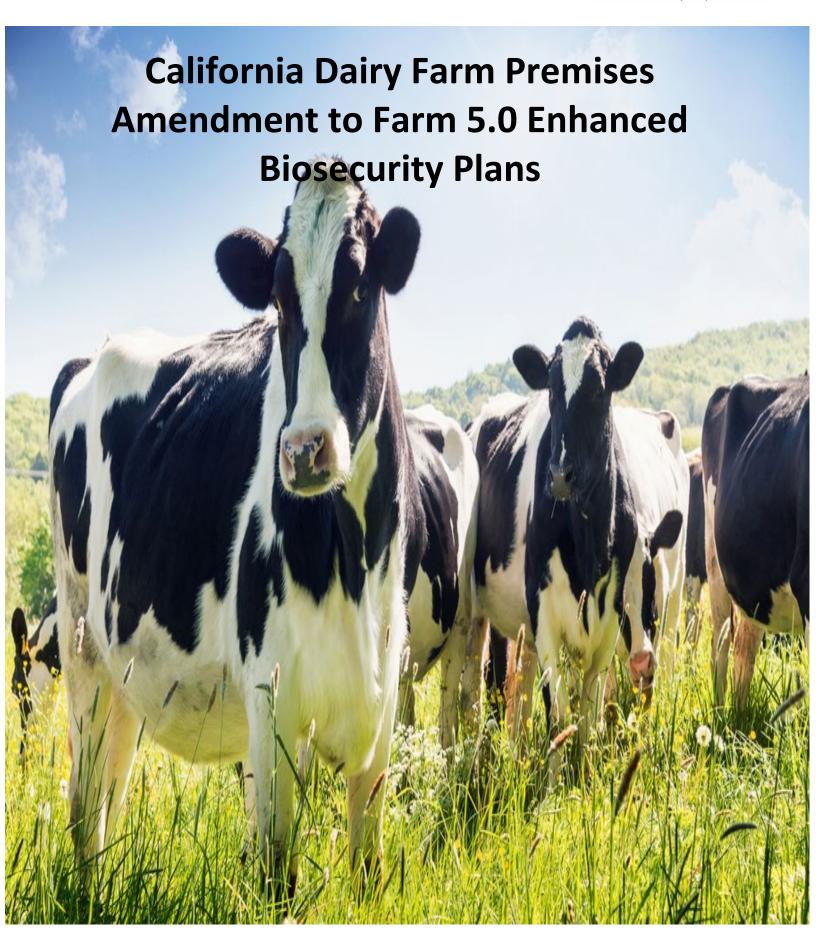


STATE OF CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE ANIMAL HEALTH AND FOOD SAFETY SERVICES ANIMAL HEALTH BRANCH 1220 N STREET, SACRAMENTO, CA 95814

TELEPHONE: (916) 900-5002





Premises Name:

California Dairy Farm Premises Amendment to FARM 5.0 Enhanced Biosecurity Plan

Dairy Program Certification:

By completing and submitting this Amendment to FARM 5.0 Enhanced Biosecurity Plan, my farm premises' biosecurity meets the standards for the California Secure Food Supply Program. Further, I/we recognize that if the biosecurity measures described in this plan are not implemented as described, the premises may jeopardize their eligibility to receive Product Movement Permits if there is a quarantine in place.

| Owner Signature | Biosecurity Manager Signature | |
|-----------------|-------------------------------|--|
| X | Χ | |
| | | |
| | | |
| | | |
| | | |
| version number: | | |
| Version Number: | | |
| Approved By: | | |
| | | |
| Amendment Date: | | |
| | _ | |
| Approval Date: | | |

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| Premises Name: | |
|----------------|--|
| NPIN: | |
| Varsian Number | |



General Premises Description

| NPIN: | | | | Premises Name: |
|----------------|------------------------|--------------------|--------------|---|
| | | | | |
| Premise | s address: | | | |
| | | | | |
| Scope (| of the Biosecurity | <u>Plan</u> | | |
| (| | er, landfill, pest | control, re | on, provide a list of all service providers inderer, other). Include the provider's |
| 3.0 Pro | tecting the Dairy | <u>Operation</u> | | |
| Cleanir | ng and Disinfection (C | &D) Station | | |
| • \ | Will your premises pa | rticipate in a sha | ared vehicle | e wash station? |
| ١ | ∕es□ No□ | | | |
| F | | hared wash stat | | vation, provide a list of all premises le the premises name, address, NPIN, |
| <u>4.0 Vel</u> | nicles and Equipmo | <u>ent</u> | | |
| Sharing | g of Equipment and S | upplies: | | |
| • [| Does this premises sh | are equipment? | Yes□ | No□ |
| • | equipment and suppli | ies with this pre | mises. Incl | on, provide a list of all premises sharing ude the name of the premises, type of and contact information. |
| <u>5.0 Per</u> | sonnel: | | | |
| Biosecu | ure Exit Procedure. | | | |
| • | Used disposable PPE | : | | |
| | ☐ This premises onl | ly utilizes reusab | le PPE. | |
| | | | | ned trash can located at the LOS access e sealed and placed into the premises |
| | | | | |

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Premises Name:

NPIN:

Version Number:



Shared Employees:

- Does this premises share employees with other premises?

 Ves \(\text{No} \)
- At the time of enhanced biosecurity plan activation, provide a list of all premises sharing employees with this premises. Include the premises name, address, NPIN, and contact information.

Reporting of Elevated Morbidity and Mortality (AOS)

B-11.1 Provide a list of all personnel designated as Herd Health Monitors Active Observational Surveillance). Include their name and contact information.

Sampling for Freedom of Disease

B-13.1 At the time of Enhanced Biosecurity Plan Activation provide a list of all personnel designated to conduct sampling for the premises. Include their name and contact information.

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| Premises Name: | |
|-----------------|--|
| NPIN: | |
| Version Number: | |



Required SOP's to be submitted with the Farm 5.0 Enhanced Biosecurity Plan

| CA SFS Dairy Manual Section For Reference and Further Explanation | SOP Description |
|---|--|
| General Premises Information | Checking the concentration of disinfectant used on the premises |
| 3. Line of Separation | Equipment and supplies crossing the LOS |
| 4. Personnel | When and after which job duties employees are required to change into clean PPE |
| 4. Personnel | Laundering and C&D or reusable PPE onsite or offsite |
| 4. Personnel | Checking condition of PPE |
| 4. Personnel | Set up and placement of footwear disinfection station |
| 4. Personnel | Footwear disinfection station maintenance and recording |
| 4. Personnel | Mitigation of risk associated with sharing of employees with other premises (if applicable). |
| 4. Personnel | Visitors that have had contact with susceptible species within 72 hours |
| 4. Personnel | Haulers exiting the LOS |
| 6. Equipment and Vehicles | C&D of shared equipment (if applicable) |
| 6. Equipment and Vehicles | Set up of vehicle and equipment C&D station |
| 6. Equipment and Vehicles | Vehicle and equipment C&D crossing LOS (not shared equipment) |
| 6. Equipment and Vehicles | Risk mitigation for a shared wash station (if applicable) |
| 6. Equipment and Vehicles | Paperwork and information transfer |
| 7. Mortality and High-Risk Material Disposal | Disposal of Milk |
| 7. Mortality and High-Risk Material Disposal | Disposal of waste/trash material |
| 11. Reporting of Elevated Morbidity and Mortality | Herd health monitoring (AOS) |
| 12. Milk Pickup, Transfer, and Quality Sampling | C&D of equipment used to transfer raw milk |
| 12. Milk Pickup, Transfer, and Quality Sampling | C&D of milk parlor and hauler pad after milk transfer/sampling |
| 12. Milk Pickup, Transfer, and Quality Sampling | Sampling and weighing of the bulk milk tank |

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| Premises Name: | |
|----------------|--|
| NPIN: | |
| Version Number | |



Farm 5.0 SOP's To Be Submitted

| Farm 5.0 Section | SOP Description |
|---|---|
| 6. Animal Movement > Loading/Unloading Animals | C&D of LOS areas contaminated from the loading/unloading of animals |
| 7. Animal Products > Milk Collection > Milk Haulers/Drivers | Milk Collection |

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| Premises Name: | |
|-----------------|--|
| أبداها | |
| NPIN: | |
| | |
| Version Number: | |