



CCAC REPORTABLE ANIMAL WELFARE INCIDENT FORM

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The Canadian Council on Animal Care (CCAC) requires certified institutions to send notification of reportable animal welfare incidents within 14 days (2 weeks) of their occurrence, as outlined in the [CCAC policy: *Certification of ethical animal care and use programs*](#).

A CCAC reportable animal welfare incident refers to an event that leads to significant mortality for animals used in research, teaching, or testing, or poses an immediate and significant threat to animal health or welfare. If you are unsure of whether an event should be reported, please promptly [contact the CCAC](#).

Examples of CCAC reportable incidents include:

- catastrophic failure of critical life support systems or its components (e.g., malfunction of power supply, HVAC, pumps, filters, watering system, alarms, sensors, call-out systems, etc.);
- disregard of, or unintended failure (human error) to follow practices or procedures (e.g., not following approved SOPs or other procedures, miscommunication, etc.);
- any other cause of significant mortality such as adverse outcomes or unforeseen circumstances; and
- serious or repeated noncompliance with CCAC standards that leads to the suspension by the animal care committee or the institution of an animal-based activity that threatens animal health or welfare.

Provide as much detail as possible about the incident, the review conducted by the animal care committee and their decisions, and the correction of deficiencies (e.g., equipment replacement, refinement/development of procedures). **If you only have preliminary information at this point, please use the [CCAC Reportable Animal Welfare Incident Initial Notification Form](#).**

This form should be completed and signed by the animal care committee chair, the attending veterinarian, or a delegate and [sent to the CCAC](#). A copy should also be forwarded to the senior administrator responsible for the ethical animal care and use program at the institution.



CCAC REPORTABLE ANIMAL WELFARE INCIDENT FORM

Contact Information

Name of institution

Name of senior administrator responsible
for the ethical animal care and use program

Email

Date(s) of event

Protocol numbers (if applicable)

Incident Description

Option A

Complete this section if the approved protocol includes **more than one** objective/component and the objectives/components are independent. Provide information for each objective/component affected by the incident.

Number of mortalities¹ per species, per objective/component, per day since the start of the event:

Number of approved animals per species, per objective/component, on site at the time of the incident²:

Approved % mortality baseline³ for the relevant objective/component:

Option B

Complete this section if the approved protocol includes **only one** overall objective/component. Provide information for each protocol affected by the incident.

Number of mortalities⁴ per species, per day since the start of the event:

¹ See the [CCAC frequently asked questions: CCAC reportable animal welfare incidents](#), Question 7.

² Ibid, Question 10.

³ Ibid, Question 1.

⁴ Ibid, Question 7.

Number of approved animals per species, on site at the time of the incident⁵:

Approved % mortality baseline⁶ for the protocol:

Describe the incident chronologically and in detail. Include information about the nature and cause of the event, the location, outcomes of the incident, and impacts on animals.

Notification

Please indicate the key individuals within your ethical animal care and use program who were notified, and when.

Name	Role	Date
Name	Role	Date
Name	Role	Date
Name	Role	Date

Resolution and Mitigation Steps Taken to Date

Describe the steps that were taken following the incident, and what actions are being implemented to prevent similar occurrences, if known at the time of completing this report.

⁵ See the [CCAC frequently asked questions: CCAC reportable animal welfare incidents](#), Question 10.
⁶ Ibid, Question 1.

I certify that the information provided above is correct to the best of my knowledge.

Animal care committee chair, attending
veterinarian, or delegate:

Signature:

Date of report: