



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.

<b>Auditor Characteristics and Professional Attributes:</b>	<b>Evaluation of Auditor Performance - <span style="color: red;">REQUIRED</span></b> (strengths and/or opportunities for improvement – please elaborate)
<p><b>Personal skills:</b> 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><b>Audit skills and techniques:</b> 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><b>Personal/Self Evaluation</b> (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**

<b>Egg Layer Criteria</b> Indicate areas assessed during shadow	<b>Competency for Criteria</b> (NI = Needs Improvement)	<b>Evaluation of Auditor Performance</b> (also, if a criteria was not observed, indicate why)																														
<b>Audit Management</b> <input type="checkbox"/> Applicant performed opening & closing meeting <input type="checkbox"/> Sample Number Determinations <input type="checkbox"/> Written Report Submitted for this audit <input type="checkbox"/> Recognized and adhered to biosecurity requirements <input type="checkbox"/> Review of all necessary documents and records	<table border="0"> <tr> <td><b>Excellent</b></td> <td><b>Acceptable</b></td> <td><b>NI</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Excellent</b>	<b>Acceptable</b>	<b>NI</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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<b>Housing and Space Allocation</b> <input type="checkbox"/> Space Calculations - Cage, floor, perch scratch, feeder, drinkers and multi-tiered. <input type="checkbox"/> Backfilling <input type="checkbox"/> Commingling of non certified eggs <input type="checkbox"/> Layer comfort in cages (space, feed and water access, fresh water) <input type="checkbox"/> Air quality (ammonia, ventilation) <input type="checkbox"/> Biosecurity (including rodents) and emergency systems <input type="checkbox"/> Dead or injured bird removal <input type="checkbox"/> Lighting program <input type="checkbox"/> Facility maintenance	<table border="0"> <tr> <td><b>Excellent</b></td> <td><b>Acceptable</b></td> <td><b>NI</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Excellent</b>	<b>Acceptable</b>	<b>NI</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<b>Handing and Transport</b> <input type="checkbox"/> Handling (# per hand, support, skill) <input type="checkbox"/> Cart used as required <input type="checkbox"/> Condition of transportation vehicle <input type="checkbox"/> Feed and water withdrawal	<table border="0"> <tr> <td><b>Excellent</b></td> <td><b>Acceptable</b></td> <td><b>NI</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Excellent</b>	<b>Acceptable</b>	<b>NI</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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<b>Personnel and Training</b> <input type="checkbox"/> Training requirements per audit tool <input type="checkbox"/> Animal welfare program																																
<b>Hatchery</b> (when applicable) <input type="checkbox"/> Personnel and Training <input type="checkbox"/> Chick handling <input type="checkbox"/> Euthanasia and disposal (chicks and unhatched) <input type="checkbox"/> Holding prior to delivery																																
<b>Was the applicant able to identify and describe acts of abuse or neglect that would result in a failed audit?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																															
<b>Is this applicant able to perform an audit on their own with the results meeting the quality standards expected?</b>	<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!**