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|  | PAACO<br>302 Platte Clay Way, Suite 107<br>Kearney, MO 64060<br>Phone: (833) 839-1823 | <b>Please send completed forms to:</b><br><a href="mailto:certifications@animalauditor.org">certifications@animalauditor.org</a> |
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## INSTRUCTIONS FOR COMPLETION OF AUDITOR PERFORMANCE REPORT

- **Please complete each section - all areas are required to be filled out completely.**
- **Multiple audits can be combined on one Auditor Performance Report - Make sure you include the dates for both the audits and the locations.**
- **Number of Audits Performed is the number of full shadow audits performed.**
- **Each of the audits must include be inclusive of Animal Health, Policy/Protocols, Facilities, Animal Based Measures, Critical Criteria and Sampling Determination.**
- **All pages submitted are to be submitted together.**

### BEFORE SUBMISSION PLEASE ENSURE THE FOLLOWING HAVE BEEN COMPLETED IN FULL

- **Page 2 Applicants Information**
  - Completed by the applicant
  - Training Information is to identify if you took a public or private internal training, the location of the training and the month and year of the training
  - Applicant signature required (must be signed or will be returned)
  - Self evaluation must be completed stating what you feel your strengths are and where you need more experience
- **Page 3 Code of Conduct**
  - Must be signed and dated by the applicant. Only required once.
- **Page 4 Shadow Auditor Information and Shadow Audit Information**
  - Completed by the shadow auditor and signature (must be signed or will be returned)
  - Audit information including the date(s) of the audit(s); the number of hours for the audit(s); the number of audits included in the report (this is the number of full audits performed, if you use two audit tools, it counts as only one audit); the audit tool used
  - Shadow Auditors Role is either as the audit leader, Audit Team Member (performed audit with applicant) or Witness (observed the applicant performing audit)
  - Applicant Information - you can include up to 3 applicants on one report. Indicate the role each applicant had - Audit Leader or Team Auditor (did their own audit alongside the shadow auditor). Applicants are NOT allowed to on observe the shadow auditor
- **Page 5 Auditor Characteristics and Profession Attributes**
  - Indicate if their ability is Excellent, Acceptable or Needs Improvement for each criteria
  - Summary of their characteristics and professional attributes - Must be completed or will be returned. If more than one applicant is on report, complete evaluation for each one.
  - If more than one applicant on report, complete evaluation for each one.
- **Page 6-7 Applicants Competency for Audit Criteria**
  - Indicate if their ability is Excellent, Acceptable or Needs Improvement for each criteria
  - Include the stunning method audited and total number of head observed for each criteria
  - Overall summary of the applicants ability to perform audits. Must be completed or will be returned. If more than one applicant is on report, complete evaluation for each one.
  - If you feel that the applicant needs to obtain more experience and may not be ready to audit on their own, you can state this in the overall summary - Please take time to explain why!

|                                                                                   |                                                                                       |                                                                                                                                  |
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## DAIRY WELFARE AUDITOR PERFORMANCE REPORT

This form shall be used to report on the evaluation of auditing performance for a trainee in the PAACO Dairy Welfare Auditor Program for consideration as a **Certified Auditor**. This form must be completed by a PAACO Certified Dairy Welfare Auditor who meets the qualifications defined by PAACO.

|                                                                                                                                                                                                                                                                                                                         |                |                              |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|-------------------------|
| <b>This section is to be completed by the applicant and submitted with the Performance Report and Code of Conduct. Failure to submit all the required pages, complete with signatures, will result in delays in issuing your certification.</b>                                                                         |                |                              |                         |
| Applicant Information                                                                                                                                                                                                                                                                                                   |                |                              |                         |
| Last Name:                                                                                                                                                                                                                                                                                                              |                | First Name:                  |                         |
| Street Address or PO Box:                                                                                                                                                                                                                                                                                               |                |                              |                         |
| City                                                                                                                                                                                                                                                                                                                    | State/Province | Zip/Postal Code              | Country                 |
| Email:                                                                                                                                                                                                                                                                                                                  |                |                              |                         |
| <b>Dairy Welfare Auditor Training Information</b>                                                                                                                                                                                                                                                                       |                | PAACO Public Training        | Company/Custom Training |
| Location of PAACO Training                                                                                                                                                                                                                                                                                              |                | Month/Year of PAACO Training |                         |
| <b>By signing below, you are acknowledging that there is no obligation by the shadow auditor to recommend full auditor certification upon completion of the shadow audits if they do not feel you have the necessary skill sets or experience at this time, even if compensation is provided to the shadow auditor.</b> |                |                              |                         |
| Applicant's Signature<br>(Must be digital or written)                                                                                                                                                                                                                                                                   |                |                              |                         |
| <b>Self-evaluation:</b> What would you describe as your strengths during the audits and what are the areas where you would like to gain more experience? <b>REQUIRED</b>                                                                                                                                                |                |                              |                         |



## Code of Conduct

Animal welfare auditors who are PAACO certified in all auditing disciplines shall, always, conduct himself/herself in a professional and ethical manner consistent with expectations of the Professional Animal Auditor Certification Organization (PAACO).

