



PAACO
 302 Platte Clay Way, Suite 107
 Kearney, MO 64060
 Phone: 833-839-1823

Please send completed forms to Lora Wright
lwright@animalauditor.org

REVIEW OF AUDITOR PERFORMANCE REPORT

This form shall be used to report on the evaluation of auditing performance for a trainee in the PAACO Feedlot Welfare Auditor certification program for consideration as a **Certified Auditor**. This form must be completed by a PAACO Certified Feedlot Welfare Auditor who meets the qualifications defined by PAACO. (Please type or clearly print all entries in black or blue ink.)

Applicant Information

Last Name	First Name
-----------	------------

Address, Phone & E-mail:

Certification Scheme being sought: Feedlot Welfare Auditor	PAACO Training Attended:	P L
	Location:	
	Month: Year:	

Applicant's Signature

Check the box if you attended an *Internal Training* and will be certified as an **INTERNAL** Auditor

Shadowing Auditor's Information

Last Name	First Name
-----------	------------

Shadowing Auditor's Street Address or P.O. Box

City	State	ZIP or Postcode	Country
------	-------	-----------------	---------

Telephone	Fax	Email
-----------	-----	-------

***If the candidate performed acceptably on the audit described in this report, please sign on the line below.
 The shadowing auditor's signature is required for the report to proceed.***

I attest to the applicant's ability to perform Feedlot Animal Welfare Audits as a Lead Auditor in accordance with the expectations of the Professional Animal Auditor Certification Organization as well as the audit used for this Performance Report.

Shadow auditor's signature
Date

The following sections are to be completed by the shadowing auditor.

Audit Information

 Date(s) Shadow Audits Number of hours: Number of audits performed: Names of facility(s) audited

Location of shadow audit: On-site at facility Remote Video Audit (must be preapproved by PAACO)

For Remote Video Shadow Auditing:

Applicant was: On-site Remote

Shadow Auditor was: On-site Remote

Applicant's role in the audit: Audit leader (conducted/lead the audit) Team auditor (assisted as part of team)

Shadow auditor's role in the audit: Witness (observed) Audit team member (assisted) Audit leader (conducted)

Audit Standard/Instrument Used: _____

Auditor Evaluation

Please complete the following evaluation as it pertains to the applicant's ability to perform leading an audit.

Auditor Characteristics and Professional Attributes:	Evaluation of Auditor Performance - REQUIRED (strengths and/or opportunities for improvement – please elaborate)
<p>Personal skills: Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Was prepared for the audit with all necessary tools (ie audit sheets, clipboard, stopwatch, flashlight)</p> <p><input type="checkbox"/> <input type="checkbox"/> Open-minded and mature</p> <p><input type="checkbox"/> <input type="checkbox"/> Sound judgment, analytical skills and tenacity.</p> <p><input type="checkbox"/> <input type="checkbox"/> Presented themselves in a professional manner.</p> <p><input type="checkbox"/> <input type="checkbox"/> Demonstrates ethical behavior.</p> <p><input type="checkbox"/> <input type="checkbox"/> Asked questions and engage with shadow auditor and other team members</p>	
<p>Audit skills and techniques: Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Effectively communicated the scope and purpose of the audit in opening meeting.</p> <p><input type="checkbox"/> <input type="checkbox"/> Understands the tool they are using and what the acceptable standards are</p> <p><input type="checkbox"/> <input type="checkbox"/> Is able to stay within the scope of the audit</p> <p><input type="checkbox"/> <input type="checkbox"/> Obtains and assesses objective evidence fairly.</p> <p><input type="checkbox"/> <input type="checkbox"/> Evaluates criteria using observations and personal interactions.</p> <p><input type="checkbox"/> <input type="checkbox"/> Conducts interviews using open ended questions to support audit findings.</p> <p><input type="checkbox"/> <input type="checkbox"/> Remain attentive to the audit process without becoming distracted.</p> <p><input type="checkbox"/> <input type="checkbox"/> Reaches acceptable conclusions based on objective evidence, and remains true to conclusion even under pressure to change.</p> <p><input type="checkbox"/> <input type="checkbox"/> Communicated any critical findings during audit immediately.</p> <p><input type="checkbox"/> <input type="checkbox"/> Clearly communicated the results of the audit and what the next possible steps may be in the closing meeting.</p> <p><input type="checkbox"/> <input type="checkbox"/> Clearly written audit report (when applicable)</p>	
<p>Personal/Self Evaluation (as described to shadow auditor) What would the applicant describe as their strength during the audit and what is an area(s) where they feel they would like to gain more experience?</p>	

PLEASE COMPLETE THE FOLLOWING SECTION AS PART OF THIS SHADOW EVALUATION

Feedlot Criteria Indicate areas assessed during shadow	Competency for Criteria (NI = Needs Improvement)			Evaluation of Auditor Performance (also, if a criteria was not observed, indicate why)
Feedlot <ul style="list-style-type: none"> <input type="checkbox"/> Commitment to animal care (including policy, training) <input type="checkbox"/> Facilities (gating, flooring, lighting, air quality) <input type="checkbox"/> Handling (low stress, slips, falls, vocalization) <input type="checkbox"/> Nutrition and feed management (nutritionist, feed records) <input type="checkbox"/> Animal Health Management (records, daily observations, management of sick pens) <input type="checkbox"/> Environment (pen density, cleanliness, water access, cleanliness of waterers, feed bunks) <input type="checkbox"/> On farm euthanasia (protocols, timeliness, proper process, approved methods) 	Excellent	Acceptable	NI	
Transportation <ul style="list-style-type: none"> <input type="checkbox"/> Preparedness for receiving and shipping (facilities, staff available) <input type="checkbox"/> Trailer set up and Loading (alignment, density) <input type="checkbox"/> Condition of trailer (flooring, gates) <input type="checkbox"/> Driver Certification/Skills <input type="checkbox"/> Handling tools (electric prod use, handling tools correctly used) <input type="checkbox"/> Handling (slip, falls) <input type="checkbox"/> Timeliness of loading or unloading 	Excellent	Acceptable	NI	
Was the applicant able to identify and describe acts of abuse or neglect that would result in a failed audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this applicant able to perform an audit on their own with the results meeting the quality standards expected?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Overall summary of the applicants ability to assess the above criteria and perform an effective audit: REQUIRED!