



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 On-Farm Swine Welfare Auditor certification program for consideration as a **Certified Auditor**. This form must be completed by a PAACO Certified On-Farm Swine 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>On-Farm Swine Welfare Auditor</b>	PAACO Training Attended: Location: Month:                                  Year:
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Applicant's Signature
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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			
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City	State	ZIP or Postcode	Country
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Telephone	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 On – Farm Swine 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.

<b>Auditor Characteristics and Professional Attributes:</b>	<b>Evaluation of Auditor Performance - <span style="color: red;">REQUIRED</span></b> (strengths and/or opportunities for improvement – please elaborate)
<p><b>Personal skills:</b> 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><b>Audit skills and techniques:</b> 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 report (when applicable)</p>	
<p><b>Personal/Self Evaluation</b> (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**

<b>Swine Criteria</b> Indicate areas assessed during shadow	<b>Competency for Criteria</b> (NI = Needs Improvement)			<b>Evaluation of Auditor Performance</b> (also, if a criteria was not observed, indicate why)
<b>Audit Management</b> <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	<b>Excellent</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Acceptable</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NI</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Euthanasia</b> <input type="checkbox"/> Acceptable methods <input type="checkbox"/> Confirmation of insensibility and death <input type="checkbox"/> Performed correctly when observed	<b>Excellent</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Acceptable</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NI</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Animal handling</b> <input type="checkbox"/> Appropriate handling equipment (by age and category) <input type="checkbox"/> Acceptable handling practices	<b>Excellent</b> <input type="checkbox"/> <input type="checkbox"/>	<b>Acceptable</b> <input type="checkbox"/> <input type="checkbox"/>	<b>NI</b> <input type="checkbox"/> <input type="checkbox"/>	
<b>Animal based measures</b> <input type="checkbox"/> Space allocation <input type="checkbox"/> Thermal comfort <input type="checkbox"/> Body condition score <input type="checkbox"/> Lameness <input type="checkbox"/> Injuries (i.e. scratches, deep wounds, abscesses, ruptures, lesions)	<b>Excellent</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Acceptable</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NI</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Facilities</b> <input type="checkbox"/> Condition of facilities (feeders, waterers, penning, flooring, alleyways) <input type="checkbox"/> Air quality (ammonia) <input type="checkbox"/> Dry place to lie down <input type="checkbox"/> Biosecurity measures (rodent control, signage)	<b>Excellent</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Acceptable</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NI</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Record Keeping and Caretakers</b> <input type="checkbox"/> Required paperwork review <input type="checkbox"/> Caretaker training	<b>Excellent</b> <input type="checkbox"/> <input type="checkbox"/>	<b>Acceptable</b> <input type="checkbox"/> <input type="checkbox"/>	<b>NI</b> <input type="checkbox"/> <input type="checkbox"/>	
<b>Transportation</b> <input type="checkbox"/> Loading density <input type="checkbox"/> Handling (slips, falls, handling tools) <input type="checkbox"/> Condition of trailer <input type="checkbox"/> Environmental protection requirements <input type="checkbox"/> Condition of pigs <input type="checkbox"/> Prod use	<b>Excellent</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Acceptable</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>NI</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Pork Safety</b> <input type="checkbox"/> Pork safety documentation <input type="checkbox"/> Pork safety program compliance				
<b>Was the applicant able to identify and describe acts of critical criteria, abuse or neglect that would result in a failed audit?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Is this applicant able to perform an audit on their own with the results meeting the quality standards expected?</b>	<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!**