

**DEPARTMENT OF HEALTH & HUMAN SERVICES****PUBLIC HEALTH SERVICE****NATIONAL INSTITUTES OF HEALTH
NATIONAL CANCER INSTITUTE**Redacted by
agreement.Frederick, Maryland 21702-1201
National Cancer Institute at Frederick

December 19, 2019

TO:

Redacted by agreement.

National Cancer Institute at Frederick

FROM:Melinda G. Hollingshead, D.V.M., Ph.D.
Chair, NCI at Frederick Animal Care and Use Committee**SUBJECT:**2019 Report of the Semiannual Facility Inspections [*Inspections took place between
October 3 and November 1*]

As part of the Office of Laboratory Animal Welfare animal assurance requirements, the NCI at Frederick Animal Care and Use Committee [ACUC] conducted one of the semiannual evaluations of its animal care and use program on December 19, 2019 and inspected the animal facilities between October 3 and November 1. The Environment, Health, and Safety [EHS] program conducted inspections [in conjunction with ACUC members and/or as a separate inspection]. This is the complete and final inspection report. No ACUC minority opinions were filed during this reporting period.

Redacted by agreement.

Inspectors:Jatinder Gulani (ACUC/Veterinary Staff),
Redacted by agreement.

Redacted by agreement.

Date of Inspection:

November 1, 2019

Date of Correction:

November 22, 2019

ACUC Comments:

The facility was organized. There were no major deficiencies noted.

Room	Deficiencies Noted	Facility Response
Storage	Relocate the bleach to a location where an emergency shower is more easily accessed should a full body splash occur. It is recommended to move the bleach to the "RO system" room up front where there is an emergency shower present.	Upon further discussion with Safety, it was decided bleach would remain in the current location as storage only. Bleach is taken as needed to the janitor closets for dispensing.
--	The covers from the electrical outlets to protect water were removed as they were too big and causing logistical problems. Please work with FME to come up with a solution to find the covers that do not bulge out and are more flush with the electrical socket.	Work order # 980862 has been placed to address the covers for electric outlets.
Redacted by agreement.	Please submit a work order to remove the light sensor, as currently a tape is being used to block it.	Work order #980824 has been submitted.

Redacted by agreement.

Small Animal Imaging Facility

Inspectors:

Redacted by agreement.

Date of Inspection: October 11, 2019
Date of Correction: November 5, 2019

ACUC Comments:

The facility was clean, well-organized and well run. No major deficiencies were found.

Room	Deficiencies Noted	Facility Response
Redacted by agreement.	Advised to post sanitation details on autoclaved bedding bin.	A clean bag will be placed in sanitized bin and changed each time the bin is refilled.
	Expired 10% NBF (4/27/2019) and PBS (7/3/19) was found. Additionally, a water bottle with a 2007 date was seen.	The expired items were disposed of according to regulations and staff were reminded to double check expiration dates.
	Expired 18G catheters were found. 22G size needles are noted for expiration this month. A bottle of methylene blue aliquoted on 2016/06 was found. It was not clear if it is for in vivo or lab in vitro use. Advised to discard if for animal use.	The expired 18G catheters and 22G needles with an expiration noted this month were appropriately disposed of in a Sharps container and staff were reminded to double check expiration dates. The methylene blue aliquoted 06/2016 was appropriately labeled (FOR LAB IN VITRO USE ONLY).
	Pure lube eye ointment in MRI room was expired, advised to discard.	The expired lube eye ointment was appropriately disposed, and new ointment ordered. Staff were reminded to double check expiration dates.

Redacted by agreement.

Inspectors: Jatinder Gulani (ACUC/Veterinary Staff),

Redacted by agreement.

Redacted by agreement.

Date of Inspection: November 1, 2019
Date of Correction: November 22, 2019

ACUC Comments:

Overall, the inspection team found the facility to be well organized. No major deficiencies were noted.

Room	Deficiencies Noted	Facility Response
Facility Entrance	Remove "OLD" Quarantine sign and replace with the new one.	Work order #980857 has been submitted to provide and install a new sign for Quarantine.
--	Update the ACUC "Reporting Concerns" document to update the IO.	Updated document has been posted.

Room	Deficiencies Noted	Facility Response
Hallway	Send Redacted by agreement electrical panel clearance sticker for the panel. EHS will be sending the sticker.	Sticker has been received and placed.
--	EHS will send the emergency phone number stickers for the phones in R&Q.	Stickers have been received and placed.
Redacted by agreement	The flow rate label is needed on the euthanasia station in the animal holding rooms. This label indicates the maximum flow rate that can be used given the size of the cages to displace 20% air volume per minute in order to meet AVMA guidelines for euthanasia.	A new label will be placed in this room and employees have been reminded to verify the flow rate on the gauge with the label.
	Dirty cages were left sitting in Redacted by agreement (a small desk space with a calendar on the desktop a Redacted by agreement were on top of that) instead of inside of a BSC or within the footprint of the laboratory.	Cages have been removed.
	Open junction box above the BSC.	The box has been closed.
	There is an outdated SAIC ethics information poster on the wall that needs to be removed and/or updated.	The poster has been removed.
	Live animals in brown paper bags were stacked in transport containers, and the stacking blocked off some of the airholes. Stacking should not be permitted to ensure animals have proper air exchange to breathe while waiting for procedures. It is understood this is a temporary situation, but best practice would be to transport and store temporarily housed animals so that they are not in a stacked configuration.	We will not stack animals in the future.
	Post a sign on the door entering into Redacted by agreement informing entrants that animal work is in progress and to enter cautiously so as not to startle workers.	A sign has been posted.

Redacted by agreement

Inspectors:

Redacted by agreement

Date of Inspection: October 25, 2019
Date of Correction: November 5, 2019

ACUC Comments:

The facility was clean, well-organized and well run. No major deficiencies were found.

Room	Deficiencies Noted	Facility Response
Redacted by agreement	Povidone iodine was noted for expiration this month.	The povidone iodine has been discarded.
	Expired RPMI media was found.	The expired RPMI has been discarded.
	Expired acetone (11/18); DMSO (06/2018). Additionally, Carboxy methylcellulose and Tween containers are dated 11/3/15 and 9/8/15 respectively.	The acetone, DMSO, Carboxymethylcellulose have been discarded. The chemical technician recorded an expiration of 5/2021 obtained from Sigma for the Tween.

Redacted by agreement.

Inspectors:

Redacted by agreement.

Date of Inspection: October 31, 2019
Date of Correction: November 5, 2019

ACUC Comments:

The facility was very clean and well-organized. The animals appear well cared for with lots of enrichment available to them.

Room	Deficiencies Noted	Facility Response
---	Some leaks in the ceiling are being addressed.	Work order #978229 has been submitted to address the ceiling leaks.

Redacted by agreement.

Inspectors:

Redacted by agreement.

Date of Inspection: October 31, 2019
Date of Correction: November 7, 2019

ACUC Comments:

The labs and animal areas are clean and organized. No major deficiencies were noted.

Room	Deficiencies Noted	Facility Response
--	There were a couple of sticky traps that hadn't been changed recently but this was fixed during the inspection. Please ensure traps are replaced on a regular basis.	Staff has been reminded that sticky traps must be replaced monthly.
--	A few labeling errors caused confusion on containers of nestlets; they were new, but the date said 2018. Typo will be corrected.	The labeling has been corrected.
--	Ensure up to date labels are used on bottles of 70% EtOH in the lab. Please change the date on the labels as new 70% EtOH is made.	The label on the 70% EtOH has been updated and future labels will be dated.
Redacted by agreement.	There was a cage with an animal that had surgery, but not all pertinent information regarding surgery was noted. In this case, the information regarding the type of anesthesia used was missing.	Technical staff has been reminded to record all pertinent information as listed above. Pre-made labels with fields below are available and technical staff are encouraged to utilize them to ensure there are no omissions.

Redacted by agreement.

Inspectors:

Redacted by agreement.

Date of Inspection: October 11, 2019
Date of Correction: November 5, 2019

ACUC Comments:

The facility was clean, well-organized and well run. No major deficiencies were found.

