**Animal Welfare Section**
**NC Department of Agriculture and Consumer Services**
**1030 Mail Service Center**
**Raleigh, NC 27699-1030**
phone: (919) 715-7111 FAX: (919) 733-6431
e-mail: agr.aws@ncagr.gov URL: www.ncaws.com

# Animal Welfare Section, NCDA&CS
# Euthanasia Inspection Report

Name of business: HALIFAX CO ANIMAL SHELTER

City: HALIFAX NC | License number (if currently licensed): 25 | license type: 044

## Duties of a CET

| | | |
|---|---|---|
| Prepare animals for euthanasia .0418: Acceptable | Properly record all data .0418: Acceptable | Security, controlled substances .0418: Acceptable |
| Supervise Prob. CET .0418: N/A | Properly euthanize .0418: Acceptable | Properly dispose of dead .0418: Acceptable |

## Euthanasia by injection

IC only on anesth. or sedated .0501: Acceptable

## Euthanasia by CO

| | | | |
|---|---|---|---|
| Use only bottled gas .0601 | Use only comm. mfd chamber .0601 | Only same species in chamber .0601 | In chamber for >= 20 min. .0601 |
| Not used on < 16 weeks .0602 | Not used on pregnant .0602 | Not used on near death .0602 | No live with dead .0603 |
| Animals separated .0604 | At least 1 viewport .0605 | Chamber in good order .0605 | Airtight seals present .0605 |
| Light shatterproof .0605 | Chamber sufficiently lit .0605 | Electrical explosion-proof .0605 | If inside, two CO monitors .0605 |
| Records of monthly inspection .0606 | Records of yearly inspection .0606 | Visual inspection by AWS | |
| Chamber cleaned b/t uses .0607 | Operational guide & or manual .0608 | >= 2 adults present when used .0609 | |

## Extraordinary methods

Reports of extraordinary euth. .0705: Acceptable

## Policy and procedure manual

| | | | |
|---|---|---|---|
| Current copy of AWA in manual .0803: Acceptable | Current AVMA euth. in manual .0803: Acceptable | Current HSUS euth. in manual .0803: Acceptable | Current AHA euth. in manual .0803: Acceptable |
| List of approved euth. methods .0803: Acceptable | List of CETs & methods .0803: Acceptable | Contact info for DVM in PVC .0803: Acceptable | Contact info for DVM care . 0803: Acceptable |
| List after hour euth. meth. 0803: Acceptable | Euth. methods if no CET present 0803: Acceptable | Policy for verifying death . 0803: Acceptable | Contact info for suppliers. 0803: Acceptable |
| DEA certificate . 0803: Acceptable | MSDS sheets, chemical or gas . 0803: Acceptable | MSDS sheets, tranq. or anesth. . 0803: Acceptable | Signs & symptoms, human . 0803: Acceptable |
| First aid information . 0803: Acceptable | MD contact information . 0803: Acceptable | | |

Signature of inspector | date 12/1/10 | page 1 of 2 | Signature of management

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

# ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

**LICENSE #:** _____
**TYPE FACILITY:** Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
**BUSINESS NAME:** Halifax Co Animal Shelter
**OWNER:** _____
**ADDRESS:** _____
**TELEPHONE:** (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | I performed a Euthanasia inspection today. | |
| | I observed the CET perform Euthanasia and it was performed correctly. | |
| | The Euthanasia manual is completed. | |

☒ **APPROVED** ☐ **DISAPPROVED** Date: 12/1/10 Time: 1:00 pm

J. E. [illegible]
**Inspector's Signature**

[illegible] Jones
**Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner