

POULTRY DEALER PREMISES-INSPECTION REPORT
RI DEM Division of Agriculture / USDA-APHIS Veterinary Services

Date of Inspection: _____

Time Inspection Began: _____

Time Inspection Concluded: _____

Veterinarian or animal health technician(s) making inspection: _____

Accompanied by: _____

DEALER INFORMATION:

Name: _____

Address: _____

Phone Number / Fax: _____

Email Address: _____

1) Cleanliness of crates and coops on premises:

Satisfactory Needs Improvement

Comments:

2) Adequate facilities for sanitation of vehicles, crates, and equipment:

Satisfactory Needs Improvement

Comments:

Crate wash / truck wash agreement?

Power washer / Mechanical crate wash / hose and water / other?

Is wash area over an impervious surface?

3) Vehicles are sanitized properly:

Satisfactory Needs Improvement

Comments:

4) Poultry are maintained on the premise greater than 3 days:

Yes No

5) Person(s) on this premises have regular contact with poultry premises other than this location:

Yes No

6) Address(s) of other premises on which dealer maintains poultry:

7) Mortality is disposed of in a proper manner:

Satisfactory Needs Improvement

Comments:

How are dead birds disposed of?

Burial, incineration, composting, rendering, transporting to another location, other?

If other, specify.

8) Personnel change footwear and clothes between farms:

Yes Needs Improvement

Comments:

9) Records are maintained of flock illnesses, mortality and production (if applicable):

Yes Needs Improvement

Comments:

10) Sales records are maintained of purchasing, sale, and transport of poultry:

___ Yes ___ No

SAMPLES COLLECTED (1 vial = 11 swabs):

_____ 30 blood samples (indicate number if less than 30 birds in flock)

_____ Environmental Swabs of Poultry Areas– 2 vials (Floors)

Describe areas:

_____ Environmental Swabs – 1 vial (Walls)

Describe area:

_____ Environmental Swabs – 1 vial (Feed Bins / Waterers)

Describe area:

_____ Clean crates and other transportation equipment – 2 vials

COMMENTS:

Signatures: _____ (Inspector)

_____ (Witness of Inspection)

_____ (Dealer Representative)