**Pre-Certification:** This includes conduct at the time that the audit performance reports (shadow audits) are completed. At that time, the trainee agrees he/she is a guest of the PAACO certified auditor and the facility/company being audited. During the entire term of the shadow audit, the auditor trainee will be bound to all company and PAACO standards of confidentiality and behavior, including but not limited to the following terms and agreements.

The facility/company being audited, PAACO and the PAACO certified auditor, protect their proprietary and confidential information, including all the audited company's operation and the audit being conducted. The trainee shall adhere to that same standard. The information, documents, items, materials and/or events observed by the trainee may not be disclosed to any person/entity during the audit or at any time after completion of the audit. This includes the results of the audit, the nature and conduct of the audited company's operation or the subjective perceptions/beliefs of the auditor trainee pursuing PAACO certification. The auditor trainee understands and agrees that disclosure of this confidential information, except as necessary in reporting the audit, exposes him/her to a significant risk of being named in a legal proceeding and may make him/her liable for all legal costs and monetary damages.

**Post-Certification:** Once certified, the auditor commits to continuously representing objective standards of auditing and all appropriate ethics and behavior as they are associated with the PAACO Certification. The auditor commits to not mis-representing this certification in any way, and recognizes that Certification is required for each audit area. Any breaches of behavior that are not consistent with these expectations may be grounds for the PAACO certification to be permanently rescinded.

**By signing, I agree to uphold the standards of the Professional Animal Auditor Certification Organization and to perform audits using objective assessments and the highest ethical standards.**

**Applicant's Name Printed:**

**Applicant's Signature** (must be digital or handwritten)

**Date:**

## Shadow Audit(s) Information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                                         |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------|---------|
| Shadow Auditor's Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |         |
| Last Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | First Name:                             |         |
| Street Address or PO Box:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                         |         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State/Province | Zip/Postal Code                         | Country |
| Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | Email:                                  |         |
| <p><b>If the candidate performed acceptably on the audit described in this report, please sign on the line below.</b></p> <p style="text-align: center; color: red;"><b><u>The shadowing auditor's signature is required for the acceptance of the report.</u></b></p> <p><i>I attest to the applicant's ability to perform Dairy 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.</i></p> |                |                                         |         |
| Shadow Auditor's Signature<br>(Must be digital or handwritten)                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                         |         |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                         |         |
| <p><b><i>A FULL DAIRY WELFARE SHADOW AUDIT.</i></b></p> <ul style="list-style-type: none"> <li><b><i>MUST INCLUDE ANIMAL HEALTH, POLICY/PROTOCOLS, FACILITIES, ANIMAL BASED MEASURES, CRITICAL CRITERIA AND SAMPLING DETERMINATION.</i></b></li> <li><b><i>THE AUDIT TOOL USED MUST INCLUDE ALL THE REQUIRED CRITERIA.</i></b></li> </ul>                                                                                                                                                                                                  |                |                                         |         |
| Date(s) of Audit(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | Number of Hours                         |         |
| Number of Audits Performed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | Location of Facilities                  |         |
| <b>Audit Standard/Instrument Used:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                         |         |
| <b>Shadow Auditors Role:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Audit Leader   | Audit Team Member                       | Witness |
| <p><b>Applicant Information:</b> Please list the names of the applicants that participated in this shadow audit. A maximum of three applicants are allowed per shadow audit. <b><u>Each applicant is required to complete and submit page one of this form as part of this performance report.</u></b></p>                                                                                                                                                                                                                                 |                |                                         |         |
| <b>Applicant's Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                         |         |
| <b>Applicant's Role</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Audit Leader   | Team Auditor (assisted as part of team) |         |
| <b>Applicant's Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                         |         |
| <b>Applicant's Role</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Audit Leader   | Team Auditor (assisted as part of team) |         |
| <b>Applicant's Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                         |         |
| <b>Applicant's Role</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Audit Leader   | Team Auditor (assisted as part of team) |         |

