



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 Turkey Welfare Auditor certification program for consideration as a **Certified Auditor**. This form must be completed by a PAACO Certified Poultry or Turkey 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: Turkey Welfare Auditor | PAACO Training Attended: |
| | 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 Turkey 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 reports</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
A FULL TURKEY SHADOW AUDIT MUST INCLUDE HATCH, GROWOUT, & PROCESSING**

| Turkey 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) |
|--|--|---|---|--|
| Audit Management <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 | Excellent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Acceptable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | NI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Hatchery <input type="checkbox"/> Welfare Program(includes training programs) <input type="checkbox"/> Emergency Plans <input type="checkbox"/> Hatching <input type="checkbox"/> Separators <input type="checkbox"/> Poults on Floor <input type="checkbox"/> Handling <input type="checkbox"/> Holding Area <input type="checkbox"/> Euthanasia <input type="checkbox"/> Transportation | Excellent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Acceptable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | NI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Growout (# of barns assessed _____) <input type="checkbox"/> Animal Welfare (includes training programs) <input type="checkbox"/> Emergency Action <input type="checkbox"/> Feed and Water <input type="checkbox"/> Facility (repairs, ventilation, ammonia, lighting) <input type="checkbox"/> Litter Condition <input type="checkbox"/> Lameness (gait scoring) <input type="checkbox"/> Health Care and Monitoring (incl. euthanasia) <input type="checkbox"/> Flock Husbandry (stocking density, handling) | Excellent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Acceptable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | NI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Catching and Transport (# of modules assessed _____) <input type="checkbox"/> Animal Welfare Program(incl. training programs) <input type="checkbox"/> Emergency Action Plan <input type="checkbox"/> Unfit Birds and Euthanasia <input type="checkbox"/> Modules/Compartment (condition, repairs) <input type="checkbox"/> Handling at catch (hand or mechanical) <input type="checkbox"/> Bird comfort (weather protection, density) | Excellent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Acceptable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | NI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Processing <input type="checkbox"/> Animal Welfare Program (incl. training program) <input type="checkbox"/> Holding Area(time, weather management) <input type="checkbox"/> Shackling (# of birds assessed _____) <input type="checkbox"/> Stunning (# of birds assessed _____) <input type="checkbox"/> Effective Cutting (# of birds assessed _____) <input type="checkbox"/> Wing Injuries (# of birds assessed _____) <input type="checkbox"/> Leg Injuries (# of birds assessed _____) <input type="checkbox"/> Euthanasia <input type="checkbox"/> DOAs (% and live bird DOA bin) | Excellent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Acceptable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | NI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 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!