

A license cannot (1) be issued, or (2) remain in effect, unless an inspection is made of the garbage treatment (PL 96-468 and 9 CFR 166).

FORM APPROVED
OMB NO. 0579-0065

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0065. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

GARBAGE TREATMENT FACILITY INSPECTION

1. LICENSE NO. (If precicensing inspection, so state)

2. COUNTY

3. STATE

INSTRUCTIONS - After inspection, distribute copies of this form as shown below. All items are to be completed.

4. NAME OF OPERATOR (First name, MI, Last name) PHONE - AC (.....) No.	5. NAME AND MAILING ADDRESS OF FACILITY
6. ADDRESS WHERE YOU MAY BE CONTACTED IN PERSON	7. SOURCE(S) OF GARBAGE

For each item, "X" one column only indicating satisfactory, unsatisfactory, or not applicable. Explain deficiencies AND not applicable notations in item 27.	Satis.	Un-satis.	Not Appl.	For each item, "X" one column only indicating satisfactory, unsatisfactory, or not applicable. Explain deficiencies AND not applicable notations in item 27.	Satis.	Un-satis.	Not Appl.
8. General sanitation of treatment area				18. Containers for untreated garbage?			
9. Garbage cooked to time/temperature specifications				a. Covered			
10. Untreated garbage not accessible to swine				b. Leak-proof			
11. Material associated with untreated garbage not accessible to swine				19. Disposal of excess garbage			
12. Drainage from untreated garbage not accessible to swine				20. Health of all animal species			
13. Garbage cooking area not accessible to swine				21. Cleaning and disinfection of vehicles			
14. Pest control				22. Maintenance of records			
15. Separate equipment for untreated/treated garbage				23. Feeding untreated garbage: <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If unknown or yes, explain in item 27)</i>			
16. Cooking equipment				24. Type of cooking equipment: <input type="checkbox"/> STEAM <input type="checkbox"/> DIRECT FIRE			
17. Separate containers for untreated/treated garbage				25. Date of last temperature check:			
				26. Means of agitation available <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(not required in steam equipment)</i>			

27. EXPLANATION OF DEFICIENCY(IES) AND NOT APPLICABLE NOTATION(S) (Cite item no., explain corrective measures necessary, and give due date(s) for correction.)

If more space is needed, "X" box and continue on reverse.

28. SIGNATURE OF INSPECTOR	29. DATE OF INSPECTION	30. SIGNATURE OF LICENSEE (Signature indicates a copy of the completed inspection report has been received)	31. DATE
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