# HASP FORM

UNITED STATES DEPARTMENT OF AGRICULTURAL
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

Incident Name:_____

Deployment Start Date:_____ Date HASP Prepared:_____

Incident Description:

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Deployment Goals:

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Deployment Type (check all that apply):

Animal Disease (commercial) ☐

Animal Disease (wild) ☐

Plant Disease ☐

Insect Infestation ☐

Chemical Contamination ☐

Natural Disaster ☐

Agricultural Terrorism ☐

Other: _____ ☐

Print Form