



Farm Security Plan For

Prepared by _____ Date _____

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Business Contact Information

**~~Emergency Contacts~~
Call 911 first!**

Relationship

Contact Person- Daytime Phone- Evening Phone- Cell Phone-

Family

Employees

Neighbors

Local, State, and Federal Agencies

Fire Department _____

Sheriff _____ *State Police* _____

Contact local and state police—not 911—to report non-emergency situations such as vandalism or theft.

Local Emergency Operation Center

Physician's Name and Phone Number _____

Poison Control Center: _____

Local Insurance Agent's _____

Name and Phone Number _____

Emergency Contacts continued...

Local Veterinarian's Name and Number _____

State Veterinarian _____

Your Attorney's Name and Number _____

University of Maryland Cooperative Extension _____

Name and phone number at your county Extension office _____

Maryland Department of Agriculture 1-800-492-5590

Office of State Chemist 1-800-492-5590

Maryland Department of the Environment _____

Animal Health Diagnostic Laboratory _____

Plant and Pest Diagnostic Laboratory _____

USDA APHIS Emergency Operation Center 1-800-601-9327

Utilities

Electric Company _____ *Telephone Company* _____

Water Company _____ *Gas/Diesel Supplier* _____

Propane Supplier _____ *Miss Utility* _____

Vendors

Pesticide Dealership and Number _____

Fertilizer Supplier and Number _____

Other

Crop Consultant _____ *Livestock Consultant* _____

Trade Assoc. (list) _____

Farm Bureau _____ *Other (list)* _____

Insurance Coverage Discussion Form

Use this form to discuss your insurance coverage with your agent. Having adequate coverage now will help you recover more rapidly from a catastrophe.

Insurance Agent: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

INSURANCE POLICY INFORMATION

Type of Insurance	Policy No.	Deductibles	Policy Limits	Coverage (General Description)

Do you need Flood Insurance? Yes ___ No ___

Do you need Earthquake Insurance? Yes ___ No ___

Do you need Business Income and Extra Expense Insurance? Yes ___ No ___

Other disaster-related insurance questions:

Security Consultations

Insurance Company Date_____ Name_____

Fire Department Date_____ Name_____

Police Department Date_____ Name_____

Emergency Medical Date_____ Name_____

Veterinarian Date_____ Name_____

Trade Organization Date_____ Name_____

Private Consultant Date_____ Name_____

Other_____ Date_____ Name_____

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Farm Map for _____

Checklist: Be sure to include-

- Location of buildings and approx. size
- Primary contents (or include a separate list)
- Site landmarks
- Directional legend (N,S,E,W)
- Roads (with names and route numbers)
- Farm roads (note accessibility)
- Distance and direction to neighbors, hospital, town, schools, Subdivisions, etc.
- Fire hydrants or water sources
- Wells, streams, ponds, swimming pools, etc.
- Prevailing wind directions
- Irrigation systems
- Fences, with gates and widths
- Septic systems, drain tiles, etc.
- Slope
- Pesticide storage, mixing, loading
- Location of hazardous materials (propane tanks, fuel tanks, fertilizer, pesticides, etc.)
- Manure storage
- Under and above ground sewer, electrical, water, gas boxes/lines/mains (Note numbers)
- Height of overhead electrical lines
- Utility disconnect sites/switches
- Switches for electric fences
- Location of Livestock
- Congregation point for staff
- Potential hazards
- Potential vulnerabilities

Farm Map for _____
(Sketch)

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Building Contents

Checklist: Be sure to include-

- Floor plan
- Occupancy: Are people, animals, and poultry inside?
- Valuable equipment inside?
- Building Dimensions (approximate)
- Building Construction date
- Type of building construction: slab? Wood trusses?
- Chemical storage areas: types and sizes of containers? Keep current inventory
- Chemical mixing and loading areas
- Indoor drains and where they lead
- Types of equipment: motorized? Gas? Diesel?
- Vehicles stored inside
- Manure pits in buildings
- Propane Tanks
- Compressed Gas
- Drums and contents

Building Maps
(Sketch)

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Priority Asset Security

(Lock, Light, Limit access)

- List resources, processes and operations that are essential to your business
(In priority order)

- List the consequences of losing them?
(Provide estimated cost/ other loss estimates)

- Who/What might potentially cause harm?
(Why, how, what is most vulnerable?)

- How real are the risks?

Priority Asset Inventory

List your priority assets, including serial numbers and identifying marks
(Update regularly)

Date created _____
Date updated _____
Date Updated _____
Date Updated _____

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