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OMB Approved
0579-0040
EXP. XX/XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES**

**INSPECTION REPORT OF
ESTABLISHMENT FOR IMMEDIATE
SLAUGHTER IMPORT ANIMALS**

INSPECTION REPORT

| | | |
|--|------------------------|---------------------------------|
| 1. REPORT TYPE: <input type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION | 2. DATE OF INSPECTION: | 3. LIVESTOCK COUNTRY OF ORIGIN: |
|--|------------------------|---------------------------------|

4. NAME OF ESTABLISHMENT:

5. MAILING ADDRESS:

6. PHYSICAL ADDRESS (if different than mailing):

| | |
|--|-------------------|
| 7. ADMINISTRATOR/MANAGER (print name): | 8. EMAIL ADDRESS: |
|--|-------------------|

| | |
|--|--------------------|
| 9. FACILITY POINT OF CONTACT (print name): | 10. EMAIL ADDRESS: |
|--|--------------------|

| | |
|-----------------------------------|---------------------------------|
| 11. FEDERAL ESTABLISHMENT NUMBER: | 12. STATE ESTABLISHMENT NUMBER: |
|-----------------------------------|---------------------------------|

13. TYPE OF CARRIER TO BE USED:

TRUCK OTHER

14. DOES CHUTE EXIST TO UNLOAD DIRECTLY INTO DESIGNATED PENS AT ESTABLISHMENT?

YES NO (explain in box 24)

15. NUMBER AND MARKINGS OF DESIGNATED PENS:

16. SPECIES OF ANIMAL TO BE IMPORTED:

CATTLE BISON SHEEP GOAT CERVID YAK SWINE OTHER

17. EMPLOYEE(S) DESIGNATED TO BREAK SEALS

| | |
|------------|-----------|
| FULL NAME: | POSITION: |
|------------|-----------|

| | |
|------------|-----------|
| FULL NAME: | POSITION: |
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| FULL NAME: | POSITION: |
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| FULL NAME: | POSITION: |
|------------|-----------|

18. SIGNATURE OF (State or Federal) MEAT INSPECTOR:

FOR MEXICO ONLY

19. DO FACILITIES EXIST AT ESTABLISHMENT FOR CLEANING AND DISINFECTION OF CARRIER AFTER UNLOADING?

YES NO (provide location of C&D equipment in box 25)

SEMI-ANNUAL RE-INSPECTION REPORT

20. DATE OF LAST INSPECTION

21. ARE RESTRICTED ANIMALS HANDLED IN DESIGNATED PENS AS REQUIRED?

YES NO (explain in box 26)

22. ARE PROVISIONS FOR BREAKING SEALS BEING FOLLOWED?

YES NO (explain in box 27)

23. ARE WRITTEN RECORD AND REPORT REQUIREMENTS FOLLOWED?

A. All livestock or carcasses are properly identified and verified by the export health certificate provided for the load, and carcasses can be connected to the animal ID and importer/ exporter, per the written procedure guide developed by the facility. YES NO (explain in box 28)

B. The facility maintains all records (i.e. weight tickets, sales slips, kill sheets, etc.) for 2 years for swine and 5 years for bovines, bison, sheep & goats, cervids and related ruminants. YES NO (explain in box 28)

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 control number for this information collection is 0579-0212. The time required to complete this information collection is estimated to average XX hours 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
0579-0212
EXP. XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

INSPECTION REPORT OF
ESTABLISHMENT FOR IMMEDIATE
SLAUGHTER IMPORT ANIMALS

EXPLANATION

24. IF "NO" IS CHECKED IN **BOX 14** EXPLAIN WHY CHUTE DOES NOT EXIST TO UNLOAD DIRECTLY INTO DESIGNATED PENS AT ESTABLISHMENT. NA

25. IF "NO" IS CHECKED IN **BOX 19** PROVIDE LOCATION OF CLEANING AND DISINFECTION EQUIPMENT. NA

26. IF "NO" IS CHECKED IN **BOX 21** EXPLAIN WHY RESTRICTED ANIMALS ARE NOT HANDLED IN DESIGNATED PENS AS REQUIRED. NA

27. IF "NO" IS CHECKED IN **BOX 22** EXPLAIN WHY PROVISIONS FOR BREAKING SEALS WERE NOT FOLLOWED. NA

28. IF "NO" IS CHECKED IN **BOX 23** EXPLAIN WHY RECORD AND REPORT REQUIREMENTS WERE NOT FOLLOWED. NA

A.

B.

29. IF "NO" IS CHECKED IN **BOX 34** EXPLAIN WHY PLANT IS NOT RECOMMEND FOR APPROVAL. NA

STATEMENT

The management has been advised of the responsibilities to provide for breaking seals, and agrees to the proper unloading, handling and verified/ reconciled identification of import animals until inspected and released by the assigned Government inspector. The management also agrees to slaughter or render all livestock within 14 days of entry or will obtain permission from the Federal Animal Health Officials before releasing any livestock other than imported livestock from the premises for any purpose.

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|--|--|-----------|
| 30. RESPONSIBLE ESTABLISHMENT OFFICIAL NAME: TITLE: | 31. SIGNATURE OF ESTABLISHMENT OFFICIAL: | 32. DATE: |
| 33. SIGNATURE OF VS INSPECTOR COMPLETING THIS REPORT: | 34. RECOMMEND PLANT BE APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO (explain in box 29) | 35. DATE: |

CERTIFICATION

This is to certify that the establishment has full time veterinary supervision and should otherwise be approved to receive restricted import animals for immediate slaughter

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| 36. FEDERAL VETERINARIAN (print name): | 37. FEDERAL VETERINARIAN (signature): | 38. DATE: |
|--|---------------------------------------|-----------|