FARM / FACILITY EMERGENCY PRE-PLAN INFORMATION

Complete one form for each equine facility building (arena, barn, feed storage, etc.) on the premises where animals have access to, are adjacent to, or are confined -- Recommended bi-annual revision / updates be completed and presented to local fire/rescue service

Date Completed: __________________________

General Information
Location Name: ________________________________________________________________
Address: ____________________________________________________________City/State/Zip: ______________________________
GPS Coordinates: X - ___________________________ Y- ___________________________

Owner/Responsible Party Information
Property Owner Name: ___________________________ Contact #: __________________________
If different than above
Responsible Party (Owner, Tenant, Agent, etc.) Name: ___________________________ Contact #: __________________________
Affiliation to Property: ___________________________ Contact #: __________________________

Emergency Contact Information (at least one local contact)
Name: ___________________________ City/State: ___________________________ Contact #s: __________________________
Name: ___________________________ City/State: ___________________________ Contact #s: __________________________

Veterinarian Information (for emergency animal care)
Clinic Name: ______________________________________________________________________________
Contact #s: __________________________________________________________________________
Veterinarian Name: ___________________________ _____________________________________________
Address: __________________________________________________________City/State/Zip: ______________________________
Clinic Name: ______________________________________________________________________________
Contact #s: __________________________________________________________________________
Veterinarian Name: ___________________________ _____________________________________________
Address: __________________________________________________________City/State/Zip: ______________________________

Building Information
Building Identification (Name, Number or Description):

Directions / Access to Building from main roadway: __________________________________________
Alternate Directions / Access to Building: ______________________________________________________
Year of Original Construction: _______________ Year of Last Remodel (if applicable): _______________
Number of Floors/Stories: ______          Number of Stalls/Pens: ______          Number of Rooms: _____
Approximate Dimensions of Building: _________ Length _________ Width _________ Height
Construction Type (concrete, wood, steel, etc.): _________________________________________________
Roof Construction Type (wood, tin, shingle, etc.): _______________________________________________
Is there a permanent or temporary human living area in or attached to the building? ______________
Average Human Occupancy: ______  Daytime        ______ Nighttime
________ Human residents in or adjacent to building ______ Number of disabled human occupants
Types of animals in building (other than equine species): _________________________________________
Average number of animals in or near the building on daily basis: _________________________________
Average number of animals inside building during daytime hours: _____ …during nighttime hours: _____
Access points for ingress and egress: ___________________________________________________________ 
Key Location (if applicable): _________________________________________________________________

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Types of hazardous materials inside or around building (propane cylinders, batteries, fuels, chemicals, fertilizers, etc.):

______________________________________________________________

Hazardous Materials Placard Location (if applicable):

Are hay, fuel, bedding or other combustibles stored inside the building?

If yes, what type and where?

If no, are any of those items stored in close proximity to the building and how far from the building?

Fire Alert: Alarms present? ______ Type (Smoke, Heat, etc.)? ________________________________

If yes, is it monitored by company for automatic dispatch? ________________________________

Fire Suppression: Suppression System present? ________________________________

Type (Sprinkler, Gas, Powder, etc.)? ________________________________

If yes, how is it supplied? ________________________________

Property Information

Directions to most accessible point for vehicle entry (consider road/driveway width and turning radius of entering vehicles, overhead clearance, and space to turn around or exit):

____________________________________________________________________________________

Special instructions for entrance to the property (gate code, key location, Knox Box, keyholder, etc.):

____________________________________________________________________________________

Areas to secure animals once evacuated from incident area (pastures, paddocks, corrals, etc. - animals are not guaranteed to be separated in an emergency):

____________________________________________________________________________________

Available and accessible water drafting areas (points where the fire department could get water if no fire hydrant nearby - pools, creeks, ponds, cisterns, etc.):

____________________________________________________________________________________

Utility Information

Power Information:

Type of Power (Electric, Solar, etc.): ________________________________

Name of Company: ________________________________ Contact #: ________________________________

Location of Meter/Shut Off: ________________________________

Fuel Information:

Type of Fuel (Natural Gas, Propane, etc.): ________________________________

Name of Company: ________________________________ Contact #: ________________________________

Location of Meter/Shut Off: ________________________________

Water:

Type of Water (Well, City/County, etc.): ________________________________

Name of Company: ________________________________ Contact #: ________________________________

Location of Meter/Shut Off: ________________________________

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