Room	Deficiencies Noted	Facility Response
--	The ice machine is missing, "Not for Human Consumption" sign.	A sign has been made and laminated and placed on the ice machine.
Redacted by agreement.	Some of the cages were found to be cloudy. A suggestion was made to discard them and use better/transparent cages.	We will cycle in new cages as the isolators are rebuilt.
	A random CO2 tank was stored. The inspectors were informed that it is not being used and will be removed.	The tank has been moved outside to be picked up.
	One of the cages had blood stains on the sides. It is understood that they cannot use cautery when they do the tails in the bubbles; however, cautery was used afterwards. Advised to change the cage.	The cage was changed during the weekly spot change after the inspection.
--	Expired tubes were found in the drawers.	The facility could not find any tubes. LAM found some hot hands that had an old validity date and they were disposed of.

Redacted by agreement.

Inspectors:

Redacted by agreement.

Date of Inspection: October 3, 2019
Date of Correction: October 31, 2019

Room	Deficiencies Noted	Facility Response
Xenopus	Red hazard bag was found on the floor outside the lab.	This is not our normal procedure and it will not happen again.
Xenopus	Singly housed frogs require justification.	Currently there are no cages with solitary Xenopus. If single housing becomes necessary, members of the Redacted by agreement will provide written justification on tank labels.
Xenopus	Cages require proper cage cards for ID, treatment, and procedure documentation.	Redacted by agreement will adopt the same system Redacted by agreement uses. The Redacted by agreement will need to determine, based on ACUC guidance, what information is included on the cards.

Room	Deficiencies Noted	Facility Response
Xenopus	The floor was wet.	The floor, walls and ceiling (electrical and lighting fixtures) were designed anticipating regular exposure to water. We will obtain a mop to reduce any large puddles. Otherwise the processes of moving tanks on/off racks, netting, transferring fish/frogs, cleaning tanks on the rack or in the sink, all continuously produce splashes that transiently create wet areas on the floor. We can also place a "CAUTION WET FLOOR" sign on the door to increase awareness for possible wet spots on the floor.
Xenopus	An extension cord was in use for some equipment.	IWAKI has rewired (10/23/19) the frog rack that was connected via an extension cord to the "emergency power" circuit. The rack is now able to reach the emergency power circuit using a single continuous cord from the electrical components of the frog rack to the outlet (No extension cords used to relay power).
Xenopus	There is paint peeling on the wall by the computer.	FME work order will be initiated to correct.
Xenopus	The deleterious phenotype signage on the wall is not easily found or read.	This regards the "Sox10" tank only. There is a label on the Sox10 tank that reads: "See SOX10 Instruct. ON WALL (←)" The "Deleterious Phenotype Reporting Form" is posted on the wall nearby. As requested by [Redacted by agreement], we will also place a copy in the ASP binder.
Xenopus	The thermometer is not properly mounted on the wall.	Currently we use tape to mount page protectors and thermometers to the wall. We will contact FME to install anchors into the solid masonry to secure the thermometers. We will also try different adhesives to secure "water shedding" page protectors to the walls in the effort to avoid tape.
Xenopus	The log should document changing filters.	We will generate a date log for the filters (50 um and 150 um) in the ASP binder.
Xenopus	A Xenopus net is stored on the counter.	We will obtain a covered netsoak container for storing Xenopus nets on the counter (not floor).
Xenopus	It is recommended that buildings [Redacted by agreement] work together on a joint SOP for con [Redacted by agreement] are.	We emailed the modified 560/22-69 Xenopus SOP on 9/27/2019 to LAM and [Redacted by agreement] management. QA was to converge/format/edit the frog SOP (in addition to a separate Zebrafish SOP).

Room	Deficiencies Noted	Facility Response
Zebrafish	A net dip bucket was sitting on the floor.	We will obtain a covered netsoak container for storing Zebrafish nets on counter (not floor).
Zebrafish	The incubator should be labeled according to the <i>NIH Animal Program Director Guidelines for Zebrafish Larvae Incubators</i> .	Incubator is now labeled: Zebrafish Incubator Contains Live Zebrafish Embryos 28°C Light: 14h ON, 10h OFF
Zebrafish	Tape was used to post notices.	We will try different adhesives to secure “water shedding” page protectors to the walls in the effort to avoid tape.
Zebrafish	Bottles of substances were found without labels.	We will make sure all bottles and tubes used to store substances (liquids and dry ocean salt) will be labeled to identify contents.
Zebrafish	There is no log of fish husbandry observations.	We keep the “Maintenance/Death” pages on the wall clipboard beside the fish rack. We will also include the “check list” boxes as used for the frogs that include “feeding, tank sanitation, room sanitation, health check”.
Redacted by agreement.	There is clutter in the animal work space.	The frog workspace has now been clearly designated in a separate workspace and defined by white water-resistant tape.
	Frog containers are used to store items.	These containers have been emptied of items.
	There were unlabeled containers with substances.	The containers are now properly labelled as “frog containers”.

Redacted by agreement.

Inspectors:

Redacted by agreement.

Date of Inspection: October 10, 2019

Date of Correction: October 28, 2019

ACUC Comments:

Overall, we found the animal facility to be in excellent condition with no major deficiencies. Individual animal holding rooms are clean and well-maintained.

Room	Deficiencies Noted	Facility Response
Cagewash, clean side	Filter tops were stored uncovered on carts.	Staff were reminded at an all hands meeting on 10/13 that all autoclaved supplies must be covered when being stored. The filter tops are now covered. We are also planning to utilize a dedicated covered storage rack in that area.

Room	Deficiencies Noted	Facility Response
Hall outside Redacted by agreement.	Mice were left in the euthanasia chamber with no notation of what time they were put in or who put them in the chamber (all mice were dead). The technician responsible for the mice was found and stated that she did not use a timer. It was suggested that a marker/board be provided for technicians to write down the time that mice are put in the chamber. Timers are already available on the cart.	We will take the inspector's suggestion and discontinue the use of our EU chamber logs and replace them with a board that is directly attached to the chamber. Once in place, staff will be required to mark their initials and start time on the board.
Redacted by agreement. hallway	New flooring needed prior to AALAAC site visit.	LSP has visited the facility and has provided a quote for new flooring in these rooms. Work order # 646889 has been generated to address the needed repairs.
--	Expired wet feed found in refrigerator near office area.	The wet feed was discarded at the time it was found and staff was reminded to monitor and discard expired containers.
Cagewash, dirty side	There is a rusted pipe with chipped insulation near the sink.	Work order # 646512 has been submitted to have the insulation replaced.
--	Expired medication was found in a storage cabinet in the large common area (trailer).	The expired medications were discarded at the time they were found, and employees were reminded to monitor expiration dates and properly dispose of expired medications as needed.

Redacted by agreement.

Inspectors:

Redacted by agreement.

Date of Inspection: October 10, 2019
Date of Correction: November 5, 2019

ACUC Comments:

The facility was very well kept and organized. No major deficiencies were noted.

Room	Deficiencies Noted	Facility Response
--	Door to vivarium has a sign that states, "keep shut at all times," but the door was propped open.	The door sign was removed since it does not interfere with air flow or security. The main entry to the animal vivarium is always kept shut and locked.
Clean cagewash	Feed was stored too close to the wall.	Feed was moved to 6 inches from the wall and staff were reminded of the parameters. Signs were also placed in the area as a reminder.
Clean cagewash	There was condensation dripping from the pipes onto the bedding.	A work order was placed when this was noticed, and a repair was made.
Redacted by agreement.	Enrofloxacin is outdated.	The antibiotic was properly disposed of and staff were reminded to check expiration dates.
	Biosafety Cabinet has equipment plugged into an extension cord.	Equipment was rearranged and the extension cord was removed.

Room	Deficiencies Noted	Facility Response
Redacted by agreement.	Some refrigerators are being used to store food, but signage indicated that was not acceptable. Ex. "Biologics only"	The wet feed was stored in this refrigerator was removed.
--	Recommend PPE station outside of 3 rd floor labs.	A work order was placed to add shelving outside the three doors of the labs to provide a central location for additional PPE when it is required.

Redacted by agreement.

Inspectors:

Redacted by agreement.

