**Animal Facility Inspection Checklist**

**Institutional Animal Care and Use Committee**

**Northern Michigan University**

Date of inspection: Inspector(s):

Facility Location: Principle Investigator(s):

Species: IACUC Protocol Number(s):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | (A=Yes, Present, Appropriate; B=No, Absent, Inappropriate; NA = Not applicable) | A | B | NA | Comments |
| **ANIMAL HOUSING** |  |  |  |  |
| **Records** |  |  |  |  |
|  Daily Log for: |  |  |  |  |
|  Animal numbers |  |  |  |  |
|  Watering |  |  |  |  |
|  Feeding |  |  |  |  |
|  Environmental Conditions (Temperature, Humidity) |  |  |  |  |
|  Cage/Tank Sanitation (Appropriate Frequency) |  |  |  |  |
|  Bedding/Tank-Water Change (Appropriate Frequency) |  |  |  |  |
|  Room Cleaning (Appropriate Frequency) |  |  |  |  |
|  Comments section for stating other noteworthy occurrences such as (something abnormal with an animal, issues to follow up, other…) |  |  |  |  |
|  Posted animal care duties and procedures |  |  |  |  |
|  Posted emergency response procedures |  |  |  |  |
|  Posted information for reporting noncompliance or other animal care concerns |  |  |  |  |
| **Environmental Enrichment (if applicable)** |  |  |  |  |
| **Identification Tags** |  |  |  |  |
|  Animal Source (e.g., Harlan, field) |  |  |  |  |
|  Strain or stock |  |  |  |  |
|  Name and location of responsible investigator(s) |  |  |  |  |
|  Date of birth (if available) |  |  |  |  |
|  Date of arrival to facility |  |  |  |  |
|  IACUC Protocol Number |  |  |  |  |
|  Special feeding, watering, or other care needs unique to the project (if applicable) |  |  |  |  |
| **Appearance of animals (compare to normal, healthy animals in colony)** |  |  |  |  |
|  Physical appearance  |  |  |  |  |
|  Signs of stress |  |  |  |  |
|  Bedding/tank-water appearance |  |  |  |  |
|  Overcrowding |  |  |  |  |
|  Surgical manipulations (covered by protocol?) |  |  |  |  |
| **Appearance of housing facility** |  |  |  |  |
|  Cleanliness of facility |  |  |  |  |
|  Condition of cages (no rust, chipped edges, calcium deposits in cage) or other primary enclosures |  |  |  |  |
|  Odor |  |  |  |  |
|  No excessive noise |  |  |  |  |
|  Water resistant sealant on wood surfaces |  |  |  |  |
|  No evidence of insects or other pests in facility |  |  |  |  |
|  Food storage (on pallets & separated from carcasses) |  |  |  |  |
|  Food not expired |  |  |  |  |
|  Food labeled |  |  |  |  |
|  Food appropriate formulation for species |  |  |  |  |
|  Bedding storage (on pallets, space from wall) |  |  |  |  |
|  Waste disposed of properly |  |  |  |  |
|  Proper containment of corrosive or flammable liquids (if applicable) |  |  |  |  |
|  Medications, treatments, or other substances for research or veterinary purposes are properly stored, medical grade, and within expiration dates. |  |  |  |  |
| **Areas of animal euthanasia, carcass storage, and carcass disposal (if applicable)** |  |  |  |  |
|  Clean |  |  |  |  |
|  Carcass storage in refrigerator or freezer |  |  |  |  |
|  Labeling for carcasses contaminated with infectious, radioactive, or chemical hazards, including ether.  |  |  |  |  |
|  Disposal methods posted or submitted to IACUC |  |  |  |  |
| **Equipment** |  |  |  |  |
|  Function of cage cleaning equipment |  |  |  |  |
|  Ventilation (negative air pressure in colony rooms) |  |  |  |  |
|  Fume hood |  |  |  |  |
|  Biological safety cabinet |  |  |  |  |
|  Cage filter tops |  |  |  |  |
|  UV radiation control devices |  |  |  |  |
|  HEPA filtration systems |  |  |  |  |
|  Charcoal filtration systems |  |  |  |  |
|  Effluent monitoring of discharge materials |  |  |  |  |
|  Autoclave systems |  |  |  |  |
|  Power supply for housing equipment |  |  |  |  |
| **Occupational Health and Safety** |  |  |  |  |
|  Appropriate Personal Protection Equipment present (masks, gloves, goggles, lab coats, aprons, and boots, as appropriate) |  |  |  |  |
|  No evidence of food or drink consumption. |  |  |  |  |
|  No evidence of smoking in facility |  |  |  |  |
|  Signs prohibiting food, drinks, or smoking |  |  |  |  |
|  No exposed needles or other sharp instruments |  |  |  |  |
|  Puncture resistant containers for sharps disposal (if applicable) |  |  |  |  |
|  Eye wash station |  |  |  |  |
|  First Aid Kit  |  |  |  |  |
|  Hand soap or hand cleaners available |  |  |  |  |
|  |  |  |  |  |
| **LABORATORY** |  |  |  |  |
| **Housing for more than 12 hours (if so, then treat as a Housing Facility, where appropriate)** |  |  |  |  |
| **Personnel** |  |  |  |  |
|  Personal Protection Equipment |  |  |  |  |
|  No food or drink consumption in laboratory |  |  |  |  |
| **Laboratory areas** |  |  |  |  |
|  Availability of appropriate facilities, personnel, and equipment to provide adequate veterinary care |  |  |  |  |
|  Cleanliness of laboratory and equipment |  |  |  |  |
|  Sanitation of laboratory and equipment (if appropriate) |  |  |  |  |
|  Anesthetic gas scavenging (if appropriate) |  |  |  |  |
|  Appropriate handling procedure (if appropriate and observed) |  |  |  |  |
|  No recapping or reuse of needles |  |  |  |  |
|  Condition of animals (if present in lab during inspection) |  |  |  |  |
| **Surgical Areas (must be included in semi-annual review)** |  |  |  |  |
|  Area for animal preparation |  |  |  |  |
|  Area for surgeon to scrub |  |  |  |  |
|  Area for performing operations |  |  |  |  |
|  Dedicated surgical suite for major surgeries (Note: Major surgery defined by the Guide for the Care and Use of Laboratory Animals as “any surgical intervention that penetrates and exposes a body cavity or any other procedure which produces permanent impairment of physical or physiological functions”.) |  |  |  |  |
|  Traffic in area minimized |  |  |  |  |
|  Sanitation and disinfection of equipment, instruments, and table |  |  |  |  |
|  Anesthesia monitoring |  |  |  |  |
|  Pre- and Post-surgery analgesia |  |  |  |  |
|  Water resistant surgical table |  |  |  |  |
|  Scavenging of waste anesthetic gases (if appropriate) |  |  |  |  |
|  Correct use of unexpired pharmaceuticals (log kept for controlled substances) |  |  |  |  |
|  Proper use of equipment and/or procedures for perioperative monitoring and care |  |  |  |  |
|  Maintenance of perioperative records |  |  |  |  |
|  Proper disposal of sharps |  |  |  |  |
|  |  |  |  |  |
| **General Comments** |