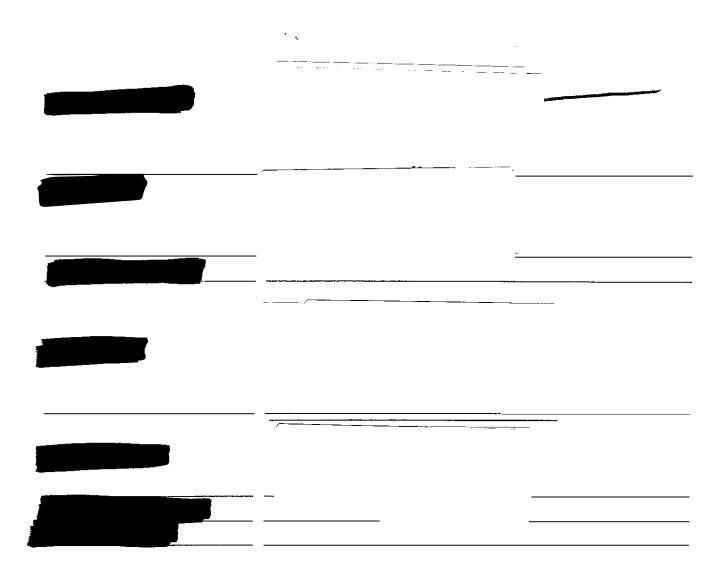
Calvin O. Butts III, President

Memorandum to:

From:	Institutional Animal Care and Use Committee			
Subject:	Semiannual Report of the Program Review and Facility Inspection			
Date:	May 21, 2020			
as required by the Pu (Policy), Section IV.B Animal Welfare Act (A Institutional Official is Laboratory Animal We Since the last rev	tes the IACUC's results of its most recent program review and facility inspection, ablic Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (13., the Guide for the Care and Use of Laboratory Animals (Guide), and the AWA) regulations, as applicable. Submission of semiannual reports to the a condition of this institution's Animal Welfare Assurance with the NIH Office of elfare (OLAW).  iew, the following changes have occurred in the institution's hal care and use (PHS Policy IV.A.1.ai.): [optional]			
1. Changes	to membership (see section VI)			
Policy, the Gui  Departures from Select A or B: [X] A. There [] B. The fo	the Nature and Extent of the Institution's Adherence to the PHS de, and the AWA  the PHS Policy, the Guide, and the AWA.  were no departures during this reporting period.  llowing departures have been reviewed and approved by the IACUC: [include of for each departure]			
	the Institution's Animal Care and Use Program  Use Program Review Date(s):			
Select A or B:  [X] A. There was a separate of the color	were no deficiencies in the program during this reporting period.  Illowing deficiencies have been identified: [describe each deficiency, identify eficiency as either minor or significant, and provide a reasonable and specific and schedule for the correction of each deficiency, deficiencies may be recorded on rate table and attached, the last page of OLAW's Sample Semiannual Program and Facility Inspection Checklist provides a sample table			

<b>Deficiencies in the Institutio</b>	n's Animal Facility					
Animal Facility Inspection Date(s)	:					
Select A or B:  [ ] A. There were no deficiencies in the animal facility during this reporting period.  [X ] B. The following deficiencies have been identified: [describe each deficiency, identify 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						
Minority Views						
Select A or B:  [x] A. No minority views were  [ ] B. The following minority v	submitted or expressed. riews were expressed: [insert minority views here or attach]					
Status of AAALAC Accreditati	on [identify accredited facilities, if applicable]					
Status of AAALAC Accreditati	on [identify accredited facilities, if applicable]					
Status of AAALAC Accreditati	ion [identify accredited facilities, if applicable]					
	jon [identify accredited facilities, if applicable]					
Signatures [signatures of a ma						
Signatures [signatures of a ma (§2.31,c,3), if applicable]	jority of the IACUC members required by AWAR					
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## **Semiannual Program Review and Facility Inspection Report**

Date: May 21, 2020 Members in Attendance:

Members III Attendance.					
Deficiency Category*	_	Deficiency and on Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
M	S121A	Cage washing equipment was dirty.		Will clean by 6/15/20	ing ang ang Alling to be capalled and and a
M	S121C	Mice logs needs to be updated & food bin needs to be labeled		Will update by 6/15/20	
M	√ S121	Bedding disposal and hood need to be certified.		Will be certified by 12/1/20	
M	S121	Light bulb out in main room		Will be replaced by 8/1/20	
A	S121	Expired anesthetics kept in locked cabinet until proper disposal could be done.		To be disposed by 9/1/2020	

<sup>\*</sup> A = acceptable

M = minor deficiency

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

NA = not applicable

**<sup>√</sup>** Check if repeat deficiency