OHIO DEPARTMENT OF AGRICULTURE INSPECTION FORM

PLEASE NOTE: ***The format of this inspection form is subject to change when it is converted to the program created by Dayhuff.***

I. FACILITY INFORMATION

Date of Inspection:

Name of Inspector:

Start Time of Inspection:

End Time of Inspection:

Owner/Operator's Name, Address and Phone Number:

Facility Name, Address and Phone Number:

Facility Type:

- Dairy
- Beef
- Pullets
- Broilers
- Laying Hens
- Turkeys
- Swine – Gestation Farrowing
- Swine – Finishing
- Ducks
- Sheep

PTI Number:

PTO Number:

NPDES Number:

Contact Person Name, Address and Phone Number:

FACILITY INFORMATION - Continued

Livestock Manager Name, Address, and Phone Number (901:10-1-06):
(A livestock manager is required if the facility has 10000 or more animal units)

- Livestock Manager Certificate Number:
- Date of Expiration of Certificate:

Facility Location:

- County:
- Township:
- Section:

Biosecurity Information (901:10-5-02):

- Inspector followed facility's biosecurity plan.

Yes or No

Comments

_____

_____

_____

- Inspector followed industry standard plan.

Yes or No

Comments

_____

_____

_____

II. FACILITY OPERATION INFORMATION

Facility Upkeep and General Appearance: (circle one that applies)

- Above Average
- Average
- Below Average
- Poor

Comments

_____

_____

_____

FACILITY OPERATION INFORMATION - Continued

Animal Unit Calculations

1. Animal Type	2. Animal Unit Factor	3. Existing Number of Animals (leave blank if new)	4. Existing AU Design Capacity (column 2 x column 3)	5. Maximum Number of Animals (for new or expanding)	6. Maximum AU Design Capacity (column 2 x column 5)
A. Beef Cattle					
Slaughter and feeder cattle	1.0				
B. Dairy Cattle					
Mature cow (milked or dry)	1.4				
C. Swine					
Over 55 pounds	0.4				
D. Horses					
Horse	2.0				
E. Sheep					
Sheep or lamb	0.1				
F. Turkeys					
Turkey	0.02				
G. Chickens					
Laying hen or broiler	0.01				
H. Ducks					
Duck	0.2				
I. Animals not listed					
TOTAL ANIMAL UNIT DESIGN CAPACITY Add all numbers in column 4 for existing AU total Add all numbers in column 6 for final AU total			**Existing AU Total**		**Final AU Total**

FACILITY OPERATION INFORMATION - Continued

Number of Employees:_____

Type of Feed System: Liquid or Solid

Describe the Upkeep and General Appearance of the following:

	Above Average	Average	Below Average	Poor	Comments
Diversion Ditches					
Diversion Dikes					
Berms					
Embankments					
Pipe Runs					
Grassed Waterways					
Vegetative Cover					
Contour Grass Strips					
Settling Basins					
Others					

III. WATER SYSTEM

Water Supply

Water Supply Sources (901:10-2-08):

- Water Treatment:

Yes or No

Comments

- Water Treatment Backflush Disposal Method or Other Method?

Yes or No

Comments

Volume Generated?

Yes or No

Comments

Sanitary Wastewater Disposal Method and Volume Generated (901:10-2-08):

Yes or No

Comments

- Is there an Approved Permit?

Yes or No

Comments

WATER SYSTEM – Continued

Ground Water Monitoring
Ground Water Monitoring (901:10-2-03):

Is the Water Well Location Maintained in a Proper Manner to Avoid Contamination?

Yes or No

Comments

_____

_____

_____

Are Records of Groundwater Monitoring and Sampling Analysis Properly Recorded in the Operating Record? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

_____

_____

_____

Water Quality Impacts:

Is There Evidence of Actual Offsite Discharge?

Yes or No

Comments

_____

_____

_____

Waste Water Management

Are There Potential Problem Areas for Wastewater Management? (901:10-2-08)

Yes or No

Comments

_____

_____

_____

WATER SYSTEM – Continued

Water Samples
Document the Last Test Date of Water Samples if Taken by the Inspector or Owner or Operator.

Yes or No

Comments

_____
_____
_____

Agricultural Drainage Well
Is There Indication of an Agricultural Drainage Well (Class V well) on the Property?

Yes or No

Comments

_____
_____
_____

- Is the Agricultural Drainage Well likely to have runoff?

