

**FACILITY EMERGENCY ACTION PLAN**

DFW 483 (NEW 08/01/25) Page 1 of 4

A person may apply for a wildlife rehabilitation permit and shall provide a written plan describing the emergency protocol for a proposed facility in the event of an evacuation. Attach photographs, diagrams, and other written documents as needed. ☐ **New Permit**    ☐ **Permit Renewal**    ☐ **Permit Amendment (New Facility Location)**

TYPE OR PRINT CLEARLY.

**SECTION 1. Applicant Information**

First Name	M.I.	Last Name	Date of Birth	GO ID #
Mailing Address		City	State	Zip Code
Primary Telephone	Secondary Telephone		Email Address	
Facility Name				County
Physical Address		City	ZIP CODE	
Facility Telephone	Facility Email Address		Facility Website	

**SECTION 2. Animal Capture Equipment**

List the animal capture equipment currently possessed, or in the process thereof, at the proposed facility. Provide a brief description that includes the species or taxa of rehabilitation animal for capture and quantity of each item. Check all that apply.

Capture Equipment Type	Quantity	Capture Equipment Type	Quantity
<input type="checkbox"/> Nets (Birds)		<input type="checkbox"/> Catchpole (or similar)	
<input type="checkbox"/> Nets (Bats)		<input type="checkbox"/> Y-pole (or similar)	
<input type="checkbox"/> Nets (Mammals)		<input type="checkbox"/> Animal graspers or tongs	
<input type="checkbox"/> Nets (Amphibians, Reptiles)		<input type="checkbox"/> Snake tongs	
<input type="checkbox"/> Net gun		<input type="checkbox"/> Personal protective equipment	
<input type="checkbox"/> Live trap		<input type="checkbox"/> Bite gloves	
<input type="checkbox"/> Animal shields		<input type="checkbox"/> Raptor gloves	
<input type="checkbox"/> Leads, leashes (or similar)		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Chemical immobilization: dart gun, darts (if applicable)		<input type="checkbox"/> Chemical immobilization: pole syringe, jab stick (if applicable)	

**SECTION 3. Animal Transport Equipment** (Check all that Apply)

List the animal transport equipment currently possessed, or in the process thereof, at the proposed facility. Provide a brief description that includes the species or taxa of rehabilitation animal for transport and quantity of each item. Check all that apply.

Transport Equipment Type	Brief Description	Quantity
<input type="checkbox"/> Large animal carrier (e.g., metal, plastic, soft-sided)		
<input type="checkbox"/> Medium animal carrier (e.g., metal, plastic, soft-sided)		
<input type="checkbox"/> Small animal carrier (e.g., metal, plastic, soft-sided)		
<input type="checkbox"/> Terrarium		
<input type="checkbox"/> Aquarium		
<input type="checkbox"/> Reptile / Snake bucket		
<input type="checkbox"/> Animal bag		
<input type="checkbox"/> Trailer (e.g., livestock, horse)		
<input type="checkbox"/> Trailer (e.g., enclosed, utility)		
<input type="checkbox"/> Other: _____		



#### SECTION 4. Animal Emergency Supplies

Briefly describe the emergency animal supplies anticipated or designated for each type of rehabilitation animal (if applicable) and include the specific item, quantity (if known), method of storage, and storage location to access items in case of an evacuation.

##### 4A. Amphibians, Reptiles

<input type="checkbox"/> Animal food (3-day supply) e.g., freeze-dried insects, pellets)	Brief Description
<input type="checkbox"/> Food receptacles	Brief Description
<input type="checkbox"/> Water receptacles	Brief Description
<input type="checkbox"/> Portable water containers	Brief Description
<input type="checkbox"/> Cleaning / Disinfectant supplies	Brief Description
<input type="checkbox"/> Specialty feeding supplies (e.g., syringes)	Brief Description
<input type="checkbox"/> Heat source (e.g., heat lamps)	Brief Description
<input type="checkbox"/> Cooling source (e.g., portable fans)	Brief Description
<input type="checkbox"/> Basic veterinary medical supplies	Brief Description

##### 4B. Mammals

<input type="checkbox"/> Animal food (3-day supply) (e.g., freeze-dried meat, pellets)	Brief Description
<input type="checkbox"/> Food receptacles	Brief Description
<input type="checkbox"/> Water receptacles	Brief Description
<input type="checkbox"/> Portable water containers	Brief Description
<input type="checkbox"/> Cleaning / Disinfectant supplies	Brief Description
<input type="checkbox"/> Specialty feeding supplies (e.g., bottles)	Brief Description
<input type="checkbox"/> Heat source (e.g., blankets)	Brief Description
<input type="checkbox"/> Cooling source (e.g., portable fans)	Brief Description
<input type="checkbox"/> Basic veterinary medical supplies	Brief Description

##### 4C. Birds, including Waterbirds

<input type="checkbox"/> Animal food (3-day supply) (e.g., freeze-dried meat, seeds)	Brief Description
<input type="checkbox"/> Food receptacles	Brief Description
<input type="checkbox"/> Water receptacles	Brief Description
<input type="checkbox"/> Portable water containers	Brief Description
<input type="checkbox"/> Cleaning / Disinfectant supplies	Brief Description
<input type="checkbox"/> Specialty feeding supplies (e.g., syringes)	Brief Description
<input type="checkbox"/> Heat source (e.g., heating pads)	Brief Description
<input type="checkbox"/> Cooling source (e.g., portable fans)	Brief Description
<input type="checkbox"/> Basic veterinary medical supplies	Brief Description

#### SECTION 5. Facility Emergency Supplies

List the facility emergency supplies currently possessed, or in the process thereof, and location at proposed facility. Check all that apply.