Date of Inspection: October 7, 2019

Date of Correction: October 23, 2019

ACUC Comments:

The facilities were clean and well maintained. There were no major deficiencies.

Bldg.	Deficiencies Noted	Facility Response
Redacted by agreement.	A large number of lixits are not working on the Allentown rack.	An Allentown representative has visited to evaluate the piping and lixits on these racks.
	Wet food in the refrigerator was not labeled/dated.	Signage has been placed on the refrigerator and staff has been reminded to record the date the wet feed was opened.
	Betadine and chlorohexidine were found in containers, expired, leaking, and stored above eye level.	Both items have been disposed of properly. Staff has been reminded to check regularly for expiration dates and store all chemicals below eye level.
	The large bulb lamp used to heat tails should have a protective cover to protect the bulb.	A new heat lamp with a protective guard has been ordered.
	The lamp should not be stored above eye level.	Reminded staff to store heat lamp below eye level.
	The CO ₂ station is in the office.	EHS has given Redacted by agreement a CO ₂ monitor to keep check of the 2 nd vel in the office area.
	The CO ₂ piping is hanging and not securely attached to the wall.	Piping has been securely attached to the wall (Work order #646546).
	The 2 tubes of hyaluronidase in the refrigerator needs to be dated.	Per email from the manufacturer, hyaluronidase does not have an expiration date. It is used until the bottle is empty.
	The CO ₂ station is next to the PPE.	Space in the facilities is tight and during the last ACUC inspection Dr. Gulani recommended we place the bonnets and masks in the last change room and the gloves could remain on the shelves above the CO ₂ station. We followed through with Dr. Gulani's recommendations.
	The refrigerator with carcasses is not labeled.	The signage stating "carcass refrigerator" has been placed on the refrigerator.
	Betadine is expired.	Betadine has been replaced and the expired Betadine has been disposed of properly.
	PPE signage is not consistent with practices.	PPE signage has been updated to reflect changes.
	The wet food signs on cages appear to be reused/dirty.	We have asked staff not to reuse wet feed strips.

Bldg.	Deficiencies Noted	Facility Response
Redacted by agreement.	Liquid substance was found stored in a cabinet above eye level.	We moved the liquids and reminded staff to store all liquids below eye level.
	Replace/repair the autoclave floor.	Work order #646889 has been submitted for the floor repairs in the inside Autoclave room.
	Touch up paint is required on the walls.	A work order has been submitted for painting (pending contractor or internal workers).
	Additional PPE shoes are needed.	New additional PPE shoes have been placed in the facility.
	There is no cart for CO ₂ transport.	A CO ₂ cart was ordered 10-17-19.
	Nitrogen gas tanks are in use and they periodically set off the O ₂ alarms.	A work order for new ventilation/HVAC is in the design stages, now waiting on funding to complete the project.
	There is no CO ₂ alarm.	This is part of the work order that has been put in for the new ventilation/HVAC System.
	Ventilation/HVAC and air circulation should be assessed and repaired.	Work order # 125545 for new ventilation/HVAC is in the design stages, waiting on funding to complete the project.
	Vestibule floor needs to be replaced.	A work order has been put in to repair the receiving room floor (WO#64609).
	Bacti-swabs are expired.	Bacti-swabs have been disposed of and new Bacti-swabs have been placed in the facility.
	Replace some PPE; holes were present.	Old scrubs have been disposed of and new scrubs has been placed in the facility.
	Shoe covers were left on PPE shoes, and some have holes.	Have remind staff to please replace shoe covers regularly.
	Refrigerator requires signage.	Signage has been placed on refrigerator for wet feed storage.
	Chlorhexidine is expired.	Chlorhexidine has been disposed of properly and staff reminded to discard unused or expired chemicals.
	The cage cards lacked required information.	Staff has been reminded to have all required information on the cage card, and cage cards have been corrected.

Redacted by agreement.

Inspectors:

Redacted by agreement.

Date of Inspection: October 21, 2019

Date of Correction: October 23, 2019

ACUC Comments:

Overall buildings were well kept and staff were knowledgeable and showed a great deal of concern and attention for the animals and their tasks. All questions put to staff were readily and satisfactorily answered.

Bldg.	Deficiencies Noted	Facility Response
Redacted by agreement.	The inspection team noted that the individual component containers at the Clidox mixing station did not have a tight sealing lid, the hoses were placed into the containers leaving a large gap. It is therefore recommended to seal this gap, either with a cap with a hole cut into it or some other gasket.	We are going to try using a Clidox container lid. We can puncture a hole in it and insert the hose thereby sealing the gap.

Bldg.	Deficiencies Noted	Facility Response
Redacted by agreement.	The inspection team noted a tall stack of dirty cages stacked above eye level during a cage change. For safety purposes it is recommended to limit the height when stacking cages.	Personnel have been instructed not to stack cages above eye level.
	The inspection team noted several cages of mice waiting to be euthanized, which were placed on a cart; however, none of the cages had a filter top. It is recommended that cages be covered at all times to minimize animal hair and dander exposure for persons in the facility.	Personnel have been instructed to place micro tops on cages of animals being held short term.
	The inspection team noted that there was no cover on the entrance door window or on the passthrough and adjacent window. Therefore, light is able to pass directly through into the animal facility. It is recommended that a light proof cover be placed over either the external window or the passthrough and adjacent window.	A work order will be submitted to put a cover on the exterior door window.
	The inspection team noted holes in the floor sealant/paint. It is recommended that these holes be patched.	A work order was submitted 9-26-19 to patch and paint the floor & door.
	The inspection team noted a small gap between a capped pipe within the floor along the back wall and the wall. It is recommended that this gap be filled/recaulked.	A work order has been submitted.
	The inspection team noted that the external door is rusted to the point where it will not seal completely. It is recommended that door be replaced or at the very least thoroughly repaired.	A work order has been submitted.
	The inspection team noted rusted metal on the frame of the exterior door near floor. It is recommended that the surface be repaired and painted.	A work order has been submitted.
	The inspection team noted chipped floor paint in the receiving area. It is recommended that the floor be repainted/sealed.	A work order has been submitted.
	The inspection team noted missing pipe insulation in the ceiling of the clean side cage wash area. It is recommended that the insulation be repaired or replaced.	A work order has been submitted for the insulation repair (WO#646951).

Redacted by agreement.

Inspectors:

Redacted by agreement.

Date of Inspection: October 28, 2019

Date of Correction: November 13, 2019

ACUC Comments:

Overall, the facilities were found to be well organized. No major deficiencies were noted.

Bldg.	Deficiencies Noted	Facility Response
Redacted by agreement.	The facility was organized, yet it was noted the hallway was very crowded. It is requested that storage racks be located along one wall.	We will move cage carts to one side of the hallway as requested.
	Expired reagent (Accumax) was found in the -20°C.	The Accumax was in Redacted by agreement -20°C freezer. The expired Accumax was properly discarded and Staff has been reminded to regularly check expiration dates on all reagents.

Bldg.	Deficiencies Noted	Facility Response
Redacted by agreement.	Media should contain an expiration date, in addition to the date it was made. This applies to both laboratory rooms.	These are Redacted by agreement. Laboratory rooms. All Redacted by agreement. properly labeled and Staff has been reminded to place a date on the media when it was made and an expiration date.
	Due to the nature of the cage rack system, several cages were observed as being not fully clicked or set into place.	The Animal Care staff has been reminded when placing the cages back on the racks, to be sure the cages are seated properly and fully clicked in place.
	Media should contain an expiration date, in addition to the date it was made.	All media has been properly labeled and staff has been reminded to place a made date and expiration date on the media.
	Matrigel was found in the -20°C freezer with no expiration date.	Expiration date was added to the Matrigel and staff has been reminded to place an expiration date on all reagents.
	Autoclaved instruments should be labelled with the date of sterilization on the pouch.	Staff has been reminded to label all instruments with sterilization date.
	Safety issue – the unapproved space heater is not allowed in the laboratory.	The space heater has been moved to the appropriate storage space Redacted by agreement. These heaters are used in the animal holding areas for emergency heat. All the heaters used in the APA animal facilities are for emergency heat and have been moved to appropriate storage space in each of the APA animal facilities. All the heaters have been labeled. This label states, "For animal Room Emergency Use Only".
	Safety issue – the tubing for the CO ₂ should be disconnected so it is not a tripping hazard.	Staff has been reminded when finished with Euthanize Box to place the Euthanize box and tubing in the appropriate storage space.
	The only issue was a discrepancy in the inventory of testosterone, a controlled substance. This will be addressed separately by Safety.	Safety will be addressing this issue.

