

**Supplementary Material**

1. Survey used for gathering information on risk factors in slaughterhouses.

**SLAUGHTER TRANSPORTERS SURVEY**

Date: \_\_\_\_\_ Sample Code: \_\_\_\_\_ Prepared by: \_\_\_\_\_

<b>1. SLAUGHTERHOUSE DATA</b>	
Name _____	
Department _____	Municipality _____
Administrator Name _____	Telephone Numbers: _____
<b>2. BIOSAFETY MEASURES AT THE SLAUGHTERHOUSE</b>	
<b>In the slaughterhouse there is washing and disinfection of vehicles</b>  At entrance: Yes <input type="checkbox"/> No <input type="checkbox"/> At exit: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>What system is used for washing and disinfection of vehicles</b>  Arch <input type="checkbox"/> Wheel arches <input type="checkbox"/> Foot bath <input type="checkbox"/> Back pump <input type="checkbox"/> Not used <input type="checkbox"/>
<b>Is there bedding gathering at the slaughterhouse?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>What system do you use for disinfection and disposal of bedding?</b>  Spraying of disinfectants <input type="checkbox"/> Compost <input type="checkbox"/> Disinfectant used _____ Concentration: _____ Only storage <input type="checkbox"/> None <input type="checkbox"/>
<b>3. DATA OF PLACE OF ORIGIN OF THE MOB</b>	
ICA Mobilization Guide No.: _____	
Department of origin _____	Municipality of origin _____
Village of origin _____	Name of the farm _____
Telephone number _____	Telephone number _____
Name of transporter _____	
<b>4. BIOSAFETY IN TRANSPORTATION</b>	
<b>You regularly visit other sites such as:</b> Farms <input type="checkbox"/> Slaughterhouses <input type="checkbox"/> Which farms and slaughterhouses? _____  Fairs <input type="checkbox"/> Feed mills <input type="checkbox"/> Other <input type="checkbox"/> Which: _____	<b>The vehicle is used frequently to transport</b> Pigs <input type="checkbox"/> animal feed <input type="checkbox"/> Other products <input type="checkbox"/> Which: _____
<b>How frequently do you transport animals or products</b> Daily <input type="checkbox"/> 2 times/week <input type="checkbox"/> 3 times/week <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Which? _____	<b>Which departments do you frequently visit</b>  _____
<b>Do you clean and disinfect the vehicle for every transportation?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>How frequently do you clean and disinfect your vehicle</b> Daily <input type="checkbox"/> 2 times/week <input type="checkbox"/> 3 times/week <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never <input type="checkbox"/> Other <input type="checkbox"/> Which? _____
<b>What products do you use for cleaning and disinfection</b> Water <input type="checkbox"/> Soap <input type="checkbox"/> Disinfectant <input type="checkbox"/> Disinfectant used _____ Concentration: _____	<b>What parts of the vehicle do you clean and disinfect</b> Truck's body <input type="checkbox"/> Tires <input type="checkbox"/> Trucks cab <input type="checkbox"/>
<b>Use of personal protective elements during transportation</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Overall <input type="checkbox"/> Boots <input type="checkbox"/> Gloves <input type="checkbox"/> Others Which? _____	<b>Do you make sure you remove all organic matter from the vehicle?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you step off the vehicle when you reach a farm or at the slaughterhouse?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Do you step off the vehicle when you reach a farm or at the slaughterhouse?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>5. BIOSAFETY IN FARMS FOR TRANSPORTATION</b>	
<b>Do they wash and disinfect your vehicle at the farm?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>What system did they use for washing and disinfection of your vehicle</b> Arco <input type="checkbox"/> Wheel arches <input type="checkbox"/> Pressurized water <input type="checkbox"/> Back pump <input type="checkbox"/>
<b>When you entered the farm, they asked you to use:</b> Protective elements Yes <input type="checkbox"/> No <input type="checkbox"/> Shower Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>At the farm they provided you with PPE for transportation</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Overall <input type="checkbox"/> Boots <input type="checkbox"/> Gloves <input type="checkbox"/> Others, which? _____
<b>Are the vehicles for the farm's exclusive use?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Are the parking space and the boarding area in the external part of the farm?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>