

VIII. Membership of the IACUC

Date: August 27, 2018			
Name of Institution: University of Rhode Island			
Assurance Number: A3690-01			
IACUC Chairperson			
Name*: Terence Bradley, Ph.D.			
Title*: IACUC Chair, Professor		Degree/Credentials*: Ph.D.	
Address*: (street, city, state, zip code) Woodward Hall 9 East Alumni Ave Kingston, RI 02881			
E-mail*: tbradley@uri.edu			
Phone* (b) (6)		Fax* (b) (6)	
IACUC Roster			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
(b) (6)			Nonaffiliated
			Non-Scientist
Dr. Gordon Brackee	V.M.D.	Attending Veterinarian	Veterinarian
(b) (6)			Scientist
			Scientist - Alternate
			Scientist
			Scientist / Alternate Chair
			Scientist - Alternate
			Scientist
			Scientist - Alternate
(b) (6)			Scientist
			Scientist

(b) (6)	Scientist
	Non-Voting
	Non-Voting
	Non-Voting

* This information is mandatory.

** Names of members, other than the chairperson and veterinarian, may be represented by a number or symbol in this submission to OLAW. Sufficient information to determine that all appointees are appropriately qualified must be provided and the identity of each member must be readily ascertainable by the institution and available to authorized OLAW or other PHS representatives upon request.

*** List specific position titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer fireman; not "community member" or "retired").

**** PHS Policy Membership Requirements:

Veterinarian veterinarian with training or experience in laboratory animal science and medicine or in the use of the species at the institution, who has direct or delegated program authority and responsibility for activities involving animals at the institution.

Scientist practicing scientist experienced in research involving animals.

Nonscientist member whose primary concerns are in a nonscientific area (e.g., ethicist, lawyer, member of the clergy).

Nonaffiliated individual who is not affiliated with the institution in any way other than as a member of the IACUC, and is not a member of the immediate family of a person who is affiliated with the institution. This member is expected to represent general community interests in the proper care and use of animals and should not be a laboratory animal user. A consulting veterinarian may not be considered nonaffiliated.

[Note: all members must be appointed by the CEO (or individual with specific written delegation to appoint members) and must be voting members. Non-voting members and alternate members must be so identified.]



(b) (6)

X. Facility and Species Inventory

Date: August 28,2018			
Name of Institution: University of Rhode Island			
Assurance Number: A3690-01			
Laboratory, Unit, or Building*	Gross Square Feet [include service areas]	Species Housed [use common names, e.g., mouse, rat, rhesus, baboon, zebrafish, African clawed frog]	Approximate Average Daily Inventory
(b) (4)	96	Cichlids	0
	2,500	Peromyscus mice Rabbits	48 2
	5,373	Rainbow trout	1500
	1,620	Blue tilapia Koi Zebrafish Convict Cichlids Keyhole Cichlids	47 10 6 25 15
	2,920	Lab mice	650
	7,000	Mahi Mahi Cichlids	4 250
	1,500	Shark Skate Tautog Summer flounder Oyster toadfish Black seabass sculpin	1 17 1 3 1 6 1
	6,000	Tuna	12
	1,198	Birds Lab mice Lizards	0 110 0
	70 acres	Chicken Cow Donkey Goat Horse Sheep Swine	40 8 2 6 1 45 8
	184	Lab mice Peromyscus mice	0 6
	284	Hamster Peromyscus mice	12 8

(b) (4)	1,610	Lab Rats	280
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*Institutions may identify animal areas (buildings/rooms) by a number or symbol in this submission to OLAW. However, the name and location must be provided to OLAW upon request.

