

*The University of Oklahoma*  
*Health Sciences Center*  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

**CONFIDENTIAL MEMORANDUM**

**To:** Dr. [REDACTED], Vice-President for Research and Institutional Official  
**From:** Dr. [REDACTED], Chair of the Institutional Animal Care and Use Committee  
**CC:** [REDACTED], Director of Compliance  
**Subject:** Semiannual Report of the Program and Inspection of Facilities  
**Date:** May 08, 2019

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This memorandum, prepared by the Office of Animal Welfare Assurance (OAWA), summarizes the IACUC's results of its most recent program review and facility inspection, 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 ([AWA](#)) regulations, as applicable. Submission of semiannual reports to the Institutional Official is a condition of this institution's Animal Welfare Assurance with the NIH Office of Laboratory Animal Welfare (OLAW).

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

No significant changes have occurred in the institution's program for animal care and use since the last program review.
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**I. Description of the Nature and Extent of the Institution's Adherence to the PHS Policy, the *Guide*, and the AWA**

Departures from the PHS Policy, the *Guide*, and the AWA.

Select A or B:

☒ A. There were no departures during this reporting period.

☐ B. The following departures have been reviewed and approved by the IACUC:

There were no departures during this reporting period.
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**II. Deficiencies in the Institution's Animal Care and Use Program**

Animal Care and Use Program Review Date(s): 06/08/2018

Select A or B:

☒ A. There were no deficiencies in the program during this reporting period.

☐ B. The following deficiencies have been identified:

There were no deficiencies in the program during this reporting period.

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**III. Deficiencies in the Institution's Animal Facility**

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IACUC Semiannual Program Review, Page 1

*The University of Oklahoma*  
*Health Sciences Center*  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

Animal Facility Inspection Date(s): 04/05/2019-04/25/2019

Select A or B:

☒ A. There were no deficiencies in the animal facility during this reporting period.

☐ B. The following deficiencies have been identified:

In accordance with the IACUC's process, subcommittees composed of at least two IACUC members completed the Semiannual Facility Inspection Checklist for each animal facility. Each facility inspection report has been summarized in the attached memo, Exhibit A.

**IV. Minority Views**

Select A or B:

☒ A. No minority views were submitted or expressed.

☐ B. The following minority views were expressed:

There were no minority views submitted or expressed during the Program Review.

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**V. Status of AAALAC Accreditation**

The Institution's AAALAC accreditation status has not changed (AAALAC Accredited – Category 1).

*The University of Oklahoma*  
*Health Sciences Center*  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

VI. Signatures

Names of IACUC Members	Signatures
[REDACTED]	[REDACTED]
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
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[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	

**Facility Inspection Report:** [REDACTED]**Inspection Date:** 23 April 2019**Date Issued:** 04/25/2019**Members in Attendance:** [REDACTED], [REDACTED], [REDACTED], [REDACTED]**Guests in Attendance:** [REDACTED] (Facility Representative), [REDACTED] (EHSO Representative), [REDACTED] (OAWA Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

\* **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

✓ - repeatable deficiency

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 16-055-HIT, 17-046-HCR-H, 17-050-H, 17-069-H, 17-073-CHI-H, 18-044-CHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/08/2019
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IACUC inspection team:

Name [REDACTED]	Name [REDACTED]	
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] (AWA Representatives)

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2019

Principal Investigator: [REDACTED] (Eye Core Managers)

Rooms: [REDACTED] Active Protocols: 16-040-HT, 16-061-H, 16-112, 17-005-HI, 17-028-SSH(TR, 17-071-W, 17-085-HI, 18-031-HILA, 18-059-SSEAH, 18-060-EAFI, 18-094-FH, 19-004AFEH, 19-010-SEAPHR

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Eye Core Manager	Date: 04/08/2019
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] (OAWA Representative), [REDACTED] (EHSO Representative)

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-050-SFIB

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/08/2019
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection [REDACTED] (OAWA Representatives)

## Facility Inspection Report – [REDACTED]

**Inspection Date:** 18 April 2019

**Members in Attendance:** [REDACTED], [REDACTED], [REDACTED], [REDACTED]

**Guests in Attendance:** [REDACTED] (Facility Representative), [REDACTED] (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

- \* **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  
✓ - repeatable deficiency



## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 4/9/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

(Satellite)

