**Animal Welfare Section, NCDA&CS**  
Euthanasia Inspection Report

Name of business: Rocky Mount Animal Shelter  
City: Rocky Mount, NC  
License number (if currently licensed): 84  
License type: 

### Duties of a CET

- Prepare animals for euthanasia: Acceptable
- Properly record all data: Acceptable
- Security, controlled substances: Acceptable
- Supervise Prob. CET: Acceptable
- 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: Acceptable
- Use only comm. mfd chamber: Acceptable
- Only same species in chamber: Acceptable
- In chamber for >= 20 min.: Acceptable
- Not used on < 16 weeks: Acceptable
- Not used on pregnant: Acceptable
- Not used on near death: Acceptable
- No live with dead: Acceptable
- Animals separated: Acceptable
- At least 1 viewport: Acceptable
- Chamber in good order: Acceptable
- Airtight seals present: Acceptable
- Light shatterproof: Acceptable
- Chamber sufficiently lit: Acceptable
- Electrical explosion-proof: Acceptable
- If inside, two CO monitors: Acceptable
- Records of monthly inspection: Acceptable
- Records of yearly inspection: Acceptable
- Visual inspection by AWS: Acceptable
- Chamber cleaned by dates: Acceptable
- Operational guide & or manual: Acceptable
- 2 adults present when used: Acceptable

### Extraordinary methods

- Reports of extraordinary euth: 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
- Contact info for DVM in PVC: Acceptable
- Contact info for DVM care: Acceptable
- List after hour euth. meth. 0803: Acceptable
- Euth. methods if no CET present 0803: Acceptable
- Policy for verifying death: Acceptable
- Contact info for suppliers: Acceptable
- DEA certificate: Acceptable
- MSDS sheets, chemical or gas: Acceptable
- MSDS sheets, tranq. or anesth.: Acceptable
- Signs & symptoms, human: Acceptable
- First aid information: Acceptable
- MD contact information: Acceptable

**Signature of inspector:**  
**Date:**  
**Page:** 1 of 3  
**Signature of management:**
NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.95764 W: 77.79011

LICENSE #: 84

TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: City of Rocky Mount Animal Shelter
OWNER: City of Rocky Mount
ADDRESS: 1101 N Church St Rocky Mount NC
TELEPHONE: (252) 972-1392

Number of Primary Enclosures 20 Animals Present: Dogs 31 Cats 7

Inspector: Mark “X” in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable

STRUCTURE

Housing Facilities
1. Structure & Repair
2. Ventilation & Temp.
3. Lighting
4. Ceiling, Wall, Floors
5. Storage
6. Water Drainage

Primary Enclosures
7. Structure & Repair
8. Space
10. Adequate Shelter

SANITATION

11. Waste Disposal
12. Odor
13. Ceiling, Wall, Floors
14. Primary Enclosures
15. Equipment & Supplies
16. Washrooms, Sinks, Basins
17. Insect/Vermint Control
18. Building & Grounds

SPECIAL ITEMS

Records
24. Description of Animals
25. Records/Vet Treatment
26. Origin/Disposition
27. Signature (boarding kennel)
28. Written permission from owner for commingling (doggie daycare)

HUSBANDRY

19. Adequate Feed/Water
20. Food Storage
21. Personnel
22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
23. Animals’ Appearance

TRANSPORTATION

29. Care in Transit Discussed

VETERINARY CARE

30. Isolation Facility
31. No Signs of Illness/Treated

APPROVED ☒ DISAPPROVED ☐

Date: 3/3/11 Time: 12:05 pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 2 OF 5
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 84
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Rocky Mount Animal Shelter
OWNER: ____________________________
ADDRESS: ____________________________
TELEPHONE: ____________________________

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
--- | --- | ---
 | I performed a euthanasia inspection today. | |
 | I a practical performed by the CET’s utilizing ERT. The practical was performed within the rules under the Animal Welfare Act. | |
 | The policy and procedure manual is acceptable and contains the required material under the Animal Welfare Act. | |
 | The shelter is within compliance. | |

APPROVED □ DISAPPROVED  Date: 3/8/11  Time: 12:05 PM

Inspector’s Signature: ____________________________
Owner/Authorized Agent’s Signature: ____________________________

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

PAGE 3 OF 5