

General Information

Farm/Grower Name: _____

Company Affiliation (if applicable): _____

Processing Plant (if applicable): _____

Mailing Address: _____

Contact Information

Primary contact for biosecurity auditing: _____ Title: _____

Phone: _____ Email: _____

Other contact #1: _____ Title: _____ Phone: _____

Other contact #2: _____ Title: _____ Phone: _____

Other contact #3: _____ Title: _____ Phone: _____

Other contact #4: _____ Title: _____ Phone: _____

Prior to this letter, were you aware of the 14 Biosecurity principles? Yes No

Do you have a written biosecurity plan in place? Yes No

Could you be ready for an audit in the next 6 months? Yes No

Premises Information on back

Premises Information

List all premises associated with this operation that will follow the same biosecurity plan (attach separate list if necessary):

Name	Street Address, City, State	# of barns on site	# of birds raised per year	Type of Premises (brood, grow/finish, lay, etc.)	Species (chicken, turkey, upland gamebird)

Form completed by: _____ Date: _____

Please return completed form to: MN Poultry Testing Laboratory, PO Box 126, Willmar, MN 56201 or via email poultry@state.mn.us