Active Protocols: 16-052-SSHIC, 16-117, 16-120-I, 16-127-H, 16-060, 16-099-SSHR, 17-013-H, 17-037, 17-049-NSIL, 17-052-I, 17-064-HI, 17-093-H, 17-099-A, 17-109-SSHL, 18-017-HIC, 18-051, 18-045-SSAPHL, 18-059-SSEAH, 18-062-SSEACI, 18-076-EA, 18-112-EA, 19-010-SEAPHR

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Lab Manager	Date: 04/09/2019
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection [REDACTED] (EHSO Representative)

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/12/2019

Principal Investigator

Rooms

Active Protocols: 16-065-H, 16-067-SHITF, 17-095-H, 17-095-H, 18-046-IA, 18-103-ACHR

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Lab Manager	Date: 04/12/2019
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IACUC inspection team:

Name:	Name:	Name:
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: (EHSO Representative), (AWA Representative)

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/12/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 16-061-H, 16-137-T, 17-005-HI, 17-028-SSHTR, 18-031-HILA, 18-067-FH, 18-094-FH, 19-004

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: PI, Lab Managers	Date: 04/12/2019
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] (EHSO Representative), [REDACTED] (DAWA Representative)

# Facility Inspection Report – [REDACTED]

**Inspection Date: 25 April 2019**

**Date Issued: 04/26/2019**

**Members in Attendance:** [REDACTED], [REDACTED], [REDACTED], [REDACTED]

**Others in Attendance:** [REDACTED] (Facility Representative), [REDACTED] (Biosafety Officer), [REDACTED] (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

\* **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

✓ - repeatable deficiency

**Facility Inspection Report –** [REDACTED]**Inspection Date: 17 April 2019****Date Issued: 04/19/2019****Members in Attendance:** [REDACTED], [REDACTED], [REDACTED]**Others in Attendance:** [REDACTED] (Facility Representative), [REDACTED] (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

- \* **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

**Facility Inspection Report –** [REDACTED]**Date:** 11 April 2019**Members in Attendance:** [REDACTED], [REDACTED], [REDACTED]**Others in Attendance:** Facility Representative ([REDACTED]), EHSO Representative ([REDACTED])

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

\* **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

✓ Check if repeat deficiency

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 4/11/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 16-088-SSHCR-H, 16-141-NSU, 17-009-R, 17-018-NS, 17-022-SS-A, 17-024-HX, 17-025-C-H, 17-036-R, 17-040-HR-F, 17-042-SSHRX-A, 17-060R, 17-068-SSCHIR-H, 17-075-SSIR-A, 17-081-CHR, 17-096-R-U, 17-101-SSR, 18-005-SSRA, 18-018-ICR-H, 18-108-SS, 18-113-ECHIR, 19-006-SCHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection			

This inspection was discussed with:

Name: [REDACTED]	Title: Lab Manager	Date: 04/11/2019
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] (EHSO Representative)

# Facility Inspection Report – [REDACTED]

**Date:** 15 April 2019

**Members in Attendance:** [REDACTED], [REDACTED], [REDACTED]

**Others in Attendance:** [REDACTED] (Facility Representative), [REDACTED] (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

\* **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

✓ Check if repeat deficiency



## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/15/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED]  
(Euthanasia & Dark Adaption)

Active Protocols: 16-060, 17-080-IB, 17-084, 17-094-I, 18-002-I, 18-033-CHITW, 18-046, 18-056-AH, 18-058-WCIT, 18-071-SSWHI, 18-096-WCHIT, 18-114-EWCI, 18-117-WCHIT

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Managers	Date: 04/16/2019 (by email)
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] EHSO Representative

**Facility Inspection Report** – [REDACTED]**Date:** 12 April 2019**Members in Attendance:** [REDACTED], [REDACTED], [REDACTED]**Date Issued:** 04/15/2019**Guests in Attendance:** [REDACTED] (Facility Representative), [REDACTED] (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

\* **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

**Facility Inspection Report –** [REDACTED]**Date:** 05 April 2019**Date Issued:** 04/08/2019**Members in Attendance:** [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]

Others: [REDACTED] (Facility representative), [REDACTED] (EHSO representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

- \* **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

## OUHS CIACUC Semiannual Laboratory Inspection

Inspection Date: 3/25/2019

Principal Investigator: [REDACTED]

Rooms [REDACTED]

Active Protocols: 17-106-HI, 16-119-SFU

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name [REDACTED]	Title: Lab Manager	Date: 3/25/2019
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IACUC inspection team:

Name [REDACTED]	Name [REDACTED]	
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] (DAWA Representative)

## Facility Inspection Report – [REDACTED]

**Date:** 05 April 2019

**Date Issued:** 04/08/2019

**Members in Attendance:** [REDACTED]

**Others:** [REDACTED]

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			None identified during inspection.			

