# Euthanasia Inspection Report

**Name of business:** New Hanover Humane Society  
**City:** Wilmington  
**License number (if currently licensed):** 5  
**License type:** 40

<table>
<thead>
<tr>
<th>Prepare animals for euthanasia</th>
<th>Properly record all data</th>
<th>Security, controlled substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Acceptable</td>
<td>Acceptable</td>
</tr>
</tbody>
</table>

- **Supervise Prob. CET:** Acceptable
- **Properly euthanize:** Acceptable
- **Properly dispose of dead:** Acceptable

**Euthanasia by Injection**

- **IC only on anesth. or sedated:** N/A

**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

**Reports of extraordinary euth.:** N/A

**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. method:** Acceptable
- **Euth. methods if no CET present:** 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:** [Signature]
**Date:** 11/03/10
**Page:** 1 of 1
**Signature of management:** [Signature]