**PAM IACUC 02\_102 PAM Principal Investigator Sefl-Assessment**

| **PROTOCOL** | **YES** | **NO** | **N/A** | **Comment** |
| --- | --- | --- | --- | --- |
| 1 | Are the research procedures being carried out consistent with those that the IACUC has approved? (i.e., blood collection, surgeries, treatments, euthanasia) |   |   |   |   |
| 2 | Do amendments need to be made to reflect current procedures? |   |   |   |   |
| 3 | Is the number of animals used within the amount approved? |   |   |   |   |
| 4 | Has the species, sex, age, and strain of animals used been approved? |   |   |   |   |
| 5 | Have you reported adverse or unanticipated events/unexpected problems to the IACUC? |   |   |   |   |
| 6 | Are changes to the protocol communicated to personnel?  |   |   |   |   |

| **ANIMAL USAGE** | **YES** | **NO** | **N/A** | **Comment** |
| --- | --- | --- | --- | --- |
| 1 | Are individual animals appropriately identified (cage cards, ear tags, tattoos, etc.)? |   |   |   |   |
| 2 | When transporting cages from the lab to the vivarium, are the cages and cart sprayed/wiped with disinfectant and covered before leaving the lab?  |   |   |   |   |
| 3 | When entering the vivarium, are the cage covers removed, and is the cart sprayed with disinfectant, including ALL surfaces of the wheels?  |   |   |   |   |
| 4 | Are Special Care items (wire-bottom/metabolic cages, special food, treated water, no enrichment, single housing, etc.) listed in the protocol?  |   |   |   |   |

| **RESEARCH PERSONNEL** | **YES** | **NO** | **N/A** | **Comment** |
| --- | --- | --- | --- | --- |
| 1 | Are all approved research personnel performing the procedures listed in the protocol? |   |   |   |   |
| 2 | Have the laboratory personnel read the protocol? |   |   |   |   |
| 3 | If you or research personnel are asked questions about the protocol, do you or they have accurate knowledge of it?  |   |   |   |   |
| 4 | Have the research personnel been trained to perform protocol-specific procedures? |   |   |   |   |
| 5 | If your personnel provide basic husbandry for your animals, are they appropriately trained? |   |   |   |   |
| 6 | Do your personnel openly communicate with you about any animal health or welfare concerns (related or unrelated to the study)?  |   |   |   |   |
| 7 | Are all approved research personnel utilizing appropriate Personal Protective Equipment (PPE) and/or other equipment for the species and procedures performed?  |   |   |   |   |
| 8 | Do the research personnel know whom to contact in case of an injury or accident (e.g., animal bite, exposure to a hazardous substance)?  |   |   |   |   |
| 9 | Do the research personnel know whom to contact if concerned about the animal’s health?  |   |   |   |   |

| **RECORD KEEPING** | **YES** | **NO** | **N/A** | **Comment** |
| --- | --- | --- | --- | --- |
| 1 | Are accurate records/documentation of your procedures, i.e., blood collection, injections, biopsies, etc., maintained? |   |   |   |   |
| 2 | Are blood and fluid collections (volume, time of collection) recorded and initialed? \*For USDA Cover Species |   |   |   |   |
| 3 | Are accurate records/documentation of animal monitoring maintained as outlined in your IACUC-approved protocol? |   |   |   |   |
| 4 | Is a log of the number of animals used for your protocol maintained? |   |   |   |   |
| 5 | Is there an up‐to‐date inventory of the number of animals used in the protocol? |   |   |   |   |
| 6 | Are records for documenting non-protocol-related animal health concerns and treatments kept? |   |   |   |   |
| 7 | Are additional medications, such as antibiotics, accurately recorded (including doses, frequency, and routes of administration)? \*For USDA Cover Species |   |   |   |   |
| 8 | Are the procedures described within the animal records consistent with what is described in the protocol?  |   |   |   |   |

| **LABORATORY** | **YES** | **NO** | **N/A** | **Comment** |
| --- | --- | --- | --- | --- |
| 1 | Is the laboratory IACUC approved for animal use?  |   |   |   |   |
| 2 | Has your equipment or device (e.g., anesthesia machine) been properly calibrated?  |   |   |   |   |
| 3 | Are all instruments, tools, chemical hoods, etc., used in animal experimentation up-to-date with inspections and calibrated to meet best practice standards? |   |   |   |   |
| 4 | Are all recordings of laboratory animals securely stored within the laboratory according to policy? |   |   |   |   |
| 5 | Are posted Standard Operating Procedures in the laboratory up-to-date?  |   |   |   |   |
| 6 | Is the Chemical Inventory for your laboratory up-to-date? |   |   |   |   |
| 7 | Are controlled substances stored appropriately, and are inventory records kept? |   |   |   |   |

