

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES MEAT AND POULTRY INSPECTION DIVISION REPORT OF HUMANE HANDLING VERIFICATION VISIT DISTRIBUTION INSTRUCTIONS: Raleigh Office Area Supervisors MPID Humane Handling RVMO Inspector In Charge Regional VMO	EST. NO.	DATES RVMO VISITED EST. FROM: TO:	
	NAME AND ADDRESS OF ESTABLISHMENT:		
	NAME OF RVMO:	NAME OF AREA SUPERVISOR:	
	AREA:	IIC:	

PLANT SIZE:	VOLUME/SPEED:	SPECIES SLAUGHTERED:		
		<input type="checkbox"/> BOVINE	<input type="checkbox"/> OVINE	<input type="checkbox"/> EQUINE
		<input type="checkbox"/> PORCINE	<input type="checkbox"/> CAPRINE	<input type="checkbox"/> OTHER

CORRELATED WITH:	STUNNING METHOD:
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REASON FOR VISIT *(Check all that apply):*

<input type="checkbox"/> A. Raleigh Office Direction	<input type="checkbox"/> E. Data Driven Visit
<input type="checkbox"/> B. Routine Assessment	<input type="checkbox"/> F. Suspicion of Violations
<input type="checkbox"/> C. Repetitive Non-Compliance	<input type="checkbox"/> G. Religious Exemption
<input type="checkbox"/> D. Egregious Violation	<input type="checkbox"/> H. Special Correlation/Other

SUMMARY OF DATA ASSESSMENT PRIOR TO VISIT:

Systematic Approach	<i>Does the establishment use a proactive systematic approach to humane handling, perform audits, and record their findings?</i>
Comments	

RECOMMENDATIONS *(Check only one):*

<input type="checkbox"/> A. No Action	<input type="checkbox"/> D. Suspension/Withdrawal
<input type="checkbox"/> B. NR by IIC	<input type="checkbox"/> E. Letter of Concern
<input type="checkbox"/> C. NOIE	<input type="checkbox"/> F. Other

Summary of reason(s) for recommendation:

FINDINGS/Narrative Report:

FINDINGS/Narrative Report (continued):