Redacted by agreement.

Inspectors: Jatinder Gulani (ACUC/Veterinary Staff).

Redacted by agreement.

Redacted by agreement.

Date of Inspection: September 30, 2019

Date of Correction: October 4, 2019

ACUC Comments:

Overall, facilities were nicely kept.

Bldg.	Deficiencies Noted	Facility Response
Redacted by agreement.	Please update the phone numbers on all the signs to ten digit because of the recent change in the phone systems which does not allow dialing with just last 4 digits on campus.	All signage has been updated to 10-digit numbers.

Bldg.	Deficiencies Noted	Facility Response
Redacted by agreement.	Entry missing from the IPM log on one day (which was a Friday). IPM traps must be checked and logs documented daily	This was a missed entry; the traps were checked but the log sheet was not initialed.
	ABSL-1 sign on the animal holding room says, "facility dedicated PPE required". It will be helpful to define the facility dedicated PPE on the sign, especially for personnel who are not routine visitors of the space.	The sign has been updated to refer to the Redacted by entrance procedures posted on 2 entrance doors and the animal room door.
	F/Air canisters on the IVIS machine – are they being used for scavenging of isoflurane? If yes, then please document the initial weight of the canister. Initial weight was not documented. Is the induction chamber used outside the ducted biosafety cabinet? If yes, then is it approved by EHS?	Yes, they are scavenging isoflurane – we attempted to document the starting weight when it was first used last week – none of the available balances could accommodate the weight. We are awaiting receipt of a unit that will allow us to determine the starting weight. The induction chamber has been used outside a biosafety cabinet for over 10 years. Like the other approved tabletop induction boxes this has an active scavenging system.
	Animal holding room – There are two ceiling light fixtures that did not have the cover. Please place a work order for the placement of cover on these light fixtures.	Work order #645212 has been submitted for light covers.
	Entrance lobby – There is rust present at the bottom of the door jamb (entrance door inside part). Also, in the lobby, the upper portion of the walls upper portion and the duct work/piping close to the ceiling was not painted during the renovation. There are some places with cracks. Please submit a work order to paint the walls, ceiling and the entrance door in the lobby.	A work order has been submitted.

Attachments: Attachment A - Semiannual Program Review Checklist
Attachment B - EHS Inspection Reports

Distribution:
ACUC Members Facility Managers

NCI AT FREDERICK SEMI-ANNUAL PROGRAM REVIEW
December 19, 2019

INSTITUTIONAL POLICIES AND RESPONSIBILITIES

1. Animal Care and Use Program	A*	M	S	C	NA
• Responsibility for animal well-being is assumed by all members of the program	X				
• IO has authority to allocate needed resources	X				
• Resources necessary to manage program of veterinary care are provided	X				
• Sufficient resources are available to manage the program, including training of personnel in accord with regulations and the <i>Guide</i>	X				
• Program needs are regularly communicated to IO by AV and/or IACUC	X				
• Responsibilities for daily animal care and facility management are assigned to specific individual(s) when a full-time veterinarian is not available on site	X				
• Inter-institutional collaborations are described in formal written agreements	X				
• Written agreements address responsibilities, animal ownership, and IACUC oversight	X				
2. Disaster Planning and Emergency Preparedness	A*	M	S	C	NA
• Disaster plans for each facility to include satellite locations are in place	X				
• Plans include provisions for euthanasia	X				
• Plans include triage plans to meet institutional and investigators' needs	X				
• Plans define actions to prevent animal injury or death due to HVAC or other failures	X				
• Plans describe preservation of critical or irreplaceable animals	X				
• Plans include essential personnel and their training	X				
• Animal facility plans are approved by the institution and incorporated into overall response plan	X				
• Law enforcement and emergency personnel are provided a copy and integration with overall plan is in place	X				
3. IACUC	A*	M	S	C	NA
• Meets as necessary to fulfill responsibilities	X				
• IACUC Members named in protocols or with conflicts recuse themselves from protocol decisions	X				
• Continuing IACUC oversight after initial protocol approval is in place	X				
• IACUC evaluates the effectiveness of training programs	X				
4. IACUC Protocol Review - Special Considerations	A*	M	S	C	NA
• Humane endpoints are established for studies that involve tumor models, infectious diseases, vaccine challenge, pain modeling, trauma, production of monoclonal antibodies, assessment of toxicologic effects, organ or system failure, and models of cardiovascular shock	X				
• For pilot studies, a system to communicate with the IACUC is in place	X				
• For genetically modified animals, enhanced monitoring and reporting is in place	X				
• Restraint devices are justified in the animal use protocols	X				
• Alternatives to physical restraint are considered	X				
• Period of restraint is the minimum to meet scientific objectives	X				
• Training of animals to adapt to restraint is provided	X				
• Animals that fail to adapt are removed from study	X				
• Appropriate observation intervals of restrained animals are provided	X				
• Veterinary care is provided if lesions or illness result from restraint	X				
• Explanations of purpose and duration of restraint are provided to study personnel	X				
• Multiple surgical procedures on a single animal are justified and outcomes evaluated	X				
• Major versus minor surgical procedures are evaluated on a case-by-case basis	X				
• Multiple survival procedure justifications in non-regulated species conform to regulated species	X				

standards					
• Animals on food/fluid restriction are monitored to ensure nutritional needs are met	X				
• Body weights for food/fluid restricted animals are recorded at least weekly	X				
• Daily written records are maintained for food/fluid restricted animals	X				
• Pharmaceutical grade chemicals are used , when available, for animal-related procedures (<i>Guide</i> ,	X				
• Non-pharmaceutical grade chemicals are described, justified, and approved by IACUC	X				
• Investigators conducting field studies know zoonotic diseases, safety issues, laws and regulations applicable in study area					X
5. IACUC Membership and Functions	A*	M	S	C	NA
• IACUC is comprised of at least 5 members, appointed by CEO	X				
• Members include a veterinarian, a scientist, a nonscientist, and a nonaffiliated non-lab animal user	X				
• IACUC authority and resources for oversight and evaluation of institution's program are provided	X				
• IACUC conducts semiannual evaluations of institutional animal care and use program	X				
• Conducts semiannual inspections of institutional animal facilities	X				
• IACUC organizationally reports to the Institutional Official)	X				
• Methods for reporting and investigating animal welfare concerns are in place)	X				
• Reviews and investigates concerns about animal care and use at institution)	X				
• Procedures are in place for review, approval, and suspension of animal activities	X				
• Procedures are in place for review and approval of significant changes to approved activities	X				
• Policies are in place for special procedures (e.g., genetically modified animals, restraint, multiple survival surgery, food and fluid regulation, field investigations, agricultural animals)	X				
6. IACUC Training	A*	M	S	C	NA
• All IACUC members should receive:					
o Formal orientation to institution's program	X				
o Training on legislation, regulations, guidelines, and policies	X				
o Training on how to inspect facilities and labs where animal use or housing occurs (<i>Guide</i> ,	X				
o Training on how to review protocols as well as evaluate the program	X				
o Ongoing training/education	X				
7. IACUC Records and Reporting Requirements	A*	M	S	C	NA
• Semiannual report to the IO)					
o Submitted to IO every 6 months	X				
o Compiles program review and facility inspection(s) results (includes all program and facility deficiencies)	X				
o Includes minority IACUC views	X				
o Describes IACUC-approved departures from the <i>Guide</i> or PHS Policy and the reasons for each departure	X				
o Distinguishes significant from minor deficiencies	X				
o Includes a plan and schedule for correction for each deficiency identified	X				
• Reports to OLAW					
o Annual report to OLAW documents program changes, dates of the semiannual program reviews and facility inspections and includes any minority views	X				
o Promptly advises OLAW of serious/ongoing <i>Guide</i> deviations or PHS Policy noncompliance	X				
• Records					
o IACUC meeting minutes and semiannual reports to the IO are maintained for 3 years	X				
o Records of IACUC reviews of animal activities include all required information	X				
o Records of IACUC reviews are maintained for 3 years after the completion of the study	X				
8. Veterinary Care (See also next section - Veterinary Care)	A*	M	S	C	NA
• An arrangement for veterinarian(s) with training or experience in lab animal medicine is in place including backup veterinary care	X				
• Veterinary access to all animals is provided	X				
• Direct or delegated authority is given to the veterinarian to oversee all aspects of animal care and use	X				

• Veterinarian provides consultation when pain and distress exceeds anticipated level in protocol	X				
• Veterinarian provides consultation when interventional control is not possible	X				
• Regular communication occurs between veterinarian and IACUC	X				
• Veterinarian(s) have experience and training in species used	X				
• Veterinarian(s) have experience in facility administration/management	X				

9. Personnel Qualifications and Training**A* M S C NA**

• All personnel are adequately educated, trained, and/or qualified in basic principles of laboratory animal science. Personnel included:					
o Veterinary/other professional staff	X				
o IACUC members	X				
o Animal care personnel	X				
o Research investigators, instructors, technicians, trainees, and students	X				
• Continuing education for program and research staff provided to ensure high quality care and reinforce training	X				
• Training is available prior to starting animal activity	X				
• Training is documented	X				
• Training program content includes					
o Methods for reporting concerns	X				
o Humane practices of animal care (e.g., housing, husbandry, handling)	X				
o Humane practices of animal use (e.g., research procedures, use of anesthesia, pre- and post-operative care, aseptic surgical techniques and euthanasia)	X				
o Research/testing methods that minimize numbers necessary to obtain valid results	X				
o Research/testing methods that minimize animal pain or distress)	X				
o Use of hazardous agents, including access to OSHA chemical hazard notices where applicable	X				
o Animal care and use legislation	X				
o IACUC function	X				
o Ethics of animal use and Three R's	X				

10. Occupational Health and Safety of Personnel**A* M S C NA**

• Program is in place and is consistent with federal, state, and local regulations	X				
• Program covers <i>all</i> personnel who work in laboratory animal facilities	X				
• Changing, washing, and showering facilities are available as appropriate	X				
• Hazardous facilities are separated from other areas and identified as limited access	X				
• Personnel training is provided based on risk (e.g., zoonoses, hazards, personal hygiene, special precautions, animal allergies)	X				
• Personal hygiene procedures are in place (e.g., work clothing, eating/drinking/smoking policies)	X				
• Procedures for use, storage, and disposal of hazardous biologic, chemical, and physical agents are in place	X				
• Personal Protective Equipment for the work area is appropriate and available	X				
• Program for medical evaluation and preventive medicine for personnel includes:					
o Pre-employment evaluation including health history	X				
o Immunizations as appropriate (e.g., rabies, tetanus) and tests as appropriate	X				
o Zoonosis surveillance as appropriate (e.g., Q-fever, tularemia, Hantavirus, plague)	X				
o Procedures for reporting and treating injuries, including accidents, bites, allergies, etc.	X				
o Promotes early diagnosis of allergies including preexisting conditions	X				
o Considers confidentiality and other legal factors as required by federal, state and local regulations	X				
o If serum samples are collected, the purpose is consistent with federal and state laws	X				
• Waste anesthetic gases are scavenged	X				
• Hearing protection is provided in high noise areas	X				
• Respiratory protection is available when performing airborne particulate work	X				
• Occupational safety and health of field studies is reviewed by OSH committee or office	X				

11. Personnel Security**A* M S C NA**

• Preventive measures in place include pre-employment screening, and physical and IT security)	X				
12. Investigating & Reporting Animal Welfare Concerns	A*	M	S	C	NA
• Methods for investigating and reporting animal welfare concerns are established	X				
• Reported concerns and corrective actions are documented	X				
• Mechanisms for reporting concerns are posted in facility and at applicable website with instructions	X				
○ Includes multiple contacts	X				
○ Includes anonymity, whistle blower policy, nondiscrimination and reprisal protection	X				

* 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

NOTES:

6: IACUC Training – Members are offered offsite training opportunities, such as the SCAW training on 5/18/2020

9: Personnel qualifications and training – A certified trainer meeting took place to standardize procedures across all animal facilities

10: Occupational Health and Safety of Personnel: Ventilated racked installed on the 2nd floor to help minimize allergens.

Veterinary Care

1. Clinical Care and Management					
	A*	M	S	C	NA
• Veterinary program offers high quality of care and ethical standards	X				
• Veterinarian provides guidance to all personnel to ensure appropriate husbandry, handling, treatment, anesthesia, analgesia, and euthanasia	X				
• Veterinarian provides oversight to surgery and perioperative care	X				
• Veterinary care program is appropriate for program requirements	X				
• Veterinarian(s) is familiar with species and use of animals and has access to medical and experimental treatment records	X				
• Procedures to triage and prioritize incident reports are in place	X				
• Procedures are in place to address:					
o Problems with experiments to determine course of treatment in consultation with investigator	X				
o Recurrent or significant health problems with the IACUC and documentation of treatments and outcomes	X				
o Veterinary review and oversight of medical and animal use records	X				
• Procedures established for timely reporting of animal injury, illness, or disease	X				
• Procedures established for veterinary assessment, treatment, or euthanasia	X				
• Veterinarian is authorized to treat, relieve pain, and/or euthanize	X				
2. Animal Procurement and Transportation/Preventive Medicine					
	A*	M	S	C	NA
• Procedures for lawful animal procurement are in place	X				
• Sufficient facilities and expertise are confirmed prior to procurement	X				
• Procurement is linked to IACUC review and approval	X				
• Appropriate records are maintained on animal acquisition)	X				
• Animal vendors are evaluated to meet program needs and quality	X				
• Breeding colonies are based on need and managed to minimize numbers	X				
• Procedures for compliance with animal transportation regulations, including international requirements, are in place	X				
• Transportation is planned to ensure safety, security and minimize risk	X				
• Movement of animals is planned to minimize transit time and deliveries are planned to ensure receiving personnel are available	X				
• Appropriate loading and unloading facilities are available	X				
• Environment at receiving site is appropriate	X				
• Policies in place on separation by species, source, and health status	X				
• Procedures in place for quarantine to include zoonoses prevention	X				
• Quarantined animals from different shipments are handled separately or physically separated	X				
• Procedures in place for stabilization/acclimation	X				
• Policies in place for isolation of sick animals	X				
• Program is in place for surveillance, diagnosis, treatment and control of disease to include daily observation	X				
• Diagnostic resources are available for preventive health program	X				
3. Surgery					
	A*	M	S	C	NA
• Surgical outcomes are assessed and corrective changes instituted	X				
• Researchers have appropriate training to ensure good technique	X				
• Pre-surgical plans are developed and include veterinary input (e.g., location, supplies, anesthetic and analgesic use, peri-operative care, recordkeeping)	X				
• Aseptic surgery is conducted in dedicated facilities or spaces, unless exception justified and IACUC approved	X				
• Surgical procedures including laparoscopic procedures are categorized as major or minor	X				
• For nonsurvival surgery, the site is clipped, gloves are worn and instruments and area are clean	X				
• Aseptic technique is followed for survival surgical procedures	X				

• Effective procedures for sterilizing instruments and monitoring expiration dates on sterile packs are in place	X				
• Procedures for monitoring surgical anesthesia and analgesia are in place	X				
• Post-operative monitoring and care are provided by trained personnel and documented (e.g., thermoregulation, physiologic function, analgesia, infection, removal of skin closures)	X				
4. Pain, Distress, Anesthesia and Analgesia	A*	M	S	C	NA
• Guidelines for assessment and categorization of pain, distress and animal wellbeing are provided during training	X				
• Selection of analgesics and anesthetics is based on professional veterinary judgment)	X				
• Painful procedures are monitored to ensure appropriate analgesic management	X				
• Nonpharmacologic control of pain is considered as an element of postprocedural care	X				
• Procedures are in place to assure antinociception before surgery begins	X				
• Guidelines for selection and use of analgesics and anesthetics are in place and regularly reviewed and updated	X				
• Special precautions for the use of paralytics are in place to ensure anesthesia	X				
5. Euthanasia	A*	M	S	C	NA
• Methods are consistent with AVMA Guidelines on Euthanasia unless approved by the IACUC	X				
• Standardized methods are developed and approved by the veterinarian and IACUC that avoid distress and consider animal age and species	X				
• Training is provided on appropriate methods for each species and considers psychological stress to personnel	X				
• Procedures and training are in place to ensure death is confirmed	X				
6. Drug Storage and Control	A*	M	S	C	NA
• Program complies with federal regulations for human and veterinary drugs	X				
• Drug records and storage procedures are reviewed during facility inspections	X				
• Procedures are in place to ensure analgesics and anesthetics are used within expiration date	X				
• Anesthetics and analgesics are acquired, stored, and their use and disposal are recorded legally and safely	X				

* 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

NOTES:

LAM provided an update on the facilities' MKPV status and the current plan to address it.

