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| **UBC Animal Care Committee** | | | | | | | | | | | | | | | | | | | |
| **Alternate Animal Use Space Checklist**  **For Alternate Housing > 24 hours, please answer ALL questions**  **For Alternate Housing <24 hours or Alternate Procedure Space, please answer highlighted questions only** | | | | | | | | | | | | | | | | | | | |
| **Date of visit:** |  | | | **Protocol #:** | | |  | | **PI Name:** | | |  | | | | | | | |
| **Building Name** |  | | | | | | | | | | | | | **Room #(s):** | |  | | | |
| **Address** |  | | | | | | | | | | | | | | | | | | |
| **Attendees:** |  | | | | | | | | | | | | | | | | | | |
| **Species held:** | Mice | | Rats | | | Hamsters/GP | | | | Birds | Fish | | Frogs | | Reptiles | | | Other | |
| **If other, specify:** |  | | | | | | | | | | | | | | | | | | |
| **Purpose of space:** | | | | | | | **Max # animals held at any one time** | | | | | **Max length of time held at any one time** | | | | | | | |
| Alternate Housing > 24 hours | | | | |  | |  | | | | |  | | | | | | | |
| Alternate Procedure or Housing ≤ 24h | | | | |  | |  | | | | |  | | | | | | | |
| **Procedure(s) performed:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Housing information:** | | | | | | | | | | | | | | | | | | | |
| **Are you transporting and holding animals in facility-provided caging, enrichment, bedding?**  **If NO or BOTH, fill in information below:** | | | | | | | | | | | | | | | **Yes** | | **No** | | **Both** |
| **Type of housing:** | |  | | | | | | | | | | **Housing size:** | | |  | | | | |
| **Bedding type:** | |  | | | | | | | | | | **Food type:** | | |  | | | | |
| **Water type:** | |  | | | | | | | | | | **Animal density:** | | |  | | | | |
| **Nesting Material:** | |  | | | | | | | | | | **Environmental enrichment:** | | |  | | | | |
| **Light cycle:** | |  | | | | | | | | | | **Temp/Humidity range:** | | |  | | | | |
| **Justification for requiring this space.** Refer to alternate space application form and protocol. | | | | | | | | | | | | | | | | | | | |
| **For Vet use only:** | | | | | | | | | | | | | | | | | | | |
| **Summary of Findings:** | | | | | | | | | | | | | | | | | | | |
| **For ACC use only:** | | | | | | | | | | | | | | | | | | | |
| **Is the space appropriate for the purpose requested above?** | | | | | | | | **Approved** | | | | **Conditionally Approved** | | | **NOT APPROVED** | | | | |
| **Approval Conditions/comments:** | | | | | | | | | | | | | | | | | | | |
| **Comments for ACC:** | | | | | | | | | | | | | | | | | | | |

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| **Animal Housing and Care** | | **Y** | **N** | **NA** | **Findings** | **Follow up/ Conditions** |
| **1** | **Is animal housing setup appropriate?**  Cage type, condition and size, bedding material, nesting, EE, food, water, single species at one time, animal density |  |  |  |  |  |
| **2** | **Is caging appropriate for extended use?** (Note: Optimouse cages can only be off the rack for a maximum of 6 hours) |  |  |  |  |  |
| **3** | **Is a daily health monitoring plan in place?** How often will animals be checked? |  |  |  |  |  |
| **4** | **Will the frequency of cage changes/feeding be appropriate for species/duration of stay?** |  |  |  |  |  |
| **5** | **For breeding/pregnant animals, are cage setups acceptable?** |  |  |  |  |  |
| **6** | **Are food storage and labelling appropriate?** Sealed containers, labelled with expiration date |  |  |  |  |  |
| **7** | **Is staffing appropriate for husbandry and daily monitoring requirements? List persons responsible.** Personnel listed on protocol, trained, available, sufficient number |  |  |  |  |  |
| **8** | Are there back up personnel to do husbandry and daily monitoring if the primary personnel are unavailable? List back up personnel. Personnel listed on protocol, trained, available, sufficient number |  |  |  |  |  |
| **9** | **Can staff responsible for the care of the animals euthanize or provide medical care, if required?** |  |  |  |  |  |
| **10** | **Is agreement in place with animal facility regarding acquisition, cleaning and disposal of supplies?** Cages, food/water, EE, bedding, laundry/PPE, disinfectants, transport bins |  |  |  |  |  |
| **11** | **Does transport of animals through public areas meet UBC ACC's animal transport policies?** |  |  |  |  |  |
| **12** | **Will animals be returned to a UBC animal facility? If yes, after what time frame? To which facility?** |  |  |  |  |  |

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| **Facility Infrastructure** | | **Y** | **N** | **NA** | **Findings** | **Follow up/ Conditions** |
| **13** | **Has this space been used previously for housing/holding animals?** Provide details |  |  |  |  |  |
| **14** | **Are allergens contained appropriately? Rodent cages with closed lids, appropriate environmental controls (BSC, fume hood, etc.)** |  |  |  |  |  |
| **15** | **Is facility condition/infrastructure acceptable for its intended use?** Non-porous/cleanable surfaces, no hazards (tripping, electrical), clutter, closed cabinetry, drains sealed or regularly flushed, electrical outlets GFI or sealed, appropriate storage |  |  |  |  |  |
| **16** | **Is equipment in good condition and certified? Is there emergency back-up for critical equipment?** Isoflurane, BSC, water filtration, ventilation |  |  |  |  |  |
| **17** | **Are disinfection/decontamination procedures adequately described?**  Water supply for sanitation, handwashing sink. Is there a space cleaning SOP (if yes, attach to the protocol)? |  |  |  |  |  |
| **18** | **Are environmental parameters acceptable for intended use and duration of stay?** Air supply: fresh, recirculated, filtered? AIR: temp, humidity, ventilation, quality; Light and noise levels, NH4; WATER: temp, ammonia, NO2/NO3, pH, O2 sat |  |  |  |  |  |
| **19** | **Can researcher monitor and control environmental parameters directly and daily?** Temperature, humidity, lights, noise levels, air/water quality, etc. |  |  |  |  |  |
| **20** | **Will PI or delegate be notified if/when failures in the environmental parameters occur? How?** |  |  |  |  |  |

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| **Records** | | **Y** | **N** | **NA** | **Findings** | **Follow up/ Conditions** |
| **21** | **Are animal care records in place?**  Monitoring records, morbidity/mortality logs, feeding logs, breeding records if applicable, etc. |  |  |  |  |  |
| **22** | **Are room records in place?** Housekeeping (cleaning schedule), daily room check (environmental parameters), |  |  |  |  |  |
| **23** | **Is there animal tracking documentation in place?** Animal facility: sign in/out form? Alt space: arrival/departure date form? |  |  |  |  |  |
| **24** | **Is the Protocol Approval Certificate and Alternate Space Request Form present? Are SOPs and documents accessible?** |  |  |  |  |  |
| **25** | **Are cage cards labelled and legible?**   Cage ID#, protocol #, PI, species, strain, # animals, sex, animal ID |  |  |  |  |  |
| **26** | **Crisis Management Plan?** What happens when there is an emergency e.g. fire? |  |  |  |  |  |
| **Communications** | | **Y** | **N** | **NA** | **Findings** | **Follow up/ Conditions** |
| **27** | **Is there a communication plan in place to notify building operations that animals are present (ie. to notify of building HVAC failures etc.)?** |  |  |  |  |  |
| **28** | **If animal facility staff are involved in monitoring or care, is there a communication plan in place for animal care and monitoring?** Between lab/staff |  |  |  |  |  |
| **29** | **Are UBC animal facility staff or other applicable parties notified when animals leave or enter the UBC animal facility? By what method? Is there documentation in place to track this?** |  |  |  |  |  |
| **30** | **Are 24-hour Emergency contacts posted?** |  |  |  |  |  |
| **31** | **Who is the Clinical Veterinarian for the space?** |  |  |  |  |  |
| **32** | **Is there signage indicating animals are present in the space?** |  |  |  |  |  |
| **Biosecurity** | | **Y** | **N** | **NA** | **Findings** | **Follow up/ Conditions** |
| **33** | **Are security measures appropriate?** E.g. locked, restricted access, no public access |  |  |  |  |  |
| **34** | **Are biosafety and containment level precautions in place?** PPE, sanitation procedures (footbaths, hand sanitization), vermin control/door sweeps |  |  |  |  |  |
| **35** | **Waste disposal procedures acceptable?** Sharps, biohazards, carcasses? |  |  |  |  |  |

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| **Drugs** | | **Y** | **N** | **NA** | **Findings** | **Follow up/ Conditions** |
| **36** | **Is there a system in place to dispose of expired drugs/supplies?** |  |  |  |  |  |
| **37** | **Are drugs and chemicals labelled appropriately?** |  |  |  |  |  |
| **38** | **Are controlled substances stored as per Health Canada requirements?** Double locked, restricted access, PI license |  |  |  |  |  |
| **39** | **Is a controlled drug log in place for recording the use of controlled drugs?** |  |  |  |  |  |
| **Procedure Space** | | **Y** | **N** | **NA** | **Findings** | **Follow up/ Conditions** |
| **40** | **Is procedure space appropriate for intended use?**  Surgery - asepsis, appropriate equipment (anesthesia, surgery, monitoring); Sharps container |  |  |  |  |  |
| **41** | **Are there separate areas for animal preparation, procedure/surgery and recovery?** |  |  |  |  |  |
| **42** | **Are anesthetic gases appropriately scavenged?** Contact SRS for guidance |  |  |  |  |  |
| **43** | **How will animals be euthanized?** If using iso+CO2, is CO2 available? |  |  |  |  |  |