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.)

<table>
<thead>
<tr>
<th>Name: __________________________</th>
<th>Contact Info: __________________________</th>
<th>Date: __________</th>
<th>Time: ______</th>
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</thead>
</table>

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 | [ ] Equine | [ ] Swine | [ ] Sheep | [ ] Goats | [ ] Ostrich/Emu | [ ] Llama/Alpaca | [ ] Poultry: [ ] Layers [ ] Broilers | [ ] other: __________________ |

___ Loose; ___ Stranded; ___ Injured; ___ Dead

Other Livestock issue/need: __________________________________________________________

Location(s): ________________________________________________________________
___

Fields:

| [ ] crops | [ ] grazing lands | [ ] nursery | [ ] tree stock | [ ] other: __________________ |

Type of Impact/need: ____________________________________________________________

Location(s): ________________________________________________________________
___

Supplies/Facilities/Equipment:

| [ ] Stored Feed | [ ] Water | [ ] Farmhouse | [ ] Other living quarters | [ ] Barns | [ ] Farm equipment | [ ] Generator/Pumps | [ ] 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:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________