**ANIMAL WELFARE INSPECTION**

GPS Coordinates - N: 35.75494, W: 79.76744

**LICENSE #: 24**  
**TYPE FACILITY:** Animal Shelter (Public)  
**BUSINESS NAME:** *Randolph Co Animal Shelter*  
**OWNER:** Health Dept  
**ADDRESS:** 1370 Countyland Rd, Randleman  
**TELEPHONE:** (336) 683-8235  
**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

<table>
<thead>
<tr>
<th><strong>STRUCTURE</strong></th>
<th><strong>SANITATION</strong></th>
<th><strong>SPECIAL ITEMS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ventilation &amp; Temp. ✗</td>
<td>12. Odor</td>
<td>22. Ratio of 1:10 personnel to animals if &gt;4 in primary enclosure or common area</td>
</tr>
<tr>
<td>5. Storage</td>
<td>15. Equipment &amp; Supplies</td>
<td></td>
</tr>
<tr>
<td>7. Structure &amp; Repair</td>
<td>17. Insect/Vermin Control</td>
<td></td>
</tr>
<tr>
<td>8. Space</td>
<td>18. Building &amp; Grounds</td>
<td></td>
</tr>
<tr>
<td>10. Adequate Shelter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

**TRANSPORTATION**  
29. Care in Transit Discussed

**VETERINARY CARE**  
30. Isolation Facility  
31. No Signs of Illness/Treated

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**APPROVED**  
**CONDITIONALLY APPROVED**  
**DISAPPROVED**

Date: 9/13/19  
Time: 10:06

Inspector:  
Owner/Authorized Agent:  

Inspector’s Signature  
Owner/Authorized Agent’s Signature

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

PAGE 1 OF 4
Animal Welfare Section
NC Department of Agriculture and Consumer Services
1030 Mail Service Center
Raleigh, NC 27699-1030
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: Randleman
License number (if currently licensed): 24
license type:

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

Acceptable
Acceptable
Acceptable

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

NA
Acceptable
Acceptable

IC only on anesth. or sedated .0501
NA

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

Acceptable
Acceptable
Acceptable
Acceptable

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

Acceptable
Acceptable
Acceptable
Acceptable

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

Acceptable
Acceptable
Acceptable
Acceptable

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

NA
Acceptable
Acceptable
Acceptable

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

Acceptable
Acceptable
Acceptable

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

Acceptable
Acceptable
Acceptable

Reports of extraordinary euth .0705
NA

Current copy of AWA in manual .0803
Current AVMA euth. in manual .0803
Current HSUS euth. in manual .0803
Current AHA euth. in manual .0803

Acceptable
Acceptable
Acceptable
Not Acceptable

List of approved euth. methods .0803
List of CETs & methods .0803
Contact info for DVM in PVC .0803
Contact info for DVM care .0803

Acceptable
Acceptable
Acceptable
Acceptable

List after hour euth. meth. .0803
Euth. methods if no CET present .0803
Policy for verifying death .0803
Contact info for suppliers .0803

Acceptable
Acceptable
Acceptable
Acceptable

DEA certificate .0803
MSDS sheets, chemical or gas .0803
MSDS sheets, tranq. or anesth. .0803
Signs & symptoms, human .0803

Acceptable
Acceptable
Acceptable
Acceptable

First aid information .0803
MD contact information .0803

Acceptable
Acceptable

Shelley L. Forman 9/3/09
Signature of inspector
date

Signature of management
page 2 of 4
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 24**
**TYPE FACILITY: Animal Shelter (Private/Public)**
**BUSINESS NAME:** Henderson Co Animal Shelter
**OWNER:** [Confidential]
**ADDRESS:** [Confidential]
**TELEPHONE:** [Confidential]

<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>Euthanasia - witness - Euthanasia of seven kittens aged 5 was by IP injection of pentobarbital and 1 adult cat by Carbon Monoxide.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In all instances, euthanasia was performed properly and humanely.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I witnessed death was properly verified by the C.E.T. and one other employee.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inspection of chamber by manufacturer was performed on 8/18/07.</td>
<td>Inspect manual requirements.</td>
</tr>
<tr>
<td></td>
<td>Policy and Procedure manual lacked current HSUS manual on euthanasia and it was ordered at time of inspection.</td>
<td>This will complete manual requirements.</td>
</tr>
<tr>
<td>1</td>
<td>Metal door frame leading to Stray Kennel is severely rusted - replace.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Euthanasia room seemed stuffy and there was a slight odor - a built-in conditioner had been installed however ventilation should be improved.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

**Date:** 9/8/07 **Time:** 10:06

**Inspector's Signature:** [Signature]

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

**Page:** 3 of 4
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<tr>
<td>24</td>
<td>(14) Inadequate record keeping for animals. Better description needed for litter of puppies and kittens. Add to original record at time of inspection.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**

Shelly Swaine  
Inspector's Signature

**Owner/Authorized Agent's Signature**

Gail Carand

Date: 4/1/09 Time: 10:06

AW-2  
Rev. 1/07  
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