

Date of inspection

Name of business   
 City  License number (if currently licensed)  license type

**Duties of a CET**

Prepare animals for euthanasia .0418 <input type="text"/>	Properly record all data .0418 <input type="text"/>	Security, controlled substance .0418 <input type="text"/>
Supervise Prob. CET .0418 <input type="text"/>	Properly euthanize .0418 <input type="text"/>	Properly dispose of dead .0418 <input type="text"/>

**Euthanasia by Injection**

IC only on anesth. or sedated .0501

**Euthanasia by CO**

Use only bottled gas .0601 <input type="text"/>	Use only comm. mfd chamber .0601 <input type="text"/>	Only same species in chamber .0601 <input type="text"/>	In chamber for >= 20 min. .0601 <input type="text"/>
Not used on < 16 weeks .0602 <input type="text"/>	Not used on pregnant .0602 <input type="text"/>	Not used on near death .0602 <input type="text"/>	No live with dead .0603 <input type="text"/>
Animals separated .0604 <input type="text"/>	At least 1 viewport .0605 <input type="text"/>	Chamber in good order .0605 <input type="text"/>	Airtight seals present .0605 <input type="text"/>
Light shatterproof .0605 <input type="text"/>	Chamber sufficiently lit .0605 <input type="text"/>	Electrical explosion-proof .0605 <input type="text"/>	If inside, two CO monitors .0605 <input type="text"/>

**CO chamber inspections & records**

Records of monthly inspection .0606 <input type="text"/>	Records of yearly inspection .0606 <input type="text"/>	Visual inspection by AWS <input type="text"/>
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**CO chamber, miscellaneous**

Chamber cleaned b/t uses .0607 <input type="text"/>	Operational guide & or manual .0608 <input type="text"/>	>= 2 adults present when used .0609 <input type="text"/>
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**Extraordinary methods**

Reports of extraordinary euth. .0705

Signature of Management 

# Euthanasia Inspection Report

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## Policy and procedure manual

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

## Narrative Explanation, if needed

Digital signature of inspector

Signature of Management

*Shofond + Daws*