|  |  |
| --- | --- |
| **Audit Date:** | **Auditor(s):** |
| **Principal Investigator:** | **No. of Animals Approved:** |
| **Protocol #:** | **No. Animals Used:** |
| **Protocol Approval Date:** | **Laboratory Location:** |
| **Emergency Contact:** | **Updated (if needed):** |
| **Secondary Contact:** | **Updated (if needed):** |



**Institutional Animal Care and Use Committee (IACUC)**

**Post-Approval Monitoring Laboratory Audit Checklist**

1. **Laboratory Use:** *(check all that apply)*

# Non-Surgical Procedure Survival Surgery Euthanasia

Non-Survival Surgery  Behavioral Tests Housing

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Personnel Listed:**

|  |  |  |  |
| --- | --- | --- | --- |
| Verify the training of personnel listed on the protocol, please list missing training requirements below. *Instruct PI to remove any personnel no longer a part of the project though an amendment.* | | | |
| **Name** | **CITI Training** | **MHQ** | **DLAM** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2a.** How do personnel access the protocol?

Meets expectations  Does not meet expectations

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**2b.** How are changes to the protocol communicated to personnel?

Meets expectations  Does not meet expectations

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**2c**. Who do personnel contact in case of an injury or accidental exposure to a hazardous substance?

Meets expectations  Does not meet expectations

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**2d.** Who do personnel contact if concerned about the animal’s health?

Meets expectations  Does not meet expectations

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**2e.** Who do personnel contact if concerned about the care of the animals?

Meets expectations  Does not meet expectations

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**2f.** What PPE do you wear when entering the facility and handling animals?

Head Bonnet  Mask Gloves

Lab coat/ Disposable Gown  Shoe Covers  Eye Protection

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Auditor Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Housing & Transportation:**

**3a.** Animal Arrivals:

* How do you verify the appropriate animals arrived? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How do you verify cage card information is accurate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What information do you look for?

Source  Strain/Stock Name/contact information of person responsible

Arrival Date  Date of Birth Protocol Number

**3b.** Animal Identification

* How do you identify animals for your study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If animals are identified individually, what method is used? Microchip Tail clip/ear notch

Ear tag Markings on tail Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3c.** How do you track the animal numbers on the protocol? GRAMS Physical Logs  Spreadsheet

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3d.** What, if any, special housing/ husbandry considerations are included in this protocol?

Alternative Lighting  Enrichment Waiver Individual Housing

Investigator Maintained  Irradiated Feed/ Bedding Medicated Water

Metabolic Caging  Special Bedding/ Cage Requirement Special Diet

Special Light Cycle  Static Caging Sterilized Caging

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is DLAM notified?  Special Care Card  Special Care Form  Other

If other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3e.** Are Animals Bred? Y N (if no, skip to next question)

* How do you ensure cages do not overcrowd? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When are litters weaned? Under 21 days 21 Days Over 21 Days
* Any phenotypical concerns? Y N If yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If genotyped, what method is used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3f.** How are animals transported to the laboratory? Home cage Transport Cart Covered

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Auditor Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Laboratory Space**

**4a.** Is the laboratory approved by the IACUC for animal use? Y N

**4b.** Is animal workspace cleaned in accordance with IACUC SOP 050: Standards for Sanitization? Y N

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**4c.** Where are sharps disposed? Sharps Container Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4d.** How/where are animal records maintained?  Meets expectations Does not meet expectations

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**4e.** Are controlled substances used? Y N (If no, skip to next question)

* Are they stored securely? Y N
* May we see your drug log? Y N
* What happens to expired drugs?  Meets expectations Does not meet expectations

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**4f.** Are animals housed in laboratory for >12 hours, or overnight? Y N (If no, skip to next question)

* Is housing of animals in laboratory is approved by the IACUC? Y N
* What is the justification for housing animals in the laboratory? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Does DLAM have access to the study area (i.e., key, combination, etc.…)? Y N
* Do you monitor temperatures/humidity? Y N
* May we see your records? Y N

**Auditor Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Procedures:**

**5a.** How is the animal prepared for non-surgical procedures?

* Substance administration

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* Blood/fluid collection

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* Behavior

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**5b.** How is the animal prepared for surgical procedures?

* Is animal Anesthetized?  Y N (If no, skip to question 6)
* Is the anesthetic regimen in accordance to the protocol? Y N

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* How is anesthesia depth assured?  Meets expectations  Does not meet expectations

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* How are animals monitored and anesthesia maintained?

Meets expectations  Does not meet expectations

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* If inhalant anesthetics are used, are they scavenged properly? Y N

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**5c.** Do animals undergo survival surgery? Y N (If no, skip to next question)

* Is the surgical area appropriately separate from other activities? Y N

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* How are animals prepped for surgery?

Surgical Plane of anesthesia  Hair removal  Skin cleansed (betadine/alcohol)

Surgical Drapes  Heat source  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How’s the surgeon prepped for surgery?

Lab coat/Gown/Scrub top  Head Bonnet SterileGloves

Face Mask  Arm Guards  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How are instruments sterilized?

Autoclave  Gas Sterilization Chemical Sterilant (proper contact times)

Bead sterilization (between animals, cleaned/rinsed, no more than 5 animals per pack)

* Are surgical supplies and drugs properly labeled and within date? Y N

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* May we see your surgical logs? Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5d.** How are animals monitored throughout procedure?

Meets expectations  Does not meet expectations

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**5e.** What happens to animals that show signs of pain and distress during the procedure?

Meets expectations  Does not meet expectations

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**5f.** How are animals allowed to recover from procedure?

Meets expectations  Does not meet expectations

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**5g.** Are any post-operative analgesics provided to the animals? Y N (If no, skip to next question)

* Is the analgesia regimen in accordance with the protocol? Y N
* What method of analgesia is given to the animal (agent, dose, route of administration)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How often are animals observed after procedure?

Meets expectations  Does not meet expectations

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**Auditor Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Hazardous Substances:**

**6a.** Are hazardous substances used? Y N (If no, skip to next question)

* Do you have approval to use hazardous substances by Environmental Health & Safety and IBC (if applicable)? Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How do personnel access Safety Data Sheets?  Meets expectations  Does not meet expectations

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**Auditor Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Euthanasia:**

**7a.** How are the animals euthanized?

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**7b.** Is it in accordance with the protocol?  Yes No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7c.** Where is euthanasia performed? Lab  DLAM Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7d.** Is a guillotine used?  Yes No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7e.** May we see your guillotine log?  Yes No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7f.** Are carcasses disposed of in accordance with IACUC SOP 016:Carcass Disposal?  Yes No

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**Auditor Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Questions/ Comments:**

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**Lab Representative (PRINT NAME) Signature of Lab Representative**

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**Signature of Auditor Signature of Auditor**