UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES TRICHINAE CERTIFICATION USDA-APHIS

According to the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0579-xxx. The time to complete this collection of information is estimated to average 1 hour per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

		PART I - PRO	ODUCER INTERV	IEW				
		SECTION I - GE	ENERAL INFORM	ATION				
1. TRICHINAE ID NO. (T.I.N. #)	2. NAME OF SITE				4. TELEPHONE NO. 5. FAX NO.		6. DATE AUDITED	
7. LOCATION OF SITE (STREET, CITY, STATE, ZIP CODE)	8. NAME(S) AND TITLE(S) OF FACILITY PEOPLE PRESENT AT AUDIT					10. TELEPHONE NO.		
				(911 ADDRES	S, CITY, STATE, ZIP CODE)	11. FAX NO.	12. EMAIL ADDRESS	
13. CHECK RESPONSE THAT MOST CORRECTLY DESCRIBES SITE								
FARROW TO FINISH WEAN TO FINIS	GROWER TO FINISH	FINISHER ONLY	NURSERY	OTHER (SP	ECIFY)			
		SECTION II - RECO	RDS AND DOCUM	-				
14. ANIMAL MOVEMENT RECORDS			ACCEPTABLE	NOT ACCEPTABLE	COMMENTS			
a. Records of animal movement are complete and up-to-date								
Source herd T.I.N. Numbers								
15. ANIMAL DISPOSAL PLAN								
a. A written plan for disposal of dead animals is complete and up-to-da	ate							
16. FEED INFORMATION								
a. If site produces own feed, a rodent control log book is maintained fo	or the feed production and storage site(s)	)			—			
b. If site purchases feed or has it delivered from an off-site production facility, quality assurances are maintained								
c. If site feeds meat waste, a waste feeding log book is maintained								
17. RODENT CONTROL RECORDS								
a. Records of rodent control system (self or professionally maintained)	are complete and up-to-date							
		PART II -	SITE EVALUATIO	N				
					COMMENTS			
18. FEED PRODUCTION AREAS (If feed is not produced on-site, ski	• •		ACCEPTABLE	NOT ACCEPTABLE	_			
a. Feed ingredients are stored so they are inaccessible to rodents and wildlife					_			
b. Rodent control practices are in place in feed production areas					_			
c. There is no evidence of active rat infestation					_			
d. There is no evidence of active wildlife infestation					_			
19. FEED STORAGE AREAS (Including bins)			1		_			
a. Feed is stored so that it is inaccessible to rodents and wildlife					_			
b. Rodent control practices are in place in feed storage areas					_			
c. There is no evidence of active rat infestation					_			
d. There is no evidence of active wildlife infestation					_			
e. Feed spills are cleaned daily					_			
20. SWINE HOUSING (Exterior)					_			
a. A suitable "sterile zone" is maintained around swine housing facility					_			
b. There is no rodent harborage within 100 feet of swine housing facility					_			
<ul> <li>c. Rodent baiting is in place in all areas of non-removable harborage</li> <li>d. Rodent baiting is in place around building perimeter, including entry/office areas and load-out areas</li> </ul>					_			
e. There is no evidence of an active rat infestation					_			
f. There is no evidence of contact of swine with wildlife					-			
21. SITE HYGIENE					-			
a. Facility refuse storage and removal methods meet program criteria					-			
		SECTION II			-			
SECTION II - IN					_			
22. ENTRY AREA, LOAD OUT, AND/OR OFFICE (Interior)			ACCEPTABLE	NOT ACCEPTABLE	_			
a. General sanitation is good and hargorage for rodents is minimal								
b. Rodent baiting is in place at regular intervals					_			
23. SWINE AREAS (Interior)					_			
a. General sanitation is good and hargorage for rodents is minimal								
b. Rodent baiting is in place at appropriate intervals								
c. Dead animals are removed on a daily basis								
AUDIT COMPLETED BY: (NAME, ADDRESS, ACCREDITATION ID)			SIGNATURE (I AT	TEST TO THE ACCURA	CY OF THE ABOVE INFORMATION AS BEING TRUE TO	THE BEST OF MY KNOW	WLEDGE)	
AUDIT RECEIVED BY: (PRODUCER) SIGNATURE (I A' TRIC				I ATTEST TO THE ACCURACY OF THE ABOVE INFORMATION AS BEING TRUE TO THE BEST OF MY KNOWLEDGE AND I GIVE APHIS PERMISSION TO POST MY PRODUCTION SITE T.I.N. TO THE RICHINAE WEBSITE IF THE ABOVE IS APPROVED FOR TRICHINAE CERTIFICATION. I ALSO COMMIT TO KEEPING THE TRICHINAE GOOD PRODUCTION PRACTICES IN PLACE IN BETWEEN SCHEDULED				