Cape of Good Hope

DBV SPCA

AIRPORT INSPECTION CHECKLIST
CARGO WAREHOUSE & HANDLING

Airport: **Cape Town International**	Case Number: 221520
Date of inspection: 03/10/25	Time of inspection: 15H45
Inspector(s): R. DAVIDS / R. PHILANDER	

1. LIVE ANIMAL HANDLER DETAILS	
Name: MENZIES AVIATION	Unit/Bay number (if a cargo company): C1
Highest ranking AVI manager: LAUREN GOLDFIELD	
Tel No:	Cell No: 0729877653
E-mail: LAUREN.GOLDFIELD@MENZIESAVIATION.COM	
Middle AVI manager/s: SANGJALISA	
Tel Number/s:	Cell number/s: 0603817959
E-mail/s: SANG.JALISA@MENZIESAVIATION.COM	

2. INITIAL OBSERVATIONS		Yes / No	Comments
2.1	Are AVI personnel available at all times?	Yes	
2.2	Are personnel familiar with the disaster plans for animals?	yes	

3 ANIMAL AREA			
3.1	Are live animal shipments placed within the designated area?	Yes	
3.2	Is the area kept clean and hygienic?	yes	
3.3	Are bird shipments placed on shelving?	yes	
3.4	Are the animal crates turned away from warehouse activities?	yes	
3.5	Are the animal crates placed in such a manner to ensure that 'natural enemies' do not face each other?	yes	

4. HANDLING			
4.1	Does staff handle animal shipments with care and consideration?	yes	
4.2	Does staff appear to be adequately trained?	yes	
4.3	Are animal shipments booked in at appropriate time to avoid unnecessary long waiting hours?	yes	
4.4	Was any animal shipment accepted that was not IATA compliant?	no	
4.5	Does staff act appropriately when sick or injured animals are present?	yes	
4.6	Does staff act appropriately when an animal shipment is delayed for whatever reason? (including overnight delays)	yes	

Any shipments inspected	Yes *		No

** See attached Airport Inspection Checklist for Live Animal Shipments*

Photos taken: Yes Warning Issued: NO Warning Number: /

Comments and action taken by Inspector:

Cape of Good Hope

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AIRPORT INSPECTION CHECKLIST
LIVE ANIMAL SHIPMENT

Airport: **Cape Town International**	Case Number:
Date of inspection:	Time of inspection:
Inspector(s):	

1. LIVE ANIMAL HANDLER DETAILS	
Name:	Unit/Bay number (if a cargo company):

2. SHIPPER / GROUND HANDLING AGENT DETAILS	
Name & Surname / company:	
Address:	
Tel No:	Cell No:
E-mail:	

3. CONSIGNEE DETAILS	
Name & Surname / company:	
Address:	
Tel No:	Cell No:
E-mail:	

4. ANIMAL SHIPMENT DETAILS	
Airway Bill Number:	
Animal species:	Number of animals:
Place of origin:	Destination:
Number of crates:	Duration in warehouse:
Duration of flight:	Animal age group:

5. CRATE INSPECTION	Acceptable		Comments
	Yes	No	
Crate (IATA compliant)			
Stocking density			
Water			
Food			
Condition of animal(s)			
Handling			
Min age to air travel			*If applicable*

Photos taken: _____ Warning Issued: _____ Warning Number: _____

Comments and action taken by Inspector: