



DEPARTMENT OF HEALTH & HUMAN SERVICES

PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH

FOR US POSTAL SERVICE DELIVERY:

Office of Laboratory Animal Welfare
6700B Rockledge Drive, Suite 2500, MSC 6910
Bethesda, Maryland 20892-6910
Home Page: <http://grants.nih.gov/grants/olaw/olaw.htm>

FOR EXPRESS MAIL:

Office of Laboratory Animal Welfare
6700B Rockledge Drive, Suite 2500
Bethesda, Maryland 20817
Telephone: (301) 496-7163
Facsimile: (301) 402-7065

January 29, 2019

Re: Animal Welfare Assurance
#A4564-01 (OLAW Case A)

Ms. Coulon
Associate Vice President for Administration
LSU Agricultural Center
(b) (4) J.N. Efferson Hall
110 LSU Union Square
Baton Rouge, LA 70803-0106

Dear Ms. Coulon,

The Office of Laboratory Animal Welfare (OLAW) acknowledges receipt of your January 16, 2019 letter reporting an adverse event impacting animals at the Louisiana State University Agricultural Center Experiment Station, following up on an initial report on November 9, 2018. According to the information provided, OLAW understands that a fire occurred in an aquatics facility leading to the deaths of zebrafish, tilapia, and several other species of fish. The problem was compounded by a burst water pipe and lack of power to the fish tanks which caused mortality due to lack of oxygen. The fire investigator concluded that the cause was probably due to equipment failure.

After personnel were cleared to enter the building, surviving animals were placed in other tanks. The building is undergoing renovation and will have updated fire controls and alarms. The Institutional Animal Care and Use Committee (IACUC) found the satellite housing of the relocated animals to be appropriate.

Thank you for informing OLAW about this unfortunate incident and the steps taken by the institution in response. OLAW concurs with the actions taken by the IACUC to comply with the PHS Policy on Humane Care and Use of Laboratory Animals. Please inform this Office once the facility has been cleared for animal housing and describe in greater detail the alarm systems and how these alert staff to adverse environmental conditions. Thank you for keeping OLAW apprised on this matter.

Sincerely,

(b) (6)

Axel Wolff, M.S., D.V.M.
Deputy Director
Office of Laboratory Animal Welfare

cc: IACUC Chair

Final Report of LSU AgCenter Aquaculture Research Station Fire

1. Name of Institution: Louisiana State University Agricultural Center Experiment Station
2. Assurance Number: A4564-01 or D16-00792
3. Reporting Requirement: This is not a report of noncompliance or suspension of an activity by the IACUC as described under PHS Policy, IV.F.3; however, it is a reportable incident according to NOT-OD-05-034 ("conditions that jeopardize the health or well-being of animals, including natural disasters, accidents, and mechanical failures, resulting in actual harm or death to animals).
4. Preliminary Report: Preliminary report was submitted 11/9/2018 by (b) (6) via email to 'olawdco@mail.nih.gov' – a response was received on 11/13/2018 from Axel Wolff, M.S., D.V.M., Deputy Director, OLAW.
5. Explanation of Incident: On Tuesday, November 6, 2018, the LSU AgCenter Aquaculture Research Facility suffered an accidental fire further complicated by a burst water pipe. The building was evacuated and the power was off. This building housed alligators and various fish species. Turtles were located in an unaffected outer building. The incident reports from the Baton Rouge and St. George Fire Departments are attached. According to the fire investigator, this was an "undetermined accidental fire probably due to equipment failure." It occurred sometime overnight when the building was unoccupied, and the smoke was reported as soon as someone arrived that morning. Upon arrival, the firemen located one room with extensive smoke, water, and fire damage. Personnel were not allowed into the building until the fire investigator completed his tasks. This prolonged period of no power caused an increase in temperature in the building and a lack of oxygen in the fish tanks. Animals dependent on increased oxygen in their housing units did not survive. The building is uninhabitable. As soon as the 'all clear' was given, faculty (PIs) and graduate students entered the building and began moving animals to other holding tanks on the property.
 - a. Species of animals involved:
 - i. Zebrafish - *Danio rerio* (none survived)
 - ii. Alligators - *Alligator mississippiensis* (all survived)
 - iii. Channel catfish - *Ictalurus punctatus* (all survived)
 - iv. Tilapia - *Oreochromis niloticus* (majority died, remainder moved)
 - v. Bluegill hybrids - *Lepomis macrochirus* with *L. cyanellus* – (half survived, moved)
 - vi. Bluenose shiners - *Pteronotropsis welaka* (all survived)
 - vii. Golden Topminnows - *Fundulus chrysotus* (none survived)
 - viii. Alligator gar - *Atractosteus spatula* – survived, moved)
6. Corrective Actions: The equipment failure could not have been anticipated or prevented. The fire was accidental and resulted in the animal deaths. The building is being renovated and will have more up to date fire controls and alarms. Animals are being housed in outlying buildings on the station; these new housing areas were inspected by IACUC committee representatives on 11/16/2018 and found to be suitable for the species involved. PIs and graduate students are monitoring the animals as they were before the fire. The full committee received the preliminary report on 11/12/2018 and discussed the situation at the December 2018 meeting.

