### Euthanasia Inspection Report

**Name of business:** Person Co Animal Shelter  
**City:** Roxboro NC

#### Duties of a CET

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

#### Euthanasia by Injection

- 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: NA
- 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: NA
- Chamber cleaned L/I uses: 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
- List after hour euth. meth.: Acceptable
- Euth. methods if no CET present: Acceptable
- DEA certificate: Acceptable
- MSDS sheets, chemical or gas: Acceptable
- MSDS sheets, tranq. or anesth.: Acceptable
- First aid Information: Acceptable
- MD contact information: Acceptable

**Signature of inspector:** J. Brown  
**Date:** 10/09/97  
**Page:** 1 of 2  
**Signature of management:**
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 21**
**TYPE FACILITY:** Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
**BUSINESS NAME:** Person Screened 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 performed a euthanasia inspection today. The shelter utilizes both C6 and E6.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I observed both C6 and E6, and both are acceptable.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Person County utilizes Dr. House's DEA certificate to purchase their drugs. The original certificate is kept at Carolina Veterinary Consulting at 1002 W S NC 87 Pittsboro NC 27312</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** ☒ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** ☐

**Inspector's Signature**

**Owner/Authorized Agent's Signature**

**Date:** 10/09/21 **Time:** 10:00

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

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