Address: _____

City, State, Zip: _____

Driving directions (if necessary): _____

Private Practitioner Information

Veterinarian Information #1: Production System Private

Name: _____ Email: _____

Clinic Name: _____ Cell Phone: _____

Business Name: _____ Business Phone Number: _____

Veterinarian Information #2: Production System Private

Name: _____ Email: _____

Clinic Name: _____ Cell Phone: _____

Business Name: _____ Business Phone Number: _____

Please list the same information for any additional veterinarians, if applicable.

Check all clinical signs noticed on this premises:

- | | |
|--|---|
| <input type="checkbox"/> Increase in mortality above normal rates | <input type="checkbox"/> Change in feed consumption (decreased feed intake, not eating, eating slowly when fed; decreased weight) |
| <input type="checkbox"/> Neurologic signs (hesitant walking, incoordination) | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Lethargic, depressed | <input type="checkbox"/> Decreased water intake |
| <input type="checkbox"/> Fever (>104°F)/huddling/piling | <input type="checkbox"/> Abortions |
| <input type="checkbox"/> Swine with discolored/red/purple/black skin | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Bloody diarrhea | |
| <input type="checkbox"/> Coughing/difficulty breathing/nasal discharge | |

Date of onset of clinical signs: _____

Onset of clinical signs is date when any of the clinical signs above were first observed in a pig(s) on the premises.

If applicable, check all postmortem findings observed on this premises:

- | | |
|--|---|
| <input type="checkbox"/> Discolored/red/purple/black skin | <input type="checkbox"/> Bleeding over organs and body surfaces |
| <input type="checkbox"/> Fluids in the chest/abdominal cavities | <input type="checkbox"/> Enlarged spleen/lymph nodes/lungs |
| <input type="checkbox"/> Discharge or bloody froth in nose/mouth/trachea | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Bloody contents in stomach or intestinal tract | |

1. List other domestic, non-swine species (including pets) on the premises and the number present today. *Note: Current swine inventory estimates will be gathered from appraisal and indemnity forms.*

Species	Number present

2. Does the herd participate in a Swine Health Production Plan (commuter herd agreement)?

Yes No

If yes, list all the States involved: _____

3. If part of a Swine Production System, describe and diagram the flow of animals within the system:

Yes, an additional document is attached.

Type of swine (cull sows, weaned pigs, finisher pigs, etc.)	Seller/shipper premises name	Seller/shipper address or premises ID number	Shipment date	Truck/trailer owner	Number purchased/ received	ICVI Available? (obtain a copy if yes)	Number of days held in transit before delivery
Notes:							

Section C — Disease Risk Information

9. Do employees of this premises have contact with other swine not part of this premises (e.g., swine they raise themselves or on other premises where they work)?

Yes No Don't know (requires follow up)

[If question 9 = No, SKIP to question 11.]

10. Names, addresses and contact info for employees who own swine OR have secondary employment at other livestock premises/facilities:

Employee's name	Employee's address (or location of secondary employment)	Other Livestock Premises/ Facility Type	Employee's phone

11. Do any of the employees share a residence/home or transportation with any other persons who work at another swine premises, packing plant, rendering company, or is a truck driver for a swine related or supporting business?

Yes No Don't know (requires follow up)

[If question 11 = No, SKIP to question 13.]

12. Names, addresses and contact info for co-residents with employees who have employment at another swine premises/facility or supporting business:

Co-resident name	Co-resident's place of employment	Co-resident's phone

13. In the **last 15 days**, has anyone been out of the country and returned or visited this premises?

- Yes No Don't know (requires follow up)

[If question 13 = No, SKIP to question 15.]

14. Name, contact info and country of the person(s) who traveled:

Person's name	Person's phone	Country visited:

15. In the **15 days before the onset of clinical signs**, have any visitors such as tourists, service professionals, vaccination crews, processing crews, veterinarians, etc. come onto this premises?

- Yes No

[If question 15 = No, SKIP to question 17.]

16. If known, list name and contact info of visitor(s) below OR attach a copy of visitor log.

- Yes, a visitors log is attached.

