

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

SECTION 6B. AQUATIC FACILITIES

This section must be completed for each facility holding aquatic animals, including fish, amphibians, reptiles, marine mammals and cephalopods. This section details the criteria used by the CCAC to conduct site visits. Animal Care Committee members should refer to CCAC policies and guidelines for further information, in particular the *CCAC guidelines on: the care and use of fish in research, teaching and testing,* and to the *CCAC Guide to the Care and Use of Experimental Animals*.

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

 **GENERAL INFORMATION**

**6B01. 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?**

**6B02. To whom does the animal care staff report?**

**6B03. Who is/are the veterinarian(s) responsible for the facility?**

**6B06. Please check all boxes that apply to your facility:**

 **[ ]  Fresh Water Facility** **[ ]  Conventional facility**

**[ ]  Exclusive barrier (e.g. hatchery, high health status)**

**[ ]  Inclusive barrier (e.g. GEAs, Biosafety levels 2 or 3, quarantine)**

 **[ ]  Regulatory testing**

 **[ ]  Aquaculture**

 **[ ]  Life sciences research or teaching**

 **[ ]  Genetically Engineered Animals (GEAs)**

**[ ]  Other type of facility (please specify):**

 **[ ]  Salt Water Facility [ ]  Conventional facility**

 **[ ]  Regulatory / testing**

 **[ ]  Aquaculture**

 **[ ]  Life sciences research or teaching**

 **[ ]  Genetically Engineered Animals**

 **[ ]  Other type of facility (please specify):**

**6B07. List of the types of rooms or outdoor holding areas (e.g. aquaria rooms, procedure rooms, necropsy area, quarantine area) that are present in the animal facility:**

**6B08. 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**

**6B09. 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 6B-A: A copy of the floor plans of the animal facility.**

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

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

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

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

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