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OMB Approved
0579-0065
EXP. Date
XX/XXXX

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

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE GARBAGE TREATMENT FACILITY INSPECTION	1. LICENSE NUMBER <small>(If relicensing inspection, so state)</small>	2. COUNTY	3. STATE
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INSTRUCTIONS – After inspection, distribute copies of this form as shown below. All items are to be completed.

4. NAME OF OPERATOR <i>(First Name, MI, Last Name)</i>	5. NAME AND MAILING ADDRESS OF FACILITY
PHONE NUMBER (_____) _____	
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 notation 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 notation 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 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 <small>(If unknown or yes, explain in item 27)</small>			
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 <small>(If required in steam equipment)</small>			

27. EXPLANATION OF DEFICIENCY(IES) AND NOT APPLICABLE NOTATION(S) *(Cite item numbers, explain corrective measures necessary, and give due date(s) for correction.)*

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

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