\*

**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

*The University of Oklahoma*  
*Health Sciences Center*  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

**CONFIDENTIAL MEMORANDUM**

**To:** Dr. [REDACTED], Vice-President for Research and Institutional Official  
**From:** Dr. [REDACTED], Chair of the Institutional Animal Care and Use Committee  
**CC:** [REDACTED], Director of Compliance  
**Subject:** Semiannual Report of the Program and Inspection of Facilities  
**Date:** November 13, 2019

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This memorandum, prepared by the Office of Animal Welfare Assurance (OAWA), summarizes the IACUC's results of its most recent program review and facility inspection, 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 ([AWA](#)) regulations, as applicable. Submission of semiannual reports to the Institutional Official is a condition of this institution's Animal Welfare Assurance with the NIH Office of Laboratory Animal Welfare (OLAW).

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

At the time of this review, the OUHSC Animal Care and Use Program is comprised of nine core animal facilities operated by the Division of Comparative Medicine, and 12 satellite facilities and study areas operated wholly or in part by investigators. The membership of the IACUC includes 18 members duly appointed by the Institutional Official on behalf of the University's Senior Vice President and Provost.

Two new species (goats and hamsters) were added to the animal protocol form since the last review.

**I. Description of the Nature and Extent of the Institution's Adherence to the PHS Policy, the *Guide*, and the AWA**

Departures from the PHS Policy, the *Guide*, and the AWA.

Select A or B:

☒ A. There were no departures during this reporting period.

☐ B. The following departures have been reviewed and approved by the IACUC:

There were no departures during this reporting period.

**II. Deficiencies in the Institution's Animal Care and Use Program**

Animal Care and Use Program Review Date(s): 11/13/2019

Select A or B:

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IACUC Semiannual Program Review, Page 1

*The University of Oklahoma*  
*Health Sciences Center*  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

- ☒ A. There were no deficiencies in the program during this reporting period.  
☐ B. The following deficiencies have been identified:  
There were no deficiencies in the program during this reporting period.
- 

**III. Deficiencies in the Institution's Animal Facility**

Animal Facility Inspection Date(s): 10/07/2019-10/28/2019

Select A or B:

- ☐ A. There were no deficiencies in the animal facility during this reporting period.  
☒ B. The following deficiencies have been identified: Each facility inspection report has been summarized in the attached memo, Exhibit A. All facility deficiencies were corrected in accordance with the IACUC's correction schedule.

In accordance with the IACUC's process, subcommittees composed of at least two IACUC members completed the Semiannual Facility Inspection Checklist for each animal facility. Each facility inspection report has been summarized in the attached memo, Exhibit A.
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**IV. Minority Views**

Select A or B:


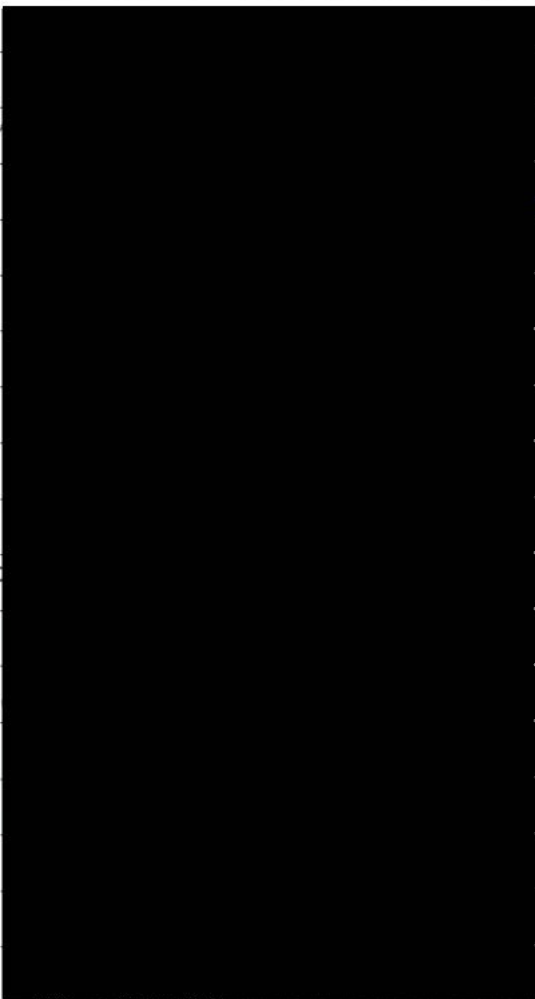
- ☒ A. No minority views were submitted or expressed.  
☐ B. The following minority views were expressed:  
There were no minority views submitted or expressed during the Program Review.
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**V. Status of AAALAC Accreditation**