7. Grant/contract number: There are no relevant grants or contracts affected.
8. Impact on PHS-supported activities: No PHS-supported activities
9. Compliance with terms and conditions: Not applicable

Respectively submitted on January 16, 2019.

(b) (6)

Ann Coulon, AgIACUC Institutional Official
Associate Vice President for Administration
LSU Agricultural Center
acoulon@agcenter.lsu.edu

A		MM DD YYYY 11 06 2019		Station 15		Incident Number 18-0029013		Exposure 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		MFIRS -1 Basic			
B Location*		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.													
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		Number/Milepost Prefix Street or Highway 2410 BEN HUR RD City State Zip Code BATON ROUGE LA 70820 Cross street or directions, as applicable													
C Incident Type *				E1 Date & Times				E2 Shift & Alarms							
651 Smoke scars, odor of smoke Incident Type				Check boxes if dates are the same as Alarm Date. Alarm * 11 06 2018 07:20:15 ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 11 06 2018 07:27:17 CONTROLLED Optional, except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared 11 06 2018 11:04:52				Local Option <input type="checkbox"/> B 01 OUT Shift or Alarms District Platoon							
D Aid Given or Received*				E3 Special Studies											
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recov. 3 <input type="checkbox"/> Mutual aid given 4 <input checked="" type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None				Local Option <input type="checkbox"/> Special Study ID# <input type="checkbox"/> Special Study Value											
F Actions Taken *				G1 Resources *				G2 Estimated Dollar Losses & Values							
86 Investigate Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)				<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression EMS Other 0009 <input type="checkbox"/> Check box if resource counts include aid received resources.				LOSSES: Required for all fires if known. Optional for non fires. Property \$ 000,000 Contents \$ 000,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000							
Completed Modules				H1 Casualties				H3 Hazardous Materials Release				I Mixed Use Property			
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11				Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown				N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <1 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleaning only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55gal., please complete the HazMat form				NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use			
J Property Use* Structures				K Property Use* Outside				L Property Use* Other							
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital				341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales				539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard							
124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field				936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway				Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 600 Ind., utility, defense, MFIRS-1 Revision 03/11/95							

K1 Person/Entity Involved

Local Option	Business name (if applicable)		Area Code		Phone Number	
<input type="checkbox"/> Check this box if same address as incident location. Then skip the three duplicate address lines.	Mr., Ms., Mrs. First Name		MI	Last Name		Suffix
	Number	Prefix	Street or Highway		Street Type	Suffix
	Post Office Box		Apt./Suite/Room		City	
	State	Zip Code				

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-15) as necessary**K2 Owner**☐ Same as person involved? Then check this box and skip the rest of this section.

Local Option	Business name (if applicable)		Area Code		Phone Number	
<input type="checkbox"/> Check this box if same address as incident location. Then skip the three duplicate address lines.	Mr., Ms., Mrs. First Name		MI	Last Name		Suffix
	Number	Prefix	Street or Highway		Street Type	Suffix
	Post Office Box		Apt./Suite/Room		City	
	State	Zip Code				

L Remarks

Local Option

On 11/06/2018 at 07:20:15 dispatched To 2410 BEN HOR RD /BATON ROUGE, LA 70820. The location is a Ind., utility, defense, agriculture, mining, other. The incident was determined to be a(n) Smoke scare, odor of smoke.

07:27:17 arrived on scene.

The following actions were performed on scene:
Investigate

Units responding were:

Unit AR009 responded.

