### Duties of a CEP

- **Prepare animals for euthanasia**: Acceptable
- **Properly record all data**: Acceptable
- **Security, controlled substances**: Acceptable
- **Supervise Prob. CEP**: N/A
- **Properly euthanize**: Acceptable
- **Properly dispose of dead**: Acceptable

### Euthanasia by Injection

- **IC only on anesth. or sedated**: Acceptable

### Euthanasia by CO

- **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

### Extraordinary methods

- **Accetable**: Acceptable

### Policy and Procedure Manual

- **Current copy of AWA in manual**: Acceptable
- **Current AVMA euth. in manual**: Acceptable
- **Current HSUS euth. in manual**: Acceptable
- **Current AHA euth. in manual**: Acceptable
- **List of approved euth. methods**: Acceptable
- **List of CETs & methods**: Acceptable
- **List after hour euth. meth.**: Acceptable
- **Euth. methods if no CET present**: Acceptable
- **DEA certificate**: Acceptable
- **MSDS sheets, chemical or gas**: Acceptable
- **First aid information**: Acceptable
- **MD contact information**: Acceptable

### Signature

- **Signature of inspector**: [Signature]
- **Date**: 11/01/09
- **Page**: 1 of 2
- **Signature of management**: [Signature]
<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></td>
<td>Euthanasia Report - .0418-.0801 and Acceptable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I observed a practical performed by CET that was Acceptable.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Policy Procedure Manual is complete</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED  ☑  CONDITIONALLY APPROVED  ☐  DISAPPROVED  ☐  

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

Date: 11/16/07  Time: 2:00 PM

White= Office  Canary= Inspector  Pink= Owner

AW-2  Rev. 1/07  PAGE 2 OF 2