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**OMB Approved**  
0579-0065  
EXP. Date  
07/2020

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.

<p>4. NAME OF OPERATOR <i>(First Name, MI, Last Name)</i></p>  <p>PHONE NUMBER ( _____ ) _____</p>	<p>5. NAME AND MAILING ADDRESS OF FACILITY</p>
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<p>6. ADDRESS WHERE YOU MAY BE CONTACTED IN PERSON</p>	<p>7. SOURCE(S) OF GARBAGE</p>
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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 <i>(If unknown or yes, explain in item 27)</i>			
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 <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 <i>(Signature indicates a copy of the completed inspection report has been received)</i>	31. DATE
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