Yes or No

Comments

_____
_____
_____

WATER SYSTEM – Continued

Process Wastewater Disposal Method and Volume Generated:
(901:10-2-08(A)(3)(d)

TYPE	DISPOSAL METHOD	VOLUME GENERATED	COMMENTS
Wash-water From Cooling Animals or Milking Parlors			
Litter and/or Bedding			
Pesticides/Fertilizers/Herbicides			
Cleaning Solutions			
Feed Material			
Vehicle Fluids			
Filter Backwash Water			
Wormers			
Soil Erosion			
Cooling Water			
Sanitary Waste			
Power Washing			
Other			
Other			

IV. MANURE STORAGE AND TREATMENT FACILITIES

Type of Manure (circle all that apply)

- Liquid
- Solid

Comments

_____

_____

_____

List the Total Manure Storage Volume and the Storage Capacity (901:10-2-16(A)(1)(a)(iii) and 901:10-2-08(A)(3)(f)

Type of Manure Storage or Treatment Facility (901:10-2-04) (circle all that apply)

- Fabricated Structure
- Manure Storage Pond
- Manure Treatment Lagoon
- Combination

Comments

_____

_____

_____

MANURE STORAGE AND TREATMENT FACILITIES - Continued

Fabricated Structure

Type of Fabricated Structure (and approximate dimensions) (901:10-2-05)
(circle all that apply)

- High Rise
- Deep Pit
- Stacking Slab
- Above Ground Tank (metal)
- Above Ground Glass Lined Steel Tank
- Compacted Earthen Floor
- Concrete Pit
- Concrete Block or Stave Pit
- Other

Comments

_____

_____

_____

Is There a Six-Inch Minimum of Freeboard? (901:10-2-05)

Yes or No

Comments

_____

_____

_____

MANURE STORAGE AND TREATMENT FACILITIES - Continued

Manure Storage Pond or Manure Treatment Lagoon

Type of Manure Storage Pond or Manure Treatment Lagoon (and approximate dimensions) (901:10-2-06) (circle all that apply)

- Clay Lined Earthen Basin
- Earthen Holding Basin
- Aerated Lagoon
- Synthetic Liner Basin
- Other

Comments

_____

_____

_____

Is There a Twelve-Inch Minimum of Freeboard? (901:10-2-06)

Yes or No

Comments

_____

_____

_____

Is There Evidence in the Operating Record of Regular Inspections of the Manure Storage or Treatment Facilities for Erosion, Leakage, Animal Damage, or Discharge ? (901:10-2-06, 901:10-2-08)

Yes or No

Comments

_____

_____

_____

Do the Inspections Match the Frequency in the Manure Management Plan? (901:10-2-06, 901:10-2-08)

Yes or No

Comments

_____

_____

_____

MANURE STORAGE AND TREATMENT FACILITIES – Continued

Are These Regular Inspections Properly Recorded in the Operating Record? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

_____

_____

_____

Is the Level Indicator(s) Conspicuously Located and Properly Functioning in the Manure Storage Pond or Manure Treatment Lagoon? (901:10-2-06, 901:10-2-08)

Yes or No

Comments

_____

_____

_____

Is the Manure Removal or Manure Residual Removal Outlined in the Manure Management Plan? (901:10-2-07, 901:10-2-08, 901:10-2-16)

Yes or No

- Quantity Removed
- Date of Removal

Comments

_____

_____

_____

Is the Vegetation near the Manure Storage Pond or the Manure Treatment Lagoon Properly Maintained? Are the Maintenance Inspections and Upkeep Properly Recorded in the Operating Record? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

_____

_____

_____

V. MANURE DISPOSAL

If the Manure is Brokered, List the Name, Address and Phone Number of the Broker. (901:10-1-06)

Are the "Agreement" Forms in Good Order and Maintained in the Operating Record? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

List the Number of Acres Utilized for Land Application. (901:10-2-16) (Include both land that is owned and land that is leased)

- Acres Owned _____
- Acres Leased _____
- Other Land _____
- Total Acres _____
- Comments

Are the Methods of Manure Disposal Method(s) Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

MANURE DISPOSAL – Continued

Is the Annual Soil Analysis Properly Recorded in the Operating Record? (901:10-2-16) (The analysis records must be on hand for three years)

Yes or No

Comments

_____

_____

_____

Has the Equipment for Land Application Been Inspected, Maintained and Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

Type of Manure Applied (901:10-2-16)

- Liquid
- Solid
- Both
  - Percent of Liquid Manure Applied
  - Percent of Solid Manure Applied

Comments

_____

_____

_____

Commercial Fertilizer

Is Commercial Fertilizer Used? **(901:10-2-16)**

Yes or No

Comments

_____

_____

_____

MANURE DISPOSAL – Continued

Amount of Commercial Fertilizer Used? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

If Liquid Manure is Applied, are Drain Plugs being Used? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

If Liquid Manure is Applied are Observations of Subsurface Drains Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

Is a Soil Survey Recorded in the Operating Record for Each Site? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

Is Soil Characterization Properly Recorded in the Operating Record for Each Site? (901:10-2-13, 901:10-2-16)

Yes or No

Comments

_____

_____

_____

MANURE DISPOSAL – Continued

Vegetative Cover

Is there Evidence of Documented Use of Vegetative Cover to Protect Stream Channels?