| **FIELD STUDY** | **YES** | **NO** | **N/A** | **Comment** |
| --- | --- | --- | --- | --- |
| 1 | Are current necessary licenses and permits up-to-date for the study?  |   |   |   |   |
| 2 | Are all chemical hazards disposed of properly, protecting the field environment and ecosystem of the field research?  |   |   |   |   |
| 3 | Are all carcasses properly disposed protecting the field environment and ecosystem of the field research?  |   |   |   |   |

| **SURGERY** | **YES** | **NO** | **N/A** | **Comment** |
| --- | --- | --- | --- | --- |
| 1 | Is surgery performed in a location that IACUC has approved? |   |   |   |   |
| 2 | Are there separate areas for animal preparation, surgery, and recovery? \*For USDA Cover Species |   |   |   |   |
| 3 | Are the areas clean and free of clutter? |   |   |   |   |
| 4 | Is the method of animal preparation appropriate and following the approved protocol? |   |   |   |   |
| 5 | Is survival surgery performed using sterile instruments, sterile gloves, proper PPE, and aseptic techniques? |   |   |   |   |
| 6 | Is an appropriate heat source used to keep the animal warm throughout the procedure and recovery? |   |   |   |   |
| 7 | Is there an up-to-date surgical log?  |   |   |   |   |
| 8 | Is post‐surgical care satisfactorily and adequately documented (includes drug doses, frequency, and routes of administration)? |   |   |   |   |

| **ANESTHESIA** | **YES** | **NO** | **N/A** | **Comment** |
| --- | --- | --- | --- | --- |
| 1 | Are the methods of anesthesia in compliance with the approved protocol? |   |   |   |   |
| 2 | Are the anesthetized animals monitored continuously according to the approved protocol? |   |   |   |   |
| 3 | Are animals fully recovered before returning to the vivarium? |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EUTHANASIA** | **YES** | **NO** | **N/A** | **Comment** |
| 1 | Does the method of euthanasia correspond with what is written in the approved protocol? |   |   |   |   |
| 2 | Does the method of euthanasia in your protocol meet the standards provided by the American Veterinarian Medical Association? |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BREEDING COLONIES** | **YES** | **NO** | **N/A** | **Comment** |
| 1 | Are records of mating, birth, genotyping, and weaning kept up-to-date?  |   |   |   |   |
| 2 | Are animals separated into appropriate cages in a timely manner?  |   |   |   |   |
| 3 | Is genotyping performed according to IACUC policy? |   |   |   |   |

| **POST-PROCEDURAL CARE** | **YES** | **NO** | **N/A** | **Comment** |
| --- | --- | --- | --- | --- |
| 1 | Are the methods of analgesia (e.g., drug, dose, frequency, and duration) consistent with the approved protocol? |   |   |   |   |
| 2 | Is medication administration documented? |   |   |   |   |
| 3 | Are sutures or staples removed at the appropriate time? |   |   |   |   |
| 4 | Are animals returned to the vivarium in a timely manner – 12 hours for USDA species, 24 hours for rats and mice?  |   |   |   |   |
| 5 | For USDA species, are individual animal medical records being kept adequately? |   |   |   |   |

| **ANIMAL SATELLITE FACILITIES** | **YES** | **NO** | **N/A** | **Comment** |
| --- | --- | --- | --- | --- |
| 1 | Are rooms where the animals are housed longer than 12/24 hours listed in the protocol and approved by the IACUC? |   |   |   |   |
| 2 | Are observations, including weekends and holidays, recorded and available? |   |   |   |   |
| 3 | Are sick animals reported to the veterinary staff? |   |   |   |   |
| 4 | Is food dated and stored in vermin-proof containers? |   |   |   |   |
| 5 | Does the protocol authorize any changes in standard housing? |   |   |   |   |
| 6 | Is accurate information on cage cards attached to each cage? |   |   |   |   |
| 7 | Is HVAC information recorded – temperature, humidity, air changes/hour? |   |   |   |   |
| 8 | Is the light /dark cycle recorded and monitored? |   |   |   |   |
| 9 | Are there SOPs for husbandry procedures – cage change-outs, sanitation, food, water, and daily monitoring? |   |   |   |   |
| 10 | Are daily husbandry procedures documented? |   |   |   |   |
| 11 | Is there proper security/controlled access? |   |   |   |   |
| 12 | Is there breeding in satellite facilities? |   |   |   |   |
| 13 | Are signs for “No food or drink in the room” posted? |   |   |   |   |
| 14 | Is there a separation of housing and procedure areas? |   |   |   |   |
| 15 | Is an adverse weather conditions plan posted? |   |   |   |   |