Unit CH037 responded.

Unit CH604 responded.

Unit EG015 responded.

Unit EG613 responded and took these actions:

Cancelled en route

Unit EG653 responded.

Unit EQ091 responded.

Unit FI081 responded.

Unit FI084 responded.

Eng 15 responded to the LSU Aquaculture building to find the building floor with about 2-3 inches of water. After searching rooms, we found a lab that had significant smoke, water, and fire damage. The area where the fire began was out, but there was a few hotspots through out the room. We extinguished those fires and requested a second pumper, aerial truck, and a

L Authorization

1727	(b) (6)	(b) (6)		11	06	2018
Officer in Charge ID	Signature	Position or rank	Assignment	Month	Day	Year
Check Box if <input checked="" type="checkbox"/> Same as Officer making report ID in charge.	1727	(b) (6)	(b) (6)	11	06	2018
	Signature	Position or rank	Assignment	Month	Day	Year

17005	LA	MM 11	DD 6	YYYY 2018	15	18-0029013	000	Complete Narrative
FDID *	State *	Incident Date *		Station	Incident Number *	Exposure *		

Narrative:

On 11/06/2018 at 07:20:15 dispatched To 2410 BEN HUR RD /BATON ROUGE, LA 70820. The location is a Ind., utility, defense, agriculture, mining, other. The incident was determined to be a(n) Smoke scare, odor of smoke.

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11:04:52 all units back in service.

A		MM DD YYYY		Station		Incident Number		Exposure		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		WFRS -1 Basic			
FDID 17040		State LA		Incident Date 11 06 2018		65		18-0008043		000					
B Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.															
<input checked="" type="checkbox"/> Street address 2410 Ben Hur RD Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of Baton Rouge LA 70820 Apt./Suite/Room City State Zip Code <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions															
C Incident Type *				E1 Date & Times				E2 Shift & Alarms							
551 Assist police or other Incident Type				Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm 11 06 2018 07:20:15 Month Day Year Hr Min Sec ALARM always required				Local Option B 01 604 Shift or Alarms District Platoon							
D Aid Given or Received*				E3 Special Studies											
1 <input type="checkbox"/> Mutual aid received 17005 2 <input type="checkbox"/> Automatic aid recvd. 3 <input checked="" type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None Their Incident Number				ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival 11 06 2018 07:27:17 Month Day Year Hr Min Sec CONTROLLED Optional, except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit 11 06 2018 11:04:52 cleared				Local Option Special Study ID# Special Study Value							
F Actions Taken *				G1 Resources *				G2 Estimated Dollar Losses & Values							
92 Standby Primary Action Taken (1) 701 Provide Manpower Additional Action Taken (2) 76 Provide water Additional Action Taken (3)				<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus 0009 Personnel 0008 Suppression EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.				LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 000,000 <input checked="" type="checkbox"/> Contents \$ 000,000 <input checked="" type="checkbox"/> FREE-INCIDENT VALUE: Optional Property \$ 000,000 <input checked="" type="checkbox"/> Contents \$ 000,000 <input checked="" type="checkbox"/>							
Completed Modules				H1 Casualties				H3 Hazardous Materials Release				I Mixed Use Property			
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input checked="" type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11				Deaths Injuries Fire 004 Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them 0 <input type="checkbox"/> Unknown				N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 25 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55gal., Please complete the HazMat form				NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 30 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use			
J Property Use*				Structures				Household goods, sales, repairs				Other			
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field				341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway				539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input checked="" type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard				Takeup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 629 Laboratory or science WFRS-1 Revision 03/11/99			

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NWIRS-18) as necessary

K2 Owner

☐ Same as person involved? Then check this box and skip the rest of this section.

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

L Remarks

Local Option

Engine 653 was dispatched to 2410 Ben Hur to assist BRFD with an Investigation. Communications advised us that there was a possible explosion over night and the occupants of the building wanted the fire department to investigate. BRFD was already on scene prior to our arrival. We arrived on scene and staged for an assignment. After sitting in the truck for five minutes or so with no communications with BRFD, Engine 653 crew left the apparatuses to go do a "face to face" with Chief 37. All members from BRFD were inside the building just outside the room where the fire originated. I spoke with the captain from Engine 15 and Chief 37 and asked what they had and if anything were needed. They stated that they had a fire in the lab portion of the building and that we were only needed for an extra water source if needed. I immediately advised my crew to exit the building. We staged by Engine 653 which was 10 acted away from any hazards. I notified Chief 604 of the matter. Chief 604 then arrived on scene and advised us not to go back into the building without an SCBA. Chief 604 also advised Chief 37 to possible get BRFD Hazmat enroute to do air monitoring. All members from SGFD remained in staging outside the hazard zone until released by Chief 37. All SGFD units went available.

