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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).

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|--|---|-----------|----------|
| 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 |
|--|---|-----------|----------|

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

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| 4. NAME OF OPERATOR <i>(First Name, MI, Last Name)</i> | 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 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.

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|----------------------------|------------------------|--|----------|
| 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 |
|----------------------------|------------------------|--|----------|