

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

REVIEW OF AUDITOR PERFORMANCE REPORT

This form shall be used to report on the evaluation of auditing performance for a trainee in the PAACO Egg Layer Welfare Auditor certification program for consideration as a **Certified Auditor**. This form must be completed by a PAACO Certified Egg Layer 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:	PAACO Training Attended:
Egg Layer Welfare Auditor	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						
		First Name	First Name			
Shadowing Auditor's Street Addr	ress or P.O. Box					
City	State	2	ZIP or Postcode	Country		
Telephone	Fax	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 Egg Layer 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 perfo	ormed:	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	j :			
Applicant was:	On-site	Remote		
Shadow Auditor was: 🛛 On-site 🔲 Remote				
Applicant's role in the audit:				
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)		
Personal skills:			
Yes No			
 Was prepared for the audit with all necessary tools (ie 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 			
Audit skills and techniques:			
Yes No			
Effectively communicated the scope and purpose of the audit in opening meeting.			
\Box Understands the tool they are using and what the			
acceptable standards are Is 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 any critical findings during audit immediately.			
 Clearly communicated the results of the audit and what the next possible steps may be in the closing meeting. 			
□ □ Clearly written audit report (when applicable)			
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?			

PLEASE COMPLETE THE FOLLOWING SECTION AS PART OF THIS SHADOW EVALUATION

	ayer Criteria	Competency for Criteria (NI = Needs Improvement)			Evaluation of Auditor Performance (also, If a criteria was not observed, indicate why)
	te areas assessed during shadow	-	Acceptable	NI	
	lanagement	_			
	Sample Number Determinations				
	Written Report Submitted for this audit				
	Recognized and adhered to biosecurity				
	requirements				
	Review of all necessary documents and records				
	g and Space Allocation	Excellent	Acceptable	NI	
	Space Calculations - Cage, floor, perch scratch,				
	feeder, drinkers and multi-tiered.				
	Backfilling				
	Commingling of non certified eggs				
	Layer comfort in cages (space, feed and water				
	access, fresh water)				
	Air quality (ammonia, ventilation)				
	Biosecurity (including rodents) and emergency				
	systems				
	Dead or injured bird removal				
	Lighting program			П	
	Facility maintenance		H	П	
Beak T	reatment	Excellent	Acceptable		
	Beak treatment meets audit standards				
Molting	l	Excellent	Acceptable	NI	
	Molting standards per audit standards				
Handin	g and Transport	Excellent	Acceptable	NI	
	Handling (# per hand, support, skill)				
	Cart used as required				
	Condition of transportation vehicle				
	Feed and water withdrawal				
Person	nel and Training				
	Training requirements per audit tool				
	Animal welfare program				
	ry (when applicable)				
	Personnel and Training				
	Chick handling				
	Euthanasia and disposal (chicks and unhatched)				
	Holding prior to delivery				
	e applicant able to identify and describe acts				
of abus audit?	e or neglect that would result in a failed		es 🗌	No	
	applicant able to perform an audit on their own		□	No	
	e results meeting the quality standards		сэ Ц	NU	
expect					

Overall summary of the applicants ability to assess the above criteria and perform an effective audit: **REQUIRED**!