

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)

5. NAME AND MAILING ADDRESS OF FACILITY

PHONE NUMBER ( )

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.

- 8. General sanitation of treatment area
- 9. Garbage cooked to time/temperature specifications
- 10. Untreated garbage not accessible to swine
- 11. Material associated with untreated garbage not accessible to swine
- 12. Drainage from untreated garbage not accessible to swine
- 13. Garbage cooking area not accessible to swine
- 14. Pest control
- 15. Separate equipment for untreated/treated garbage
- 16. Cooking equipment
- 17. Separate containers for untreated/treated garbage

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.

- 18. Containers for untreated garbage?
  - a. Covered
  - b. Leak-proof
- 19. Disposal of excess garbage
- 20. Health of all animal species
- 21. Cleaning and disinfection of vehicles
- 22. Maintenance of records
- 23. Feeding untreated garbage: ☐ UNKNOWN ☐ YES ☐ NO  
(If unknown or yes, explain in item 27)
- 24. Type of cooking equipment: ☐ STEAM ☐ DIRECT FIRE
- 25. Date of last temperature check:
- 26. Means of agitation available ☐ YES ☐ NO  
(If required in steam equipment)

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