HASP FORM

UNITED STATES DEPARTMENT OF AGRICULTURAL
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM 9 Site Control

Give a brief description of the agents of concern and the methods they can be spread:

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Have control zones been established: **YES** **NO**

If Yes, Give a description of the location and configuration of the Exclusion Zone:

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List the measure utilized to control access to the site:

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List the entry requirements for the Exclusion;

What is the PPE level required for Entry **D** **Mod. D** **C** **B** **A**

List the specific PPE and control procedures required:

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Is the Buddy system in use **YES** **NO**

If NO, explain why it is not being used. If YES explain the system being utilized:

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Communication method utilized (specify how communication will be handled between entry team and support zone personnel):

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