### Euthanasia Inspection Report

**Name of business:** Cumberland County Animal Control  
**City:** Fayetteville  
**License number (if currently licensed):** 14  
**License type:** 44

### Preparation for Euthanasia
- Prepare animals for euthanasia: Acceptable
- Properly record all data: Acceptable
- Security, controlled substances: Acceptable

### Supervision and Record Keeping
- Supervise Prob. CET: N/A
- Properly euthanize: Acceptable
- Properly dispose of dead: Acceptable

### Use and Maintenance
- Use only bottled gas: N/A
- Use only comm. mfd chamber: N/A
- Only same species in chamber: N/A
- In chamber for >= 20 min.: N/A
- Not used on < 16 weeks: N/A
- Not used on pregnant: N/A
- Not used on near death: N/A
- No live with dead: N/A
- Animals separated: N/A
- At least 1 viewport: N/A
- Chamber in good order: N/A
- Airtight seals present: N/A
- Light shatterproof: N/A
- Chamber sufficiently lit: N/A
- Electrical explosion-proof: N/A
- If inside, two CO monitors: N/A
- Records of monthly inspection: N/A
- Records of yearly inspection: N/A
- Visual inspection by AWS: N/A
- Chamber cleaned b/t uses: N/A
- Operational guide & or manual: N/A
- >= 2 adults present when used: N/A

### Reports of Extraordinary Euth
- Reports of extraordinary euth: N/A

### Additional Information
- Current copy of AWA in manual: Acceptable
- Current AVMA euth. in manual: Acceptable
- Current HSUS euth. in manual: Unacceptable
- Current AHA euth. in manual: Unacceptable
- List of approved euth. methods: Acceptable
- List of CETs & methods: Acceptable
- Contact info for DVM in PVC: Acceptable
- Contact info for DVM care: Acceptable
- List after hour euth. meth.: Acceptable
- Euth. methods if no CET present: Acceptable
- Policy for verifying death: Acceptable
- Contact info for suppliers: Acceptable
- DEA certificate: N/A
- MSDS sheets, chemical or gas: Acceptable
- MSDS sheets, tranq. or anesth.: Acceptable
- Signs & symptoms, human: Unacceptable
- First aid information: Unacceptable
- MD contact information: Acceptable

**Signature of inspector:**  
**Date:** 9.28.09

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

LICENSE #: 14
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Cumberland Co. AC
OWNER: [Redacted]
ADDRESS: [Redacted]
TELEPHONE: [Redacted]

<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>0.703</td>
<td>Reports of extraordinary euth. - No reports could be provided for review today.</td>
<td></td>
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<tr>
<td>0.803</td>
<td>Policy and Procedure Manual - Need the following:</td>
<td></td>
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<tr>
<td></td>
<td>2. Current AHA euth.</td>
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<td>4. Contact info for suppliers</td>
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<td></td>
<td>5. First aid information</td>
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<td></td>
<td>6. OMD contact information</td>
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</tbody>
</table>

Comments:
DEA certificate - Shelter obtains drugs through their Vet.
Shelter needs to order the current HSUS & AHA manuals.

Re-inspect in 14 days.

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ✗ DISAPPROVED  

Date: 12/3/09 Time: 8:45 AM

Inspector’s Signature: [Signature]
Owner/Authorized Agent’s Signature: [Signature]

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

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