

INITIAL INSPECTION REPORT FOR AGRICULTURAL OPERATIONS

Operation Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Farm ID <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Inspection Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Entry Time <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Agency <input type="checkbox"/> DEP <input type="checkbox"/> CCD														
Municipality:	Latitude:	Total Acres of Operation:																
County:	Longitude:	<input type="checkbox"/> Home Farm <input type="checkbox"/> Rented Fields <input type="checkbox"/> Satellite Farm <input type="checkbox"/> Crops Only <input type="checkbox"/> Animals Housed On-Site																
Mailing Address:	City, State and Zip:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: center;">Type</th> <th style="width: 30%; text-align: center;">No.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>			Type	No.												
Type	No.																	
Location Address:	City, State and Zip:																	
Inspection <input type="checkbox"/> Scheduled <input type="checkbox"/> Not Scheduled <input type="checkbox"/> Owner or Operator Not Available Date inspection report provided: <input type="checkbox"/> No Inspection Due to Biosecurity	Interviewee: Name: <input type="checkbox"/> Owner _____ <input type="checkbox"/> Operator _____ <input type="checkbox"/> Other _____	AEU est.: _____ <input type="checkbox"/> Calc. Attached																
Comments:																		
Manure Management Plan																		
Is Manure Generated or Applied On-Site? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Does the Operation Have a Written MMP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Admin. Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
MMP Developed By: <input type="checkbox"/> Certified Planner <input type="checkbox"/> Owner or Operator (<input type="checkbox"/> with assistance) <input type="checkbox"/> Agency																		
Planner Name: _____ Plan Date: _____																		
Inspected Acres Available for Manure: _____ Inspected Cropland Acres covered by MMP: _____																		
Total Acreage covered by MMP: _____ Total Includes: <input type="checkbox"/> Home Farm <input type="checkbox"/> Satellite Farm(s) <input type="checkbox"/> Rented Fields																		
<input type="checkbox"/> Manure is Exported <input type="checkbox"/> Manure is Imported (<input type="checkbox"/> NBS Available) <input type="checkbox"/> Sewage Sludge is Imported																		
Liquid Manure Storage Facilities:																		
Type:	Capacity:	gal	Year:															
Type:	Capacity:	gal	Year:															
Type:	Capacity:	gal	Year:															
Manure Stacking: <input type="checkbox"/> Yes <input type="checkbox"/> No Outdoor Feed Storage: <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Process Wastewater: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ AHUA(s) / ACA(s): <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Does the Owner or Operator Indicate the MMP Is Being Implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
<input type="checkbox"/> Manure Application Setbacks Are Followed <input type="checkbox"/> Manure Application Records Are Kept																		
Comments:																		

