**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** | | | | | |