

Permit # _____

Inspection Date _____

Inspection Report for Designated Pens

Name of Feedlot _____ Owner Name _____

Address _____ County _____

GPS Coordinates _____ Premises ID Number _____

Approved Designated Pen Numbers _____ Status _____

- | | | | |
|--|-----|----|----|
| 1. Is the required buffer zone between approved/non-approved areas being maintained? | YES | NO | |
| 2. Are all animals in approved areas officially identified? | YES | NO | |
| 3. Have all outward shipments been sent to slaughter/other designated pens? | YES | NO | |
| 4. Have any exposed animals been received since the last inspection? | YES | NO | |
| 5. If so, were they accompanied with the correct documents? | YES | NO | |
| 6. If common facilities are utilized, is proper cleaning/disinfection being conducted? | YES | NO | |
| 7. Have all animals born into approved areas been identified and kept in approved areas? | YES | NO | NA |
| 8. Is yard feeding any animals not destined for slaughter? | YES | NO | |
| 9. Are dairy breeding cattle on premises? | YES | NO | |
| 10. Are Mexican-origin cattle on premises? | YES | NO | |
| 11. Are out-of-state test-eligible cattle being fed? | YES | NO | |
| 12. If so, are they officially identified and accompanied with a health certificate? | YES | NO | |
| 13. Do you recommend that the approval status continue? | YES | NO | |
| 14. Any topics that need to be addressed by area management: | | | |

15. Has a review of this report been conducted with facility personnel? YES NO

Inspector _____ Facility Representative _____