The Institution's AAALAC accreditation status has not changed (AAALAC Accredited – Category 1).
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*The University of Oklahoma*  
*Health Sciences Center*  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

**VI. Signatures**

Names of IACUC Members	Signatures
	



**Facility Inspection Report:** [REDACTED]**Inspection Date:** 24 October 2019**Date Issued:** 10/25/2019**Members in Attendance:** [REDACTED], [REDACTED], [REDACTED], [REDACTED]**Guests in Attendance:** [REDACTED] (Facility Representative), [REDACTED] (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

\* **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

✓ - repeatable deficiency

**Facility Inspection Report –** [REDACTED]**Inspection Date:** 23 October 2019**Date Issued:** 10/25/2019**Members in Attendance:** [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]**Guests in Attendance:** [REDACTED] (EHSO Representatives)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

- \* **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  
✓ - repeatable deficiency

**Facility Inspection Report –** [REDACTED]**Inspection Date: 28 October 2019****Date Issued: 10/28/2019****Members in Attendance:** [REDACTED]**Others in Attendance:** [REDACTED] (Facility Representative), [REDACTED] (Biosafety Officer), [REDACTED] (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

- \* **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  
✓ - repeatable deficiency

**Facility Inspection Report –** [REDACTED]**Inspection Date: 22 October 2019****Date Issued:** 10/23/2019**Members in Attendance:** [REDACTED]**Others in Attendance:** [REDACTED] (Facility Representative), [REDACTED] (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

\*

**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

**Facility Inspection Report –** [REDACTED]**Date:** 11 October 2019**Date Issued:** 10/14/2019**Members in Attendance:** [REDACTED]**Others in Attendance:** Facility Representative [REDACTED] EHSO Representative [REDACTED] OAWA Representative [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

\* **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

✓ Check if repeat deficiency

**Facility Inspection Report –** [REDACTED]**Date:** 14 October 2019**Members in Attendance:** [REDACTED]**Date Issued:**

10/15/2019

Guests in Attendance: [REDACTED] (Facility Representative), [REDACTED] (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

- \* **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

**Facility Inspection Report –** [REDACTED]**Date:** 7 October 2019**Date Issued:** 10/10/2019**Members in Attendance:** [REDACTED]

Others: [REDACTED] (DCM representative), [REDACTED] (EHSO representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

- \* **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

## Facility Inspection Report – [REDACTED]

**Date:** 07 October 2019

**Date Issued:** 10/10/2019

**Members in Attendance:** [REDACTED]

**Others:** [REDACTED] (DCM Facility Representative), [REDACTED] (OAWA Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			None identified during inspection.			

\*

**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



# Facility Inspection Report – [REDACTED]

**Date: 7 October 2019**

**Date Issued:** 10/10/2019

**Members in Attendance:** [REDACTED]

Others: [REDACTED] (OAWA Representative), [REDACTED] (DCM Facility Representative)

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

\* **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

✓ Check if repeat deficiency

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 10/08/2019

Principal Investigator: [REDACTED]

Rooms [REDACTED]

Active Protocols: 17-046-HCR-H, 17-050-H, 17-073-CHI-H, 18-044-CHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
S	[REDACTED]	Deficiency: No documentation of monitoring animals or their environment when animals are kept overnight in the laboratory. Plan for Correction: Create a monitoring worksheet and document in accordance with <a href="#">IACUC Policy 128</a> .	Principal Investigator	Immediately	10/10/2019

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 10/10/2019 (Inspection Report Email)
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] (OAWA Representative), [REDACTED] Representative)

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 10/08/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-050-SSFI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
S	[REDACTED]	Deficiency: No documentation of monitoring animals or their environment when kept overnight in the laboratory. Plan for Correction: Create a monitoring worksheet and document in accordance with <a href="#">IACUC Policy 128</a> .	Principal Investigator	Immediately	10/10/2019

