**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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