**Type of Inspection**
New ☐ _____
Annual ☐ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

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

**INDOOR** ☐
**OUTDOOR** ☐
**BOTH** ☑

# ANIMAL WELFARE INSPECTION

**GPS Coordinates - N:** 35.48858 **W:** 81.23925

**LICENSE #:** 76
**TYPE FACILITY: Animal Shelter (Private/Public)** ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** Lincoln County Animal Services
**OWNER:** Lincoln County
**ADDRESS:** 650 John Howell Mem. Drive, Lincolnton N.C.
**TELEPHONE:** (704) 736-8517
**VMO** Hunter
**COUNTY** Lincoln

**Number of Primary Enclosures** 180 **Animals Present: Dogs** 125 Dog + Puppies **Cats** 43

**Inspector: Mark "X" in each box, if adequate.**
**Circle each item number, if inadequate.**
**Use NA if not applicable**

## STRUCTURE

**Housing Facilities**
- ☒ 1. Structure & Repair
- ☒ 2. Ventilation & Temp.
- ☒ 3. Lighting
- ☒ 4. Ceiling, Wall, Floors
- ☒ 5. Storage
- ☒ 6. Water Drainage

**Primary Enclosures**
- ☒ 7. Structure & Repair
- ☒ 8. Space
- ☒ 9. Ventilation & Temp.
- ☒ 10. Adequate Shelter

## SANITATION

- ☒ 11. Waste Disposal
- ☒ 12. Odor
- ☒ 13. Ceiling, Wall, Floors
- ☒ 14. Primary Enclosures
- ☒ 15. Equipment & Supplies
- ☒ 16. Washrooms, Sinks, Basins
- ☒ 17. Insect/Vermin Control
- ☒ 18. Building & Grounds

**HUSBANDRY**
- ☒ 19. Adequate Feed/Water
- ☒ 20. Food Storage
- ☒ 21. Personnel
- ☒ ~~22.~~ Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- ☒ 23. Animals' Appearance

## SPECIAL ITEMS

**Records**
- ☒ 24. Description of Animals
- ☐ 25. Records/Vet Treatment
- ☐ 26. Origin/Disposition
- ☒ ~~27.~~ Signature (boarding kennel)
- ☒ ~~28.~~ Written permission from owner for commingling (doggie daycare)

**Transportation**
- ☒ 29. Care in Transit Discussed

**Veterinary Care**
- ☒ 30. Isolation Facility
- ☒ 31. No Signs of Illness/ Treated

☐ **APPROVED** ☒ **DISAPPROVED** Date: 12/17/2010 Time: 6:45

Gary Stamey
**Inspector's Signature**

**Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

**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: Lincoln County Animal Services

City: Lincolnton | License number (if currently licensed): 76 | license type: 44

## Duties of a CET

| | | |
|---|---|---|
| Prepare animals for euthanasia .0418: Adequate | Properly record all data .0418: Adequate on 12/17/10 | Security, controlled substances .0418: Adequate |
| Supervise Prob. CET .0418: N/A | Properly euthanize .0418: Adequate | Properly dispose of dead .0418: Adequate |

## Euthanasia by Injection

IC only on anesth. or sedated .0501: N/A

Euthanasia Done only by Injection on 12/17/10

## Euthanasia by CO

| | | | |
|---|---|---|---|
| Use only bottled gas .0601: Adequate | Use only comm. mfd chamber .0601: Adequate | Only same species in chamber .0601: not used 12/17/10 | In chamber for >= 20 min. .0601: not used 12/17/10 |
| Not used on < 16 weeks .0602: not used 12/17/10 | Not used on pregnant .0602: not used 12/17/10 | Not used on near death .0602: not used 12/17/10 | No live with dead .0603: not used 12/17/10 |
| Animals separated .0604: not used 12/17/10 | At least 1 viewport .0605: Adequate | Chamber in good order .0605: Adequate | Airtight seals present .0605: Adequate |
| Light shatterproof .0605: Adequate | Chamber sufficiently lit .0605: Adequate | Electrical explosion-proof .0605: Adequate | If inside, two CO monitors .0605: Adequate |
| Records of monthly inspection .0606: Inadequate | Records of yearly inspection .0606: Adequate | Visual inspection by AWS: Adequate | |
| Chamber cleaned b/t uses .0607: not used 12/17/10 | Operational guide & or manual .0608: Inadequate | >= 2 adults present when used .0609: not used 12/17/10 | |

