Memorandum to:	Calvin O. Butts, III, President			
From:	Institutional Animal Care and Use Committee Semiannual Report of the Program Review and Facility Inspection December 20, 2019			
Subject:				
Date:				
uired by the Public Heal ction <u>IV.B.13.,</u> the <i>Gui</i> (<u>AWA</u>) regulations, as a	e IACUC's results of its most recent program review and facility inspection, as Ith Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policial for the Care and Use of Laboratory Animals (Guide), and the Animal Welfar applicable. Submission of semiannual reports to the Institutional Official is a 's Animal Welfare Assurance with the NIH Office of Laboratory Animal Welfare			
	the following changes have occurred in the institution's prograse (PHS Policy <u>IV.A.1.ai.):</u> [optional]			
1. Changes to m	nembership (see section VI)			
2. Adoption of p	olicy that no more than 3 scientists from any given department than serve on			
Description of the I	Nature and Extent of the Institution's Adherence to the PHS Pol			
Departures from the Select A or B:	AWA PHS Policy, the <i>Guide</i> , and the AWA.			
Departures from the Select A or B: [X] A. There were [] B. The followi	AWA			
Departures from the Select A or B: [X] A. There were [] B. The followi	PHS Policy, the <i>Guide</i> , and the AWA. e no departures during this reporting period. ng departures have been reviewed and approved by the IACUC: [include]			
Departures from the Select A or B: [X] A. There were [] B. The following reason for [] and the select A or B: [X] A. There were [] B. The following reason for [] and the select A or B: [X] A. There were [] B. The following reason for [] and the select A or B: [X] A. There were [] B. The following reason for [] B. The select A or B: [X] A. There were [] B. The following reason for [] B. The select A or B: [X] A. There were [] B. The following reason for [] B. The select A or B: [X] A. There were [] B. The following reason for [] B. The select A or B: [X] A. There were [] B. The following reason for [] B. The select A or B: [X] A. There were [] B. The following reason for [] B. The select A or B: [X] B. The select A or B: [X] B. The following reason for [] B. The select A or B: [X] B. The s	PHS Policy, the <i>Guide</i> , and the AWA. e no departures during this reporting period. ng departures have been reviewed and approved by the IACUC: [include]			
Departures from the Select A or B: [X] A. There were [] B. The following reason for [] Deficiencies in the 1.	PHS Policy, the <i>Guide</i> , and the AWA. e no departures during this reporting period. ng departures have been reviewed and approved by the IACUC: [include each departure]			

I.

II.

Animal Facility Inspection Date(s): Select A or B: [] A. There were no deficiencies in the animal facility during this reporting period. B. The following deficiencies have been identified: [describe each deficiency, identify [X] each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table] See page 4 IV. **Minority Views** Select A or B: A. No minority views were submitted or expressed. B. The following minority views were expressed: [insert minority views here or attach] **Status of AAALAC Accreditation** [identify accredited facilities, if applicable] **Signatures** [signatures of a majority of the IACUC members required by AWAR (§2.31,c,3), if VI. applicable] Signatures Names of IACUC Members

v3/8/2012

Deficiencies in the Institution's Animal Facility

III.

	771.11

I. Semiannual Program Review and Facility Inspection Report

Date: Dec 20, 2019 Members in Attendance:					
Deficiency Category* √	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule Date and Interim Status Complete	
M	S121C	Need to track the date of food		Emailed in January 2020	
М	S121	A bottle of liquid is unlabeled and the floor of the common area needs to be scrubbed and cleaned.		Emailed them in January 2020 to inform them.	
M	S121B	Bedding found in testing equipment needs to be swept up.		Emaile to inform	
М	S121	Bedding disposal was last checked in Sept 2019. Needs to be checked every month.		to inform	
M	S121	Biosafety hood need to be certified in January.		Emailed to remind her.	

S = significant deficiency (is or may be a threat to animal health or safety) **C** = change in program (PHS Policy <u>IV.A.1.a.-i.)</u> (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

[√] Check if repeat deficiency