| Auditor Characteristics and Professional Attributes:                                                                     |  | E = Excellent<br>A = Acceptable | NI = Needs Improvement |    |
|--------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|------------------------|----|
|                                                                                                                          |  | E                               | A                      | NI |
| <b>Personal Skill</b>                                                                                                    |  |                                 |                        |    |
| Prepared for the audit with all necessary tools (i.e. audit sheets, clipboard, stopwatch, flashlight)                    |  |                                 |                        |    |
| Open-minded and mature                                                                                                   |  |                                 |                        |    |
| Sound judgment, analytical skills, and tenacity                                                                          |  |                                 |                        |    |
| Presented themselves in a professional manner                                                                            |  |                                 |                        |    |
| Demonstrates ethical behavior                                                                                            |  |                                 |                        |    |
| Asked questions and engage with shadow auditor and other team members                                                    |  |                                 |                        |    |
| <b>Audit Skills and Techniques</b>                                                                                       |  |                                 |                        |    |
| Effectively communicated the scope and purpose of the audit meeting                                                      |  |                                 |                        |    |
| Understands the tool they are using and what the acceptable standards are                                                |  |                                 |                        |    |
| Able to stay within the scope of the audit                                                                               |  |                                 |                        |    |
| Obtains and assesses objective evidence fairly                                                                           |  |                                 |                        |    |
| Evaluates criteria using observations and personal interactions                                                          |  |                                 |                        |    |
| Conducts interviews using open ended questions to support audit findings                                                 |  |                                 |                        |    |
| Remain attentive to the audit process without becoming distracted                                                        |  |                                 |                        |    |
| Reaches acceptable conclusions based on objective evidence, and remains true to conclusion even under pressure to change |  |                                 |                        |    |
| Communicated critical findings immediately                                                                               |  |                                 |                        |    |
| Clearly communicated the areas of the audit in the closing meeting                                                       |  |                                 |                        |    |
| <b>Overall summary of the applicant(s) auditor characteristics and their professional attributes. REQUIRED</b>           |  |                                 |                        |    |
| Applicant 1                                                                                                              |  |                                 |                        |    |
| Applicant 2                                                                                                              |  |                                 |                        |    |
| Applicant 3                                                                                                              |  |                                 |                        |    |

| Applicant's Competency of Criteria - Provide assessment of applicant's competency for each criteria. <b>REQUIRED</b> |  | E = Excellent<br>A = Acceptable |   | NI = Needs Improvement |
|----------------------------------------------------------------------------------------------------------------------|--|---------------------------------|---|------------------------|
|                                                                                                                      |  | E                               | A | NI                     |
| <b>Audit Management</b>                                                                                              |  |                                 |   |                        |
| Performed opening & closing meeting                                                                                  |  |                                 |   |                        |
| Sample number determination                                                                                          |  |                                 |   |                        |
| Written report submitted for this audit                                                                              |  |                                 |   |                        |
| Recognized & adhered to biosecurity requirements                                                                     |  |                                 |   |                        |
| Review all necessary documents and records                                                                           |  |                                 |   |                        |
| <b>Animal Based Measures</b>                                                                                         |  |                                 |   |                        |
| Dehydration                                                                                                          |  |                                 |   |                        |
| Hock and Knee Injuries                                                                                               |  |                                 |   |                        |
| Hygiene                                                                                                              |  |                                 |   |                        |
| Lameness                                                                                                             |  |                                 |   |                        |
| Other Injuries                                                                                                       |  |                                 |   |                        |
| Tail Docking                                                                                                         |  |                                 |   |                        |
| Holding Areas                                                                                                        |  |                                 |   |                        |
| <b>Protocol Based Measures</b>                                                                                       |  |                                 |   |                        |
| Biosecurity                                                                                                          |  |                                 |   |                        |
| Effectively evaluate paperwork                                                                                       |  |                                 |   |                        |
| <b>Facility Based Measures</b>                                                                                       |  |                                 |   |                        |
| Water (access and cleanliness)                                                                                       |  |                                 |   |                        |
| Sick cow pen (condition of cattle, pen dimensions, lying surface, etc.)                                              |  |                                 |   |                        |
| Cattle comfort (thermal, spacing and lying surface)                                                                  |  |                                 |   |                        |
| Condition of transport vehicle                                                                                       |  |                                 |   |                        |
| Feed and water withdrawal                                                                                            |  |                                 |   |                        |
| Transport                                                                                                            |  |                                 |   |                        |

|                                                                                                                                                                                                                                                                                                                  |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Was the applicant able to identify and describe acts of abuse or neglect that would result in a failed audit?                                                                                                                                                                                                    | Yes | No |
| Is this applicant able to perform an audit on their own with the results meeting the quality standards expected? If you feel the applicant needs more experience before they perform independent audits, check No and provide detail in the summary section below.                                               | Yes | No |
| <b>Overall summary of the applicant's strengths and/or areas that need improvement for each section of the audit along with the applicant's ability to perform audits on their own. <u>REQUIRED! If this summary is not inclusive of this information, the audit report will be returned for completion.</u></b> |     |    |
| Applicant 1                                                                                                                                                                                                                                                                                                      |     |    |
| Applicant 2                                                                                                                                                                                                                                                                                                      |     |    |
| Applicant 3                                                                                                                                                                                                                                                                                                      |     |    |