

**TRICHINAE CERTIFICATION**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB number for this collection is 0579-0323. 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 and reviewing the collection of information

OMB Approved  
0579-0323  
EXP XX/XXXX

**PART I - PRODUCER INTERVIEW**  
**SECTION I - GENERAL INFORMATION**

1. TRICHINAE ID NO. (T.I.N. #)	2. NAME OF SITE	3. NAME OF SITE OWNER	4. TELEPHONE NO.	5. FAX NUMBER	6. DATE AUDITED
7. LOCATION OF SITE (Street, City, State, ZIP Code)		8. NAME(S) AND TITLE(S) OF FACILITY PEOPLE PRESENT AT AUDIT	9. NAME AND ADDRESS OF DESIGNATED SITE CONTACT PERSON <i>(911 Street Address, City, State, ZIP Code)</i>		10. EMAIL ADDRESS
					11. TELEPHONE NUMBER
					12. FAX NUMBER
13. CHECK RESPONSE THAT MOST CORRECTLY DESCRIBES SITE					
<input type="checkbox"/> FARROW TO <input type="checkbox"/> FINISH WEAN TO FINISH <input type="checkbox"/> GROWER TO FINISH <input type="checkbox"/> FINISHER ONLY <input type="checkbox"/> OTHER (SPECIFY)					

**SECTION II - RECORDS AND DOCUMENTATION**

	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
<b>14. ANIMAL MOVEMENT RECORDS</b>			
a. Records of animal movement are complete and up-to-date			
Source herd T.I.N. Numbers			
<b>15. ANIMAL DISPOSAL PLAN</b>			
a. A written plan for disposal of dead animals is complete and up-to-date			
<b>16. FEED INFORMATION</b>			
a. If site produces own feed, a rodent control log book is maintained for 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			
<b>17. RODENT CONTROL RECORDS</b>			
a. Records of rodent control system (self or professionally maintained) are complete and up-to-date			

**PART II - SITE EVALUATION**

**SECTION I - OUTSIDE EVALUATION**

	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
<b>18. FEED PRODUCTION AREAS (If feed is not produced on-site, skip to next section)</b>			
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			
<b>19. FEED STORAGE AREAS (Including bins)</b>			
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			
<b>20. SWINE HOUSING (Exterior)</b>			
a. A suitable "sterile zone" is maintained around swine housing facility			
b. There is no rodent harborage within 100 feet of swine housing facility			
c. Rodent baiting is in place in all areas of non-removable harborage			
d. Rodent baiting is in place around building perimeter, including entry/office areas and load-out areas			
e. There is no evidence of an active rat infestation			
f. There is no evidence of contact of swine with wildlife			
<b>21. SITE HYGIENE</b>			
a. Facility refuse storage and removal methods meet program criteria			

**SECTION II - INSIDE EVALUATION**

	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
<b>22. ENTRY AREA, LOAD OUT, AND/OR OFFICE (Interior)</b>			
a. General sanitation is good and hargorage for rodents is minimal			
b. Rodent baiting is in place at regular intervals			
<b>23. SWINE AREAS (Interior)</b>			
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 attest to the accuracy if the above information as being true to the best of my knowledge)

AUDIT RECEIVED BY: (PRODUCER)

SIGNATURE

(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 TRICHINAE WEBSITE IF THE ABOVE IS APPROVED FOR TRICHINAE CERTIFICATION. I ALSO COMMIT TO KEEPING THE TRICHINAE GOOD PRODUCTION PRACTICES IN PLACE IN BETWEEN SCHEDULED AUDITS.)