

ODD - HOUR INSPECTION REPORT		ESTABLISHMENT NUMBER, NAME, ADDRESS		
INSTRUCTIONS: Under the "Observations" column, indicate discrepancies noted, corrective action taken, and any other pertinent comments. If a Noncompliance Record (NR) or Memorandum of Interview (MOI) is issued, include the PHIS # and send a copy to the DVMS. Save 2 copies. Send one to the District office designee (DVMS or other) and retain the second copy for on-site government files.				
TIME (Hours)		DATE	DISTRICT NUMBER	CIRCUIT NUMBER
FROM	TO			
HATS Categories and Regulations Verified		OBSERVATIONS		
		Livestock on Premises <input type="checkbox"/> Yes <input type="checkbox"/> No		
I. Adequate Measures for Inclement Weather – 313.1 and 313.2		I.		
II. Truck Unloading – 313.1 and 313.2		II.		
III. Water and Feed Availability – 313.2(e)		III.		
IV. Ante-mortem Inspection – 313.1, 313.2 (Facilities)		IV.		
V. Suspects and Disabled – 313.1(c), 313.2(d)		V.		
VI. Electric Prod/Alternative Object Use – 313.2(b), 313.2(c)		VI.		
VII. Slips and Falls – 313.1, 313.2		VII.		
VIII. Stunning Effectiveness – 313.5, 313.15, 313.16, 313.30		VIII.		
IX. Conscious Animals on the Rail – 313.5, 313.15, 313.16, 313.30		IX.		
		Summary:		
Secondary Entrance Secure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Personnel/Guard on-site <input type="checkbox"/> Yes <input type="checkbox"/> No				
INSPECTION PERFORMED BY <i>(Signature optional)</i>		POSITION		