

Aquaculture Facility Inspection Report

(in accordance with Act 199 , Public Acts 1996)

FACILITY NAME		DATE	TIME
ADDRESS		OWNER'S NAME	
		ADDRESS	
COUNTY	TELEPHONE		PHONE
			Satis- factory
			Unsatis- factory
Receipt of Research Protocol			
Confirm and approve Research Protocol on site			
Copy of Great Lakes Fish Disease Control Policy			
Maintain records of : Production			
Purchases			
Imports			
Presence of sufficient escape proof barriers			
<input type="checkbox"/> Yes <input type="checkbox"/> No -- Planting Stock			
<input type="checkbox"/> Yes <input type="checkbox"/> No -- Dressed Fish			
<input type="checkbox"/> Yes <input type="checkbox"/> No -- Fee Fishing			
Confirm and list species present in Facility			
OWNER <i>(signature)</i>		INSPECTOR <i>(signature)</i>	

NOTE: Any items noted as unsatisfactory should be explained and recommendations for compliance NOTED IN DETAIL.