Local Health Department Fair Worksheet

Supplemental worksheet to the Work Plan for Local Health Departments

Fair Information

- Dates of operation:
 - Start:
 - Date:
 - Time:
 - o End:
 - Date:
 - Time:
- Location / fairground address:
- Animal events or venues expected? Y / N
 (e.g., exhibits, shows, competitions, petting zoo)

Key Collaborators

Fair Management / Staff

- Name:
- Title:
- Phone:
- Email:
- Responsibilities:
- Name:
- Title:
- Phone:
- Email:
- Responsibilities:

Other Fair Operation Partners (Local / County, State)

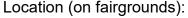
- Name:
- Title:
- · Agency / Affiliation:
- Phone:
- Email:
- Name:
- Title:
- Agency / Affiliation:
- Phone:
- Email:



Animal Events / Exhibits at the Fair

Document detailed information for each event/exhibit separately. Make additional copies of this and the following sheets as necessary.

Event / Exhibit
Name:
Classification: No contact between animals and the public Possible public-animal contact (e.g., livestock barns) Intentional public-animal contact (e.g., petting zoos, hands-on educational events)
Date(s):
Date(s) animals arrive:
Date(s) animals depart:
Location (on fairgrounds):
Animal housing location (when not shown or on exhibit):
Event / Exhibit
Name:
Classification: No contact between animals and the public Possible public-animal contact (e.g., livestock barns) Intentional public-animal contact (e.g., petting zoos, hands-on educational events)
Date(s):
Date(s) animals arrive:
Date(s) animals depart:
Location (on fairgrounds):



• Animal housing location (when not shown or on exhibit):



Fair / Venue Walkthrough

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Patt	เทด	Zoo
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xh	ibit N	ame / No		 		
0	Han	dwashing stations prese	nt?	Y/N		
	0	Stocked/operational?	Y / N			
	0	Maintenance log?	Y / N			
	0	Quantity:				
	0	Location:				
0	Han	d sanitizing stations pres	sent in	addition to washing	g stations? Y	′ / N
	0	Stocked/operational?	Y / N			
	0	Maintenance log?	Y / N			
	0	Quantity:		_		
		Location:		_		
0		ignated single entrance?		Y/N		
0	Des	ignated single exit?		Y/N		
0	Spa	ce outside entrance for s	stroller	mobility device stora	age?	Y/N
0	Writ	ten public education me	ssagin	g/signs prominently	posted?	Y/N
	0	Messaging about disea	se risk	at entrance?	Y/N	
	0	Messaging about hand	washir	ng at exit?	Y/N	
	0	Other written messagin	g withi	n exhibit?	Y/N	
	0	Messaging available in	differe	ent languages?	Y/N	
		•				
0	Verb	oal/audible public educat	ion me	essaging provided?	Y/N	
0	Dise	ease prevention infograp	hic sig	ns (with minimal or r	no text) provid	ed within
	exhi	bit? Y/N				
0	Foo	d dispensed for animals	in disti	inct containers not to	be confused	with human
	food	I? Y/N				
0	Staf	f/exhibitors present (or s	chedu	led) to assist and he	lp visitors?	Y/N
	0	Staff reminding visitors	of pre	cautionary steps?	Y / N	
		Example				_
0	Pett	ing zoo custodial schedu	ıle?	Y/N		
0	Area	a free of excess manure	?	Y/N		
0	Nea	rest food vendor is	me	ters away from the e	entrance/exit o	of petting zoo

Notes:



Livestock Barn(s)

Exhi	bit Name / No
0	Handwashing stations present? Y / N
	Stocked/operational?Y / N
	○ Maintenance log? Y / N
	 Located within exhibit space? Y / N
	Quantity:
	 Located at exit of exhibit space? Y / N
	Quantity:
	o Other locations:
0	Hand sanitizing stations present in addition to washing stations? Y / N
	○ Stocked/operational? Y / N
	○ Maintenance log? Y / N
	o Quantity:
	o Location:
0	Designated single entrance? Y / N
0	Designated single exit? Y / N
0	Space outside entrance for stroller/mobility device storage? Y / N
0	Appropriate barriers around livestock exhibits? Y / N
0	Written public education messaging/signs prominently posted? Y / N
	Messaging about disease risk at entrance? Y / N
	Messaging about handwashing at exit? Y / N Other written messaging within exhibit? Y / N
	 Other written messaging within exhibit? Y / N
	Messaging available in different languages?Y / N
	Interest languages: 1719
0	Verbal/audible public education messaging provided? Y / N
0	Disease prevention infographic signs (with minimal or no text) provided within
	exhibit? Y / N
0	Fair staff present (or scheduled) to assist and help visitors? Y / N
	 Staff reminding visitors of precautionary steps? Y / N
	Example:
0	Stable/barn custodial schedule? Y / N
0	Areas free of excess manure? Y / N
0	Nearest food vendor is meters away from the entrance/exit of livestock barn.

Notes:



Response Plan Contacts

Communicable Disease Control Staff

County / Local

- Name:
- Title:
- Agency / Affiliation:
- Phone:
- Email:
- Name:
- Title:
- Agency / Affiliation:
- Phone:
- Email:

State

- Name:
- Title:
- Agency / Affiliation:
- Phone:
- Email:

Public Health Laboratories

County / Local

- Name:
- Title:
- Agency / Affiliation:
- Phone:
- Email:

State

- Name:
- Title:
- Agency / Affiliation:
- Phone:
- Email:



Environmental Health

County / Local

- Name:
- Title:
- Agency / Affiliation:
- Phone:
- Email:

State

- Name:
- Title:
- Agency / Affiliation:
- Phone:
- Email:

Animal Control

- Name:
- Title:
- Agency / Affiliation:
- Phone:
- Email:

County Ag Commissioner

- Name:
- Phone:
- Email:

