## **Biosecurity Survey**

NOTE: The detailed results of this assessment are for use on the study farm only. Only summary data will be included in the final report of this study. No farm business, location or individual will be identified.

Please return by November 15, 2020

 Based on your current understanding, how would you define the term "biosecurity?" You can be as brief or thorough as you want to be: \_\_\_\_\_\_

2) Do you allow visitors to your farm access to livestock areas? (circle one) YES NO

- a. Do you allow visitors to have contact with your pigs? (circle one) YES NO If yes, briefly explain\_\_\_\_\_
- b. Do you require visitors to wash hands before visiting pigs? (circle one) YES NO
- c. Do you require visitors to wash hands after visiting pigs? (circle one) YES NO
- d. Do you require visitors to wash their shoes before visiting pigs? (circle one) YES NO
- e. Do you require visitors to wash their shoes after visiting pigs? (circle one) YES NO
- 3) Do you visit other farms where pigs live? (circle one) YES NO
  - a. If yes, do you take any measures to prevent transporting diseases between locations? Please answer briefly: \_\_\_\_\_\_
- 4) Do you participate in livestock exhibitions or sales? (circle one) YES NO
  - a. If yes, do you take any measures to prevent transporting diseases between locations? Please answer briefly: \_\_\_\_\_\_
- 5) Do you have a system for animal quarantine? (circle one) YES NO
  - If you answered "yes," do you quarantine:
  - a. New animals? (circle one) YES NO SOMETIMES
  - b. Sick animals? (circle one) YES NO SOMETIMES
  - c. Animals returning to the farm from exhibition? (circle one) YES NO SOMETIMES
  - d. Other (briefly explain): \_\_\_\_\_\_
- 6) Please describe what "quarantine" means to you (for example, if you had to give livestock quarantine instructions to an employee): \_\_\_\_\_\_
- 7) What type of housing facility do you use for your pigs?
  - a. Total confinement, mechanical ventilation of building
  - b. Total confinement, natural ventilation but no outside access
  - c. Open building with outside access
  - d. Lot, pasture, woods (or combination) with built shelter

e.	Lot, pasture,	woods (or	combination)	with natura	l shelter
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f. Other:\_\_\_\_\_

8)	B) Do your pigs have potential contact with wildlife (birds, rodents, etc)? (circle one) Y		
	a. I	yes, what wildlife?	

9)	Do your pigs have contact with any other livestock species? (circle one) YES	NO
	a. If "yes," please list here:	

10) Do you have a rodent control program on your farm? (circle one)	YES	NO
11) Do you have a carcass management plan on your farm? (circle one)	YES	NO
12) Does your farm currently have a biosecurity plan? (circle one)	YES	NO

L3) Have you ever seen "	feral" or wild pigs near	your farm? (circle one)	YES	NO
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14) Do you borrow from or share livestock equipment with another farm? For example, a livestock trailer, tractors, panels, etc. (circle one) YES NO

15) To your knowledge, have your pigs experienced a disease outbreak in the last 3 years? Explain: \_\_\_\_\_\_

16) Please indicate which of the following diseases you feel informed about:

- a. Mycoplasma hyopneumonia \_\_\_\_\_
- b. Porcine Circovirus \_\_\_\_\_
- c. Actinobacillus \_\_\_\_\_
- d. PRRS \_\_\_\_\_
- e. Leptospirosis \_\_\_\_\_
- f. Swine Brucellosis \_\_\_\_\_
- g. Pseudorabies Virus \_\_\_\_\_
- h. Rabies Virus \_\_\_\_\_
- i. Foot and Mouth Disease Virus \_\_\_\_\_
- j. African Swine Fever Virus \_\_\_\_\_
- k. Swine influenza \_\_\_\_\_
- I. Internal parasites\_\_\_\_\_
- m. External parasites \_\_\_\_\_
- 17) How confident are you that your farm is well protected from contagious disease?

Not Confident	Somewhat Confident	Confident	Very Confident
18) Are you interested	d in a consult for your farm's bios	security risks?	
Not at all	Maybe	Ok, if it's free	Yes, please!

- 20) What factors may prevent you from implementing new biosecurity recommendations on your pig farm (check all that apply):
  - a. Too time consuming \_\_\_\_\_
  - b. Don't understand the recommendations \_\_\_\_\_
  - c. Expensive \_\_\_\_\_
  - d. Don't believe they are necessary \_\_\_\_\_
  - e. Don't match my values \_\_\_\_\_
  - f. Don't know how \_\_\_\_\_
  - g. Other: \_\_\_\_\_

## Thank you for completing this survey!

Please return to: <u>carolyn.hurwitz@maine.gov</u> OR ATTN: Carolyn Hurwitz, DVM ME DACF DAPH 28 State House Stn Augusta, Maine 04333