

41-13-159
1 OF 2
3. DATE OF INSPECTION 3/29/95
4. TIME 10:45
5. DATE OF LAST INSPECTION 7/27/94
6. TIME 9:00AM

ANIMAL CARE INSPECTION REPORT

Routine Reinspection Pre-license Attempted Other

7. NAME AND MAILING ADDRESS OF LICENSEE OR REGISTRANT

KATHY + ALLEN BAUCK
RT 3 BOX 280
NEW YORK MILLS, MN 56567

8. ADDRESS OF PREMISES AT TIME OF INSPECTION (if different than item 7)

STANDARDS
AND
REGULATIONS

RECEIVED
APR - 3 1995
415A
273P
688

CATS	GUINEA	HAMSTERS	RABBITS	PRIMATES	MAMMALS	OTHER
A	B	C	D	E	F	

9. NO. OF ANIMALS INSPECTED

"X" if in compliance; CIRCLE Non-compliant items (explain on APHS FORM 7100, Continuation Sheet); NA if not applicable; NS if not seen.

FACILITIES	GENERAL	10. Structure and Construction	X	3.1	3.25	3.25	3.50	3.75	3.101	3.125
		11. Condition and Site	X	3.1				3.75	3.101	
		12. Surfaces & Cleaning	X	3.1				3.75	3.101	
		13. Utilities/Washrooms/Storage	X	3.1	3.25	3.25	3.50	3.75	3.101	3.125
		14. Drainage and Waste Disposal	X	3.1	3.25	3.25	3.50	3.75	3.101	3.125
		15. Temperature/Ventilation/Lighting	X	3.2	3.26	3.26	3.51	3.78	3.102	3.128
	INDOOR	16. Interior Surfaces	X	3.2	3.26	3.26	3.51		3.101	
		17. Drainage	X						3.101	3.128
		18. Temperature/Ventilation/Lighting	X	3.3				3.77		
	SHELTERED	19. Shelter from elements	X	3.3				3.77		
		20. Surfaces	X	3.3						
		21. Capacity/Perimeter fence/Barrier	X					3.77		
		22. Restrictions or Acclimation	X	3.4	3.27	3.27		3.78	3.103	
	OUTDOOR	23. Shelter from elements	X	3.4	3.27		3.52	3.78	3.103	3.127
		24. Drainage	X		3.27		3.52			3.127
		25. Construction	X	3.4	3.27			3.78	3.101	
		26. Capacity/Perimeter fence/Barrier	X					3.78	3.101	3.125
	MOBILE	27. Temperature/Ventilation/ Lighting	NA	3.5				3.79		
		28. Public Barrier						3.79		
	PRIMARY ENCL- SURE	29. General Requirements	X	3.6	3.28	3.28	3.53	3.80	3.104	3.125
		30. Space & Additional Requirements	X	3.6	3.28	3.28	3.53	3.80	3.104	3.128
		31. Protection from Predators	X	3.6	3.25	3.25	3.52	3.80	3.101	3.125
	ANIMAL HEALTH AND HUSBANDRY	32. Exercise and Socialization	X							
		33. Environment Enhancement	X					3.81		
34. Feeding		X	3.9	3.29	3.29	3.54	3.82	3.105	3.129	
35. Watering		X	3.10	3.30	3.30	3.55	3.83	3.106	3.130	
36. Cleaning and Sanitation		X	3.11	3.31	3.31	3.56	3.84	3.107	3.131	
37. Housekeeping and Pest Control		X	3.11	3.31	3.31	3.56	3.84	3.107	3.131	
38. Employees		X	3.12	3.32	3.32	3.57	3.85	3.108	3.132	
39. Social Grouping and Separation		X	3.7	3.33	3.33	3.58		3.109	3.133	
TRANSPOR- TATION		40. Primary Enclosure	X	3.14	3.36	3.36	3.61	3.87	3.113	3.137
	41. Primary Conveyance	X	3.15	3.37	3.37	3.62	3.88	3.114	3.138	
	42. Food and Water	X	3.16	3.38	3.38	3.63	3.89	3.115	3.139	
	43. Care in Transit	X	3.17	3.39	3.39	3.64	3.90	3.116	3.140	
	44. Handling during Transportation	X	3.19	3.41	3.41	3.66	3.92	3.118	3.142	

45. Identification - 2.38 & 2.50
 46. Records & Holding Period - 2.35, .38, .78, .101, .132 & .133
 47. Handling - 2.38 & 2.31
 48. Veterinary Care - 2.33, 2.40, & 3.110 3/23/94
 49. IACUC
 50. Personnel Qualifications
 51. Other items? YES (if yes, see continuation sheet)

52. PREPARED BY (Signature and title)
Ellen J. Magid
 Veterinary Medical Officer
 USDA - APHS - REAC - AC
 53. DATE 3/29/95
 54. COPY RECEIVED BY (Signature and title)
[Signature]
 55. DATE 3/29/95
 56. REVIEWED BY (Signature and title)
Ellen J. Magid
 DR. ELLEN J. MAGID
 AREA SUPERVISOR
 NORTHEAST SECTOR REAC (AC)
 57. DATE 4/13/95

