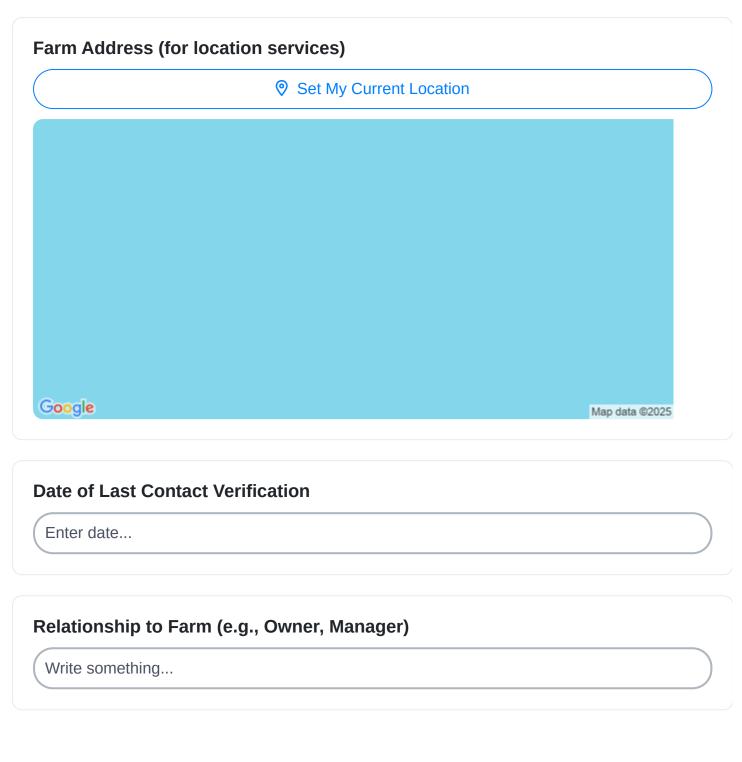# ✓ ChecklistGuro

Emergency Contact Information Verification

Farm Owner/Operator Information

Verify contact details for the primary owner or operator of the agricultural operation.

Owner/Operator Full Name

Write something...

Primary Phone Number

Enter a number...

Secondary Phone Number (optional)

Enter a number...

Email Address

Write something...

Brief Description of Farm Operations (for emergency context)

Write something...

Farm Address (for location services)

📍 Set My Current Location

Date of Last Contact Verification

Enter date...

Relationship to Farm (e.g., Owner, Manager)

Write something...

Key Farm Personnel

Confirm emergency contact information for critical farm employees (e.g., supervisors, equipment operators, livestock handlers).

Employee Full Name

Write something...

Employee ID (if applicable)

Enter a number...

Primary Phone Number

Write something...

Secondary Phone Number (optional)

Write something...

Email Address (optional)

Write something...

Brief Description of Responsibilities (e.g., equipment operator, livestock handler)

Write something...

Emergency Contact Relationship to Employee (e.g., Spouse, Parent, Friend)

☐ Spouse

☐ Parent

☐ Friend

☐ Other

Emergency Contact Name

Write something...

Emergency Contact Phone Number

Write something...

Livestock/Crop Specific Contacts

Identify and verify contacts responsible for specific livestock or crop management in case of emergencies.

Primary Crop Type(s)

- ☐ Corn
- ☐ Soybeans
- ☐ Wheat
- ☐ Hay/Alfalfa
- ☐ Fruits (Specify in LONG_TEXT)
- ☐ Vegetables (Specify in LONG_TEXT)
- ☐ Other (Specify in LONG_TEXT)

Specific Crop Varieties & Location(s)

Write something...

Livestock Type (if applicable)

- ☐ Cattle
- ☐ Poultry
- ☐ Pigs
- ☐ Sheep/Goats
- ☐ Dairy
- ☐ Horses
- ☐ Other (Specify in LONG_TEXT)

Livestock Specific Needs/Concerns

Write something...

Approximate Livestock Count

Enter a number...

Crop/Livestock Manager Name

Write something...

Crop/Livestock Manager Phone Number

Write something...

Crop/Livestock Manager Alternate Phone Number

Write something...

Special Instructions/Notes

Write something...

Equipment & Machinery Contacts

Obtain contact information for individuals knowledgeable about specialized agricultural equipment and machinery, particularly for emergencies.

Contact Name (Equipment Specialist)

Write something...

Phone Number (Mobile)

Write something...

Phone Number (Home/Office)

Write something...

Email Address

Write something...

Equipment Expertise (Specific Machinery)

Write something...

Years of Experience with Farm Equipment

Enter a number...

Primary Equipment Type Managed

- ☐ Tractors
- ☐ Combines
- ☐ Sprayers
- ☐ Harvesters
- ☐ Irrigation Systems
- ☐ Livestock Handling Equipment
- ☐ Other

Primary Location of Equipment Expertise

📍 Set My Current Location

Equipment Manuals/ Schematics (Optional)

⬆ Upload File

Contractor/Service Provider Contacts

Collect and verify emergency contact information for key contractors (e.g., pesticide applicators, fertilizer suppliers, irrigation specialists).

Contractor/Service Provider Name

Write something...

Company Name (if applicable)

Write something...

Primary Phone Number

Enter a number...

Secondary Phone Number (Optional)

Write something...

Email Address

Write something...

Service Provided (e.g., Pesticide Application, Irrigation Repair)

Write something...

Emergency Contact Preference (Phone/Email)

☐ Phone

☐ Email

Brief Description of Emergency Response Responsibilities

Write something...

Local Emergency Services & Key Contacts

Ensure readily available contact information for local emergency services (fire, police, ambulance) and relevant agricultural agencies.

Local Fire Department Phone Number

Write something...

Local Police Department Phone Number

Write something...

County Sheriff's Department Phone Number

Write something...

Emergency Medical Services (EMS) Phone Number

Write something...

Local Hospital Phone Number

Write something...

State Department of Agriculture Contact Number

Write something...

Local Veterinary Services Phone Number (if applicable)

Write something...

Location of Nearest Fire Hydrant (if applicable)

⊙ Set My Current Location

Primary Point of Contact for Agricultural Emergencies (e.g., spill response)

☐ County Extension Agent

☐ State Department of Agriculture Representative

☐ Local Crop Consultant