

LIVESTOCK FACILITY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Housing and Pens

- Yes No — Flooring is clean, dry, and provides traction
- Yes No — Fencing and gates are secure and free of sharp edges
- Yes No — Ventilation systems are functioning correctly
- Yes No — Bedding is fresh and free from excessive waste

Feeding and Watering

- Yes No — Water troughs are clean and provide constant supply
- Yes No — Feed storage is secure from pests and moisture
- Yes No — Feeding equipment is sanitized and operational
- Yes No — Troughs and feeders are free of mold or debris

Health and Safety

- Yes No — First aid and veterinary supplies are accessible
- Yes No — Biosecurity protocols are posted and followed

Yes No — Lighting is sufficient for safe animal handling

Yes No — Waste management systems are operating correctly

Equipment and Maintenance

Yes No — Handling chutes and scales are in good working order

Yes No — Electrical wiring is protected from animal contact

Yes No — Fire extinguishers are charged and accessible

Yes No — Emergency contact information is clearly displayed

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately