**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:** 35.91506 **W:** 82.37502

**LICENSE #:** 53
**TYPE FACILITY:** Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** Yancey Co. Humane Society
**OWNER:** Jane Mummert (President)
**ADDRESS:** P.O. Box 1016 962 Cane River RD, Burnsville NC
**TELEPHONE:** (828) 682-9510
**VMO** Hunter
**COUNTY** Yancey

**Number of Primary Enclosures** 95 **Animals Present: Dogs** 32 **Cats** 31

**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
NA 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
NA 27. Signature (boarding kennel)
NA 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** ☒ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 10-23 Time: 4:15

**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: Yancey Co. Humane Society

City: Burnsville, NC

License number (if currently licensed): 53

license type: 44

## Duties of a CET

| | | |
|---|---|---|
| Prepare animals for euthanasia .0418: not Applicable | Properly record all data .0418: Not Applicable | Security, controlled substances .0418: Adequate |
| Supervise Prob. CET .0418: not Applicable | Properly euthanize .0418: not Applicable | Properly dispose of dead .0418: Not Applicable |

no, Cets At Present Time

## Euthanasia by Injection

IC only on anesth. or sedated .0501: not Applicable (Dr. Bill Sampson, Does All Euth At Shelter) At this Time

## 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 NA | Not used on near death .0602 | No live with dead .0603 |
| Animals separated .0604 NA | At least 1 viewport .0605 | Chamber in good order .0605 NA | 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 NA | 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: not Applicable

## Policy and procedure manual

| | | | |
|---|---|---|---|
| Current copy of AWA in manual .0803: Adequate | Current AVMA euth. in manual .0803: Adequate | Current HSUS euth. in manual .0803: inadequate | Current AHA euth. in manual .0803: Adequate |
| List of approved euth. methods .0803: Adequate | List of CETs & methods .0803: not Applicable | Contact info for DVM in PVC .0803: Adequate | Contact info for DVM care . 0803: Adequate |
| List after hour euth. meth. 0803: Adequate | Euth. methods if no CET present 0803: Adequate | Policy for verifying death . 0803: Adequate | Contact info for suppliers. 0803: Adequate |
| DEA certificate . 0803: Adequate | MSDS sheets, chemical or gas . 0803: not Applicable | MSDS sheets, tranq. or anesth. . 0803: Adequate | Signs & symptoms, human . 0803: inadequate |
| First aid information . 0803: Adequate | MD contact information . 0803: Adequate | | |

Mary Stamey
Signature of inspector

10/23/09
date

page 2 of 3

Tim Tipton
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 CONTINUATION PAGE

LICENSE #: 53
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Yancey Co. Humane Society
OWNER: Jane Mummert (President)
ADDRESS: P.O. Box 1016 962 Cane River RD. Burnsville N.C.
TELEPHONE: (828) 682-9510

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | *Euthanasia Report - The only Cet that was At the facility JO Ann Braddock - is no longer employed by the Yancey Co. Humane Society. At This Time there Are no cets present and Dr. Bill Sampson, DVM. is the only person doing Any Euthanasia. All Euthanasia is done on site, and All drugs Are Kept on site. This Facility Does have its own DEA lic. And all drugs were Secure. Policy + Procedure Manual was in place and proper material was in Manual except HSUS and Signs + Symptoms and new Director of Facility was in process of getting that while I was completing Inspection | |
| | #7 outside runs on end of facility need to have cross-contamination barries installed. Spoke with new Director and discussed several options. The Director Said he would contact people/companies and have that Info for me in 30 days | |
| | All other areas within Facility were very clean and well maintained. All animals were healthy and very well cared for. | |
| | good job | |
| | New Director - Tim Tipton is planning on Being Certified for Euthanasia this year. | |

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 10/23 Time: 4:15

Gary Stanley
Inspector's Signature

Tim Tipton
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner