

Name: State University of New York - Potsdam [A097]

FOR OFFICE USE ONLY

Recd _____
Code A097 _____

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
LABORATORY ANIMAL WELFARE PROGRAM
EMPIRE STATE PLAZA, P.O. BOX 509
ALBANY, NEW YORK 12201-0509

2019 RENEWAL APPLICATION
FOR APPROVAL FOR USE OF LIVING ANIMALS

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Name: State University of New York - Potsdam	
Address 1: 44 Pierrepont Avenue	
Address 2:	
City, State, Zipcode: Potsdam, NY 13676-2294	
County: St. Lawrence	
Telephone Number: 315-267-2710	
Fax Number: 315-267-3170	
E-mail Address: johnsong@potsdam.edu	

RECEIVED
SEP 24 2018
FACILITIES MANAGEMENT

FSB 9-20-18

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

- ☐ Corporation ☒ Government ☐ Individual ☐ Not For Profit ☐ Partnership
☐ Other: _____

Facility Type:

- ☐ 2 Year College ☒ 4 Year College ☐ Clinical or Environmental Lab
☐ Hospital ☐ Medical School ☐ Product Testing Lab
☐ Public Health Lab ☐ Research & Development Lab ☐ Veterinary School
☐ Other: _____

SECTION II - PROGRAM INFORMATION

Animals (Check all that apply):

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Mice (genus mus) | <input type="checkbox"/> Hamsters | <input checked="" type="checkbox"/> Fish | <input type="checkbox"/> Sheep/Goats |
| <input type="checkbox"/> Mice (wild or other) | <input type="checkbox"/> Guinea Pigs | <input type="checkbox"/> Cats | <input type="checkbox"/> Cattle |
| <input type="checkbox"/> Rats (genus rattus) | <input type="checkbox"/> Rabbits | <input type="checkbox"/> Dogs | <input type="checkbox"/> Swine |
| <input checked="" type="checkbox"/> Rats (wild or other) | <input checked="" type="checkbox"/> Small Birds | <input type="checkbox"/> Non-Human Primates | <input type="checkbox"/> Poultry |
| <input checked="" type="checkbox"/> Other: <u>Amphibians and Reptiles</u> | | | |

Are you currently housing live animals at your institution? ☒ Yes ☐ No

If you are not currently housing live animals, do you anticipate having live animals in your facility during the next 12 months?* ☐ Yes ☐ No

*LAWP permits are issued to those institutions that maintain living animals for teaching and/or research and have the appropriate programs and facilities to properly and humanely care for those animals.

Does your laboratory/institution have an Animal Care Committee? ☒ Yes ☐ No
(If Yes, attach a copy of the Committee members)

Since your last application, have there been any changes in your animal care and use procedures (i.e. feeding programs, disease control, environmental management, humane care, euthanasia)? ☐ Yes ☒ No
(If Yes, please explain)

Note: Any procedures that require the withholding of feed and water or exposing the animals to adverse or unusual conditions should be documented in your animal use protocols and approved by your IACUC.

Living animals are used for (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Diagnostic Procedures | <input type="checkbox"/> Education/Teaching Demonstrations |
| <input type="checkbox"/> Experimentation | <input type="checkbox"/> Farm Production |
| <input checked="" type="checkbox"/> Public Display | <input type="checkbox"/> Public Health/Disease Surveillance |
| <input type="checkbox"/> Other: _____ | |

Are animals used in studies with human infectious agents? ☐ Yes ☒ No
(If Yes, attach a copy of your procedures for processing medical waste generated by the animals)

Registration/Accreditation Type:

- | | | |
|--|--|--|
| <input type="checkbox"/> AAALAC Accredited | <input type="checkbox"/> USDA Registered | <input checked="" type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Bergeron, Bette S.	
Title: Provost	
Telephone Number: 315-267-2108	
Work Hours: MON: 8:00 am to 4:00 pm TUE: 8:00 am to 4:00 pm WED: 8:00 am to 4:00 pm to to to to	Work Hours: Mon: to Tue: to Wed: to Thu: 9:00 AM to 4:00 PM Fri: 8:00 AM to 4:00 PM Sat: to Sun: to