11/06/2018 14:37:21 cwmondrick

L Authorization

281

Officer in charge ID

Signature

(b) (6)

Position or rank

EG653

Assignment

11

06

2018

Month Day Year

Check box if same as Officer in charge.

281

Member making report ID

Signature

(b) (6)

Position or rank

EG653

Assignment

11

06

2018

Month Day Year

A		FDID 17040		State LA		MM 11 DD 6 YYYY 2018		Station 65		Incident Number 18-0008043		Exposure 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		MFIRS - 9	
																Apparatus or Resources	
B Apparatus or * Resource		Date and Times						Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>			Actions Taken				
		<small>Check if same as alarm date</small>															
			Month	Day	Year	Hour	Min										
1	ID AR009	Dispatch	<input checked="" type="checkbox"/>	11	6	2018	07:42	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
	Type 11	Arrival	<input checked="" type="checkbox"/>	11	6	2018	07:52										
		Clear	<input checked="" type="checkbox"/>	11	6	2018	11:02										
2	ID CH037	Dispatch	<input checked="" type="checkbox"/>	11	6	2018	07:42	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
	Type 92	Arrival	<input checked="" type="checkbox"/>	11	6	2018	07:55										
		Clear	<input checked="" type="checkbox"/>	11	6	2018	10:30										
3	ID CH604	Dispatch	<input checked="" type="checkbox"/>	11	6	2018	07:52	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
	Type 92	Arrival	<input checked="" type="checkbox"/>	11	6	2018	08:21										
		Clear	<input checked="" type="checkbox"/>	11	6	2018	10:04										
4	ID EG015	Dispatch	<input checked="" type="checkbox"/>	11	6	2018	07:20	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
	Type 11	Arrival	<input checked="" type="checkbox"/>	11	6	2018	07:27										
		Clear	<input checked="" type="checkbox"/>	11	6	2018	11:04										
5	ID EG613	Dispatch	<input checked="" type="checkbox"/>	11	6	2018	07:52	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	93 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
	Type 11	Arrival	<input type="checkbox"/>														
		Clear	<input checked="" type="checkbox"/>	11	6	2018	07:53										
6	ID EG653	Dispatch	<input checked="" type="checkbox"/>	11	6	2018	07:53	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
	Type 11	Arrival	<input type="checkbox"/>														
		Clear	<input checked="" type="checkbox"/>	11	6	2018	07:56										
7	ID EQ091	Dispatch	<input checked="" type="checkbox"/>	11	6	2018	08:28	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
	Type 60	Arrival	<input checked="" type="checkbox"/>	11	6	2018	08:49										
		Clear	<input checked="" type="checkbox"/>	11	6	2018	10:54										
8	ID FI081	Dispatch	<input checked="" type="checkbox"/>	11	6	2018	08:09	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
	Type 00	Arrival	<input checked="" type="checkbox"/>	11	6	2018	08:46										
		Clear	<input checked="" type="checkbox"/>	11	6	2018	11:04										
9	ID FI084	Dispatch	<input checked="" type="checkbox"/>	11	6	2018	08:09	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
	Type 00	Arrival	<input checked="" type="checkbox"/>	11	6	2018	08:39										
		Clear	<input checked="" type="checkbox"/>	11	6	2018	11:04										

Type of Apparatus or Resources		
Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other Medical & Rescue 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> More Apparatus? Use Additional Sheets </div> Other 91 Mobile command post 92 Chief officer car 93 Hardhat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined

MFIRS-9 Revision 11/17/98

A	FDID 17040	State LA	Incident Date 11/6/2018	Station 65	Incident Number 18-0008043	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B Apparatus or Resource	Date and Times	Sent	Number of People	Use	Actions Taken
Use codes listed below	Check if same as alarm date Month Day Year Hours/mins	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel.

