ANIMAL FACILITY SANITATION CHECKLIST									1. DATE OF INSPECTION (YYYYMMDD)				
2. AREA 3.										3. BUILDING NUMBER			
4. NAME/RANK OF FACILITY SUPERVISOR (Last, First, Middle Initial)							5. NAME/RANK OF VETERINARY INSPECTOR (Last, First, Middle Initial)						
SECTION I - SANI							ITARY CONDITIONS						
ITEM NO.		ITEM			(X)		ITEM NO.	ITEM			(X)	N/A	
1	PREMISES	PREMISES		SAT	JHJAI	N/A	7	TRASH DISPOSAL		SAT	UNSAT	N/A	
2		ALLS/KENNELS					8	INSECT AND RODENT CONTRO	OL				
3	TACK/EQUIF		ROOMS				9	QUARANTINE AND ISOLATION					
4		EED QUALITY AND STORAGE					10	EQUIPMENT	MENT				
5	WATER TRO	DUGHS/I	PANS				11	WATER SUPPLY					
6	ANIMAL WAS						12	PASTURES/TRAINING AREAS					
			SECT	ION II -	ANIMA	L PRE	VENTIVE	HEALTH MEASURES					
ITEM NO.		ITEM		SAT	(X) SAT UNSAT N/A		ITEM NO.	ITEM		(X) SAT UNSAT N/A			
1	CONDITION	/GROON	IING				4	QUARANTINE MEASURES					
2		PERSONNEL TRAINING					5	REQUIRED VACCINATIONS					
3 7 DEN	3 FEED AND WATER SCHEDULE 7. REMARKS AND RECOMMENDATIONS						6	SAFETY MEASURES					
			SECTION III - GEN	SIGNATURE OF VETERINARY	INSPECTOR								
	EXCELLENT SATISFACTORY UNSATISFACTO				CTORY								