

CONTINUATION SHEET FOR ANIMAL CARE INSPECTION REPORT (S)
(APHIS FORMS 7004 and 7008)

1. LICENSEE OR REGISTRANT AND NUMBER <i>corn Univ.</i>	2. LIC OR REG NO <i>57-B-003</i>	3. DATE <i>2-3-94</i>	4. PAGE <i>2 OF 2</i>
5. LOCATION OF SITE <i>Woodruff Memorial Build (01)</i>	6. WAYBILL NUMBER AND DATE (if applicable) <i>NA</i>		

ARRATIVE: I Non-compliant item(s) previously identified that have been corrected. II Non-compliant item(s) previously identified for which time remains for correction. III Non-compliant item(s) identified this inspection. IV Non-compliant item(s) previously identified that have not been corrected.

Category I Non-compliant items prev. identified that have been corrected = NA

Category II Non-compliant items for which time remains for correction = NA

Category III New Non-compliant items identified this inspection
10. 3.50(c), # 11 - 3.11(e) and 3.75(a) Food Storage room #2 contained an Accosol can of cleaner. Items other than food + bedding must be stored elsewhere. This was corrected this date.

47 2.38(f) (2) (ii) - Water deprivation - The monitoring log
private # I.D. 12-226 was obscure in that it was not
initialled and contained old log records.

initials absent ~~from~~ Rescanner had no notation of Feb 2 and 3
the private received only water

good clear description of monitoring procedures must be provided
I will approach water deprivation activities. Correct by 2-10-94.

Category IV Non-compliant items prev. identified that have not been corrected = NONE

Procedures
not provided
for water
deprivation

PREPARED BY <i>[Signature]</i>	7. TITLE <i>KMO</i>	8. DATE <i>2-3-94</i>
1. COPY/RECEIVED BY <i>[Signature]</i>	9. TITLE <i>[Signature]</i>	10. DATE <i>2-7-94</i>
REVIEWED BY <i>[Signature]</i>	11. TITLE FOSTER MATHER DVM AREA SUPERVISOR - ANIMAL SOUTHEAST SECTION	12. DATE <i>2/10/94</i>