Agriculture Emergency Situation Reporting

(This information is for situation awareness, reporting, and for immediate needs assistance during local and State disaster response. Farmers are encouraged to follow their normal process of reporting specific losses to their county Extension and USDA FSA offices.)

Name: ___________________________ Contact Info: ___________________________ Date: _______ Time: _______

Number of Farms Impacted in County:

Check box(es) to indicate impact. List the numbers impacted and indicate what, if any, assistance is needed. (e.g. mend/upright fences; farm/barn mud-out; dairy milking assistance; generator for milk processing; debris on roads/delivery issues; carcass disposal; etc.)

Livestock: Number:

[ ] Cattle: [ ] Dairy [ ] Beef
____ Loose; ____ Stranded; ____ Injured; ____ Dead

[ ] Equine
____ Loose; ____ Stranded; ____ Injured; ____ Dead

[ ] Swine
____ Loose; ____ Stranded; ____ Injured; ____ Dead

[ ] Sheep
____ Loose; ____ Stranded; ____ Injured; ____ Dead

[ ] Goats
____ Loose; ____ Stranded; ____ Injured; ____ Dead

[ ] Ostrich/Emu
____ Loose; ____ Stranded; ____ Injured; ____ Dead

[ ] Llama/Alpaca
____ Loose; ____ Stranded; ____ Injured; ____ Dead

[ ] Poultry: [ ] Layers [ ] Broilers
____ Loose; ____ Stranded; ____ Injured; ____ Dead

[ ] other: __________________________
____ Loose; ____ Stranded; ____ Injured; ____ Dead

Other Livestock issue/need: ________________________________________________________________

Location(s): ____________________________________________________________

Fields:

[ ] crops
Type of Impact/need: __________________________________________________________

[ ] grazing lands
Type of Impact/need: __________________________________________________________

[ ] nursery
Type of Impact/need: __________________________________________________________

[ ] tree stock
Type of Impact/need: __________________________________________________________

[ ] other:
Type of Impact/need: __________________________________________________________

Location(s): ____________________________________________________________

Supplies/Facilities/Equipment:

[ ] Stored Feed
Type of Impact/need: __________________________________________________________

[ ] Water
Type of Impact/need: __________________________________________________________

[ ] Farmhouse
Type of Impact/need: __________________________________________________________

[ ] Other living quarters
Type of Impact/need: __________________________________________________________

[ ] Barns
Type of Impact/need: __________________________________________________________

[ ] Farm equipment
Type of Impact/need: __________________________________________________________

[ ] Generator/Pumps
Type of Impact/need: __________________________________________________________

[ ] Fences
Type of Impact/need: __________________________________________________________

Location(s): ____________________________________________________________

Roads: [ ] On premises [ ] Leading to premises
Location/need: ____________________________________________________________

Power: [ ] Outage on premise (pole/wires down) [ ] System/grid outage
Location/need: ____________________________________________________________
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Communications: [ ] Phone [ ] Internet
Type of impact/need/alternate: __________________________________________________________
Location: __________________________________________________________

Number of agriculture and food related businesses impacted in county:
List type and location:
________________________________________ Type of impact/need: __________________________
________________________________________ Type of impact/need: __________________________
________________________________________ Type of impact/need: __________________________

List of resources currently committed to agriculture, and animal response:
Personnel/Volunteers:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Equipment/Supplies:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Facilities:
________________________________________ Location: __________________________
________________________________________ Location: __________________________

Indicate any challenges or potential resource needs:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________