1	ID AR009 Type 11	Dispatch <input checked="" type="checkbox"/> 11/6/2018 07:42	Arrival <input checked="" type="checkbox"/> 11/6/2018 07:52	Clear <input checked="" type="checkbox"/> 11/6/2018 11:02	Sent <input checked="" type="checkbox"/>	Number of People 0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2	ID CH037 Type 92	Dispatch <input checked="" type="checkbox"/> 11/6/2018 07:42	Arrival <input checked="" type="checkbox"/> 11/6/2018 07:55	Clear <input checked="" type="checkbox"/> 11/6/2018 10:30	Sent <input checked="" type="checkbox"/>	Number of People 0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3	ID CH604 Type 92	Dispatch <input checked="" type="checkbox"/> 11/6/2018 07:52	Arrival <input checked="" type="checkbox"/> 11/6/2018 08:21	Clear <input checked="" type="checkbox"/> 11/6/2018 10:04	Sent <input checked="" type="checkbox"/>	Number of People 1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
201	Romano, Rustin	04-DFC	X				

A	FDID 17040	State LA	Incident Date 11/6/2018	Station 65	Incident Number 18-0008043	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	MFIRS - 10 Personnel
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B Apparatus or Resource <small>Use codes listed below</small>	Date and Times <small>Check if same as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People <input type="checkbox"/>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID EG015 Type 11	Dispatch <input checked="" type="checkbox"/> 11/6/2018 07:20 Arrival <input checked="" type="checkbox"/> 11/6/2018 07:27 Clear <input checked="" type="checkbox"/> 11/6/2018 11:04	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2 ID EG613 Type 11	Dispatch <input checked="" type="checkbox"/> 11/6/2018 07:52 Arrival <input type="checkbox"/> 11/6/2018 Clear <input checked="" type="checkbox"/> 11/6/2018 07:53	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	(b) (6)		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID EG653 Type 11	Dispatch <input checked="" type="checkbox"/> 11/6/2018 07:53 Arrival <input type="checkbox"/> 11/6/2018 Clear <input checked="" type="checkbox"/> 11/6/2018 07:56	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	(b) (6)		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

A	FDID 17040	State LA	Incident Date 11/6/2018	Station 65	Incident Number 18-0008043	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B Apparatus or Resource <small>Use codes listed below</small>	Date and Times <small>Check if same as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of People <input type="checkbox"/>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID EQ091 Type 60	Dispatch <input checked="" type="checkbox"/> 11/6/2018 08:28 Arrival <input checked="" type="checkbox"/> 11/6/2018 08:49 Clear <input checked="" type="checkbox"/> 11/6/2018 10:54	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2 ID FI081 Type 00	Dispatch <input checked="" type="checkbox"/> 11/6/2018 08:09 Arrival <input checked="" type="checkbox"/> 11/6/2018 08:46 Clear <input checked="" type="checkbox"/> 11/6/2018 11:04	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken

3 ID FI084 Type 00	Dispatch <input checked="" type="checkbox"/> 11/6/2018 08:09 Arrival <input checked="" type="checkbox"/> 11/6/2018 08:39 Clear <input checked="" type="checkbox"/> 11/6/2018 11:04	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken

17040 FDID	LA State	11 Incident Date	6 Incident Date	2018 Incident Date	65 Station	18-0008043 Incident Number	000 Exposure	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
EQ091 Service Unit 91	08:28:01	08:28:03	08:49:13	10:54:15

Staff ID\Staff Name	Activity	Rank	Position	Role
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FI081 Fire Investigator 08:09:18 08:46:29 11:04:39

Staff ID\Staff Name	Activity	Rank	Position	Role
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FI084 Fire Investigator 08:09:26 08:39:47 11:04:52

Staff ID\Staff Name	Activity	Rank	Position	Role
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17040 FDID	LA State	11 Incident	6 Date	2018	65 Station	18-0008043 Incident Number	000 Exposure	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
AR009 Aerial 9	07:42:47	07:46:02	07:52:53	11:02:03

Staff ID\Staff Name	Activity	Rank	Position	Role
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CH037 District Chief 37	07:42:47	07:45:57	07:55:59	10:30:50
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Staff ID\Staff Name	Activity	Rank	Position	Role
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CH604 District Chief 604	07:52:07	07:53:55	08:21:46	10:04:02
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Staff ID\Staff Name	Activity	Rank	Position	Role
(b) (6)	Emergency Respon	District Fi	District Chi	District Chi