THE
UNIVERSITY
OF RHODE ISLAND
DIVISION OF RESEARCH
AND ECONOMIC
DEVELOPMENT

THINK BIG WE DO



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To: Dr. Peter Snyder

From: Institutional Animal Care and Use Committee

Subject: Semiannual Evaluation of Animal Care and Use Program and Inspection of Facilities

Date: August 20, 2018

This report summarizes the findings of the most recent program review and facility inspection by the University of Rhode Island (URI) Institutional Animal Care and Use Committee (IACUC), as required by the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy), Section IV.B.1.-3, the *Guide for the Care and Use of Laboratory Animals (Guide)*, and the Animal Welfare Act and Regulations (AWA), as applicable. Submission of semiannual reports to the Institutional Official is a condition of URI's Animal Welfare Assurance with the National Institutes of Health (NIH) Office of Laboratory Animal Welfare (OLAW).

Since the last review, the following changes have occurred in URI's program for animal care and use (PHS Policy IV.A.1.a-i):

- IACUC Survival Surgery Policy
- CO2 Euthanasia Policy
- ABSL2 SOP
- Isoflurane SOP
- CBRC SOP's updated

- [REDACTED] (b) (6)

- Re-Appointment of The IACUC Chair, Terry Bradley

- [REDACTED] (b) (6)

Adherence to the PHS Policy, the Guide, and the AWA

IACUC members strive to ensure stringent standards of experimental design and animal care. The critical evaluation and scrutiny of each protocol is enhanced by the diverse qualifications and dedication of the members of this group. New or renewing IACUC protocols are reviewed monthly, usually on the third Monday of each month. Protocols are reviewed in accord with PHS Policy, the Guide, and the AWA.

Since the last program review on **November 20, 2017** the IACUC reviewed twelve (12) new protocols and approved eleven (10), with one (1) pending and one (1) tabled. The committee reviewed twelve (12) three-year protocol renewals (four (4) were USDA), and approved all twelve (12). Eleven (11) major amendments were reviewed and all eleven (11) approved. Five (5) USDA Annual renewals were reviewed by the IACUC Chair and all five (5) approved.

Protocols that were reviewed and approved (with scientific justification) that deviated from the *Guide*: Two (2) new protocols and five (5) three-year protocol renewals. An example of an approved deviation was social isolation (i.e., single housed animals).

Evaluation of the Animal Care and Use Program

The URI IACUC is the governing body with the responsibility to oversee and evaluate the University's animal program, procedures, and facilities. It ensures that they are consistent with the recommendations of PHS Policy, the *Guide*, and the AWA. Other applicable Federal, State, local and Institutional policies are adhered to as required.

The Semi-Annual Program Review was conducted at a convened meeting of the IACUC (**April 16, 2018**) utilizing the OLAW Semi-Annual Program Review checklist as a guide for discussion. Deficiencies are noted and a plan for correction is developed. These deficiencies are noted in appendix A attached to this letter.

Inspection of Animal Facilities

The IACUC conducted its Semi-Annual Facility Inspections on **April 10, 2018 (aquatic/farm/lab animal facilities)** and **April 12, 2018 (laboratory animal facilities)** using the OLAW Semi-Annual Facility Inspection Checklist. At least two committee members conducted the facility review by physically visiting each animal care room, noting deficiencies, and dictating a plan for correction as needed.

Attendant members present:

On April 10, 2018: Terry Bradley (Chair), Gordon Brackee, (b) (6)

(b) (6)

On April 12, 2018: Terry Bradley (Chair), Gordon Brackee, (b) (6)

(b) (6)

The facilities inspected include:

- Morrill Hall
- Fogarty Hall
- Woodward Hall
- Beaupre Animal Facility
- Central Laboratory Animal Facility (CLAF)
- Peckham Farm
- Wild Rodent Quarantine Facility (WRQF)
- East Farm
- Tuna Facility (GATCE)
- Graduate School of Oceanography

In the animal facilities, laboratory and procedure rooms visited, minor deficiencies were noted, e.g., Room numbers are missing in the new Beaupre animal facilities, several ceiling tiles in the hallway to animal rooms are cracked and need repair, floor in procedure room under the counter is in poor condition and should be repaired, wooden counters have paint chipping and damages to the edges, wood should be replaced with stainless steel or plastic counter and cabinets, rust was noted on surgery table and repair or replacement was recommended, rust was observed on air exhaust vent, numerous cracked and loose floor tiles were noted along with the baseboard missing corner moldings in the main hallway of Fogarty, Humidity meters are not working and suggest replacing ; all items were assigned a timetable for correction. Some of these deficiencies are carried over from the last inspection. Appendix A details each deficiency and plan of correction.

Minority Views

The signatures below demonstrate that the views espoused in this letter reflect a consensus opinion of the membership of the University of Rhode Island Institutional Animal Care and Use Committee. The Committee unanimously approved the report, with no minority reviews to report.

IACUC Members

Dr. Terence Bradley, Chair

Dr. Gordon Brackee, Veterinarian

(b) (6)

(b) (6)

April 30, 2018

Institutional Animal Care and Use Committee
Office of Research Integrity

Dear Dr. Brackee,

On April 10 and 12, 2018 The Institutional Animal Care and Use Committee (IACUC) conducted its announced semi-annual facility inspection, at which time the following deficiencies were noted for the building/rooms listed below:

CLAF

(b) (4)

Rust was noted on surgery table- recommend repair/replace. New table is on order.

Sections of ceiling should be repaired. Noted and still pending funding and approval.

Section of ceiling by fire alarm needs to be repaired. Noted and still pending funding and approval.

Curtain rods are made of wood- recommend replacing with stainless steel or cleanable plastic rod holders and rod for separation if needed, with a washable curtain. Wood rod holders still up. Note to remove by 7/6/18.

There is no washing machine for cleaning towels used for rabbits at the facility. This should be added as towels should not be washed at a personal residence. Using Pier Cleaners laundry service for towels and uniforms.

(b) (4)

Light in ceiling not working – work order was called in by animal care staff. Repaired 5/4/18.

(b) (4)

Ceiling vent cover needs to be secured. Repaired 5/4/18.

(b) (4)

Air intake vent cover is rusted; several bolts attaching the unit to floor are rusted. Noted and still pending funding and approval.

Dust and dead insects were found on top of the clean cage rack. Cleaned 5/4/18 and will ensure this is part of Monthly tasks.

No formulation information or expiration date were written on spray bottles of cleaner. Ethanol % not labeled (in cabinet) and diluted Quatricide had no date. Ethanol % added. As much Formulation info as we are provided is currently on bottles. Quatricide is not diluted. We buy a 5 gal. container and fill gallon jugs as it is more cost efficient. When an expiration date is not on bottles, it is because it is not provided to us and in this case we add a "fill date".

Table in animal room is rusty – recommend replacement with a stainless-steel table. Removed, will replace with new one by 7/31/18

The fire alarm box is rusty. Emailed control center work order for this 6/29/18.

No covers on electrical outlets in rooms where water is sprayed. The circuits appear to be GFI but please verify this. These outlets have been checked and verified to be GFI.

Floor in procedure room under the counter is in poor condition and should be repaired. Noted and still pending funding and approval.

Wooden counters have paint chipping and chipped edge of counter. – Wood should be replaced with stainless steel or plastic counter and cabinets. Noted and still pending funding and approval.

259 needles box & printing soiled- discard appropriately. Discarded 5/4/18.

Inside wooden cabinet dirty debris inside cleaned 5/4/18.

CLAF Lobby Halls

Several ceiling tiles in the hallway to animal rooms are cracked and need repair. The tile in which the Exit sign is mounted is cracked and has holes around the sign- It is recommended that the tiles be replaced, and any holes be repaired. Emailed control center work order for this 6/29/18.

Log sheet to record daily, weekly and monthly tasks are inconsistent. Since this is not an animal room, tasks are done monthly and/or as needed. For example, the ceilings/walls are not washed monthly here, however will be as needed. This is stated at the bottom of form.

Wild Rodent Quarantine Facility (WRQF)

Biosafety Cabinet expired on 1/31/2018- Inspected 7/2018

Beaupre

(b) (4)

Notify Biosafety Officer that the last inspection of the emergency shower was 11/30/2016.

Emailed (b) (6) Emailed (b) (6) again to check status today 6/29/18.

