

MN HIPATH AI-EQUIPMENT CHECKLIST FOR DEPOP MOBILIZATION

COUNTY ID:

FARM OWNER

CONTACT NAME:

EMAIL:

REQUEST NOTIFICATION PRIOR TO DEPOP

POULTRY OWNER

CONTACT NAME:

PHONE:

EMAIL:

BARN SPECS:

BARN NAME	LENGTH	WIDTH	# BIRDS	AGE

VENTILATION TYPE: SLIDING DOOR

CURTAIN

CHECK BOX IF EQUIPMENT IS AVAILABLE FOR USE:

SKID-STEER LOADER

TRACTOR

WATER SOURCE: ON SITE OFF SITE

BATHROOM FACILITY: DIRTY SIDE CLEAN SIDE

PORT-A-JOHN: DIRTY SIDE CLEAN SIDE

PRESSURE WASHER(S) # _____

FARM HANDS TO ASSIST WITH DEPOP # _____

CARTS OR BINS (CHICKENS ONLY) # _____

OTHER:

ADDITIONAL COMMENTS: