

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE REPORT OF HUMANE HANDLING VERIFICATION VISIT		1. CASE NUMBER <hr/> 2. EST. NUMBER		PAGE 1 OF	
		3. EST. ID			

4a. EST. NAME

4b. EST. ADDRESS/P.O. BOX

4c. CITY, STATE, ZIPCODE

5a. NAME OF DVMS <i>(last, first)</i>	5b. NAME OF PHV <i>(last, first)</i>	5c. NAME OF IIC <i>(last, first - if not PHV)</i>
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6. DATES(S) OF VISIT (MM/DD/YY) FROM: _____ TO: _____	7. CIRCUIT VISITED (4-digit no.)	8. PLANT SIZE <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Very Small
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9. SPECIES SLAUGHTERED (Check all species observed) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Bovine</div> <div style="width: 33%;"><input type="checkbox"/> Caprine</div> <div style="width: 33%;"><input type="checkbox"/> Ovine</div> <div style="width: 33%;"><input type="checkbox"/> Porcine</div> <div style="width: 33%;"><input type="checkbox"/> Equine</div> <div style="width: 33%;"><input type="checkbox"/> Other <i>(specify)</i>: _____</div> </div>	10a. VOLUME SPEED <i>(Head/Day)</i> <hr/> 10b. <i>(Head/Hour)</i>
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11. STUNNING METHOD *(Check all that apply)*

☐ Electrical - head only

☐ Captive-bolt - pneumatic

☐ Firearm - rifle/shotgun

☐ Controlled atmosphere

☐ Electrical - head/thorax

☐ Captive-bolt - hand-held

☐ Firearm - pistol

☐ None -Ritual Slaughter

12. REASON FOR VISIT (Check all that apply)

☐ District Office Direction

☐ Egregious Violation

☐ Religious Exemption

☐ Routine Assessment

☐ Data Driven Visit

☐ Special Correlation/Other *(specify)*: _____

☐ Repetitive Non-Compliance

☐ Suspicion of Violations

13. SYSTEMATIC APPROACH *(Federal Register Notice dated September 9, 2004 - "Systematic Approach to Humane Handling and Slaughter")*

DOES THE ESTABLISHMENT USE A SYSTEMATIC APPROACH TO HUMANE HANDLING *(all four elements*)*?

☐ Yes ☐ No

IF NO CHECK ITEMS BELOW THAT HAVE BEEN IMPLEMENTED; NUMBERS CORRESPOND TO THE FOUR STEPS OF THE SYSTEMATIC APPROACH:

☐ 1. Initial assessment performed.
☐ 2. Facilities' design and handling practices minimize excitement, discomfort and injury to livestock.
☐ 3. Periodic evaluations performed on handling methods and, if applicable, stunning methods.
☐ 4. Handling practices and facilities modified when necessary.

IF THE ESTABLISHMENT HAS NOT IMPLEMENTED A SYSTEMATIC APPROACH TO HUMANE HANDLING, INDICATE THE REASONS PROVIDED:

☐ 1. Not a regulatory requirement.

☐ 5. Paperwork burden.

☐ 2. History of good compliance.

☐ 6. Only have a couple employees.

☐ 3. The current practices are adequate.

☐ 7. Other *(specify)*: _____

☐ 4. Handling practices and facilities modified when necessary.

* 1. Initial assessment performed; 2. Facilities' design and handling practices minimize excitement, discomfort and injury to livestock; 3. Periodic evaluations performed on handling methods and, if applicable, stunning methods; 4. Handling practices and facilities modified when necessary)

CASE NUMBER

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2 OF

EST. NAME

14. RECOMMENDATIONS (*Check only one*):☐

No Action

☐

NR by IIC

☐

Suspension/Withdrawal

☐Other (*specify*):

FOR ALL RESPONSES, OTHER THAN "NO ACTION", CHECK ALL CATEGORIES BELOW THAT ARE RELEVANT TO THE ABOVE RECOMMENDATION:

☐

Inclement Weather

☐

Ante-mortem

☐

Slips/Falls

☐

Facilities

☐

Truck Unloading

☐

Suspect/Disabled

☐

Stunning Effectiveness

☐

Water/Feed

☐

Prod Use

☐

Return to Consciousness

15. NARRATIVE REPORT - See attached. (*Include the categories listed below in the indicated order. Note: the heading for each category should be entered on a separate line above the narrative section for each category.*):

Correlated With:

Summary of Data Assessment Prior to Visit:

Systematic Approach Comments:

Summary of Reason(s) for Recommendation:

Findings/Narrative Report: