**POST-APPROVAL MONITORING CHECKLIST**

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protocol No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breeding Colony? [ ]  Yes [ ]  No

Personnel Interviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monitor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*To select a check box, **double click** the box and select “Checked” under Default Value.

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| **PROTOCOL AND PERSONNEL**  | **Y** | **N** | **N/A** |
| 1. Is this an active protocol, i.e. not expired?
 | [ ]  | [ ]  | [ ]  |
| 1. Do all personnel named in the protocol have access to the protocol, amendments & SOPs?
 | [ ]  | [ ]  | [ ]  |
| 1. Have you established procedures to ensure personnel are knowledgeable about the protocol and their role in it?
 | [ ]  | [ ]  | [ ]  |
| 1. Are all personnel who handle animals listed on the protocol?
 | [ ]  | [ ]  | [ ]  |
| 1. Have all personnel received the required training pertaining to handling animals and on the procedures they are to perform?
 | [ ]  | [ ]  | [ ]  |
| 1. Are all personnel working with or around animals or animal tissues enrolled in the Occupational Health and Safety Training Program?
 | [ ]  | [ ]  | [ ]  |
| Comments: |

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| **LABORATORY AREA**  | **Y** | **N** | **N/A** |
|  7. Are animal procedures conducted in the lab?  7.a. If yes, are they housed in the lab: < 12 hours?  From 12 to 24 hours?  > 24 hours?  | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  |
| 1. Has the laboratory housing area been inspected by the IACUC?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the animal procedure area clean and well organized?
 | [ ]  | [ ]  | [ ]  |
| 1. Is emergency contact information posted in the animal procedure area?
 | [ ]  | [ ]  | [ ]  |
| 1. Are animal transported and housed according to IACUC Policy Nos. 2014-009 and 2014-021?
 | [ ]  | [ ]  | [ ]  |
| Comments: |

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| **PROCEDURES**  | **Y** | **N** | **N/A** |
| 1. Do the procedures performed correspond to those approved in the protocol?
 | [ ]  | [ ]  | [ ]  |
| 1. Have amendments been submitted for any changes in procedures?
 | [ ]  | [ ]  | [ ]  |
| 1. Do the species, strain, gender, ages and numbers of animals used correspond with those in the protocol?
 | [ ]  | [ ]  | [ ]  |
| 1. Is emergency contact information posted in the animal procedure area?
 | [ ]  | [ ]  | [ ]  |
| 1. Are the cage cards properly completed?
 | [ ]  | [ ]  | [ ]  |
| Comments:  |

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| **SUBSTANCES**  | **Y** | **N** | **N/A** |
| 17. Are all substances (drugs, sutures, etc.) within the expiration date?  | [ ]  | [ ]  | [ ]  |
| 18. Are substances’ doses, routes and frequencies consistent with the protocol?  | [ ]  | [ ]  | [ ]  |
| 19. Are controlled substances properly stored?  | [ ]  | [ ]  | [ ]  |
| Comments: |

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| **ANESTHESIA AND ANALGESIA** Note: If this section is not applicable, mark this box [ ]  N/A**.**  | **Y** | **N** | **N/A** |
| 1. Is the method of anesthesia consistent with the protocol?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the depth of anesthesia appropriate for the procedure being performed?
 | [ ]  | [ ]  | [ ]  |
| 1. Are anesthetized animals monitored according to the protocol?
 | [ ]  | [ ]  | [ ]  |
| 1. Is animal body temperature properly maintained throughout the procedure and recovery period?
 | [ ]  | [ ]  | [ ]  |
| 1. Are inhalant anesthetics properly scavenged?
 | [ ]  | [ ]  | [ ]  |
| 1. Is an analgesic used for painful procedures and/or surgeries?

25a. If no, is there scientific justification for not doing so and has it been approved by the IACUC?  | [ ] [ ]  | [ ] [ ]  | [ ] [ ]  |
| 1. Are methods of analgesia (agent, dose, route, frequency) in accordance with the protocol?
 | [ ]  | [ ]  | [ ]  |
| Comments: |

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| **SURGERY** Note: If this section is not applicable, mark this box [ ]  N/A. | **Y** | **N** | **N/A** |
| 1. Are the personnel conducting the surgery named in the protocol?
 | [ ]  | [ ]  | [ ]  |
| 1. Have the personnel conducting the surgery been properly trained?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the surgery location clean and free of other traffic and activities?
 | [ ]  | [ ]  | [ ]  |
| 1. Is proper PPE worn during surgery?
 | [ ]  | [ ]  | [ ]  |
| 1. Are surgeries performed using aseptic technique?
 | [ ]  | [ ]  | [ ]  |
| 1. Are the necessary tools and equipment properly prepared before use?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the proper means of sterilizing instruments used?
 | [ ]  | [ ]  | [ ]  |
| 1. Are surgical instruments properly cleaned/sterilized between surgeries on different animals?
 | [ ]  | [ ]  | [ ]  |
| 1. Is surgical scrub/handwashing performed prior to surgery?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the animal properly prepared (shaved, scrubbed, draped, etc.) prior to surgery?
 | [ ]  | [ ]  | [ ]  |
| Comments: |

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| **POST-SURGICAL/POST-PROCEDURAL CARE**  Note: If this section is not applicable, mark this box [ ]  N/A. | **Y** | **N** | **N/A** |
| 1. Is post-surgical/procedural care consistent with what is in the protocol?
 | [ ]  | [ ]  | [ ]  |
| 1. Is there an appropriate recovery area separate from the prep, surgery and housing areas?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the frequency of monitoring adequate (until animals are conscious and sternal)?
 | [ ]  | [ ]  | [ ]  |
| 1. Are animals monitored on weekends and holidays?
 | [ ]  | [ ]  | [ ]  |
| 1. Are surgical sutures or staples removed at an appropriate interval (no longer than 14 days)?
 | [ ]  | [ ]  | [ ]  |
| 1. Are post-operative or post-procedural problems reported to the Attending Veterinarian?
 | [ ]  | [ ]  | [ ]  |
| 1. Has there been any noted morbidity or mortality as a result of this procedure?
 | [ ]  | [ ]  | [ ]  |
| Comments: |

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| **EUTHANASIA** Note: If this section is not applicable, mark this box [ ]  N/A. | **Y** | **N** | **N/A** |
| 1. Does the method of euthanasia correspond with what is in the protocol?
 | [ ]  | [ ]  | [ ]  |
| 1. For physical methods, is anesthesia applied prior to euthanasia?

45a. If no, has this been approved by the IACUC?  | [ ] [ ]  | [ ] [ ]  | [ ] [ ]  |
| 1. Is confirmation of death performed prior to disposal of the carcass?
 | [ ]  | [ ]  | [ ]  |
| 1. Are animal carcasses properly disposed of?
 | [ ]  | [ ]  | [ ]  |
| Comments: |

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| **BREEDING** Note: If this section is not applicable, mark this box [ ]  N/A. | **Y** | **N** | **N/A** |
| 1. Are the cage cards properly identified with all required information?
 | [ ]  | [ ]  | [ ]  |
| 1. Are animals weaned at the appropriate time?
 | [ ]  | [ ]  | [ ]  |
| 1. Are the densities of animals/litters per age appropriate?
 | [ ]  | [ ]  | [ ]  |
| 1. If a phenotype is known, is it added to the protocol?
 | [ ]  | [ ]  | [ ]  |
| 1. Do phenotypes lead to increased pain, discomfort, illness, morbidity or mortality?
 | [ ]  | [ ]  | [ ]  |
| Comments: |

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| **POTENTIAL HAZARDS TO PERSONNEL** Note: If this section is not applicable, mark this box [ ]  N/A.**AND ANIMALS**  | **Y** | **N** | **N/A** |
| 1. Does the lab have approval from the Biosafety or Radiation Safety committee to use such material?
 | [ ]  | [ ]  | [ ]  |
| 1. Are research personnel adequately protected?
 | [ ]  | [ ]  | [ ]  |
| 1. Are Safety Date Sheets for all substances approved in the protocol available to all personnel?
 | [ ]  | [ ]  | [ ]  |
| 1. Are cages marked with the proper biohazard labels indicating the specific agent(s) used?
 | [ ]  | [ ]  | [ ]  |
| 1. Are personnel aware of the safety procedures and do they follow them?
 | [ ]  | [ ]  | [ ]  |
| 1. Are personnel aware of safety procedure in case of injury or exposure to hazardous substances (bites,

scratches, needle pricks, spills, etc.)?  | [ ]  | [ ]  | [ ]  |
| Comments: |

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| **DOCUMENTATION/RECORD KEEPING**  | **Y** | **N** | **N/A** |
| 59. Is there an up to date | [ ]  | [ ]  | [ ]  |
|  a. Breeding log  | [ ]  | [ ]  | [ ]  |
|  b. Treatment and procedure log  | [ ]  | [ ]  | [ ]  |
|  c. Surgery log  | [ ]  | [ ]  | [ ]  |
|  d. Post-procedure cards  | [ ]  | [ ]  | [ ]  |
|  e. Husbandry log  | [ ]  | [ ]  | [ ]  |
|  f. Animal numbers log  | [ ]  | [ ]  | [ ]  |
|  g. Controlled substances log  | [ ]  | [ ]  | [ ]  |
|  h. Morbidity/mortality log  | [ ]  | [ ]  | [ ]  |
|  i. Substances log  | [ ]  | [ ]  | [ ]  |
| Comments: |

60. Non-compliant issues found during the previous inspection:

 60a. What steps were taken to mitigate non-compliant issues?

 60b. Has there been any improvement?

**FINDINGS**

61. All procedures were compliant with the protocol. [ ]  Yes [ ]  No; Explain:

62. Minor deficiencies were found and corrected during the inspection. [ ]  No [ ]  Yes; Explain:

63. A follow-up inspection is needed within one month [ ]  No [ ]  Yes

**SUMMARY BY ITEM**

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| **ITEM #** | **NOTES** |
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