Frederick National Laboratory

Date: 12/02/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead

Subject: Location, [Redacted by agreement] Animal Facility Surveys

On 11/12/2019, EHS surveyed your area in [Redacted by agreement]. There were no safety or environmental findings noted during the evaluation.

Your assistance during the survey was appreciated.

If you have any questions, please contact us at [Redacted by agreement]

No Findings Were Found In the Program Area.

Frederick National Laboratory

Date: 11/25/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] - Lead

Subject: Location [Redacted by agreement] Animal Facility Surveys

On 11/12/2019, EHS surveyed your area in [Redacted by agreement]. There were no safety or environmental findings noted during the evaluation.

Your assistance during the survey was appreciated.

If you have any questions, please contact us at [Redacted by agreement]

No Findings Were Found In the Program Area.

Frederick National Laboratory

Date: 11/25/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead

Subject: Location, [Redacted by agreement] Animal Facility Surveys

On 11/12/2019, EHS surveyed your area in [Redacted by agreement]. There were no safety or environmental findings noted during the evaluation.

Your assistance during the survey was appreciated.

If you have any questions, please contact us at [Redacted by agreement].

No Findings Were Found In the Program Area.

Frederick National Laboratory

Date: 11/21/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead Inspector

Subject: Location, [Redacted by agreement] Animal Facility Inspections

On 10/07/2019, [Redacted by agreement] from the Environment, Health and Safety Program,
inspected [Redacted by agreement]

The findings identified during our inspection have been resolved.

Your assistance in resolving any deficiencies was appreciated.

If you have any questions, please contact us at [Redacted by agreement]

The following deficiencies have been resolved:

Program was Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
	Disinfectant scrubs, such as Povidone-iodine / Chlorhexidine surgical scrubs are expired.		[Redacted by agreement]	Program will obtain unexpired disinfectant scrubs.		Resolved

FME was Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
	Fire extinguisher tag not initialed to indicate monthly inspection.		[Redacted by agreement]	FME will ensure the monthly inspection requirement is met.	Extinguisher in the facility needs the monthly inspection.	Resolved

Frederick National Laboratory

Date: 11/21/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead Inspector

Subject: Location, [Redacted by agreement] Animal Facility Inspections

On 10/11/2019 [Redacted by agreement] from the Environment, Health and Safety Program, inspected [Redacted by agreement]
[Redacted by agreement]

The findings identified during our inspection have been resolved.

Your assistance in resolving any deficiencies was appreciated.

If you have any questions, please contact us at [Redacted by agreement]

The following deficiencies have been resolved:

Program was Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
	Metal portable ladder in use. Only portable ladders (extension, straight, and A-frame) made of a non-conductive material (wood, fiberglass, or resin) are permissible.		[Redacted by agreement]	Replace with a non-conductive ladder.	Metal ladder in use	Resolved
	Old/outdated/unstable chemicals stored in laboratory.		[Redacted by agreement]	Contact Waste Management [Redacted by agreement] to remove excess/outdated/unwanted chemicals.	Expired tetrabutylammonium hydroxide in flammable storage cabinet.	Resolved

EHS was Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
	Eyewash station tag(s) used to document weekly flushing need to be replaced		[Redacted by agreement]	EHS will replace existing deteriorated tags.	Eyewash is not being flushed weekly.	Resolved

Frederick National Laboratory

Date: 11/15/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead Inspector

Subject: Location, [Redacted by agreement] Animal Facility Inspections

On 10/07/2019, [Redacted by agreement] from the Environment, Health and Safety Program,
inspected [Redacted by agreement]

The findings identified during our inspection have been resolved.

Your assistance in resolving any deficiencies was appreciated.

If you have any questions, please contact us at [Redacted by agreement]

The following deficiencies have been resolved:

Program was Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
	Compressed gas cylinders are not properly secured - Laboratory or Program		[Redacted by agreement]	Secure compressed gas cylinders in an upright position		Resolved
	Compressed gas cylinders are not properly secured - Laboratory or Program		[Redacted by agreement]	Secure compressed gas cylinders in an upright position	The chain on the cylinder rack outside of the facility should be modified. There is too much slack in the chain.	Resolved
	Noncompliance with regulation, NIH Policy, or NCI at Frederick policy or procedure not otherwise listed.		[Redacted by agreement]	Described noncompliance must be corrected as appropriate.	A cylinder cart is needed to transport cylinders in and out of the facility safely.	Resolved
	Valve protection cap not in place, or regulator attached, to a cylinder not "in use" - Laboratory or Program		[Redacted by agreement]	Remove regulator if not used longer than one week, and hand tighten a cylinder cap on all cylinders not "in use"		Resolved

Frederick National Laboratory

Date: 11/15/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead Inspector

Subject: Location [Redacted by agreement] Animal Facility Inspections

On 10/07/2019, [Redacted by agreement] from the Environment, Health and Safety Program, inspected Building, [Redacted by agreement]

The findings identified during our inspection have been resolved.

Your assistance in resolving any deficiencies was appreciated.

If you have any questions, please contact us at [Redacted by agreement]

The following deficiencies have been resolved:

Program was Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
	Noncompliance with regulation, NIH Policy, or NCI at Frederick policy or procedure not otherwise listed.		[Redacted by agreement]	Described noncompliance must be corrected as appropriate.	E-stop needs a yellow background. EHS to supply sticker.	Resolved
	Valve protection cap not in place, or regulator attached, to a cylinder not "in use" - Laboratory or Program		[Redacted by agreement]	Remove regulator if not used longer than one week, and hand tighten a cylinder cap on all cylinders not "in use"	Cylinder in the receiving area did not have the cap secured.	Resolved

FME was Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
	Illumination of means of egress is not continuously provided.		[Redacted by agreement]	FME will install illumination features in accordance with NFPA 101: 7.8	No emergency lights	Resolved
	Illumination of means of egress is not continuously provided.		[Redacted by agreement]	FME will install illumination features in accordance with NFPA 101: 7.8	No Emergency lights	Resolved

Results of Environment, Health, and Safety Survey for NCI at Frederick and Frederick National Laboratory Spaces

Date: 11/13/2019
To: [Redacted by agreement]
Thru: [Redacted by agreement]
From: [Redacted by agreement] - Lead
Cc: [Redacted by agreement]
Subject: [Redacted by agreement] Survey Report

On 10/28/2019, [Redacted by agreement] AF. The purpose of this survey was to evaluate this location in accordance with applicable Federal, State and Local regulations. This report is provided for notification of findings and to help identify required action(s).

For open items listed below, actions are required as soon as possible but no later than 30 days from the date of this report. Notify the EHS Lead when action is complete. If an FME work order is initiated, provide the work order number to the EHS Lead.

EHS may verify finding resolution. Items requiring report submission to regulatory authorities involving willful or repeat violations or not resolved within 45 days will be reported to NCI and FNL leadership.

The findings identified during this survey are listed below along with required actions. Additional comments may be provided. EHS values your partnership in maintaining a safe and healthful workspace.

For questions, please contact EHS at [Redacted by agreement]

Program is Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
[Redacted by agreement] (b) (5)						

Frederick National Laboratory

Date: 11/13/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] - Lead

Subject: Location, [Redacted by agreement] Animal Facility Surveys

On 10/28/2019, EHS surveyed your area in [Redacted by agreement]. There were no safety or environmental findings noted during the evaluation.

