

**IACUC FACILITY INSPECTION FORM**

Date: \_\_\_\_\_

<b>Inspection Team:</b> _____ <b>Facility/Room Number:</b> _____ <b>Contact (Name/Phone):</b> _____ <b>PI:</b> _____ <b>Present? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Research Members Present:</b> _____ <b>Lab manager? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>  <b>* IACUC Inspector: (print)</b> _____ <b>(Signature):</b> _____	<b>Reason for inspection:</b> Satellite facility <input type="checkbox"/> Housing >12 hours <input type="checkbox"/> Surgery/Gas anesthesia <input type="checkbox"/> Euthanasia <input type="checkbox"/> Controlled substances <input type="checkbox"/>
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**RATE THE ITEMS TO BE EVALUATED DURING INSPECTION AS FOLLOWS:**

1 = Satisfactory      2 = Needs Improvement      3 = Unsatisfactory      4 = Not Observed      5 = Not Applicable

Items to be evaluated during inspection	Rate 1 to 5	Items to be evaluated during inspection	Rate 1 to 5
<b>Physical Facilities and Equipment:</b>		<b>Documentation and Records: (* required for all)</b>	
Housing		*Protocols	
Animal Environment		*Animal Hazards Checklist	
Food		*Emergency, weekend & holiday care numbers posted	
Water		Husbandry SOP's (>24hrs housing)	
Sanitation		Permits for Wildlife Protocols	
Functional or working area		Post-Op Analgesia Records	
Surgical Facilities		<b>Drug Storage:</b>	
Construction guidelines		Controlled Drug Inventory Logbook	
Facilities for animal research with hazardous agents		Locked Cabinet	
<b>General Procedures:</b>		Drugs are Clearly Identified	
Preventive Medicine and Surveillance, diagnosis, treatment and control of disease		Expiration Dates Noted	
Use of Aseptic Techniques as applicable		<b>Other:</b>	

**INSPECTION KEY:**

**Housing:**

Cages - Space - Activity  
 Bedding  
 (Quality, Amount, Storage)

**Animal Environment:**

Temperature  
 Humidity Levels  
 Ventilation - Lighting  
 Noise

**Food:**

Access - Amount - Quality  
 Storage

**Water:**

Access - Amount - Quality

**Sanitation:**

Cleanliness  
 Waste Disposal  
 Vermin Control

**Functional/Working Area:**

Cleanliness - Organization

**Surgical Facilities:**

Dedicated Area  
 Maintenance and Certification of Equipment  
 Cleanliness – Organization

**Construction Guidelines:**

Corridors - Doors – Windows  
 Floors- Drains  
 Walls - Ceilings  
 Electrical outlets

**Facilities w/ Hazardous Agents**

Hoods - Storage - Disposal  
 Signage  
 Personal Protective Gear (PPG)  
 (equipment and signage/SOPs)

**Preventive Medicine:**

Procurement  
 Quarantine  
 Separation

**Documentation:**

Husbandry SOPs:  
 Monitoring schedule  
 Food/Water changing  
 Cage changing  
 Post-Op Analgesia Records:  
 Time/Date administration  
 Specific drug information  
 Monitoring Schedule

