Site Specific Carcass Management Plan

[Publish Date]

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# 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

# Premises Information

|  |
| --- |
|  |
| Premises Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Corporate Point of Contact | Phone / Email address |

|  |
| --- |
|  |
| Land Owner Point of Contact Name  |
|  |  |
| Phone Number | Email address  |

|  |
| --- |
|  |
| Animal Owner Point of Contact Name  |
|  |  |
| Phone Number | Email address  |

|  |
| --- |
|  |
| Onsite Point of Contact Name |
|  |  |
| Phone Number | Email address  |

|  |
| --- |
|  |
| State Environmental Point of Contact Name |
|  |  |
| Phone Number | Email address  |

|  |
| --- |
|  |
| State Agriculture Point of Contact Name |
|  |  |
| Phone Number | Email address  |

|  |
| --- |
|  |
| Other Point of Contact Name (e.g, Farm Services Agency) |
|  |  |
| Phone Number | Email address  |

|  |
| --- |
|  |
| Other Point of Contact Name |
|  |  |
| Phone Number | Email address  |

# Premises Description (if you have multiple sites, use separate form for each)

|  |
| --- |
| Type of Premises  |
|  |
| Number of production-related buildings | Dimensions and type of production-related buildings |
|  |  |
|  |  |
|  |  |
|  |  |
| Type of animals | Purpose |
|  |  |
| Number of carcasses | Average weight of animals (pounds) |
|  |  |
| Total carcass Weight (tons) = (number of animals x average weight/2000): |
|  |
|  Grain/Feed Weight (tons) or Volume (cubic yards): |
|  |
|  Manure (type) | Weight (tons) or Volume (gallons):  |
|  |  |
|  Milk / Eggs Weight (tons) or Volume (gallons): |
|  |
|  Bedding Weight (tons) or Volume (cubic yards): |
|  |

## Other Waste Material

|  |
| --- |
|  |
| Decontamination wastewater: Amount: gallons/day |
|  |
| PPE waste (# contractor trash bags) Weight (pounds) or Size (cubic feet): |
|  |
| Other waste Amount  |
|  |
| Other waste Amount |
|  |
| Other waste Amount  |
|  |
| Other waste Amount  |
|  |
| Other waste Amount  |
|  |
| Other waste Amount  |
|  |
| Other waste Amount  |
|  |
| Other waste Amount  |
|  |

# Carcass Management Options

## Composting

Based on Carcass Management Dashboard results and consultation with the environmental regulatory agency in state:

1. Operation **IS/IS NOT (circle one)** suitable for In-House Composting;
2. Operation **IS/IS NOT (circle one)** suitable for Outdoor Composting

|  |
| --- |
| **Composting Experts (Assigned by Incident Management Team in an Emergency)** |
|  |
| Name |
|  |
| Phone number | Email address |

|  |
| --- |
|  |
| Name |
|  |
| Phone number | Email address |

|  |
| --- |
|  |
| Name |
|  |
| Phone number | Email address |

## Composting (cont.) – use multiple forms if needed.

|  |
| --- |
| **Estimated Needed Equipment (e.g., Skid Steer Loaders)** |
|  |
| Quantity/Size/Type |
|  |
| Equipment Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

|  |
| --- |
| **Estimated Needed Supplies (e.g., Carbon Source)** |
|  |
| Quantity (Carbon from Calculator)/Type |
|  |
| Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

## Above Ground Burial (AGB)

## \*\*Note: NOT RECOMMENDED FOR DISEASED CARCASSES \*\*

Based on Carcass Management Dashboard results and consultation with the environmental regulatory agency in state:

1. Operation **IS/IS NOT (circle one)** suitable for In-House AGB;
2. Operation **IS/IS NOT (circle one)** suitable for Outdoor AGB

|  |
| --- |
| **AGB Experts (Assigned by Incident Management Team in an Emergency)** |
|  |
| Name |
|  |
| Phone number | Email address |

|  |
| --- |
|  |
| Name |
|  |
| Phone number | Email address |

|  |
| --- |
|  |
| Name |
|  |
| Phone number | Email address |

## Above Ground Burial (AGB) (cont.) – use multiple forms if needed.

|  |
| --- |
| **Estimated Needed Equipment (e.g., Skid Steer Loaders)** |
|  |
| Quantity/Size/Type |
|  |
| Equipment Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

|  |
| --- |
| **Estimated Needed Supplies (e.g., Carbon Source)** |
|  |
| Quantity (Carbon from Calculator)/Type |
|  |
| Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

## Onsite Burial – use multiple forms if needed

Based on Carcass Management Dashboard results and consultation with the environmental regulatory agency in state:

1. Operation **IS/IS NOT (circle one)** suitable for Onsite Burial
2. If suitable, identify burial location on site map and identify estimated required supplies and equipment

|  |
| --- |
| **Estimated Needed Equipment (e.g., Loaders, Excavators)** |
|  |
| Quantity/Size/Type |
|  |
| Equipment Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

|  |
| --- |
| **Estimated Needed Supplies**  |
|  |
| Quantity/Size/Type |
|  |
| Equipment Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

## Mobile Treatment Options – use multiple forms if needed

Based on Carcass Management Dashboard results and consultation with the environmental regulatory agency in state:

1. Operation **IS/IS NOT (circle one)** suitable for Mobile Treatment options
2. If suitable, list address and contact info for equipment suppliers and list sources of estimated required supplies and equipment

|  |
| --- |
| **Estimated Needed Equipment (e.g., Mobile Equipment – check with Environmental Agency for Permit Conditions)** |
|  |
| Quantity/Size/Type |
|  |
| Equipment Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

|  |
| --- |
| **Estimated Needed Supplies (e.g., Fuel Source, Portable Lights, Portable Generators)**  |
|  |
| Quantity/Size/Type |
|  |
| Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