EG015 Engine 15	07:20:15	07:21:41	07:27:17	11:04:14
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Staff ID\Staff Name	Activity	Rank	Position	Role
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EG613 Engine 613	07:52:07	07:52:39		07:53:15
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Staff ID\Staff Name	Activity	Rank	Position	Role
(b) (6)				

EG653 Engine 653	07:53:47	07:53:51		07:56:14
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Staff ID\Staff Name	Activity	Rank	Position	Role
(b) (6)				

FDID 17040 *	State LA *	MM 11	DD 6	YYYY 2018	Station 65	Incident Number 18-0008043 *	Exposure 000 *	Responding Personnel
Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
(b) (6)								

Total Participants: 8

Total Personnel Hours: 29.92

An 'X' next to the unit denotes driver.
St. George Fire

Wolff, Axel (NIH/OD) [E]

From: OLAW Division of Compliance Oversight (NIH/OD)
Sent: Friday, January 18, 2019 6:34 AM
To: Coulon, Ann
Cc: OLAW Division of Compliance Oversight (NIH/OD)
Subject: RE: Reportable Incident

Thank you for this report, Ms. Coulon. We will send a response soon.

Axel Wolff, M.S., D.V.M.
Deputy Director, OLAW

From: Coulon, Ann <ACoulon@agcenter.lsu.edu>
Sent: Thursday, January 17, 2019 3:13 PM
To: OLAW Division of Compliance Oversight (NIH/OD) <olawdco@od.nih.gov>
Cc: Elzer, Philip H. <PElzer@agcenter.lsu.edu>; (b) (6)
Subject: Reportable Incident

Dear Director, Division of Compliance Oversight, OLAW

The LSU AgCenter Experiment Station, in accordance with Assurance A4564-01 or D16-00792 and PHS Policy IV.F.3., provides this final report regarding an accidental fire at the Aquaculture Research Station. Notice of this reportable incident was first sent to your office as a preliminary report on November 9, 2018. The final report as well as the two responding fire department reports are attached. This was not a case of noncompliance but an accident resulting in the death of some fish species housed in the facility.

Should additional information be required, please do not hesitate to contact me. Thank you for your time and consideration in this matter.

Ann Coulon
Associate Vice President for Administration
LSU Agricultural Center
(b) (4) J. N. Efferson Hall
110 LSU Union Square
Baton Rouge, LA 70803-0106
Phone (b) (6) Mobile (b) (6)
Fax (b) (6) acoulon@agcenter.lsu.edu

CONFIDENTIALITY MESSAGE. Note: This e-mail contains PRIVILEGED and CONFIDENTIAL information intended only for the use of the specific individual or entity named above. If you or your employer is not the intended recipient of this e-mail or an employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any unauthorized dissemination or copying of this e-mail is strictly prohibited. If you have received this transmission in error, please immediately delete the message. Thank you.

- Name and contact information of person reporting
 - Ann Coulon, Institutional Official
 - Associate Vice President for Administration
 - LSU Agricultural Center
 - (b) (4) J. N. Efferson Hall
 - Baton Rouge, LA 70803-0106
 - Phone (b) (6) Mobile (b) (6)
 - Fax (b) (6) acoulon@agcenter.lsu.edu
- Name of institution
 - Louisiana State University Agricultural Center Experiment Station
- Assurance number
 - A4564-01 or D16-00792
- Funding component and if contacted (for situations related to PHS-supported activities)
 - NO PHS-supported activities
- Brief description of incident (e.g., species, category of personnel involved, dates, times, animal deaths)
 - On Tuesday, November 6, 2018, the AgCenter Aquaculture Research Facility suffered an accidental fire further complicated by a burst water pipe. The building was evacuated and power shut off. This building houses alligators and various fish species. Turtles were located in an unaffected outer building. As soon as the 'all clear' was given, faculty (PIs) and graduate students entered the building and began moving animals to other holding tanks on the property. Due to loss of power, tanks suffered from a lack of oxygen and fish died. The building is uninhabitable. Exact numbers and species are being tabulated.
 - No alligators were lost
 - All zebrafish died due to the power loss to their aquatic life support housing unit
 - All surviving fish (catfish, tilapia, bluegill hybrids, etc) were moved to outer buildings.
- Plan and schedule for correction and prevention (if known)
 - Still being formulated. Offices and labs will need to be temporarily relocated.
- Timeframe for final report from the Institutional Official
 - To be determined.



