

Type of Inspection
 New
 Annual
 Follow-Up _____
 (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: 35.75496 W: 79.76744

LICENSE #: 24
 TYPE FACILITY: Animal Shelter (Private) (Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: RANDOLPH CO ANIMAL SHELTER
 OWNER: HEALTH DEPT
 ADDRESS: 1370 COUNTYLAND RD RANDLEMAN
 TELEPHONE: (336) 683-8235
 VMO: HUNTER
 COUNTY: RANDOLPH

Number of Primary Enclosures 48 Animals Present: Dogs 57 Cats 30

**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. 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 CONDITIONALLY APPROVED DISAPPROVED

Date: 9/3/09 Time: 10:06

[Signature]
 Inspector's Signature

[Signature]
 Owner/Authorized Agent's Signature

Name of business RANDOLPH CO ANIMAL SHELTER

City RANDOLPH License number (if currently licensed) 24 license type

Division of ACE

Prepare animals for euthanasia .0418 <u>ACCEPTABLE</u>	Properly record all data .0418 <u>ACCEPTABLE</u>	Security, controlled substances .0418 <u>ACCEPTABLE</u>
Supervise Prob. CET .0418 <u>N/A</u>	Properly euthanize .0418 <u>ACCEPTABLE</u>	Properly dispose of dead .0418 <u>ACCEPTABLE</u>

Euthanasia by injection

IC only on anesth. or sedated .0501
N/A

Euthanasia by CO

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

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

Extraordinary methods

Reports of extraordinary euth. .0705
N/A

Policy and procedure manual

Current copy of AWA in manual .0803 <u>ACCEPTABLE</u>	Current AVMA euth. in manual .0803 <u>ACCEPTABLE</u>	Current HSUS euth. in manual .0803 <u>NOT ACCEPTABLE</u>	Current AHA euth. in manual .0803 <u>ACCEPTABLE</u>
List of approved euth. methods .0803 <u>ACCEPTABLE</u>	List of CETs & methods .0803 <u>ACCEPTABLE</u>	Contact info for DVM in PVC .0803 <u>ACCEPTABLE</u>	Contact info for DVM care .0803 <u>ACCEPTABLE</u>
List after hour euth. meth. 0803 <u>ACCEPTABLE</u>	Euth. methods if no CET present 0803 <u>ACCEPTABLE</u>	Policy for verifying death .0803 <u>ACCEPTABLE</u>	Contact info for suppliers. 0803 <u>ACCEPTABLE</u>
DEA certificate .0803 <u>ACCEPTABLE</u>	MSDS sheets, chemical or gas .0803 <u>ACCEPTABLE</u>	MSDS sheets, tranq. or anesth. .0803 <u>ACCEPTABLE</u>	Signs & symptoms, human .0803 <u>ACCEPTABLE</u>
First aid information .0803 <u>ACCEPTABLE</u>	MD contact information .0803 <u>ACCEPTABLE</u>		

Signature of inspector Shelley Swann date 9/3/09 page 2 of 4 Signature of management Deirdre Casanova