## Extraordinary methods

Reports of extraordinary euth. .0705: N/A

## Policy and procedure manual

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

Mary Stump — Signature of inspector | 12/17/2010 — date | page 3 of 4 | Signature of management

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# ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

**LICENSE #:** 76
**TYPE FACILITY:** Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
**BUSINESS NAME:** Lincoln County Animal Services
**OWNER:** Lincoln County
**ADDRESS:** 650 John Howell Mem. Drive, Lincolnton, NC.
**TELEPHONE:** (704) 736 - 8517

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | During Inspection on 12/17/10 - walk Through of facility, all areas were clean and organized. All animals were in good shape, food, water etc. Staff that was on site was very helpful, although Alot of things I needed to see for Inspection were not on site or could not be found. (All records must be kept for 1yr) | |
| | Euthanasia Inspection - on 12/17/2010 David Workman performed euthanasia on 1 adult cat and 1 young (puppy) using the IP method on both. Both animals were properly prepared for, both animals were properly euthanized, all data was properly recorded, animals were properly disposed of. and all drugs were secure. | |
| | During further Inspection of Manuals and use of CO chamber no policy + procedure manual, operational guides, monthly Inspections of chamber was in place or could not find. | |
| | During Inspection of records such as Drug logs, Shelter Information Sheets, and computer generated Info sheets. In no way was there a way to cross reference from Drug log to Shelter Info Sheets of when animals were euthanized, how euthanized and by who. (no record on Shelter Info Sheets) until Nov-Dec Records. It was also noted from Kay Hice that if the Info Sheets did not have written on them in some way for Euthanasia by Injection, that they were euthanized by C.O. or stated they were adopted. 1 in question was a pregnant Dog that was euthanized 7/26/10 with no Amount of Solution used to euthanize or in any record did it state it was euthanized in C.O. Chamber. | |
| | Manuals for use of C.O + Inspection of C.O chamber was found during Inspection | |

☐ **APPROVED** ☒ **DISAPPROVED** Date: 12/17/2010 Time: 6:45

**Inspector's Signature** **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner



Employee Roster

L604 David Workman ✓

L605 Steve Gantt ✓

L606 Michael Hull * Pending

L607 Matthew Lovelace ✓ * Pending

L610 Kay Hice

L611 Michelle Stenzel * Pending

L612 Bruce Kennerly

Workplace Hygiene, Inc.
445 Dolley Madison Rd. Ste. C
Greensboro, NC 27410
FEIN# 56-2257686

Voice: 336-931-0300
Fax: 336-931-0018

Invoice Number: 4395
Invoice Date: Oct 31, 2010
Page: 1

**Bill To:**

Lincoln County Sheriff's Office
PO Box 506
Lincolnton, NC 28093
USA

**Ship to:**

Lincoln County Sheriff's Office
PO Box 506
Lincolnton, NC 28093
USA

| Customer ID | Customer PO | Payment Terms | |
|---|---|---|---|
| LCSO | | Net 30 Days | |
| **Sales Rep ID** | **Shipping Method** | **Ship Date** | **Due Date** |
| | Courier | | 11/30/10 |

| Quantity | Item | Description | Unit Price | Amount |
|---|---|---|---|---|
| | | Euthanasia Chamber Certification Inspecting Testing - October 20, 2010 | | |
| 1.00 | GENIH | Professional Services provided by Al Lynch, Jr., CIH | 625.00 | 625.00 |
| 110.00 | TRAVEL | Mileage | 0.50 | 55.00 |

11.4380-5440-0000

| | |
|---|---|
| Subtotal | 680.00 |
| Sales Tax | |
| Total Invoice Amount | 680.00 |
| Payment/Credit Applied | |
| **TOTAL** | **680.00** |

Check/Credit Memo No:

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| * | On 12/17/10 2 Cets work for LCAS, it was found in several locations in Records that Matthew Lovelace was Also Peforming euthanasia on animals at LCAS. He was employed by Gaston Co. and moved to Lincoln County but did not send noticed to AWS nor Did Gaston Co. He Told me that he was not informed by Gaston to do so, nor was he given any Info Stating what he had to do. Paty Lacky was also on several Drug logs only as A witness in all logs, but was not ASCet for Lincoln Co. At the time. | |
| | In addition to - It was Stated by David Workman that the way the records were seen by me (Gary Stamey) was the way they - officers were told to do it. | |
| | Matthew Lovelace - Not Certified | |

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 12/17/10 Time: 6:45

Gary Stamey
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
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