ISO Carbon absorption box needs to be weighed each use. Emailed lab on 5/11/18.

Rusty cart in procedure room needs to be replaced. Emailed lab on 5/11/18.

No room numbers – need to label all room in Beaupre. Sent new email and work order to Control Center for these items. Still pending.

Fogarty

Main halls to rooms-

Ceiling light in hallway near necropsy room appears to be hanging below ceiling and not flush.
Completed 02.23.2018

Hallway has numerous cracked and loose floor tiles. Pending Asbestos Abatement August 7-8, 2018.

Hallway baseboard missing corner moldings. Completed 03.19.2018

(b) (4)

Animals/mice were delivered to wild life in one biohazard bag not bagged and labeled per CBRC SOP.

Will follow SOP for future deliveries.

Euthanasia Log – remind PIs to not use “ditto” in the log but to write out each entry every time.
Reminded this lab in person about ditto marks and will send out another friendly reminder to all PI’s as well.

(b) (4)

IVIS & Lockbox

A more accurate paper trail of use of drugs needs to be put in place. The totals used do not tally correctly. Additionally, each dilution or new batch of drug should be made in a new sterile vial, not added to the one currently in use. This was addressed and corrected on 5/16/18.

(b) (4)

Food / Bedding Log -3/26/2018 last entry (needs to be updated). Log entries need to be current and follow CBRC SOPs. Updated and completed.

(b) (4)

Food Expired and needs to be removed from (b) (4) Completed day of inspection 4.12.18

Bag for disposal of carcasses in freezer need to be removed. Will be removed at next scheduled biohazard pick up. This is done every 2 weeks during scheduled biohazard p/u.

(b) (4)

Patch holes, wooden cabinet in anteroom should be removed and the controlled drug box should be moved to another location. Pending- work order submitted on 3.22.18

Morrill (b) (4)

CO2 euthanasia log and current SOP need to be in room-Animal Care staff to provide. Completed 4.12.18

Humidity reading 6% on animal room meter- Not working. Working. Humidity does get this low in all buildings!

Mop – white rag dirty – replace. Completed done weekly or as needed.

Could not locate room maintenance log for Husbandry? Located on animal rack next to thermos/hydro in animal room.

Morrill (b) (4)

Humidity Meter 9% in animal room meter- Not working. This is accurate. Humidity was low. Temp/Humidity meters get changed out to ensure they are working.

Morrill (b) (4)

Isoflurane unit needs to have an SOP that is approved to use as guide for proper use and for training new personnel. Recommended that a scale is located by the unit to facilitate weighing the activated carbon scavenging cartridges. ISO SOP was placed next to unit on 4-12-18.

Mop cloth dirty – replace Completed.

Morrill (b) (4)

The key to the drug lock box should be kept in a secure location rather than in the desk below the unit.

The Key is kept in drawer locked in (b) (4)

Morrill (b) (4)

Necropsy CO2

CO2 Euthanasia SOP needs to be next to the unit and Euthanasia log sheet. – Animal Care Staff to provide. Completed 4.12.18

Auto dialer- What is the schedule for testing the auto dialer and is this noted in the current SOP's?

Gordon will change current SOP to read the auto dialer will be done quarterly.

For Facility work order deficiencies: Correct by date: 4 Months- work order to be placed by CBRC Staff- Corrected by-August 31, 2018

For Non Facility work order deficiencies: Correct by date: 2 weeks- May 11, 2018

If these deficiencies have been corrected, please respond indicating the date of correction. If you do not agree with the deficiencies noted, respond with your comments and rationale for disagreeing and we will forward that information to the IACUC for consideration.

In the near future, two members of the IACUC will be re-visiting the above-mentioned facility to ensure that the deficiencies have been corrected and the facility is in compliance with federal regulations.

Failure to correct the above deficiencies could affect the approval status of the research in progress and require a report of non-compliance to the appropriate agency.

If you have any questions, please feel free to contact the Office of Research Integrity at (b) (6)

Sincerely,

Terence Bradley, PH.D

Chair, IACUC