Your assistance during the survey was appreciated.

If you have any questions, please contact us at [Redacted by agreement]

No Findings Were Found In the Program Area.

Frederick National Laboratory

Date: 11/13/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead

Subject: Location, [Redacted by agreement] Animal Facility Surveys

On 10/28/2019, EHS surveyed your area in [Redacted by agreement] There were no safety or environmental findings noted during the evaluation.

Your assistance during the survey was appreciated.

If you have any questions, please contact us at [Redacted by agreement]

No Findings Were Found In the Program Area.

Results of Environment, Health, and Safety Survey for NCI at Frederick and Frederick National Laboratory Spaces

Date: 11/13/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead

Cc: [Redacted by agreement]

Subject: [Redacted by agreement] Survey Report

On 10/28/2019, [Redacted by agreement]
AF. The purpose of this survey was to evaluate this location in accordance with applicable Federal, State and Local regulations. This report is provided for notification of findings and to help identify required action(s).

For open items listed below, actions are required as soon as possible but no later than 30 days from the date of this report. Notify the EHS Lead when action is complete. If an FME work order is initiated, provide the work order number to the EHS Lead.

EHS may verify finding resolution. Items requiring report submission to regulatory authorities involving willful or repeat violations or not resolved within 45 days will be reported to NCI and FNL leadership.

The findings identified during this survey are listed below along with required actions. Additional comments may be provided. EHS values your partnership in maintaining a safe and healthful workspace.

For questions, please contact EHS at [Redacted by agreement]

Program is Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
(b) (5)						

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
(b) (5)						

Frederick National Laboratory

Date: 11/13/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead

Subject: Location, [Redacted by agreement] Animal Facility Surveys

On 11/01/2019, EHS surveyed your area in [Redacted by agreement]. There were no safety or environmental findings noted during the evaluation.

Your assistance during the survey was appreciated.

If you have any questions, please contact us at [Redacted by agreement].

No Findings Were Found In the Program Area.

Frederick National Laboratory

Date: 11/13/2019

To: [Redacted by agreement.]

Thru: [Redacted by agreement.]

From: [Redacted by agreement.] Lead

Subject: Location, [Redacted by agreement.] Animal Facility Surveys

On 11/05/2019, EHS surveyed your area in [Redacted by agreement.] There were no safety or environmental findings noted during the evaluation.

Your assistance during the survey was appreciated.

If you have any questions, please contact us at [Redacted by agreement.]

No Findings Were Found In the Program Area.

Frederick National Laboratory

Date: 11/12/2019

To:

Redacted by agreement.

Thru:

Redacted by agreement.

From:

Redacted by agreement.

Lead Inspector

Subject:

Location,

Redacted by agreement.

Animal Facility Inspections

On 10/11/2019,

Redacted by agreement.

from the Environment, Health and Safety Program, inspected

Redacted by agreement.

Redacted by agreement.

The findings identified during our inspection have been resolved.

Your assistance in resolving any deficiencies was appreciated.

If you have any questions, please contact us at

Redacted by agreement.

The following deficiencies have been resolved:

EHS was Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
	Laboratory ice machine not labeled. "Not for human consumption"		Redacted by agreement.	EHS will attach a "Not for Human Consumption" label on ice machine.		Resolved

FME was Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
	GFCI protection is not utilized for equipment/locations in wet or highly conductive locations or within six feet of a water source - Infrastructure / FME		Redacted by agreement (Corridor)	Utilize ground-fault circuit interrupter (GFCI) protection for equipment/locations in wet or highly conductive locations.	Water cooler not connected to GFCI	Resolved

Frederick National Laboratory

Date: 11/07/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead Inspector

Subject: Location, [Redacted by agreement] Animal Facility Inspections

On 10/25/2019, [Redacted by agreement] from the Environment, Health and Safety Program, inspected [Redacted by agreement]

The findings identified during our inspection have been resolved.

Your assistance in resolving any deficiencies was appreciated.

If you have any questions, please contact us at [Redacted by agreement]

The following deficiencies have been resolved:

Program was Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
	Old/outdated/unstable chemicals stored in laboratory.		[Redacted by agreement] (Corridor or)	Contact Waste Management [Redacted by agreement] to remove excess/outdated/unwanted chemicals.	expired coverage plus on shelf beside of cold box 186	Resolved
	Old/outdated/unstable chemicals stored in laboratory.		[Redacted by agreement] (Corridor or)	Contact Waste Management [Redacted by agreement] to remove excess/outdated/unwanted chemicals.	expired sani-cloth	Resolved
	Weekly eyewash flushing is not documented on attached eyewash flushing tag.		[Redacted by agreement]	Ensure that the eyewash is flushed on a weekly basis and that the flushing is documented on the attached eyewash flushing tag.	[Redacted by agreement] EMEW-040 not being flushed weekly	Resolved

FME was Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
	Fire extinguisher tag not initialed to indicate monthly inspection.		[Redacted by agreement]	FME will ensure the monthly inspection requirement is met.		Resolved

Results of Environment, Health, and Safety Survey for NCI at Frederick and Frederick National Laboratory Spaces

Date: 11/06/2019

To: Redacted by agreement.

Thru: Redacted by agreement.

From: Redacted by agreement - Lead

Cc: Redacted by agreement.

Subject: Redacted by agreement. Survey Report

On 11/06/2019, Redacted by agreement surveyed Redacted by agreement. The purpose of this survey was to evaluate this location in accordance with applicable Federal, State and Local regulations. This report is provided for notification of findings and to help identify required action(s).

For open items listed below, actions are required as soon as possible but no later than 30 days from the date of this report. Notify the EHS Lead when action is complete. If an FME work order is initiated, provide the work order number to the EHS Lead.

EHS may verify finding resolution. Items requiring report submission to regulatory authorities involving willful or repeat violations or not resolved within 45 days will be reported to NCI and FNL leadership.

The findings identified during this survey are listed below along with required actions. Additional comments may be provided. EHS values your partnership in maintaining a safe and healthful workspace.

For questions, please contact EHS at Redacted by agreement.

EHS is Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
(b) (5)						

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
(b) (5)						

FME is Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
Redacted by agreement	Access to electrical panel blocked - Laboratory or Program	NFPA 70 (2017) 110-26 access and working spaces about electrical equipment	Redacted by agreement	Clear area so that electrical panel is no longer blocked.	Metal cart in front of electrical panel PNL-LP-2A Per NFPA 70, (2) Width of Working Space. The width of the working space in front of the electrical equipment shall be the width of the equipment or 762 mm (30 in.), whichever is greater. In all cases, the work space shall permit at least a 90 degree opening of equipment doors or hinged panels. (3) Height of Working Space. The work space shall be clear and extend from the grade, floor, or platform to a height of 2.0 m (6 1/2 ft) or the height of the equipment, whichever is greater. Within the height requirements of this section, other equipment that is associated with the electrical installation and is located above or below the electrical equipment shall be permitted to extend not more than	Resolved

(b) (5)

Results of Environment, Health, and Safety Survey for NCI at Frederick and Frederick National Laboratory Spaces

Date: 11/06/2019

To: [Redacted by agreement]
Thru: [Redacted by agreement]
From: [Redacted by agreement] Lead
Cc: [Redacted by agreement]
Subject: [Redacted by agreement] Survey Report

On 11/05/2019, [Redacted by agreement] surveyed [Redacted by agreement]. The purpose of this survey was to evaluate this location in accordance with applicable Federal, State and Local regulations. This report is provided for notification of findings and to help identify required action(s).

For open items listed below, actions are required as soon as possible but no later than 30 days from the date of this report. Notify the EHS Lead when action is complete. If an FME work order is initiated, provide the work order number to the EHS Lead.

EHS may verify finding resolution. Items requiring report submission to regulatory authorities involving willful or repeat violations or not resolved within 45 days will be reported to NCI and FNL leadership.

The findings identified during this survey are listed below along with required actions. Additional comments may be provided. EHS values your partnership in maintaining a safe and healthful workspace.

