| Memorandum to: | Thuy Nguyen, President, Foothill College |
|---|---|
| From: | Institutional Animal Care and Use Committee |
| Subject: | Semiannual Report of the Program Review and Facility Inspection |
| Date: | 10/29/20 |
| as required by the Public H (<u>Policy</u>), Section <u>IV.B.13.</u> Animal Welfare Act (<u>AWA</u>) Institutional Official is a co Laboratory Animal Welfare | e IACUC's results of its most recent program review and facility inspection, dealth Service (PHS) Policy on Humane Care and Use of Laboratory Animals at the Guide for the Care and Use of Laboratory Animals (Guide), and the regulations, as applicable. Submission of semiannual reports to the andition of this institution's Animal Welfare Assurance with the NIH Office of (OLAW). |
| | are and use (PHS Policy <u>IV.A.1.ai.</u>): [optional] |
| | |
| I.Description of the Nat Policy, the <i>Guide</i> , and | ture and Extent of the Institution's Adherence to the PHS |
| | PHS Policy, the <i>Guide</i> , and the AWA. |
| | were no departures during this reporting period. Ilowing departures have been reviewed and approved by the IACUC: [include ch departure] |
| | |
| II. Deficiencies in the In | stitution's Animal Care and Use Program |
| Animal Care and Use Select A or B: | e Program Review Date(s): |
| [x] A. There a [] B. The foll each deficience | were no deficiencies in the program during this reporting period. Ilowing deficiencies have been identified: [describe each deficiency, identify as either minor or significant, and provide a reasonable and specific plan for the correction of each deficiency, deficiencies may be recorded on a |

| separate table and attached, the last page of OLAW's Sample Ser and Facility Inspection Checklist provides a sample table] | miannual Program Review |
|---|-------------------------|
| | |

III.Deficiencies in the Institution's Animal Facility

| | Animal Facility Inspection Date(s): Select A or B: | |
|----------------|--|---|
| | [] A. There were no deficiencies in [x] B. The following deficiencies have each deficiency as either minor or sign and schedule for the correction of each | the animal facility during this reporting period. The been identified: [describe each deficiency, identify of the provide a reasonable and specific plant of the provide a reasonable and specific plant of the provide |
| | | finding was in the rodent room, which is not holding e chipped paint. These deficiencies have been |
| IV. Min | ority Views | |
| | Select A or B: [x] A. No minority views were subm [] B. The following minority views | nitted or expressed. were expressed: [insert minority views here or attach] |
| V.Stat | tus of AAALAC Accreditation [identify | accredited facilities, if applicable] |
| | N/A | |
| _ | natures [signatures of a majority of the oplicable] | IACUC members required by AWAR (§2.31,c,3), |
| | Names of IACUC Members | Signatures |
| | Lisa Eshman, DVM—FHDA employee | All members are copied on this email |
| | Ram Subramaniam, PhD—FHDA employee | Approval on file from each member. |
| | , DVM—scientist | |
| | , RVT—practicing RVT | |
| | —public member | |
| | -current student | |
| | —current student | |
| | , RVT—scientific member | |
| | | |
| • | | |

III. Semiannual Program Review and Facility Inspection Report

Date:

Members in Attendance:

| Deficienc y Category * | √ | Location | Deficiency and Plan for Correction | Responsible Party | Correction Schedule and Interim Status | Date Complete |
|---------------------------------|--------------------------------------|----------------------------|---|-----------------------------|--|------------------|
| S | | Rodent room | Needs painting. Chipped paint, holes need repair. Mats need to be hung so base does not touch the ground. | Ram and Lisa | Chips and holes in wall repaired. Painted. Mats moved out of rm. | 12/20 |
| M | | Surgery packs | Some packs were expired. Dates were unclear | Lisa & teaching staff | Expiration date protocols were implemented 1/21 | 12/20 |
| М | | Animal holding rooms | Dog barn needs temp and humidity gauge. | Lisa | Will move Temp gauge to barn before admitting any dogs. | |
| M | | Refrige rators | Need thermometers inside. | Lisa | Purchased and placed thermometers in all fridges. | 11/20 |
| | | | | | | |
| | A = acceptable M = minor deficiency | | | | | |

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| | S = significant deficiency (is or may be a threat to animal health or safety) | |
|---|--|--|
| | C = change in program (PHS Policy IV.A.1.ai.) (include in semiannual report to IO and in annual report to OLAW) | |
| | NA = not applicable | |
| √ | Check if repeat deficiency | |

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