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| UNITED STATES DEPARTMENT OF AGRICULTURE  ANIMAL AND PLANT HEALTH INSPECTION SERVICE  VETERINARY SERVICES  **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  *(911Street Address, City, State, ZIP Code)* | | | | | 10. EMAIL ADDRESS | | |
| 11. TELEPHONE NUMBER | 12. FAX NUMBER | |
| 13. CHECK RESPONSE THAT MOST CORRECTLY DESCRIBES SITE  FARROW TO  FINISH WEAN TO FINISH  GROWER TO FINISH  FINISHER ONLY  OTHER *(SPECIFY)* | | | | | | | | | | | | | | |
| **SECTION II - RECORDS AND DOCUMENTATION** | | | | | | | | | | | | | | |
| **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-date | | | | | |  | |  | |
| **16. FEED INFORMATION** | | | | | | | | | |
| 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 | | | | | |  | |  | |
| **17. RODENT CONTROL RECORDS** | | | | | | | | | |
| a. Records of rodent control system (self or professionally maintained) are complete and up-to-date | | | | | |  | |  | |
| **PART II - SITE EVALUATION** | | | | | | | | | | | | | | |
| **SECTION I - OUTSIDE EVALUATION** | | | | | | | | | | | | | | |
| **18. FEED PRODUCTION AREAS (If feed is not produced on-site, skip to next section)** | | | | | | ACCEPTABLE | | NOT ACCEPTABLE | | COMMENTS | | | | |
| 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)** | | | | | | | | | |
| 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 | | | | | |  | |  | |
| 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 | | | | | |  | |  | |
| **21. SITE HYGIENE** | | | | | | | | | |
| a. Facility refuse storage and removal methods meet program criteria | | | | | |  | |  | |
| **SECTION II - INSIDE EVALUATION** | | | | | | | | | |
| **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 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 ADUITS.)* | | | | | | | | |

VS FORM 7-9  Producer, please check here if you want the current Trichinae Certification on- farm auditor (QAV) to receive notification when your on-farm Trichinae Certification audit is due.

JUNE 2011