

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>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 BROILER SHADOW AUDIT MUST INCLUDE HATCH, GROWOUT, & PROCESSING**

| Broiler 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) <input type="checkbox"/> Emergency Plans <input type="checkbox"/> Hatching <input type="checkbox"/> Separators <input type="checkbox"/> Chicks on Floor <input type="checkbox"/> Handling – Chick Servicing <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"/> | |
| Farms (# of barns assessed _____) <input type="checkbox"/> Welfare program (includes training) <input type="checkbox"/> Emergency Action <input type="checkbox"/> Nutrition and Feeding <input type="checkbox"/> Comfort and Shelter(nests, slats, litter, density, lighting) <input type="checkbox"/> Health Care and Monitoring (foot paw health, gait scoring, unfit birds, vaccinations) <input type="checkbox"/> Euthanasia <input type="checkbox"/> Flock Husbandry (spiking, egg collection, bird behavior, bird distribution) | 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"/> | |
| Crew Handling Vaccinations or Bird Move <input type="checkbox"/> Emergency response plans <input type="checkbox"/> Catching (humane handling, training) <input type="checkbox"/> Handling (limit injuries, minimize stress) <input type="checkbox"/> Bird comfort (weather, density in vaccination area, condition of equipment,) <input type="checkbox"/> Unfit birds and euthanasia | 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"/> | |
| 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!