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

**Name of business:** Orange Co Animal Shelter  
**City:** Chapel Hill  
**License number (if currently licensed):** 20  
**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: 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

### Visual Inspection by AWS
- Records of monthly inspection: N/A  
- Records of yearly inspection: N/A  
- Chamber cleaned b/t uses: N/A  
- Operational guide & or manual: N/A  
- >= 2 adults present when used: N/A

### 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 in manual: Acceptable  
- Current AHA 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: 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

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**Signature of inspector:**  
**Date:** 9/17/09  
**Page 1 of 2**  
**Signature of management:**
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 29

**TYPE FACILITY:** Animal Shelter (Private/Public)  □ Boarding Kennel  □ Pet Shop  □ Public Auction

**BUSINESS NAME:** Orange CO 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>I observed the practical euthanasia performed by the certified euthanasia technician and the practical was within compliance. The manual has been completed.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  □ CONDITIONALLY APPROVED  □ DISAPPROVED  

**Inspector’s Signature:**

**Date:** 7/17/09  **Time:** 7:30 PM

**Owner/Authorized Agent’s Signature:**  

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