Visitor name/company	Visitor contact information	Visitor entered animal holding facility?	Date of visit to premises
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

17. What is the biosecurity protocol for personnel/visitors entering the swine facility?

Biosecurity Protocol for Personnel/Visitors	
a. A written biosecurity plan is in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Personnel have awareness of ASF symptoms, spread, control, and prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. An established clean/dirty line	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Shower-in/shower-out	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Wash hands or use hand sanitizer before entering and/or before leaving the barn	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Different personnel for different barns	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Wear disposable coveralls provided by premises	<input type="checkbox"/> Yes <input type="checkbox"/> No

Biosecurity Protocol for Personnel/Visitors		
h. Change of clothing (washable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Change of shoes, shoe covers or disposable boots	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Foot Bath (liquid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. Foot Bath (dry)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. Scrub Footwear (bucket and brush)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m. Premises personnel do not visit multiple premises in the same day	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n. Visitors not allowed to enter the swine facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o. Premises personnel accompany visitor(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
p. Other, specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

18. What is the biosecurity protocol for the swine facility?

Biosecurity Protocol for the Swine Facility		
a. Truck washes between transport on/off premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Truck wash facility on site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Facility cleaning/disinfecting between groups of pigs (e.g., as part of all-in, all-out pig flow)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Facilities are locked when no one is present	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Grain/feed are delivered, stored, mixed, and fed in a manner that minimizes contamination; spills cleaned to avoid attracting wildlife	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Sorting panels are washed after each use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Designation of specific trailers to transport specific pig groups (e.g. one trailer for weaned pigs, one trailer for market hogs, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Wildlife, rodent, pest, and ectoparasite control programs in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Other, specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

19. In the **15 days before the onset of clinical signs**, were the following materials, equipment, or personnel brought onto the premises or shared with other premises?

Vehicle or equipment type/personnel	Taken off premises or moved onto premises?	If taken on or off premises:				
		Shared with another premises with swine?	Cleaned and disinfected between premises?	Brought into animal holding area?	Date of last movement	Frequency of movement
a. Semen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Swine delivery/removal trucks	<input type="checkbox"/> Yes <input type="checkbox"/> No					
c. Tractors	<input type="checkbox"/> Yes <input type="checkbox"/> No					
d. Portable panels	<input type="checkbox"/> Yes <input type="checkbox"/> No					
e. Feeding equipment (e.g., mixers)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
f. Manure spreader	<input type="checkbox"/> Yes <input type="checkbox"/> No					
g. Vaccination crews	<input type="checkbox"/> Yes <input type="checkbox"/> No					
h. Manure pit pumping	<input type="checkbox"/> Yes <input type="checkbox"/> No					
i. Custom power washing	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Vehicle or equipment type/personnel	Taken off premises or moved onto premises?	If taken on or off premises:				
		Shared with another premises with swine?	Cleaned and disinfected between premises?	Brought into animal holding area?	Date of last movement	Frequency of movement
j. Construction equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No					
k. Supply delivery/CO ₂ /Propane	<input type="checkbox"/> Yes <input type="checkbox"/> No					
l. Garbage	<input type="checkbox"/> Yes <input type="checkbox"/> No					
m. Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No					

20. Please list any contacts from question 19 above that material or equipment were shared.

Contact name	Contact address or premises ID number	Contact phone number (if known)

21. What are the sources of feed/mineral for this premises?

Feed or mineral source/company	Feed or mineral provider name/address	Date of last delivery

22. Does the premises use the following mitigants in feed? Check all that apply:

Mitigant	Used on Premises?	If used on premises	
		Dose/Temperature?	Duration?
a. Medium Chain Fatty Acids	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Formaldehyde	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Heat/temperature	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No		

23. Which of the following methods are used to manage dead pigs? Check all that apply:

Disposal Method	On premises?	Off premises?	Date last occurred?	Frequency of occurrence?
a. Offsite Rendering *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Onsite Rendering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Landfill [^]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Burial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Incineration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Composting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
g. Holding Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
h. Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

*Offsite Rendering "On premises" means renderer pickup occurs ONSITE; "Off premises" means renderer pickup occurs OFFSITE. If rendering is used, obtain a list of other swine premises on the rendering route.

Name of Rendering Business: _____

[^]Name of Landfill Business: _____

(Follow up with Rendering/Landfill for records)

24. Are table scraps or human food waste ever fed to the pigs on this premises?

Yes No

[If question 24 = No, SKIP to question 26.]

25. What is the source(s) of the table scraps or human food waste (e.g., owner's kitchen, restaurant, food retailer, regulated garbage, etc.)?

Sources	Contact Information of Source (address, phone)

26. Have any feral swine been seen at this location, or has there been any evidence of feral swine in this area?

Yes No

If yes, what date was this last observed: _____

27. In the **last 30 days**, have any employees hunted feral swine?

Yes No Don't know (requires follow up)

