



Lincoln-Lancaster County Health Department
Animal Control
Inspection Form for Grooming Shop Permit

Name of Facility _____
 Address of Facility _____ Zip Code _____
 Name of Owner/Operator _____
 Grooming Services Mobile Grooming Services Unit # _____

Items are marked satisfactory or unsatisfactory with an "x" in the left column. Item numbers also indicate which section of Standards apply. NA means Not Applicable.

		Satisfactory	Unsatisfactory
2.00 Sanitation and Safety Regulations			
2.10	Cleaning of Primary Enclosures: excreta not removed, enclosure not clean, animals not removed when enclosure is hosed down.....	<input type="checkbox"/>	<input type="checkbox"/>
2.20	Sanitizing of Primary Enclosures: not sanitized, not sanitized often enough, improper sanitization.....	<input type="checkbox"/>	<input type="checkbox"/>
2.30	Premises: not clean, poor repair, accumulation of trash.....	<input type="checkbox"/>	<input type="checkbox"/>
2.40	Vermin and Pest Control: breeding areas not controlled, vermin or pests present, no insect or rodent tight.....	<input type="checkbox"/>	<input type="checkbox"/>
2.50 - 2.60	Employees: not on duty when shop is open for care, animals held for a period of 12 hrs. or overnight.....	<input type="checkbox"/>	<input type="checkbox"/>
2.70	Grooming sick or infectious animals.....	<input type="checkbox"/>	<input type="checkbox"/>
2.80	Inadequate sanitary procedures and safety measures, animals left unattended.....	<input type="checkbox"/>	<input type="checkbox"/>
3.00 Watering	no potable water, not accessible at all times, not offered at least twice daily, receptacles not clean or sanitized.....	<input type="checkbox"/>	<input type="checkbox"/>
5.00 Facilities in General			
5.10	Structural Strength: not structurally sound, poor repair.....	<input type="checkbox"/>	<input type="checkbox"/>
5.20	Utilities: does not meet electrical and plumbing codes, hot and cold water unavailable or insufficient, back flow preventor required.....	<input type="checkbox"/>	<input type="checkbox"/>
5.40	Washroom: not available, no sink and toilet, no hot or cold water, no tub or sink for utensils.....	<input type="checkbox"/>	<input type="checkbox"/>
6.00 Indoor Facilities			
6.10	Heating: not adequate, poor design or repair.....	<input type="checkbox"/>	<input type="checkbox"/>
6.20	Ventilation: not adequate, poor design or repair.....	<input type="checkbox"/>	<input type="checkbox"/>
6.30	Lighting: not adequate, too bright.....	<input type="checkbox"/>	<input type="checkbox"/>
6.40	Construction: not resistant to moisture, not sealed.....	<input type="checkbox"/>	<input type="checkbox"/>
6.50	Drainage: not connected to sewer, poor design or repair.....	<input type="checkbox"/>	<input type="checkbox"/>
7.00 Mobile Grooming Facilities			
7.10 - 7.20	No collection or hiding system for water or waste material.....	<input type="checkbox"/>	<input type="checkbox"/>
7.30	Floors not swept between customers, no facility for waste.....	<input type="checkbox"/>	<input type="checkbox"/>
7.40 - 7.50	Surfaces and floors not moisture proof or in disrepair, poor ventilation, unsanitary conditions, offensive odors.....	<input type="checkbox"/>	<input type="checkbox"/>
8.00 Primary Enclosures			
8.10 - 8.22	Construction: not maintained, poor design, not clean and dry, unsafe.....	<input type="checkbox"/>	<input type="checkbox"/>
8.30 - 8.40	Size: insufficient space, overcrowding, poor design, does not meet size requirements.....	<input type="checkbox"/>	<input type="checkbox"/>
8.50	Construction: not durable, not easily cleaned or disinfected.....	<input type="checkbox"/>	<input type="checkbox"/>
8.60	Unsafe location of animals.....	<input type="checkbox"/>	<input type="checkbox"/>
9.00 Classification and Separation			
9.10 - 9.40	Restrictions: not separated when animal is in season, vicious or different species, improper quarantine.....	<input type="checkbox"/>	<input type="checkbox"/>
10.0 Veterinary Care			
10.10	Care: improper care or treatment, no veterinarian consulted, no provisions for contacting owner.....	<input type="checkbox"/>	<input type="checkbox"/>
10.30	Inadequate disease prevention.....	<input type="checkbox"/>	<input type="checkbox"/>

Remarks and Recommendations: _____

Inspection Permit Approved Permit Denied Permit Pending

Date: _____ ACO: _____ Store Manager: _____
 20628-1098