Office of Vice President for Agriculture

101 J. Norman Efferson Hall
110 LSU Union Square
Baton Rouge, LA 70803-0106
(225) 578-4161
FAX: (225) 578-4143

Development
(225) 578-7360
FAX: (225) 578-4143

Governmental Relations
(225) 578-4967
FAX: (225) 578-4143

Accounting Services
103 J. Norman Efferson Hall
110 LSU Union Square
Baton Rouge, LA 70803-0106
(225) 578-4648
FAX: (225) 578-0735

February 8, 2018

FROM:

(b) (6)

(b) (6)

Ag Leadership
106 Knapp Hall
110 LSU Union Square
Baton Rouge, LA 70803-0106
(225) 578-3659
FAX: (225) 578-5805

2/13/18

TO: Ms. Ann Coulon
Associate Vice President for Administration

Communications
128 Knapp Hall
110 LSU Union Square
Baton Rouge, LA 70803-0106
(225) 578-2263
FAX: (225) 578-4524

RE: Institutional Official Authority for Animal Care

As the Chief Executive Officer of the Louisiana State University Agricultural Center (LSU AgCenter), it is my responsibility to ensure compliance in a number of areas including the appropriate care and use of animals in research, teaching, and extension. According to policy established in 1992, the LSU AgCenter complies fully with the Animal Welfare Act of 1966, as amended in 1990 to include farm animals, and with the Health Research Extension Act of 1985. We have an active Institutional Animal Care and Use Committee (IACUC) composed of agricultural research scientists, veterinarians, and local community residents.

Facilities Planning
210 J. Norman Efferson Hall
110 LSU Union Square
Baton Rouge, LA 70803-0106
(225) 578-8731
FAX: (225) 578-7351

Human Resource Management
and Diversity
103 J. Norman Efferson Hall
110 LSU Union Square
Baton Rouge, LA 70803-0106
(225) 578-2258
FAX: (225) 578-8284

As Associate Vice President for Administration, I am hereby delegating to you the responsibility of Institutional Official for animal care together with the authority to oversee compliance issues and to appoint members to the IACUC. This appointment became effective January 1, 2018.

Information Technology
118 Knapp Hall
110 LSU Union Square
Baton Rouge, LA 70803-0106
(225) 578-4020
FAX: (225) 578-3629

cc: Phil Elzer

International Programs
160-C Hatcher Hall
110 LSU Union Square
LSU Box 16090
Baton Rouge, LA 70803-0106
(225) 578-6963
FAX: (225) 578-6775

Sponsored Programs and
Intellectual Property
104 J. Norman Efferson Hall
110 LSU Union Square
Baton Rouge, LA 70803-0106
(225) 578-6030

From: OLAW Division of Compliance Oversight (NIH/OD)
Sent: Tuesday, November 13, 2018 6:54 AM
To: (b) (6)
Cc: OLAW Division of Compliance Oversight (NIH/OD)
Subject: RE: OLAW preliminary report of accidental fire at an animal facility - D16-00792

Thank you for this report, (b) (6) We will start a new case file and look forward to receiving the final report from the IO after the IACUC has completed its investigation.

Axel Wolff, M.S., D.V.M.
Deputy Director, OLAW

From: (b) (6)
Sent: Friday, November 09, 2018 2:09 PM
To: OLAW Division of Compliance Oversight (NIH/OD) <olawdco@od.nih.gov>
Cc: Coulon, Ann <ACoulon@agcenter.lsu.edu>; Elzer, Philip H. <PElzer@agcenter.lsu.edu>
Subject: OLAW preliminary report of accidental fire at an animal facility - D16-00792

Dear OLAW

I am the secretary of the Louisiana State University Agricultural Center Experiment Station IACUC, OLAW assurance # D16-00792. Our IO and our IACUC chair are unavailable due to illness or travel, respectively. We have a new IO since our annual report was sent in last January; I attached her appointment.

We suffered a fire at an animal facility on Tuesday, November 6. I have attached the preliminary report as described in NOT-OD-05-034.

Please do not hesitate to contact me should you need more information at this time. Thank you. Sue

(b) (6)

