



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

Please send completed forms to Lora Wright  
[lwright@animalauditor.org](mailto: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 Poultry Welfare Auditor certification program for consideration as a **Certified Auditor**. This form must be completed by a PAACO Certified Poultry 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
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Address, Phone & E-mail:

Certification Scheme being sought: <b>Poultry/Layer Welfare Auditor</b>	PAACO Training you attended: <input type="checkbox"/> Company/Layer Specific – Month _____ Year _____ <input type="checkbox"/> US/Canadian Full Poultry – 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
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Shadowing Auditor's Street Address or P.O. Box

City	State	ZIP or Postcode	Country
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Telephone	Fax	Email
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***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 Poultry 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.

<b>Audit Information</b>				<b>Number of audits performed:</b> _____	
Date(s) of site visit	Number of hours:	on-site	off-site	Names of facility(s) audited	
Applicant's role in the audit: <input type="checkbox"/> Shadow (observed certified auditor) <input type="checkbox"/> Team auditor (assisted) <input type="checkbox"/> Audit leader (conducted)					
Shadow auditor's role in the audit: <input type="checkbox"/> Witness (observed trainee audit) <input type="checkbox"/> Team auditor (assisted) <input type="checkbox"/> Audit leader					
Audit Standard or Instrument Used: _____					
Was the applicant involved in making a judgment on the animal handling and welfare for this audit? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If no, please describe the scope of the applicant's involvement.					

<b>Auditor Evaluation</b>	
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</b> (strengths and/or opportunities for improvement; please elaborate)
<b>Personal skills:</b> <ul style="list-style-type: none"> <li>• Open-mind and mature</li> <li>• Sound judgment, analytical skills and tenacity.</li> <li>• Understands complex operations &amp; personnel.</li> <li>• Demonstrates ethical behavior.</li> <li>• Clearly communicates their role as an auditor not a consultant.</li> </ul>	
<b>Audit skills and techniques:</b> <ul style="list-style-type: none"> <li>• Obtains and assesses objective evidence fairly.</li> <li>• Evaluate using observations and personal interactions.</li> <li>• Conducts interviews using open ended questions to support audit findings.</li> <li>• Remain attentive to the audit process without becoming distracted.</li> <li>• Reaches acceptable conclusions based on objective evidence, and remains true to conclusion even under pressure to change.</li> </ul>	
<b>Audit management capabilities:</b> <ul style="list-style-type: none"> <li>• Coordinate and control meetings.</li> <li>• Manage an audit, keep the audit within the scope.</li> <li>• Control conflict.</li> </ul>	
<b>Communication skills (Oral and written)</b> <ul style="list-style-type: none"> <li>• Was there effective planning, preparation, and briefing?</li> <li>• Was there participation in opening/closing meetings?</li> <li>• Did the auditor effectively communicate the scope and purpose of the audit?</li> </ul>	
<b>Reporting</b> <ul style="list-style-type: none"> <li>• Report findings are clear and concise</li> <li>• Findings are reported immediately with no surprises at closing of audit</li> <li>• Auditor clearly indicated what would be the next step with the audit information/reporting.</li> </ul>	

**PLEASE COMPLETE THE FOLLOWING SECTION AS PART OF THIS SHADOW EVALUATION.**

<b>Egg Layers Criteria</b>	<b>Evaluation of Auditor Performance (including strengths and/or opportunities for improvement)</b>
<p><b>A. Housing &amp; Space Allowance</b></p> <ol style="list-style-type: none"> <li>1. Identify &amp; calculate: average cage or floor space, perch, scratch, feeder, drinker space &amp; multi-tier requirements as applicable</li> <li>2. Appropriate sampling criteria determined &amp; applied</li> <li>3. Prohibited backfilling - probes for and makes observations &amp; determinations</li> <li>4. Determine evidence of commingling non-certified eggs</li> <li>5. Layers are able to stand in cages, feed and water is fresh and minimum or sufficient space exists for access to feed and water</li> <li>6. Air quality - able to measure or observe, including ventilation and ammonia</li> <li>7. Biosecurity and emergency systems</li> <li>8. Evidence of regular dead or injured bird removal are in place and appropriately euthanized</li> <li>9. Determine minimum light intensity during production</li> <li>10. Determine overall facility maintenance including manure curtains /shields</li> <li>11. Control of rodents and other animals</li> </ol>	
<p><b>B. Beak Treatment</b></p> <p>Beak treatment practices observed and determined to be done according to audit requirements.</p>	
<p><b>C. Molting</b></p> <p>If molting, are practices of feed &amp; water availability, light and weight monitoring able to be assessed?</p>	
<p><b>D. Handling &amp; Transport</b></p> <ol style="list-style-type: none"> <li>1. Crews knowledge and skill levels in handling</li> <li>2. Bird handling – handling guidelines (numbers, grasped by legs, breasts supported, etc.</li> <li>3. Cart use in the moving of pullets &amp; layer</li> <li>4. Condition of transportation vehicle including security and safety conditions</li> <li>5. Feed and water protocol prior to movement of layers</li> </ol>	
<p><b>E. Personnel and Training</b></p> <ol style="list-style-type: none"> <li>1. Assess worker training in euthanasia and depopulation</li> <li>2. Code of Conduct signed by caretaker and contract employees</li> </ol>	
<p><b>F. Hatchery (if applicable)</b></p> <ol style="list-style-type: none"> <li>1. Personnel and Training</li> <li>2. Handling of Chicks</li> <li>3. Euthanasia and Disposal</li> <li>4. Euthanasia and Disposal of Unhatched Embryos</li> <li>5. Holding of Chicks Prior to Delivery</li> </ol>	

**Summary Comments:** (Is this trainee able to perform an audit on their own with the results meeting the quality standards expected?)

**Witnessing Auditor's Signature is required on page 1 of this form**