According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.						
	(7 U.S.C. 2143). Failure to rest as provided for in Section 21		ions can result in an order to ceas	e and desist Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2017	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				1. REGISTRATION NUMBER 34-R-0163		
				ERS RESEARCH FACILITY (Name, address, and DUSDA, include ZIP Code)	telephone number as	
ANNUAL REPORT OF RESEARCH FACILITY				ALBION COLLEGE		
(TYPE OR PRINT)			611 EAST I	611 EAST PORTER STREET		
			ALBION, M	ALBION, MI 49224		
3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets, if necessary.)						
FACILITY LOCATIONS (Sites)						
REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets, if necessary, or use APHIS FORM 7023A.)						
A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery, or tests we conducted involving accompanying pain or distress to the animals and for which the us appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explana of the procedures producing pain or distres these animals and the reasons such drugs were not used must be attached to this rep	tion s on	
4. Dogs	0	0	0	0	0	
5. Cats	0	0	0	0	0	
6. Guinea Pigs	0	0	0	0	0	
7. Hamsters	0	0	0	0	0	
8. Rabbits	0	0	0	0	0	
9. Non-human Primates	0	0	0	0	0	
10. Sheep	0	0	0	0	0	
11. Pigs	0	0	0	0	0	
12. Other Farm Animals						
13. Other Animals						
ASSURANCE STATEMENT	S		1			

1.) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.

2.) Each principal investigator has considered alternatives to painful procedures.

3.) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.

4.) The attending veterinarian for this research facility has appropriate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL				
(Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official (I.O.))				
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).				

DATE SIGNED 18-OCT-2017