

**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

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- Inspector followed industry standard plan.

Yes          or          No

Comments

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**II. FACILITY OPERATION INFORMATION**

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

- Above Average
- Average
- Below Average
- Poor

**Comments**

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**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)
<b>A. Beef Cattle</b>					
Slaughter and feeder cattle	1.0				
<b>B. Dairy Cattle</b>					
Mature cow (milked or dry)	1.4				
<b>C. Swine</b>					
Over 55 pounds	0.4				
<b>D. Horses</b>					
Horse	2.0				
<b>E. Sheep</b>					
Sheep or lamb	0.1				
<b>F. Turkeys</b>					
Turkey	0.02				
<b>G. Chickens</b>					
Laying hen or broiler	0.01				
<b>H. Ducks</b>					
Duck	0.2				
<b>I. Animals not listed</b>					
<b>TOTAL ANIMAL UNIT DESIGN CAPACITY</b>			<u>Existing AU Total</u>		<u>Final AU Total</u>
Add all numbers in column 4 for existing AU total					
Add all numbers in column 6 for 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:**

	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>	<b>Comments</b>
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

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➤ **Water Treatment Backflush Disposal Method or Other Method?**

Yes or No

Comments

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**Volume Generated?**

Yes or No

Comments

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

Yes or No

Comments

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➤ **Is there an Approved Permit?**

Yes or No

Comments

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**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

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**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

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**Water Quality Impacts:**

**Is There Evidence of Actual Offsite Discharge?**

Yes or No

Comments

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**Waste Water Management**

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

Yes or No

Comments

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**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

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**Agricultural Drainage Well**

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

Yes or No

Comments

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➤ Is the Agricultural Drainage Well likely to have runoff?

Yes or No

Comments

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**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**

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**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**

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**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**

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

Yes                      or                      No

**Comments**

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**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

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

Yes          or          No

Comments

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**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

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

Yes          or          No

Comments

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**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

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**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

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**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

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**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

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**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

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**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

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**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

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

Yes or No

Comments

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

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

Comments

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**Commercial Fertilizer**

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

Yes or No

Comments

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**MANURE DISPOSAL - Continued**

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

Yes or No

Comments

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

Yes or No

Comments

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

Yes or No

Comments

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

Yes or No

Comments

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

Yes or No

Comments

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**MANURE DISPOSAL – Continued**

**Vegetative Cover**

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

Yes      or      No

Comments

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

Yes      or      No

Comments

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**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

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

Yes      or      No

Comments

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**MANURE DISPOSAL – Continued**

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

Yes      or      No

Comments

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**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

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**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

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

Yes      or      No

Comments

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**MANURE DISPOSAL – Continued**

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

Yes            or            No

Comments

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**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

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**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

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**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)**

Yes          or          No

Comments

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

Yes          or          No

Comments

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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

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**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

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**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

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**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

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

Yes or No

Comments

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

Yes or No

Comments

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

Yes or No

Comments

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**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

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

Yes or No

Comments

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**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 Outside 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

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

Yes or No

Comments

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

Yes or No

Comments

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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**

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“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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_