Emergency Alert / Safety Item	Quantity	Emergency Alert / Safety Item	Quantity
<input type="checkbox"/> First aid kits		<input type="checkbox"/> Smoke / Carbon monoxide detector	
<input type="checkbox"/> Eye wash station		<input type="checkbox"/> Emergency Exit sign	
<input type="checkbox"/> Fire extinguishers		<input type="checkbox"/> 'Animals on Premise' sign	



### SECTION 5. Facility Emergency Supplies

<input type="checkbox"/> Eye wash station		<input type="checkbox"/> Emergency Exit sign	
<input type="checkbox"/> Fire extinguishers		<input type="checkbox"/> 'Animals on Premise' sign	
<input type="checkbox"/> Fire alarm system		<input type="checkbox"/> Landline telephone	
<input type="checkbox"/> Audio/Visual alert (e.g., airhorn, flashing lights)		<input type="checkbox"/> Radio communication (e.g., walkie-talkie)	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Mobile alert app (e.g., Watch Duty)	

☐ Location(s) of utility shut off valves and breaker box: electricity, gas, water: \_\_\_\_\_

For item(s) not checked, briefly explain why: \_\_\_\_\_

### SECTION 6. Evacuation Protocol

Describe each of the following items if, during an emergency event, an evacuation of the proposed facility is required and/or mandatory. Attach additional page(s), photographs, diagrams, and/or other written documents as needed.

#### 6A. Personnel Evacuation Leads

- ☐ Assembly Area Lead. Perform roll call (assembly area): \_\_\_\_\_
- ☐ First Aid Lead. Perform First Aid/CPR/AED if needed: \_\_\_\_\_
- ☐ Responder Liaison. Primary contact for first responders: \_\_\_\_\_

#### 6B. Animal Evacuation Leads

- ☐ Mammal Evacuation. List animal lead(s) as assigned by rehabilitation animal type and/or stage of rehabilitation: \_\_\_\_\_
- ☐ Amphibian / Reptile Evacuation. List animal lead(s) as assigned by rehabilitation animal type and/or stage of rehabilitation: \_\_\_\_\_
- ☐ Birds (excluding Waterbirds) Evacuation. List animal lead(s) as assigned by rehabilitation animal type and/or stage of rehabilitation: \_\_\_\_\_
- ☐ Waterbirds (including Pool-Only) Evacuation. List personnel lead(s) as assigned by rehabilitation animal type and/or stage of rehabilitation: \_\_\_\_\_

Animal Transport / Release Criteria. Briefly describe the type(s) of rehabilitation animal by stage of rehabilitation, species and/or taxa, that may be designated for either immediate release onsite or transport offsite: \_\_\_\_\_

#### 6D. Assembly Area (Onsite)

Designated location to gather personnel and evacuation lead(s) prior to an evacuation: \_\_\_\_\_

#### 6E. Staging Area (Offsite)

Designated location to gather personnel and rehabilitation animals after an evacuation: \_\_\_\_\_

#### 6F. Evacuation Route

- ☐ Primary evacuation route. List directions to staging area (offsite) and/or attach map: \_\_\_\_\_
- ☐ Secondary evacuation route. List directions to staging area (offsite) and/or attach map: \_\_\_\_\_



## SECTION 7. Important Local Contacts

List of important local points of contacts for non-life-threatening emergencies, including contact information and/or physical address.

### Call 9-1-1 for Emergencies

Local Law Enforcement: _____	Contact Information _____ _____	Physical Address _____ _____
Local Fire Department: _____	Contact Information _____ _____	Physical Address _____ _____
Local Ambulance Service: _____	Contact Information _____ _____	Physical Address _____ _____
Nearest Hospital: _____	Contact Information _____ _____	Physical Address _____ _____
Nearest Urgent Care Clinic: _____	Contact Information _____ _____	Physical Address _____ _____
Local Animal Control Services: _____	Contact Information _____ _____	Physical Address _____ _____
Local Health Department: _____	Contact Information _____ _____	Physical Address _____ _____
Poison Control Center: _____	Contact Information _____ _____	Physical Address _____ _____
Utility Company, Electric: _____	Contact Information _____ _____	Physical Address _____ _____
Utility Company, Water: _____	Contact Information _____ _____	Physical Address _____ _____
Utility Company, Gas: _____	Contact Information _____ _____	Physical Address _____ _____
Utility Company, Waste Disposal: _____	Contact Information _____ _____	Physical Address _____ _____
Utility Company, Telephone/Internet: _____	Contact Information _____ _____	Physical Address _____ _____
California Department of Fish and Wildlife Regional Office	Contact Information _____ _____	Physical Address _____ _____

## SECTION 8. Acknowledgement and Signature

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 handwritten signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

I certify that:

- ☐ I have read and am familiar with the California wildlife rehabilitation regulations, Sections 671.1 through 679.9, Title 14 of the CCR, and the Native Wildlife Rehabilitation 679 Regulations Manual (form DFW 479). I have read, understand, and agree to abide by all conditions of the permit, the applicable provisions of the Fish and Game Code, and the regulations promulgated thereto. I understand that wildlife remains the property of the State and is subject to control by the State. I understand that my facilities, equipment, and any rehabilitation animals are subject to inspections pursuant to Section 679.7, Title 14, of the CCR.
- ☐ I affirm and attest under penalty of perjury that the information provided in this application and any additional information that may be provided to the Department related to this application is true and accurate to the best of my knowledge. I understand that any false statement herein may subject me to cancellation of the application, suspension or revocation of my permit, and/or administrative, civil, or criminal penalties.

Applicant Signature: _____	Print Name: _____	Date: _____
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