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**DESCRIPTION OF PREMISES AND EQUIPMENT**

Animal Health Protection Act (chapter P-42)

(Regulation respecting medicinal premixes and medicinal foods for animals; chapter P-42, r. 10)

**1. OPERATOR**

A. Name of operator \_\_\_\_\_

B. Address of operator \_\_\_\_\_  
 \_\_\_\_\_ Postal code 

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 Telephone 

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C. Name and address of place of operation \_\_\_\_\_  
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**2. DESCRIPTION OF EQUIPMENT IN CONTACT WITH ANY FORM OF MEDICINE**

Type of apparatus (Mixer, hopper, conveyor, etc.)	Nature of material	Non-putrescible, waterproof and non-toxic		Interior inspection	
		Yes	No	Yes	No

**3. DESCRIPTION OF MIXING EQUIPMENT\***

Type of apparatus \_\_\_\_\_ Maximum capacity \_\_\_\_\_  
 Make \_\_\_\_\_ Type of emptying \_\_\_\_\_  
 Model \_\_\_\_\_ Emptying time \_\_\_\_\_ Sec.  
 Serial No. \_\_\_\_\_ Speed \_\_\_\_\_ RPM

\*Describe all mixing equipment used.

**4. DESCRIPTION OF SCALES\***

Make \_\_\_\_\_ Maximum capacity \_\_\_\_\_  
 Model \_\_\_\_\_ Smallest unit \_\_\_\_\_  
 Type \_\_\_\_\_ Primary use \_\_\_\_\_

\*Describe all scales used.

**5. DESCRIPTION OF PREMISES AND STORAGE CONTAINERS**

Storage area/container	Nature of material	Capacity	Non-putrescible, waterproof and non-toxic		Protected from sunlight		Protected from vermin	
			Yes	No	Yes	No	Yes	No

**6. DECLARATION**

I declare that the information given above is true. In witness whereof, I have signed this form.

Name \_\_\_\_\_ Signature \_\_\_\_\_ 

Year	Month	Day

**RESERVED FOR DEPARTMENT USE**

Checked by \_\_\_\_\_ 

Year	Month	Day