Yes or No

Comments

_____

_____

_____

Is the Vegetative Cover Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

Is the Cropping Schedule for Each Site Including Past Year and Present Year Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

Is the Target Yield for Each Site Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

MANURE DISPOSAL – Continued

Is the Actual Yield for Each Site Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

Are the Nitrogen Leaching Index Results or Equivalent for each site Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

Is the Number of Years to Reach Bray P1 or Equivalent for each site Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

Is the Date of Each Application for Each Site Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

MANURE DISPOSAL – Continued

Are Records Maintained on Storage Capacity or Manure Volume? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

Are the Date, Rate, Quantity and Method of Application of the Nutrient, and/or Form and Source of Manure, Commercial Fertilizer, and/or Other Organic by-Products Properly Recorded in the Operating Record? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

Are There Records in the operating record on Soil Conditions at Times of Application such as Soil Cracks? (901:10-2-16)

Yes or No

Comments

_____

_____

_____

Are There Records of General Weather Conditions and Temperature in the Operating Record When Manure is Land Applied? (901:10-2-16)

Yes or No

Comments

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_____

_____

MANURE DISPOSAL – Continued

Is the Nutrient Budget Up-to-Date and Properly Recorded in the Operating Record? (901:10-2-09)

Comments Yes or No

_____

_____

_____

Are Setbacks Maintained and Properly Recorded in the Operating Record? (901:10-2-16)

Comments Yes or No

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_____

_____

VI. OPERATING RECORD - GENERAL

Are all Operating Records Up to Date? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

_____

_____

_____

Are all Operating Records Available for Review by the Inspector? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

_____

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_____

Is a Copy of the PTI, PTO and/or NPDES Permit with the Operating Record or Located in the Site Office? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

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_____

Does the Operating Record Contain Inspection Sheets With Space to Record the Time and Date of Inspections of Pest/Rodent Populations or Pest/Rodent Activities? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

_____

_____

_____

OPERATING RECORD – GENERAL – Continued

Have the Operating Records been Retained by the Owner or Operator for Minimum of Five Years? (901:10-2-08, 901:10-2-16)

Yes or No

Comments

_____

_____

_____

VII. INSECT AND RODENT CONTROL

Is the Insect and Rodent Control Plan Up-to-Date and Properly Recorded in the Operating Record? (901:10-2-19)

Yes or No

Comments

_____

_____

_____

Is the Insect and Rodent Control Plan Properly Implemented by the Owner or Operator or Manager?

Yes or No

Comments

_____

_____

_____

Does the Insect and Rodent control Plan Describe the Inspection Frequency to Examine Pest's Populations and Pest Activities?

Yes or No

Comments

_____

_____

_____

Are These Inspections Properly Recorded in the Operating Record? (901:10-2-19)

Yes or No

Comments

_____

_____

_____

INSECT AND RODENT CONTROL – Continued

Are There Inspection Records Properly Recorded in the Operating Record on Insect and Rodent Mortality? (901:10-2-19)

Yes or No

Comments

_____

_____

_____

Does the Operating Record Contain Data of Insect and Rodent Mortality?

Yes or No

Comments

_____

_____

_____

Is There Good Housekeeping and Maintenance Cleaning Equipment Available: (901:10-2-19) (check all that apply)

Equipment	Above Average	Average	Below Average	Poor	Comments
Feed System					
Storage Areas					
Walkways or Walk Areas Inside the Building					
Walkways or Walk Areas Outiside the Building					
Feed Alleys					
Chemicals					
Screens					
Ventilation Systems, i.e. Fans					

INSECT AND RODENT CONTROL – Continued

Are the Watering Systems Free of Leaks and in Good Working Order?

Yes or No

Comments

_____

_____

_____

Is Proper Maintenance of the Watering System Properly Recorded in the Operating Record? (901:10-2-19)

Yes or No

Comments

_____

_____

_____

Are the Proper Baits in Use? Are Chemicals Properly Stored, Used and Maintained? (901:10-2-19)

Yes or No

Comments

_____

_____

_____

VIII. SUMMARY

Were the Results of the Inspection Discussed with Either the Owner, Operator, Manager, Representative or Livestock Manager?

Yes or No

- Comments
- If no, the results will be sent to either the Owner, Operator, Manager, Representative, or Livestock Manager within fourteen days.

Recommendations for Further Actions

_____

_____

_____

"I certify that this information was reviewed by the inspector and/or the owner, operator, manager, representative, or livestock manager of the facility."

_____ _____

Signature of Owner, Operator, Manager, Representative or Livestock Manager — Date

_____ _____

Signature of Inspector — Date

IX. FOR OFFICE USE ONLY

For Office Use Only:

Items used during inspection: (check all that apply)
Camera
Film
Biosecurity Suit
Hairnet
Gloves
Boots
Testing containers
Other_____
Other_____

Comments:
_____
_____
_____