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian in Charge (Name): O'Horo Loomis, Mary	
Title:	
Telephone Number: 315-379-3865	
Work Name/Address (if different from laboratory/institution): School of Science SUNY Canton Canton, NY 13617	
Work Hours: MON: 8:00 am to 4:00 pm TUE: 8:00 am to 4:00 pm WED: 8:00 am to 4:00 pm THU: 8:00 am to 4:00 pm FRI: 8:00 am to 4:00 pm to to	Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Johnson, Glenn	
Title: Chair of the IACUC	
Telephone Number: 315-267-2710	
Work Hours: MON: 8:30 am to 4:00 pm TUE: 8:30 am to 4:00 pm WED: 8:30 am to 4:00 pm to to to to	Work Hours: Mon: to Tue: to Wed: to Thu: 8:30 am to 4:00 PM Fri: 8:30 am to 4:00 PM Sat: to Sun: to

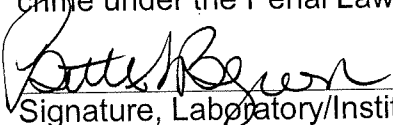
- ☐ Attach a list of all full-time and part-time animal care staff which includes the following information:
Name, Full-Time or Part-Time, Title and Education Level (Highest).
- ☐ No additional staff.

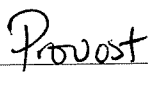
SECTION IV - ATTESTATION

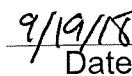
I have read the Administrative Rules and Regulations concerning the use of living animals and understand that I am fully responsible for all work involving the use of living animals. I understand that the Certificate of Approval is not transferable and the New York State Department of Health (the Department) shall be advised promptly if the individual, in whose name approval has been granted, ceases to be in charge. The facility(ies) will be operated according to all applicable laws, rules and regulations.

I understand that by signing this application form I agree to cooperate with any investigations conducted by the Department to verify or confirm information given or any other investigation conducted in connection with animal welfare in any facility identified in this application. If additional information is requested, I will provide it.

In signing this application, I hereby certify that the information I have given the Department as a basis for obtaining or retaining a certificate of approval is true and correct. As information changes, I will promptly notify the Department. Further, I understand that filing a false instrument constitutes a crime under the Penal Law of the State of New York.


Signature, Laboratory/Institutional Officer


Title


Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

SUNY Potdam IACUC Members

14 September 2018

Glenn Johnson, Chair

Dr. Mary O'Horo Loomis, DVM

Torey Russell, Environmental Health and Safety

Timothy Messner, Faculty member

Jan Trybula, Faculty member

Mary Beth Warburton, Community member

Bette S. Bergeron, Institutional Official

Jack, McGuire, Research and Sponsored Programs, Ex-Officio

Animal Care Oversight:

Name	Full or Part time	Title	Education
Torey Russell	Full	Environmental Health and Safety Compliance Officer (**EH&S)	College, BS
Bette Bergeron	Full	Provost	College, PhD

Animal Care:

Name	Full or Part/time	Title	Education
Glenn Johnson	Full	Professor Display Animal Care Provider (*Provider)	College, PhD
Sarah Sirsat	Full	Professor Research Animal (bird) care Provider (*Provider)	College, PhD
Raymond Bowdish	Full	Instructional Support Technician Display Animal Care Manager(**Manager)	College, MA

***Provider** is ultimately responsible for the overall care of his or her Display or Research Animals As stated in previously submitted Display Animal Policy.

****Manager** oversees the Display Areas, maintains the Display Animal Log, and assists the Provider and EH&S with Program Audits As stated in previously submitted Display Animal Policy.

*****EH&S** reviews and provides clarification on Display Animal Policy, conducts program audits, assists the Provider and Manager when issues arise. EH&S Reports to Provost Directly with any issues related to this Program. As stated in previously submitted Display Animal Policy.

******Provost** Reviews and approves Policy updates and Manages Program issues brought to her by the EH&S if needed.

Additional Animal Care staff responsible for day to day care of display animals:

Name	Full or Part time	Title	Education
Madison Cleveland	Part Time	Student Assistant	College, BS expected
Rebecca Willdigg	Part-time	Student Assistant	College, BS expected
Samanta Palomeque	Part Time	Student Assistant	College, BS expected
Sarah Simmons	Part Time	Student Assistant	College, BS expected