If yes, what date did this last occur: _____

28. Does this premises have an approved Secure Pork Supply Plan in place?

Yes No

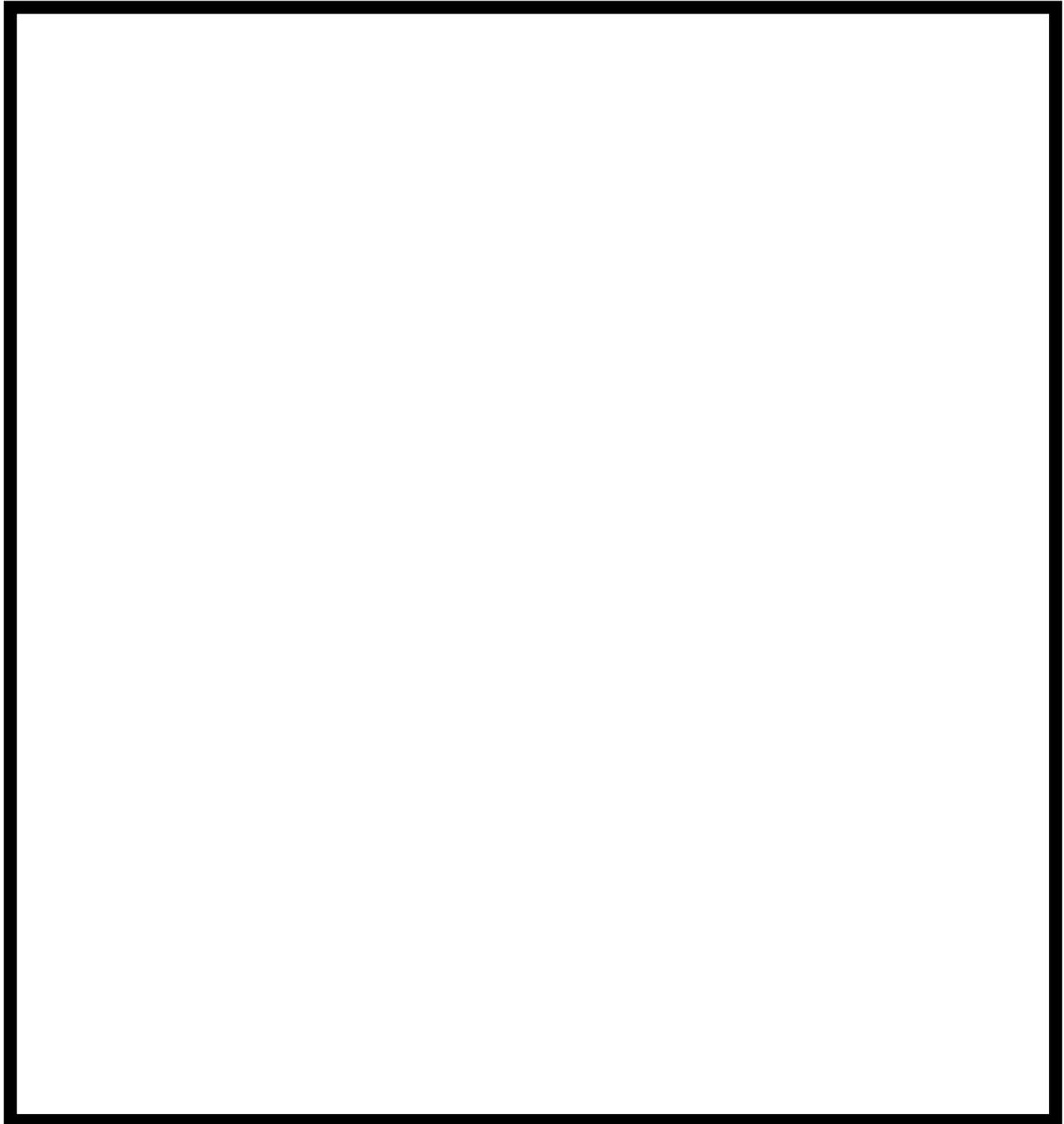
[If question 28 = No, SKIP to Section D.]

29. If there is an approved Secure Pork Supply Plan in place, has the premises implemented enhanced biosecurity measures within the premises' plan? Attach a copy of the Secure Pork Supply Plan.

Yes No

Section D – Map

Paste a satellite image map of the premises from Google Maps, Bing Maps, etc. showing and labeling the barns, feed delivery/feed storage areas, and the routes of vehicle movement on the premises.



IMT Use Only

1. Which of the following best describes the respondent's position with this premises:

- | | |
|--|---|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Family member (other than owner or manager) | <input type="checkbox"/> Other hired employee |
| <input type="checkbox"/> Other, specify: | |

2. Comments regarding this questionnaire or premises:

VMO or AHT signature:
(Print or type name)

TO BE COMPLETED BY THE EPI and DOCUMENTATION UNIT:

- | | |
|--|------------------------------|
| Animal Disease Traces entered into EMRS2 | <input type="checkbox"/> Yes |
| ASF Epi Questionnaire form uploaded into EMRS2 | <input type="checkbox"/> Yes |
| ASF Epi Questionnaire entered into a database | <input type="checkbox"/> Yes |