

Type of Inspection
 New _____
 Annual _____
 Follow-Up 2/18
 (Prev. Inspection Date)
 Complaint _____
 Courtesy _____
 Random _____

NCDA&CS, VETERINARY DIVISION
 ANIMAL WELFARE SECTION
 1030 MAIL SERVICE CENTER,
 RALEIGH, NC 27699-1030
 PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR
 OUTDOOR
 BOTH

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: W:

LICENSE #: 24
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Randolph Co Animal Shelter
 OWNER: Health Dept
 ADDRESS: 2222-B S. Haywoodville St.
 TELEPHONE: (336) 318-6200
 VMO Heater
 COUNTY Randolph

Number of Primary Enclosures 48 Animals Present: Dogs 30 Cats 5 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
 9. Ventilation & Temp.
 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/NA Signature (boarding kennel)
 28/NA 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 CONDITIONALLY APPROVED DISAPPROVED

Date: 2/4/10 Time: 1045

Shelley Swain
 Inspector's Signature

Debra Casens
 Owner/Authorized Agent's Signature

phone: (919) 715-7111 FAX: (919) 733-6431
e-mail: agr.aws@ncagr.gov URL: www.ncaws.com

Name of business Randolph Co Animal Shelter
City Cashboro License number (if currently licensed) 24 license type Shelter

Prepare animals for euthanasia .0418 Acceptable Properly record all data .0418 Acceptable Security, controlled substances .0418 Acceptable

Supervise Prob. CET .0418 Acceptable Properly euthanize .0418 Acceptable Properly dispose of dead .0418 Acceptable

IC only on anesth. or sedated .0501 Acceptable

Use only bottled gas .0601 Acceptable Use only comm. mfd chamber .0601 Acceptable Only same species in chamber .0601 Acceptable In chamber for >= 20 min. .0601 Acceptable

Not used on < 16 weeks .0602 Acceptable Not used on pregnant .0602 Acceptable Not used on near death .0602 Acceptable No live with dead .0603 Acceptable

Animals separated .0604 Acceptable At least 1 viewport .0605 Acceptable Chamber in good order .0605 Acceptable Airtight seals present .0605 Acceptable

Light shatterproof .0605 Acceptable Chamber sufficiently lit .0605 Acceptable Electrical explosion-proof .0605 Acceptable If inside, two CO monitors .0605 Acceptable

Records of monthly inspection .0606 Acceptable Records of yearly inspection .0606 Acceptable Visual inspection by AWS Acceptable

Chamber cleaned b/t uses .0607 Acceptable Operational guide & or manual .0608 Acceptable >= 2 adults present when used .0609 Acceptable

Reports of extraordinary euth. .0705 N/A

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

List after hour euth. meth. 0803 Acceptable Euth. methods if no CET present 0803 Acceptable Policy for verifying death .0803 Acceptable Contact info for suppliers. 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 Sherry Ann date 2/4/10 page 2 of 3 Signature of management Jerry A. Carson


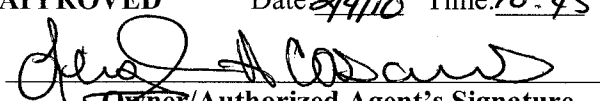
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 24
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Randolph Co Animal Shelter
 OWNER: _____
 ADDRESS: Cont
 TELEPHONE: (____) _____ - _____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(B)	<p>There were three adult cats in stray cat area that were showing signs of possible URI - Bilateral ocular discharge - Severe nasal discharge - sneezing Cage #41 DSH Black Cage #41 DSH B & W Cage #35 DSH Black Origin records indicated cats were trapped and were unsocial possibly feral</p>	
521.0210 (C)	<p>Lack of diseased, injured, lame or blind dogs or cats shall be provided veterinary care or be euthanized Cats were euthanized at time of inspection</p>	
(D)	<p>Plastic cage card sleeves on cat cages in stray cat area need to be cleaned when enclosures are cleaned</p>	
	<p>Euthanasia performed. The euthanasia of three adult cats by Carbon Monoxide Euthanasia was performed properly and humanely</p>	
	<p>Visual disposition records for jaw. Records appeared adequate and in good order</p>	

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 2/4/10 Time: 10:45

 Inspector's Signature  Owner/Authorized Agent's Signature