

Disaster Plan Quick Check List for Animal Businesses

This plan developed for: _____

Date: _____

I. EVALUATION OF FACILITY

A. Known dangers to facility in area

Natural	Technological	Human-Caused
<ul style="list-style-type: none"> <input type="checkbox"/> Avalanche <input type="checkbox"/> Disease outbreak <input type="checkbox"/> Drought <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane <input type="checkbox"/> Landslide/ Mudslide <input type="checkbox"/> Tornado <input type="checkbox"/> Tsunami <input type="checkbox"/> Volcanic eruption <input type="checkbox"/> Wildfire <input type="checkbox"/> Winter storm <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Dam/ levee break <input type="checkbox"/> HAZMAT issue <input type="checkbox"/> Mechanical failure in airplane or train resulting in crash or derailment <input type="checkbox"/> Nuclear meltdown <input type="checkbox"/> Power failure <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Arson <input type="checkbox"/> Civil disturbance <input type="checkbox"/> Cyber attacks <input type="checkbox"/> School violence <input type="checkbox"/> Sabotage <input type="checkbox"/> Terrorist acts <input type="checkbox"/> Vehicular accidents <input type="checkbox"/> Other:

B. Dangers of structure

Construction quality of building: ___Excellent ___Good ___Fair ___Poor

Glass: ___Sliding doors ___Large windows ___Large number of windows

Stalls: ___Indoor / outdoor ___Indoor only ___Outdoor only ___Other

_____ Presence of interior "safe" areas

_____ Roof hurricane strapped or clipped

_____ Exposed, overloaded, or old electrical wiring

_____ Professional evaluation of facility

_____ Area cleared around structure

II. INSURANCE

_____ Annual check for adequacy

_____ Location identified on flood plain map

_____ Inventory done

III. PRIORITIES

_____ Identify vital property and protect

_____ Movable inventory (i.e. vehicles)

_____ Secure furniture

_____ Glass secured

_____ Fire drill conducted

_____ Fire alarm installed

_____ Fire extinguishers installed

_____ Employees trained to use extinguishers

_____ Lightning suppression system installed

_____ Adequate hoses attached to building

IV. EMPLOYEES

_____ **Personal disaster plans**

_____ Non-business hours plan

_____ Notification of return

_____ Training in C.P.R.

_____ Training in First Aid (human & animal)

_____ **Review of Disaster Plan including:**

- **Emergency Contact information / Phone List**
- **Roles and Responsibilities**
- **Evacuation procedures (Routes, tasks, meeting place)**

V. SPECIFIC PREPARATIONS

_____ Hazardous Materials - Labeled, secured

_____ Outside tanks - secured and valves closed

_____ Incompatible chemicals separated

_____ Update inventories regularly

_____ **Vital business records protected and secured/ backed up**

_____ **Prepared for loss of power**

- **Generators available**

_____ Outside area clear of loose objects

VI. FINAL SECURING OF PREMISES

_____ Contact alarm companies

_____ **Take identification / proof of animal ownership**

_____ Unplug equipment, shut off breakers, gas and water

_____ Recheck hazardous material valves

VII. RETURNING AFTER THE DISASTER

_____ **Allow building to air out before entering**

_____ **Rubber gloves and boots**

_____ Enter with buddy

_____ **Flashlights only**

_____ Inventory

- _____ Safety repairs
- _____ Building checked by electrician
- _____ Outside agencies notified of status

VIII. PLANNING

- _____ Flood Plain Map posted
- _____ **Flashlights with batteries**
- _____ Transistor radio, weather alert radio & police scanner with batteries
- _____ **Fire Extinguishers**
- _____ Tarps and/or plastic
- _____ Rope and tape
- _____ **Tools**
- _____ **First Aid Kits (animal & human)**
- _____ **Food/Water**
- _____ **Extra cages and crates, halters, handling equipment**
- _____ Quarterly disaster drills - test smoke detector batteries
- _____ **Disaster plan updated annually**
- _____ Identify emergency meeting locations
- _____ Contact list and phone tree created
- _____ Electrical wiring checked

On _____ this plan should be re-evaluated and employees should be re-trained.

Signed: _____ Date: _____

Printed Name: _____