ANIMAL CARE AND USE PROGRAM REVIEW FORM (for interim visits)

SECTION 1. GENERAL INFORMATION

 **ADMINISTRATIVE INFORMATION**

**100. Complete name of the institution as it will appear on the CCAC assessment report and on the CCAC Certificate of GAP - Good Animal Practice®:**

**( Please include English and French names where applicable )**

**101. Complete mailing address (the address must not include a P.O. Box):**

**102. Senior administrator responsible for overseeing the institutional animal care and use program, and to whom the assessment report will be addressed (e.g. VP Research, CEO):**

|  |  |
| --- | --- |
| Name and Title (Dr., Mr., Ms., etc.): |       |
| Position: |       |
| Mailing addressCity, Prov., Postal Code |           ,      ,       |
| Phone: | (   )     -      ext.       |
| Fax number: | (   )     -      |
| Email: |       |

**103. Number of copies of assessment report required (maximum of 10):**

104. Please provide:

**a) a list of names and titles of persons with whom the CCAC will officially liaise during the visit, along with telephone numbers and/or cell phone numbers**

**b) the location and time of the initial meeting at the institution**

**c) a brief description of the structure of your institution and of your animal care and use program, in particular the senior management structure and the reporting lines for the animal care committee(s), veterinarian(s), facility manager(s) and animal care staff. If your institution is part of a larger organization, please explain the links and reporting lines with this larger organization. Please append an organizational chart (can be provided as Appendix 1B).**

**d) a map of the campus/grounds (can be provided as Appendix 1E)**

**e) instructions for parking (can be provided as Appendix 1F)**

105. List of all departments and units of the institution (e.g. faculties, affiliated institutions) that use animals for research, teaching, testing or production, and that are part of the institutional animal care and use program. Only those listed will be covered by the CCAC Certificate of GAP - Good Animal Practice®:

**106. Comments or additional information:**

 **MANDATE WITH RESPECT TO ANIMAL CARE AND USE**

**107. Provide a brief description of the research, teaching, testing or production programs that involve animals, and the types of animals used in these programs (including field studies), in order to provide information on the general purpose(s) for which animals are used:**

108. Provide a brief description of any future projects that are planned:

**110. Are the animal use numbers for each calendar year provided to the CCAC in the format of the CCAC Animal Use Data Form (AUDF) by March 31st of the following year?**

 **[ ]  Yes** **[ ]  Yes and No** **[ ]  No**

 **Please elaborate if your answer is "Yes and No" or "No":**

 **CHANGES SINCE THE LAST CCAC ASSESSMENT VISIT**

**111. Indicate the most important changes that have occurred since the last CCAC assessment visit for each of the following:**

 **a) Changes to facilities: [ ]  N/A**

**NOTE**: In the event that **new animal facilities** or **new functional areas** have been constructed or that **major facility renovations** have taken place since the last assessment, the corresponding Section 6 of the **full PRF** must be completed for each new or renovated animal facility or functional area within the institution. For more information, please contact Ms. Barbara Couto (bcouto@ccac.ca).

 **b) Changes to personnel: [ ]  N/A**

 **c) Changes to type of animal use: [ ]  N/A**

**112. Comments or additional information:**

 **UPDATE ON THE IMPLEMENTATION OF PREVIOUS CCAC**

 **RECOMMENDATIONS**

**113. Please append as appendix 1D, the institutional implementation report(s) provided in response to the CCAC recommendations following the last assessment visit to your institution, and include any updates to your answers.**

 **ANIMAL CARE COMMITTEE STRUCTURE**

**114. Identify all ACCs and subcommittees overseeing your animal care and use program, describe their roles and responsibilities, and indicate the relationship between all of these committees. If there are multiple ACCs or subcommittees, please provide an organizational chart of the ACC structure as Appendix 1C, if not already included in question 104. c):**

**115. Comments or additional information:**

 **APPENDICES**

 Please provide the following appendices and use the checklist to indicate that they have in fact been included.

 If you are not including one or more of the requested appendices, please briefly explain why for each.

**[ ]  Appendix 1A: A copy of institutional policies on animal care and use other than the Terms of Reference for the ACC(s).** **[ ]  N/A**

**[ ]  Appendix 1B: Organizational chart for the institution and its animal care and use program.**

**[ ]  Appendix 1C: Organizational chart of the ACC structure, if separate from Appendix 1B, and if there**

 **are multiple ACCs or subcommittees. [ ]  N/A**

**[ ]  Appendix 1D: Updates on the implementation of CCAC recommendations from the last assessment visit.**

**[ ]  Appendix 1E: Map of the campus/grounds. [ ]  N/A**

**[ ]  Appendix 1F: Instructions for parking. [ ]  N/A**

**[ ]  Additional Appendices (specify):**

**Please explain if you are excluding any of the requested appendices:**