

phone: (919) 715-7111 FAX: (919) 733-6431
 e-mail: agr.aws@ncagr.gov URL: www.ncaws.com

Name of business

City License number (if currently licensed) license type

General

Prepare animals for euthanasia .0418 Properly record all data .0418 Security, controlled substances .0418

Supervise Prob. CET .0418 Properly euthanize .0418 Properly dispose of dead .0418

Euthanasia by Injection

IC only on anesth. or sedated .0501

Euthanasia Chamber

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 Not used on near death .0602 No live with dead .0603

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

Extraordinary methods

Reports of extraordinary euth. .0705

Policy and procedural manuals

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 Contact info for DVM care .0803

List after hour euth. meth. 0803 Euth. methods if no CET present 0803 Policy for verifying death .0803 Contact info for suppliers. 0803

DEA certificate .0803 MSDS sheets, chemical or gas .0803 MSDS sheets, tranq. or anesth. .0803 Signs & symptoms, human .0803

First aid information .0803 MD contact information .0803

Signature of inspector Patm. Shelan date 9-22-09 page 1 of 2

Signature of management Candace [Signature]

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

Euth. Imp.
Cont.

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 12

TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction

BUSINESS NAME: Carteret Co. H.S.

OWNER: _____

ADDRESS: _____

TELEPHONE: () - _____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	<i>Policy + Procedure Manual .0803</i>	
	<i>The manual has not been created. Shelter manager is currently working on obtaining all of the required items. Reviewed all of the required items with the manager.</i>	
	<i>Manual needs to be ready for inspection in 30 working days.</i>	
	<i>Re-Inspect in 30 working days.</i>	

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 7/22/09 Time: 8:00AM

Patm. Shala

Inspector's Signature

Candace

Owner/Authorized Agent's Signature