

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

SECTION 6A. LABORATORY ANIMAL FACILITIES

This section must be completed for each laboratory animal facility and details the criteria used by the CCAC to conduct site visits. Animal Care Committee (ACC) members should refer to CCAC guidelines and policies for further information, in particular the *CCAC guidelines on: laboratory animal facilities—characteristics, design and development* and the *CCAC Guide to the Care and Use of Experimental Animals.*

**Name of the facility for which this section will be completed:**

 **GENERAL INFORMATION**

**6A01. a) The manager of the animal facility:**

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

 **b) To whom does the manager of the animal facility report?**

**6A02. To whom does the animal care staff report?**

**6A03. Who is/are the veterinarian(s) responsible for the facility?**

**6A06. Please indicate the type of facility and purpose of use (check all that apply):**

 **a) Type(s) of facility:**

 **[ ]  Conventional**

 **[ ]  Inclusive barrier(s) (e.g. quarantine, biohazard, isolation)**

 **[ ]  Exclusive barrier(s) (e.g. breeding animals, Specific Pathogen Free)**

 **[ ]  Other (please specify):**

 **b) Purpose(s) of use:**

 **[ ]  Research**

 **[ ]  Regulatory testing**

 **[ ]  Teaching**

 **[ ]  Production**

 **[ ]  Other (please specify):**

 **c) Specialized area(s):**

 **[ ]  Aquatic areas (e.g. zebra fish, xenopus) – Please fill out Appendix I – Aquatic Animals in**

 **a Small Scale Laboratory Setting**

 **[ ]  Aviaries – Please fill out Appendix II – Birds in a Laboratory Setting**

 **[ ]  Other (please specify):**

**6A07. List the types of rooms (e.g. surgery suites, animal holding rooms, necropsy area, cage wash area, laboratories) present in the animal facility:**

**6A08. Indicate any improvements that have been made to this facility since the last CCAC visit:**

**[ ]  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 Mrs. Linda Rhéaume (lrheaume@ccac.ca).

 **COMMENTS OR ADDITIONAL INFORMATION**

**6A100 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 6A-A: A copy of the floor plans of the animal facility.**

**[ ]  Appendix 6A-B: An example of your cage/pen/aquarium identification card(s) (filled in).**

**[ ]  Appendix 6A-C: An example of an animal health record (filled in).**

**[ ]  Appendix 6A-D: A copy of the last two site visit reports by your Animal Care Committee including recommendations and follow-ups.**

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

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