**SEMIANNUAL PROGRAM REVIEW AND FACILITY INSPECTION REPORT**

**DATE:**

**MEMBERS IN ATTENDANCE:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Deficient Category\*** | **C:\Users\kbreynolds\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\398EXCQI\check_mark[1].jpg** | **Location** | **Deficiency and Plan for Correction** | **Responsible Party** | **Correction Schedule and Interim Status** | **Date Complete** |
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**A** = Acceptable

**M** = Minor Deficiency

**S** = Significant Deficiency (is or may be a threat to animal health or safety)

**C** = Change in Program (PHS IV.A.1.a-i) (include in semiannual report to IO and in annual report to OLAW)

**N/A** = Not Applicable

**C:\Users\kbreynolds\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\398EXCQI\check_mark[1].jpg** Check if repeat deficiency