



Native Wildlife Rehabilitation Facility Emergency Action Plan

The California Department of Fish and Wildlife (CDFW) may issue a person a wildlife rehabilitation permit and amend existing permits with the conditions it determines are necessary to protect native wildlife, animal welfare, human health, and/or safety pursuant to CCR Title 8, Section 3220 and Title 14 Section 679.3. A permittee and sub-permittee shall establish and maintain a written action plan describing evacuation steps and those designated actions during an emergency required to ensure animal welfare and human safety.

1. APPLICANT AND FACILITY INFORMATION

Applicant Name (Last, First)	Date of Birth	Permit # (if applicable)	
Mailing Address	City	State	ZIP
Primary Phone	Secondary Phone	Email Address	
Facility Name		County	
Facility Address (physical)	City	State	ZIP
Facility Phone	Facility Email	Facility Website	

1A. EMERGENCY ACTION PLAN CHECKLIST [REQUIRED INFORMATION]

<input type="checkbox"/>	List of animal capture equipment
<input type="checkbox"/>	List of mobile transport cages
<input type="checkbox"/>	List of emergency animal supplies
<input type="checkbox"/>	List of first aid kits, smoke/carbon monoxide detectors, fire extinguishers, and their locations.
<input type="checkbox"/>	List of emergency telephone numbers
<input type="checkbox"/>	List of exit route assignments and location(s) off the premises, including evacuation routes.

2. ANIMAL RE-CAPTURE EQUIPMENT

Item	Quantity	Item	Quantity
Nets for Birds		Catch pole	
Nets for Bats		Leads / leashes	
Nets for Mammals		Bite sticks	
Nets for Reptiles/Amphibians		Animal handling / Bite gloves	
Net gun		PPE gloves	
Live trap		PPE eyewear	
Animal control pole		PPE footwear	
Animal grasper / Y pole		Dart gun (if applicable)	
Snake tongs		Darts (if applicable)	
Animal shields		Pole Syringe aka jab stick	
Other		Chemical immobilization drugs	

3. MOBILE TRANSPORT CAGES			
Item	Brief Description [intended animal use, max weight, max number of animals]	Size Dimensions	Quantity
Large animal carrier, metal			
Large animal carrier, plastic			
Large animal carrier, soft sided			
Medium animal carrier, metal			
Medium animal carrier, plastic			
Medium animal carrier, soft sided			
Small animal carrier, metal			
Small animal carrier, plastic			
Small animal carrier, soft sided			
Small animal carrier, cardboard			
Terrarium, mesh			
Reptile / snake bucket			
Aquariums, glass			
Aquariums, plastic			
Animal bags (e.g., snakes)			
Stock trailers (e.g. ungulates)			
Other			
4. EMERGENCY ANIMAL SUPPLIES			
Item	Brief Description	Quantity	
Special diet supply (5 days min.)			
Food receptacles			
Water receptacles			
Portable water container(s)			
Specialty feeding supplies (e.g., neonatal bottle, syringe)			
Heating source (e.g., heating pad)			
Cooling source (e.g., portable fan)			
Bedding			
Cleaning supplies			
Biosecurity supplies (e.g., for sanitation/sterilization)			
Veterinary medical supplies (e.g., emergency "go" kit)			
Transport Cage Tie Downs (e.g., bungee cords, ratchet straps)			

5. FACILITY SAFETY		
Item	Location at facility	Quantity
First aid kits		
Smoke detectors		
Carbon monoxide detectors		
Fire extinguishers		
Emergency exit signs		
Emergency eye wash station(s)		
'Animals on Premise' sign(s)		
Hard-wired/landline telephone *Cellular telephone systems may not be operational during an emergency		
5A. EMERGENCY ALERT SYSTEM		
In the event of an emergency, personnel shall be alerted using a primary method of notification (check all that apply)		
<input type="checkbox"/> Audible alarms (e.g., airhorn)	<input type="checkbox"/> Phone tree (e.g., cellular phone, landline)	
<input type="checkbox"/> Fire alarm system	<input type="checkbox"/> Radio communication device (e.g., walkie talkie)	
<input type="checkbox"/> Mobile alert app (e.g., CodeRed, Watch Duty)	<input type="checkbox"/> Visual alarm/signal (e.g., flashing lights)	
<input type="checkbox"/> Verbal notification (e.g., intercom system)	Other _____	
5B. EMERGENCY CONTACTS		
[Call 9-1-1 in the event of an actual, possible, or potential emergency]		
Important Contacts	Telephone	Address
Local Law Enforcement		
Local Fire Department		
Local Ambulance / Paramedics		
Local Animal Control		
Public Health Department		
Poison Control Center		
Tree Trimming / Brush Removal Service		
Facility Maintenance / Contractor Service		
Utility Company (Electric)		
Utility Company (Water)		
Utility Company (Gas)		
Utility Company (Telephone/Internet)		
Nearest Hospital		
CDFW Wildlife Health Laboratory		
CDFW Regional Office		

