### Euthanasia Inspection Report

**Name of business**: [Blank]

**License number (if currently licensed)**: [Blank]

**City**: [Blank]

---

#### Preparing Animals for Euthanasia .0418

- Properly record all data .0418
- Security, controlled substances .0418
- Prepare animals for euthanasia .0418
- Properly dispose of dead .0418

#### Supervising Prob. CET .0418

- Properly euthanize .0418

#### IC only on anesth. or sedated .0501

- 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

#### 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

#### Reports of extraordinary euth ..0705

---

#### Current copy of AWA in manual .0803

- Current AVMA euth. in manual .0803
- Current HSUS euth. in manual .0803
- Current AHA euth. in manual .0803

#### List of approved euth. methods .0803

- List of CETs & methods .0803
- Contact info for DVM in PVC .0803
- Policy for verifying death .0803

#### List after hour euth. meth .0803

- Euth. methods if no CET present .0803
- Policy for verifying death .0803

#### DEA certificate .0803

- MSDS sheets, chemical or gas .0803
- MSDS sheets, tranq. or anesth. .0803

#### First aid information .0803

- MD contact information .0803

---

**Signature of inspector**: [Signature]

**Date**: 3/24/11

**Page**: 1 of 2

---

**Signature of management**: [Signature]
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 12
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Cont. Co. H.S.
OWNER: 
ADDRESS: Cont.
TELEPHONE: 

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comment on past edith. inspection 4/21/10. The name of the euthanasia drug was not being logged on the last inspection. CET Sara Jones is logging all the required information.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ DISAPPROVED  Date: 3/24/11  Time: 3:45 PM

Inspector’s Signature  Owner/Authorized Agent’s Signature

AW-2  Rev. 1/07  White= Office  Canary= Inspector  Pink= Owner

PAGE 2 OF 2