## Mobile Treatment Options (cont.)

|  |
| --- |
| **Waste Stream Disposal Destination (check with Environmental Agency)** |
|  |
| Waste Stream Quantity and Description |
|  |
| Disposal Facility Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

|  |
| --- |
| **Waste Stream Disposal Destination (check with Environmental Agency)** |
|  |
| Waste Stream Quantity and Description |
|  |
| Disposal Facility Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

## Landfill

Based on Carcass Management Dashboard results and consultation with the environmental regulatory agency in state:

1. Operation **IS/IS NOT (circle one)** suitable for transport to Permitted Landfill
2. If suitable, list address and contact info for preferred facilities and list sources of estimated required supplies and equipment

|  |
| --- |
| **Landfill** |
|  |  |
| Landfill Name | Proximity to premises |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |
|  |
| Special Conditions (e.g, hours of operation, quantity limits, waste profile approval, biosecurity) |

|  |
| --- |
| **Alternate Landfill** |
|  |  |
| Landfill Name | Proximity to premises |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |
|  |
| Special Conditions (e.g, hours of operation, quantity limits, waste profile approval, biosecurity) |

## Landfill (cont.) – use multiple forms if needed

|  |
| --- |
| **Estimated Needed Vehicles (e.g., Transport Vehicles, Roll-Off Containers, Loaders)** |
|  |
| Quantity/Size/Type |
|  |
| Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

|  |
| --- |
| **Estimated Needed Supplies (e.g., Liners, Roll-Off Bags, Sawdust)**  |
|  |
| Quantity/Size/Type |
|  |
| Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

## Rendering

Based on Carcass Management Dashboard results and consultation with the environmental regulatory agency in state:

1. Operation **IS/IS NOT (circle one)** suitable for transport to Rendering
2. If suitable, list address and contact info for nearest facilities and list sources of estimated required supplies and equipment

|  |
| --- |
| **Rendering Facility** |
|  |  |
| Renderer | Proximity to premises |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |
|  |
| Special Conditions (e.g, hours of operation, quantity limits, waste profile approval, biosecurity) |

|  |
| --- |
| **Alternate Rendering Facility** |
|  |  |
| Renderer | Proximity to premises |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |
|  |
| Special Conditions (e.g, hours of operation, quantity limits, waste profile approval, biosecurity) |

## Rendering (cont.) – use multiple forms if needed

|  |
| --- |
| **Estimated Needed Equipment (e.g., Transport Vehicles, Roll-Off Containers, Loaders)** |
|  |
| Quantity/Size/Type |
|  |
| Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

|  |
| --- |
| **Estimated Needed Supplies (e.g., Liners, Roll-Off Bags)** |
|  |
| Quantity/Size/Type |
|  |
| Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

## Fixed Incineration

Based on Carcass Management Dashboard results and consultation with the environmental regulatory agency in state:

1. Operation **IS/IS NOT (circle one)** suitable for transport to Fixed Incineration
2. If suitable, list address and contact info for nearest facilities and list sources of estimated required supplies and equipment

|  |
| --- |
| **Incineration Facility** |
|  |  |
| Incinerator | Proximity to premises |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |
|  |
| Special Conditions (e.g, hours of operation, quantity limits, waste profile approval, biosecurity) |

|  |
| --- |
| **Alternate Incineration Facility** |
|  |  |
| Incinerator | Proximity to premises |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |
|  |
| Special Conditions (e.g, hours of operation, quantity limits, waste profile approval, biosecurity) |

## Fixed Incineration (cont.) – use multiple forms if needed

|  |
| --- |
| **Estimated Needed Equipment (e.g., Transport Vehicles)** |
|  |
| Quantity/Size/Type |
|  |
| Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

|  |
| --- |
| **Estimated Needed Supplies (e.g., Waste Containers)**  |
|  |
| Quantity/Size/Type |
|  |
| Supplier Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

# Additional Sites and Facilities

|  |
| --- |
| **Wastewater Treatment Plant** |
|  |  |
| Facility/Plant Name | Proximity to premises |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |
|  |
| Special Conditions (e.g, hours of operation, quantity limits, waste profile approval, biosecurity) |

|  |
| --- |
| **Other** |
|  |  |
| Facility/Plant Name | Proximity to premises |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |
|  |
| Special Conditions (e.g, hours of operation, quantity limits, waste profile approval, biosecurity) |

# Other Contact Information

|  |
| --- |
| **Contact** |
|  |
| Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

|  |
| --- |
| **Contact** |
|  |
| Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

|  |
| --- |
| **Contact** |
|  |
| Name |
|  |
| Street Address |
|  |  |  |
| City | State | Zip |
|  |  |
| Point of Contact Name | Phone number / email address |

# Carcass Management Plan Approval

|  |  |
| --- | --- |
|  |  |
| **Plan Developer Organization** | **Date** |
|  |
| **Signature** | **Title** |

|  |  |
| --- | --- |
|  |  |
| **Approving Official Organization** | **Date** |
|  |
| **Signature** | **Title** |

|  |  |
| --- | --- |
|  |  |
| **State Animal Health Agency** | **Date** |
|  |
| **Signature** | **Title** |

|  |  |
| --- | --- |
|  |  |
| **State Environmental Agency** | **Date** |
|  |
| **Signature** | **Title** |

# Annex A: Site Map

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

# Annex B: Vicinity Map

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