Other: _____			
6. EMERGENCY PROCEDURES			
Designated Role		Name	
Assembly Area Lead(s) - Maintain current personnel list and have readily accessible during an emergency. - Roll call of affected personnel at designated assembly area: Name, building/room location, status. - Report any injury, facility damage, or other pertinent information to Responder Liaison(s).		1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
Responder Liaison(s) - Primary point of contact for the First Responder(s). - Share the following information (if known): <ul style="list-style-type: none"> • Nature of the emergency (e.g. fire) • Location of the emergency • Number of persons trapped, hurt and/or unaccounted for • Number and type of animals trapped, hurt and/or unaccounted for 		1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
First Aider(s) - Trained personnel able to provide first aid to affected persons during an emergency. - Record shall include the name, date of certification, and training type. Examples: <ul style="list-style-type: none"> • CPR/AED First-Aid Training • Bloodborne Pathogens Training • Hazardous Waste Training • Other (briefly describe) 		1. _____ Name Certification Date Training Type 2. _____ Name Certification Date Training Type 3. _____ Name Certification Date Training Type 4. _____ Name Certification Date Training Type 5. _____ Name Certification Date Training Type	
Animal Evacuation Lead(s) - Record of personnel assigned to evacuate rehabilitation animal by type and/or condition (as applicable) <ul style="list-style-type: none"> • E.g., Baby Bird Nursery Lead • E.g., Small Mammal Nursery Lead • E.g., Isolation/Quarantine Animal Lead • E.g., Bear Cub Hibernation Den Lead • E.g., Flight Cage Bird Lead • E.g., Fawn Pen Lead • E.g., Interior Cage/Enclosure(s) Lead • E.g., Outdoor Cage/Enclosure(s) Lead 		1. _____ Name Animal Type (brief description) 2. _____ Name Animal Type (brief description) 3. _____ Name Animal Type (brief description) 4. _____ Name Animal Type (brief description) 5. _____	

	Name Animal Type (brief description)
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6A. ANIMAL EVACUATION

Immediate Release Criteria
 Briefly list the type and/or condition of rehabilitation animals able to be *immediately released* in case of emergency (e.g., flighted birds, pre-release animal, certain animals with full mobility)

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Evacuation Transport Criteria
 Briefly list the type and/or condition of rehabilitation animals *requiring evacuation* off the premises in case of emergency (e.g., neonates, animals with limited mobility, hibernating animals, cubs, fawns)

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6B. PERSONNEL EVACUATION

Briefly describe required action(s) for personnel in case of an emergency requiring an evacuation from the facility and/or premises. Consider evacuation requirements for persons with disabilities unable to evacuate on their own, as appropriate. NOTE: Certain emergency situations may require a “shelter-in-place” order if it is safer to remain inside the facility rather than evacuate.

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6C. ASSEMBLY AREA [ON THE PREMISES]

Briefly describe the designated location outside the facility for personnel to conduct roll call and bring rehabilitation animals requiring transport off the premises in case of an evacuation.

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6D. STAGING LOCATION [OFF THE PREMISES]

Briefly describe the designated location(s) off the premises for personnel to transport rehabilitation animals in case of an evacuation. Consideration should be made for the type and/or condition of rehabilitation animals requiring evacuation and long-term versus short-term evacuation orders.

Location 1	
Location 2	
Location 3	

6E. EVACUATION ROUTES

Briefly describe the primary and secondary evacuation route(s) for personnel and rehabilitation animals to be evacuated off the premises.

Primary evacuation route	
Secondary evacuation route(s)	

7. ACTION PLAN RECORDS

Date(s) of Revision					
- Update essential components of the plan					
Date(s) of Annual Review					

- All personnel, new staff/volunteers					
Date(s) of Emergency Action Training - E.g., Evacuation drill, tabletop exercise					

ACKNOWLEDGEMENT AND SIGNATURE

"I understand that any information provided to CDFW in this form and any additional information provided to CDFW related to this form will be subject to the Public Records Act and may be publicly available.

I affirm and attest under penalty of perjury that the information provided in this application and any additional information that may be provided to CDFW related to this application is true and accurate to the best of my knowledge. I understand that I cannot hold the State of California liable for any harm or damage to any person or property in connection with any activities performed under the permit. I certify that I agree to be responsible for any costs incurred for any activities performed under the permit. I understand that this permit is a privilege that may be revoked at any time for cause, and that I may be subject to inspection, at a reasonable time, without notification. I understand that wildlife remains the property of the State and is subject to control by the State.

With accordance to [California Civil Code §1633.5\(b\)](#), I acknowledge that by providing my electronic signature for this form, I agree that my electronic signature is legal binding equivalent to a handwriting signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it."

CDFW reserves the right to verify the undersigned claims. Should this verification reveal intentional falsehood by the claimant, the undersigned may be legally obligated to compensate the State for costs associated with verification.

Applicant: _____
Signature Print Name Date