

# Secure Milk Supply (SMS) Plan

## *Practice Questionnaire for FMD Exposure*



During a foot and mouth disease (FMD) outbreak, producers in a regulatory Control Area will need to provide information about any unusual health events or possible clinical signs of the FMD in their animals, biosecurity steps put in place to prevent exposure to the disease, and any contact with other animals or operations that may have infected animals. This information will be used to determine the scope of the outbreak but it can be daunting to provide a lot of detail on short notice.

This document provides a short example of the type of information that may be requested by Responsible Regulatory Officials managing the FMD outbreak. Additional steps from the Secure Milk Supply (SMS) Plan will be needed in order to request an animal or animal product (milk, semen, embryos) movement permit.

National Premises Identification Number (Prem ID or PIN): \_\_\_\_\_ Date: \_\_\_\_\_

Premises Name: \_\_\_\_\_

Premises Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

Premises GPS Coordinates; Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Name of person filling out this questionnaire: \_\_\_\_\_

Contact information (phone and email): \_\_\_\_\_

Owner Name (if different than above): \_\_\_\_\_

Owner contact information (phone and email): \_\_\_\_\_

### **DISEASE MONITORING (SURVEILLANCE)**

1. Have samples from the animals on this premises been submitted to a diagnostic laboratory to test for a foot and mouth disease (FMD)?  Yes  No

If YES, and the results were positive, then this premises is an Infected Premises and you will be given specific guidance on next steps from officials managing the outbreak.

If YES, and the results are negative, or if NO, please finish answering the questions below.

2. Are you looking at the animals on your premises as described in the Secure Milk Supply Active Observational Surveillance documents?  Yes  No

If YES, continue answer the questions below. If NO, please read the Active Observational Surveillance materials then return to answering the rest of the questions.

3. Do the animals on this premises have any
- a. unexplained or unusual clinical signs?  Yes  No
  - b. clinical signs that may be caused by an FMD infection?  Yes  No

c. unexplained mortalities OR increase in mortalities?  Yes  No

d. unexplained changes in production parameters such as feed intake?  Yes  No

During an actual FMD outbreak, producers should observe animals daily for signs of infection, record their findings or the lack thereof, and promptly report any abnormal findings to officials managing the outbreak.

## BIOSECURITY

4. Do you have a Biosecurity Manager(s) for this premises?  Yes  No

If YES, please list their name(s) and contact information (phone and email):

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5. Does your operation-specific biosecurity plan describe how you have implemented, or will implement, each item in the enhanced biosecurity checklist in the event of an FMD outbreak?  Yes  No

If NO to questions #4 or #5, please read the Biosecurity materials at [www.securemilksupply.org](http://www.securemilksupply.org).

## CONTACT WITH OTHER PREMISES

This section of the document reviews the types of contacts that may expose your animals. Producers should practice **recording their contacts over the past 7 days** to get a feel for the information that will be needed in an outbreak.

6. Has this premises been exposed to **manure from another premises** (applied on the ground near areas where animals are housed or graze)?  Yes  No

If YES, please list the premises names, contact information (phone or email), and date (if known) from which manure originated or the company that hauled the manure \_\_\_\_\_

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7. Has this premises received **live animals**?  Yes  No

If YES, please list premises names, contact information (phone or email), and date (if known) from which live animals were received \_\_\_\_\_

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8. Has this premises moved **live animals** to another premises (e.g., production site, sale barn, packing plant)?  Yes  No

If YES, please list the premises names, contact information (phone or email), and date (if known) \_\_\_\_\_

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9. Has this premises received **semen or embryos**?  Yes  No

If YES, please list premises names, contact information (phone or email), and date (if known) from which semen or embryos were received \_\_\_\_\_

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10. Has this premises moved **semen or embryos** to another premises?  Yes  No

If YES, please list premises names, contact information (phone or email), and date (if known) where semen or embryos were sent \_\_\_\_\_

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11. Has this premises used or had contact with **equipment** after it had contacted an infected animal or infectious materials such as live or dead animals, manure, or animal products (milk, semen, embryos)?  
 Yes  No  I don't know

Examples may include:

- Trucks/trailers used to transport live animals
- Gates/panels/animal handling equipment
- Milk truck, milk transfer hose
- Manure handling/hauling/application equipment
- Rendering or compost handling/hauling/application equipment
- Forklifts, skid-steers, tractors, loaders
- Hoof-trimming equipment, chutes
- Vaccination supplies (syringe guns, coolers, etc.)
- Pressure sprayers/washers
- Coolers, semen or embryo containers
- Any other shared equipment

If YES, please list premises names and contact information (phone, email) from which the equipment came

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12. Has anyone on this premises had contact with live or dead animals, manure, or animal products (milk, semen, embryos) that could have been infected with FMD?  Yes  No  I don't know

Exposure may occur through the following activities:

- Caring for animals they own
- Hauling or processing raw milk

- Contact with wildlife, including via hunting
- Working at other animal production premises
- Living or associating with someone who works at other premises with animals that can get FMD
- Visiting other premises with animals that can get FMD, including livestock markets, fairgrounds, zoos
- Visiting a processing plant, rendering plant, or landfill
- Other contact with infected animals or infectious materials

13. Have any of the following animals been seen on this premises, around animal buildings, or via fence-line contact in the last 28 days? (mark all that apply)

<b>Animal Type</b>	<b>Yes</b>	<b>No</b>	<b>I don't know</b>
Beef Cattle			
Dairy Cattle			
Imported cattle (steers, rodeo stock)			
Chickens or other poultry			
Horses, donkeys, mules, etc.			
Pigs (domestic or feral)			
Sheep, Goats			
Dogs (domestic or feral)			
Cats (domestic or feral)			
Deer, elk (captive or wild)			
Bison			
Coyotes, foxes			
Rodents (rats, mice)			
Other (describe) _____			

**For more information on the Secure Milk Supply Plan, please visit [www.securemilksupply.org](http://www.securemilksupply.org)**