## This inspection was discussed with:

Name: [REDACTED]	Title: PI and Lab Manager	Date: 10/08/2019
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## IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] (DAWA Representative), [REDACTED] (EHSD Representative)

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 10/08/2019

Principal Investigator

Rooms:

Active Protocols: 16-040-HT, 16-112, 17-005-HI, 17-028-SSHTR, 17-071-W, 17-085-HI, 18-059-SSEAH, 18-060-EAFI, 18-094-FH, 19-004-AFEH, 19-010-SEAPHR, 19-020-H, 19-036-EFAH, 19-057

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Lab Manager	Date: 10/08/2019
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IACUC inspection team:

Name:	Name:	Name:
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: (EHSO Representative)

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 10/10/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED]  
[REDACTED]

Active Protocols: 16-117, 16-120-I, 16-127-H, 16-099-SSHR, 17-013-H, 17-037, 17-049-NSIL, 17-052-I, 17-064-HI, 17-093-H, 17-099-A, 17-109-SSHL, 18-017-HIC, 18-051, 18-045-SSAPHL, 18-059-SSEAH, 18-062-SSEACI, 18-076-EA, 18-112-EA, 19-010-SEAPHR, 19-022-H, 19-053-EAFH, 19-063-SEAH, 19-066-SEAIW

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Investigators	Date: 10/10/2019
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] (EHSO Representative)

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 10/15/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 17-095-H, 18-046-IA, 18-103-ACHR, 19-037-AH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Research Personnel	Date: 10/15/2019
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] Representative)

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 10/23/2019

Principal Investigator:

Rooms:

Active Protocols: 16-103-HIF, 17-100-HI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Co-Investigator	Date: 10/23/2019
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IACUC inspection team:

Name:	Name:	
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

## OUHS CIACUC Semiannual Laboratory Inspection

Inspection Date: 10/15/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 16-112, 16-137-T, 17-005-HI, 17-028-SSHITR, 18-031-HILA, 18-067-FH, 18-094-FH, 19-004, 19-036-EFAH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: PI & Lab Managers	Date: 10/15/2019
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] (EHSO Representative)



## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 10/11/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 16-141-NSU, 17-009-R, 17-018-NS, 17-022SS-A, 17-024-HX, 17-025-C-H, 17-036-R, 17-040-HR-F, 17-042-SSHRX-A, 17-060R, 17-068-SSCHIR-H, 17-075-SSIR-A, 17-081-CHR, 17-096-RU, 17-101-SSR, 18-005-SSRA, 18-018-ICR-H, 18-108-SS, 18-113-ECHIR, 19-006-SCHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Lab Manager	Date: 10/11/2019
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection [REDACTED] (EHSO Representative) and [REDACTED] (OAWA Representative)

**Facility Inspection Report –** [REDACTED]**Date:** 16 October 2019**Date Issued:** 10/22/2019**Members in Attendance:** [REDACTED]**Others in Attendance:** [REDACTED] (Facility Representative), [REDACTED] (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies were identified during inspection.			

**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

✓ Check if repeat deficiency

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 10/16/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-039-ACHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 10/16/2019
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] (EHSO Representative)

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 10/16/2019

Principal Investigator: [REDACTED]

Rooms: [REDACTED] (shared procedure area)

Active Protocols: 17-080-IB, 17-084, 17-094-I, 18-002-I, 18-033-CHITW, 8-016, 18-056-AH, 18-058-WCIT, 18-071-SSWHI, 18-096-WCHIT, 18-114-EWCI, 18-117-WCHIT, 19-023-WCI, 19-050-AFH

efficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

## This inspection was discussed with:

Name: [REDACTED]	Title: Procedure Area Manager	Date: 10/16/2019 by email
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## IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] (EHSO Representative)

## OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 10/07/2019

Principal Investigator: [REDACTED]

Rooms [REDACTED]

Active Protocols: 17-106-HI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
S	[REDACTED]	Deficiency: Animals housed in the satellite facility ([REDACTED]) are not being monitored at least daily in accordance with <a href="#">IACUC Policy</a> . Plan for Correction: The DCM facility manager agreed to send animal husbandry staff to [REDACTED] during regular weekend rounds. The PI and lab must communicate with the DCM facility manager when animals are being housed in [REDACTED].	Principal Investigator	Immediately	10/07/2019

## This inspection was discussed with:

Name: [REDACTED]	Title: Research Staff	Date: 10/07/2019
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## IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: [REDACTED] (EHSO Representative), [REDACTED] (DCM Representative)