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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
(If relicensing inspection, so state)

2. COUNTY

3. STATE

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

4. NAME OF OPERATOR *(First Name, MI, Last Name)*

PHONE NUMBER (____) _____

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			
16. Cooking equipment				<i>(If unknown or yes, explain in item 27)</i>			
17. Separate containers for untreated/treated garbage				24. Type of cooking equipment: <input type="checkbox"/> STEAM <input type="checkbox"/> DIRECT FIRE			
				25. Date of last temperature check:			
				26. Means of agitation available <input type="checkbox"/> YES <input type="checkbox"/> NO			
				<i>(If required in steam equipment)</i>			

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 *(Signature indicates a copy of the completed inspection report has been received)*

31. DATE