

Inspection for Rabies Quarantine Facilities and Impoundment/Shelter Facilities

Date _____ Name of Manager _____ Registration No. _____

Name of Establishment _____ Inspector _____

Location of Establishment _____ Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ County _____

Note to Inspector: Put Yes, No, or N/A (Not Applicable) in the columns to the right of the question.

A. General - [Section 169.26(a)]		
<i>Structural Strength</i>		<i>Records (cont.)</i>
1. Is the facility structurally sound and maintained in good repair in order to protect the animals from injury, contain them, and prevent transmission of diseases?		13. Do records document animal description, impoundment and disposition dates, and method of disposition?
<i>Water and Electric Power</i>		<i>Heating</i>
2. Does the facility have reliable and adequate electricity to comply with other requirements?		14. Are animals protected from cold and inclement weather and direct effects of wind, rain, and snow?
3. Does the facility have potable water?		15. Is auxiliary heat or bedding provided if temperature is below 50°F?
<i>Storage</i>		<i>Cooling and Ventilation</i>
4. Are food and bedding stored to protect them against infestation or contamination by vermin?		16. Are animals protected from any form of overheating and from direct rays of sun?
5. Is a refrigerator available for perishable foods?		17. Is there adequate ventilation to minimize drafts, odors, and moisture condensation, plus fresh air provided?
<i>Waste Disposal</i>		<i>Lighting</i>
6. Are there provisions for the removal and disposal of animal and food wastes, bedding, dead animals, and debris?		18. Is extra ventilation, such as fans or air conditioning, provided in indoor facilities if temperature is 85°F or above?
7. Are disposal facilities operated in a manner that minimizes vermin infestations, odors, and disease hazards?		19. Is lighting adequate to permit routine inspection and cleaning?
8. Is there a suitable method for rapidly and safely removing water and other liquid wastes?		20. Are primary enclosures situated to protect the animals from excessive illumination (man-made or natural)?
<i>Washrooms and Sinks</i>		<i>Construction</i>
9. Are there facilities (washrooms, basins, or sinks) for employees to wash their hands?		21. Is the facility constructed to protect the animals and not create a health risk or public nuisance?
<i>Management</i>		22. Are building surfaces constructed of nonabsorbent materials that can be readily sanitized?
10. For facilities located in a county with a population of 75,000 or over (only), in accordance with Chapter 823.003:		23. Is the floor made of durable, nonabsorbent material?
a. Are animals separated by species and by sex?		<i>Primary Enclosures</i>
b. Are animals of relatively the same size sharing cages/pens?		24. Are primary enclosures maintained in good repair, impervious to moisture, and readily sanitized?
c. Are sick or injured animals segregated from healthy animals?		25. Do primary enclosures enable the animal to remain dry and clean and protect the animal's feet and legs from injury?
11. For facilities located in a county with a population of 75,000 or over (only), in accordance with Chapter 823.005:		26. Do the cages and kennels provide enough space for each animal to be in comfortable positions?
Has the governing body of the city or county in which the shelter is located established an advisory committee to assist in compliance with Chapter 823?		B. Feeding - [Section 169.26(b)]
<i>Records</i>		<i>Records</i>
12. Does the facility keep records on each animal?		27. Are dogs and cats fed at least once a day, except as directed by a veterinarian? Are other animals fed as described on packaging of a commercial, species-specific food or as directed by a veterinarian (see #32 for ferret requirements)?
		28. Is food wholesome, palatable, free from contamination, of sufficient nutritive value, and accessible to animals?

Inspector Initials: _____ Date: _____

Facility:**Registration No:**

Feeding (cont.)		Rabies Quarantine Facilities (Completed by DSHS Only) - [Section 169.27(a)]	
29. Are food pans kept clean and sanitary, and if disposable food pans are used, are they discarded after each feeding?		37. Is there documentation of twice-daily observations of quarantined animals?	
C. Watering - [Section 169.26(c)]		Rabies Quarantine Facilities (Completed by DSHS Only) - [Section 169.28(a)]	
30. Do animals have convenient access to fresh water and is it offered at least twice daily for at least an hour?		38. Does the facility have a written Standard Operating Procedure (SOP)?	
31. Are the water bowls clean and sanitary?		39. Is the SOP specific for the facility?	
32. Do domestic ferrets have 24-hour access to water in a drinking bottle and to food?		40. Is the SOP posted or otherwise readily available to all employees?	
D. Sanitation - [Section 169.26(d)]		41. Is the SOP designed to ensure effective and safe quarantine procedures?	
33. Are excreta removed from primary enclosures often enough to prevent contamination of the animals (at least once a day)?		42. Do enclosures have solid walls to prevent physical contact between animals?	
34. Are primary enclosures maintained in a sanitary condition?		43. Do enclosures have tops to prevent escape?	
35. Are the building and premises kept clean?		44. Do quarantine runs, cages, or rooms have "Rabies Quarantine" signs posted?	
E. Pest Control - [Section 169.26(e)]		For Facilities Subject to Chapter 829 (Located in Non-exempt County) – (Sections 829.002 and 829.007)	
36. Is there a regular program in place for control of insects, ectoparasites, and other pests and is the facility free from visible signs of vermin?		45. This standard is for purposes of meeting requirements set forth in Chapter 829 only. Are all employees whose primary job is to enforce animal control laws in compliance with training requirements (Sec. 829.002)? If so, this inspection form serves as a certificate of compliance per Section 829.007.	

This facility has approximately _____ cat cages and _____ dog cages/pens.

When the facility was inspected today, it was housing approximately _____ cats and _____ dogs.

Inspector Comments:

Check here if additional inspector comments are attached

Facility Rating: Satisfactory _____ Unsatisfactory _____ Probation _____

If applicable, timeline for probationary period _____

As the inspector, I certify that I have personally inspected this facility and that it conforms to the statements above.

Inspector

Date

Manager

Date

Regional Veterinarian

Date



Facility: _____

Registration No: _____

**Texas Department of State Health Services
Inspection for Rabies Quarantine Facilities and
Impoundment/Shelter Facilities
Z-3 Supplemental for Additional Comments**

Inspector comments continued:

Inspector Initials: _____ Date: _____