

## SILO INITIAL ASSESSMENT WORKSHEET

<b>TYPE OF INCIDENT:</b>	<b>FIRE?</b>	<b>RESCUE?</b>	<b>RECOVERY?</b>	<b>COLLAPSE?</b>
<b>FARM LOCATION:</b>				
<b>FARM OWNER/POC:</b>			<b>PHONE #</b>	

**CRITICAL INITIAL MANAGEMENT ITEMS:**

- \_\_\_\_\_ 1. ESTABLISH INCIDENT MANAGEMENT SYSTEM, PERSONNEL ACCOUNTABILITY SYSTEM, AND DESIGNATE SAFETY OFFICER.
- \_\_\_\_\_ 2. ESTABLISH APPROPRIATE SAFETY ZONES. (CONSIDER MOVING ANIMALS DEPENDING ON SITUATION.)
- \_\_\_\_\_ 3. MEET WITH FARM OWNER/MANAGER – ESTABLISH LIAISON OFFICER.
- \_\_\_\_\_ 4. OVERALL SCENE ASSESSMENT.
- \_\_\_\_\_ 5. EVALUATE AND PRIORITIZE LIFE SAFETY ISSUES.
- \_\_\_\_\_ 6. EVALUATE EXPOSURE ISSUES (BUILDINGS, EQUIPMENT, FEED, LIVESTOCK, ETC.).
- \_\_\_\_\_ 7. LOCK-OUT / TAG-OUT OF EQUIPMENT COMPLETED?
- \_\_\_\_\_ 8. REQUEST APPROPRIATE RESOURCES.

<b>SILO MANUFACTURER (&amp; PHONE #)</b>	<b>CONTACTED?</b>
<b>SILO SERVICE COMPANY (&amp; PHONE #)</b>	<b>CONTACTED?</b>

WHAT AND WHEN WAS THE LAST SILO AND/OR UNLOADER MAINTENANCE/REPAIR?

**TYPE (As ORIGINALLY CONSTRUCTED):** \_\_\_\_\_ CONVENTIONAL \_\_\_\_\_ OXYGEN LIMITING

**CONSTRUCTION:**

\_\_\_\_\_ STEEL \_\_\_\_\_ CONCRETE STAVE \_\_\_\_\_ POURED CONCRETE

\_\_\_\_\_ OTHER (IDENTIFY): \_\_\_\_\_ ANY TYPE OF LINING OR BAG?

**YEAR CONSTRUCTED:** \_\_\_\_\_ **DIMENSIONS: DIAMETER:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_

**WAS THIS SILO MODIFIED IN ANY MANNER?** \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, HOW?

**TYPE OF UNLOADING SYSTEM:** \_\_\_\_\_ TOP UNLOADER \_\_\_\_\_ BOTTOM UNLOADER \_\_\_\_\_ NONE/MANUAL

POWER SUPPLY? \_\_\_\_\_ ELECTRIC \_\_\_\_\_ HYDRAULIC      POWER SUPPLY SECURED? \_\_\_\_\_ YES \_\_\_\_\_ NO

DOES THIS SILO HAVE A "BIG JIM" OR "LITTLE DAVID" STYLE UNLOADING SYSTEM? \_\_\_\_\_ YES \_\_\_\_\_ NO

**MATERIAL IN SILO:**

\_\_\_\_\_ CORN SILAGE \_\_\_\_\_ HAY/RYE CROP SILAGE \_\_\_\_\_ SORGHUM

\_\_\_\_\_ HIGH MOISTURE GRAIN \_\_\_\_\_ OTHER (SPECIFY): \_\_\_\_\_

HOW FULL IS SILO? \_\_\_\_\_ ARE THERE 2 DIFFERENT MATERIALS IN THE SILO? \_\_\_\_\_

DATE LAST FILLED?	WAS NEW MATERIAL PUT ON TOP OF OLD? _____ YES _____ NO	IF YES, HOW FULL WAS SILO PRIOR TO LAST FILLING?
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IF FILLED WITHIN LAST 2 MONTHS – WHAT WAS THE MOISTURE PERCENTAGE AT TIME OF FILLING? _____%	WAS UNLOADER DRAWING HIGH AMPERAGE DURING NORMAL UNLOADING OPERATIONS? _____ YES _____ NO
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WAS ANY TYPE OF FUMIGATION, OTHER PESTICIDE, OR OTHER CHEMICAL CONTROL USED INSIDE? IF YES, WHAT & WHEN?