For questions, please contact EHS at [Redacted by agreement]

FME is Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
Redacted by agreement	Access to electrical panel blocked - Laboratory or Program	NFPA 70 (2017) 110-26 access and working spaces about electrical equipment	Redacted by agreement (Corridor)	Clear area so that electrical panel is no longer blocked.	<p>Electrical Panel D 'West Side' had metal carts in front of it. Per 'NFPA 70 (2017) 110-26'</p> <p>(2) Width of Working Space. The width of the working space in front of the electrical equipment shall be the width of the equipment or 762 mm (30 in.), whichever is greater. In all cases, the work space shall permit at least a 90 degree opening of equipment doors or hinged panels.</p> <p>(3) Height of Working Space. The work space shall be clear and extend from the grade, floor, or platform to a height of 2.0 m (6 1/2 ft) or the height of the equipment, whichever is greater. Within the height requirements of this section, other equipment that is associated with the electrical installation and is located above or below the electrical equipment shall be permitted to extend not more than 150 mm (6 in.) beyond the front of the electrical equipment.</p>	Resolved

(b) (5)

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
(b) (5)						

Frederick National Laboratory

Date: 10/31/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead

Subject: Location, [Redacted by agreement] Animal Facility Surveys

On 10/21/2019, EHS surveyed your area in [Redacted by agreement]. There were no safety or environmental findings noted during the evaluation.

Your assistance during the survey was appreciated.

If you have any questions, please contact us at [Redacted by agreement]

No Findings Were Found In the Program Area.

Frederick National Laboratory

Date: 10/31/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead

Subject: Location, [Redacted by agreement] Animal Facility Surveys

On 10/21/2019, EHS surveyed your area in [Redacted by agreement]. There were no safety or environmental findings noted during the evaluation.

Your assistance during the survey was appreciated.

If you have any questions, please contact us at [Redacted by agreement].

No Findings Were Found In the Program Area.

Frederick National Laboratory

Date: 10/31/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead

Subject: Location, [Redacted by agreement] Animal Facility Surveys

On 10/21/2019, EHS surveyed your area in [Redacted by agreement]. There were no safety or environmental findings noted during the evaluation.

Your assistance during the survey was appreciated.

If you have any questions, please contact us at [Redacted by agreement].

No Findings Were Found In the Program Area.

Frederick National Laboratory

Date: 10/31/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead

Subject: Location, [Redacted by agreement] Animal Facility Surveys

On 10/21/2019, EHS surveyed your area in [Redacted by agreement]. There were no safety or environmental findings noted during the evaluation.

Your assistance during the survey was appreciated.

If you have any questions, please contact us at [Redacted by agreement]

No Findings Were Found In the Program Area.

Frederick National Laboratory

Date: 10/24/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead Inspector

Subject: Location, [Redacted by agreement] Animal Facility Inspections

On 10/10/2019 [Redacted by agreement] from the Environment, Health and Safety Program, accompanied by [Redacted by agreement]
[Redacted by agreement] inspected [Redacted by agreement]

The findings identified during our inspection have been resolved.

Your assistance in resolving any deficiencies was appreciated.

If you have any questions, please contact us at [Redacted by agreement]

The following deficiencies have been resolved:

Program was Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
	GFCI protection is not utilized for equipment/locations in wet or highly conductive locations or within six feet of a water source - Laboratory or Program		[Redacted by agreement] Office	Utilize ground-fault circuit interrupter (GFCI) protection for equipment/locations in wet or highly conductive locations.	Outlet beside sink is not labeled GFCI protected	Resolved

Results of Environment, Health, and Safety Survey for NCI at Frederick and Frederick National Laboratory Spaces

Date: 10/15/2019

To: Redacted by agreement

Thru: Redacted by agreement

From: Redacted by agreement Lead

Cc: Redacted by agreement

Subject: Redacted by agreement Survey Report

On 10/07/2019, Redacted by agreement surveyed Redacted by agreement. The purpose of this survey was to evaluate this location in accordance with applicable Federal, State and Local regulations. This report is provided for notification of findings and to help identify required action(s).

For open items listed below, actions are required as soon as possible but no later than 30 days from the date of this report. Notify the EHS Lead when action is complete. If an FME work order is initiated, provide the work order number to the EHS Lead.

EHS may verify finding resolution. Items requiring report submission to regulatory authorities involving willful or repeat violations or not resolved within 45 days will be reported to NCI and FNL leadership.

The findings identified during this survey are listed below along with required actions. Additional comments may be provided. EHS values your partnership in maintaining a safe and healthful workspace.

For questions, please contact EHS at Redacted by agreement

Program is Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
Redacted by agreement	Access to emergency shower and/or eyewash station is obstructed.	ANSI Z358.1 -2014	Redacted by agreement	Remove or relocate items obstructing access.		Resolved
	Disinfectant scrubs, such as Povidone-iodine / Chlorhexidine surgical scrubs are expired.	29 CFR 1910.1030, BMBL 5th Edition		Program will obtain unexpired disinfectant scrubs.	Calcium gluconate expired September 2019 and was replaced on 10/7/19. The new expiration date is April of 2020.	Resolved

(b) (5)

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
(b) (5)						

EHS is Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
(b) (5)						

FME is Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
(b) (5)						

Results of Environment, Health, and Safety Survey for NCI at Frederick and Frederick National Laboratory Spaces

Date: 10/11/2019

To: [Redacted by agreement]

Thru: [Redacted by agreement]

From: [Redacted by agreement] Lead

Cc: [Redacted by agreement]

Subject: [Redacted by agreement] Survey Report

On 10/11/2019, [Redacted by agreement] surveyed [Redacted by agreement]. The purpose of this survey was to evaluate this location in accordance with applicable Federal, State and Local regulations. This report is provided for notification of findings and to help identify required action(s).

For open items listed below, actions are required as soon as possible but no later than 30 days from the date of this report. Notify the EHS Lead when action is complete. If an FME work order is initiated, provide the work order number to the EHS Lead.

EHS may verify finding resolution. Items requiring report submission to regulatory authorities involving willful or repeat violations or not resolved within 45 days will be reported to NCI and FNL leadership.

The findings identified during this survey are listed below along with required actions. Additional comments may be provided. EHS values your partnership in maintaining a safe and healthful workspace.

For questions, please contact EHS at [Redacted by agreement]

Program is Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
[Redacted]						

(b) (5)

FME is Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
(b) (5)						

Results of Environment, Health, and Safety Survey for NCI at Frederick and Frederick National Laboratory Spaces

Date: 10/04/2019
To: [Redacted by agreement]
Thru: [Redacted by agreement]
From: [Redacted by agreement] Lead
Cc: [Redacted by agreement]
Subject: [Redacted by agreement] Survey Report

On 10/03/2019, [Redacted by agreement] surveyed [Redacted by agreement]. The purpose of this survey was to evaluate this location in accordance with applicable Federal, State and Local regulations. This report is provided for notification of findings and to help identify required action(s).

For open items listed below, actions are required as soon as possible but no later than 30 days from the date of this report. Notify the EHS Lead when action is complete. If an FME work order is initiated, provide the work order number to the EHS Lead.

EHS may verify finding resolution. Items requiring report submission to regulatory authorities involving willful or repeat violations or not resolved within 45 days will be reported to NCI and FNL leadership.

The findings identified during this survey are listed below along with required actions. Additional comments may be provided. EHS values your partnership in maintaining a safe and healthful workspace.

For questions, please contact EHS at [Redacted by agreement]

Program is Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
[Redacted by agreement]	Biological waste container found in inappropriate location.	COMAR 26.13.12.05	[Redacted by agreement]	Move waste container to appropriate location.	Red bag waste found in hallway outside [Redacted by agreement]. Keep in lab or transport directly to the medical waste carts.	Resolved

(b) (5)

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
(b) (5)						
Redacted by agreement	Lab doors are not kept closed to ensure proper air balance.	29 CFR 1910.1450, NIH CHP (2018), ANSI / AIHA Z9.5-2012	Redacted by agreement	Keep laboratory doors closed to ensure proper air balance.	Door was found propped open.	Resolved
(b) (5)						

EHS is Responsible for Addressing the Following Findings

Finding Owner	Finding	Citation	Space	Required Action	Comments	Status
(b) (5)						