Type of Inspection
New ☐ Annual ☐ Follow-Up ☐
(Prev. Inspection Date) Complaint ☐ Courtesy ☐ Random ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.40824 W: 79.07601

LICENSE #: 20
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Orange County Animal Shelter
OWNER: Orange County Government
ADDRESS: 601 E. 3rd St., Chapel Hill, NC
TELEPHONE: 919-942-7381
VMO Hunter
COUNTY Orange

Number of Primary Enclosures: 34
Animals Present: Dogs: 59 Cats: 31
OTHERS: 0

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/Vermin Control ☐
18. Building & Grounds ☐

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 ☐

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) ☐

Transportation
29. Care in Transit Discussed ☐

Veterinary Care
30. Isolation Facility ☐
31. No Signs of Illness/Treated ☐

APPROVED ☐ DISAPPROVED ☐

Date: 3-1-11 Time: 9:00am - 1:05pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

PAGE 1 OF 3
**Animal Welfare Section, NCDA&CS**

**Euthanasia Inspection Report**

**Prepare animals for euthanasia**: 0418
- **Acceptable**
- Properly record all data: 0418
- Security, controlled substances: 0418
  - **Acceptable**
- Supervise Prob. CET: 0418
  - Properly euthanize: 0418
  - **Acceptable**
- Properly dispose of dead: 0418
  - **Acceptable**

**IC only on anesth. or sedated**: 0501
- **Acceptable**

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

**Records of monthly inspection**: 0606
- Chamber cleaned b/t uses: 0607
- Operational guide & or manual: 0608
- >= 2 adults present when used: 0609

**Reports of extraordinary euth.**: 0705
- **Acceptable**

**Policy and procedure manual**
- Current copy of AWA in manual: 0803
  - **Acceptable**
- Current AVMA euth. in manual: 0803
  - **Acceptable**
- Current HSUS euth. in manual: 0803
  - **Acceptable**
- Current AHA euth. in manual: 0803
  - **Acceptable**
- List of approved euth. methods: 0803
  - **Acceptable**
- List of CETs & methods: 0803
  - **Acceptable**
- Contact info for DVM in PVC: 0803
  - **Acceptable**
- Contact info for DVM care: 0803
  - **Acceptable**
- Euth. methods if no CET present: 0803
  - **Acceptable**
- Policy for verifying death: 0803
  - **Acceptable**
- DEA certificate: 0803
  - **Acceptable**
- MSDS sheets, chemical or gas: 0803
  - **Acceptable**
- MSDS sheets, tranq. or anesth.: 0803
  - **Acceptable**
- Signs & symptoms, human: 0803
  - **Acceptable**
- First aid information: 0803
  - **Acceptable**
- MD contact information: 0803
  - **Acceptable**

**Signature of inspector**

3-1-11

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

**LICENSE #: 20**
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Orange County Animal Shelter
OWNER:
ADDRESS:
TELEPHONE: ( )

<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>Today's Inspection is for the purpose of observing euthanasia performed by current CET's in the manner considered acceptable by AWA. Current CET's are: Jessica Allison, Sarah Bennett, Drew Buckley. All 3 CET's performed euthanasia to AWA standard. CET's did an outstanding job at maneuvering through all circumstances today. All euthanasia was performed by EBI only. CET's showed the ability to properly sedate, dose all animals with approved drugs. Death was verified by an approved method. All records were in order &amp; kept up to AWA Standards. No inadequacies noted today.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED ☑ DISAPPROVED ☐**
Date: 3-1-11
Time: 9:00am - 1:05pm

**Inspector's Signature**

**Owner/Authorized Agent's Signature**