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)