

Annual Report to OLAW

Institution: California State University, San Bernardino
Assurance Number: A3976-01
Reporting Period: 1/1/2018 – 12/31/2018

This institution's Institutional Animal Care and Use Committee (IACUC), through the Institutional Official, provides this annual report to the Office of Laboratory Animal Welfare (OLAW).

2012 Annual Report Requirement: Verification of implementation of the 8th Edition of the Guide for the Care and Use of Laboratory Animals (Guide)

[Effective January 1, 2012, NIH required Assured institutions to base their animal care and use programs on the standards of the 8th Edition of the Guide. Assured institutions must complete at least one (of the two required) semiannual program review and facility inspection using the 8th Edition of the Guide as the basis for evaluation by December 31, 2012. It is not required that all necessary changes be completed by December 31, 2012, but rather that an evaluation must be conducted and a plan and schedule for implementation of the standards in the 8th Edition of the Guide must be developed by December 31, 2012. See NOT-OD-12-020]

Implementation of the 8th Edition of the Guide [Select A or B]

- ☒ A. This institution has fully implemented the standards of the 8th Edition of the Guide. *[Skip to Item I.]*
- ☐ B. This institution has not completed all the necessary changes to fully implement the standards of the 8th Edition of the Guide.

An evaluation was conducted and a plan and schedule for implementing the 8th Edition of the Guide was developed by December 31, 2012. *[Select Yes or No]*

☐ Yes

☐ No: *[Provide a paragraph describing the reason(s) for the delay and how the institution will meet this requirement, but do not attach a plan and schedule.]*

I. Program Changes [Select A or B]

- ☒ A. There have been **no changes** in this institution's program for animal care and use as described in the Assurance. *[Skip to Item II.]*
- ☐ B. Change(s) in this institution's program for animal care and use as described in the Assurance have occurred during this reporting period. **(FAO 6)**

Select all that apply:

- ☐ This institution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).
- ☐ AAALAC Accredited – Category 1
- ☐ Non-Accredited – Category 2
- ☐ This institution's program for animal care and use has changed (PHS Policy IV.A.1.a-i.). *[Attach a full description of the changes.]*
- ☐ The individual designated by this institution as the Institutional Official has changed. *[Provide name, title(s), address, e-mail, phone, and fax numbers in Item V.]*
- ☐ The membership of this institution's IACUC has changed. *[Provide current roster of members in Item VI.]*

II. Semiannual Evaluations

This IACUC has conducted semiannual evaluations of the institution's program and inspections of the institution's facilities (including satellite facilities) on the dates below. Reports of the evaluations and inspections have been submitted to the Institutional Official. The reports include any IACUC-approved departures from the *Guide* with a reason for each departure, any deficiencies (significant or minor) that were identified, and a plan and schedule for correction of each deficiency. *[Do not provide semiannual reports unless they include a minority view.]*

A. Program Evaluations

[Two dates (month/day/year) must be provided to satisfy the PHS Policy requirement that evaluations be done at 6 month intervals. If the IACUC conducted more than 2 evaluations of the program during the reporting period, please attach a list showing the dates. Institutions must use the 8th Edition of the Guide as the basis for evaluation for at least one (of the two required) semiannual program review.]

Date 1: May 30, 2018	Date 2: December 3, 2018
Guide used: [Select one] <input type="checkbox"/> 7 th Edition <input checked="" type="checkbox"/> 8 th Edition	Guide used: [Select one] <input type="checkbox"/> 7 th Edition <input checked="" type="checkbox"/> 8 th Edition
Method used: [Select all that apply] <input checked="" type="checkbox"/> OLAW <u>Checklist</u> <input type="checkbox"/> Relevant <i>Guide</i> Chapter headings <input type="checkbox"/> Other: [Briefly describe] _____ _____	Method used: [Select all that apply] <input checked="" type="checkbox"/> OLAW <u>Checklist</u> <input type="checkbox"/> Relevant <i>Guide</i> Chapter headings <input type="checkbox"/> Other: [Briefly describe] _____ _____

B. Facility Inspections

[Two dates (month/day/year) must be provided to satisfy the PHS Policy requirement that facility inspections be done at 6 month intervals. If the IACUC conducted more than 2 inspections of each site during the reporting period, please attach a list showing the dates. Institutions must use the 8th Edition of the Guide as the basis for evaluation for at least one (of the two required) semiannual facility inspection.]

Date 1: May 30, 2018	Date 2: December 3, 2018
Guide used: [Select one] <input type="checkbox"/> 7 th Edition <input checked="" type="checkbox"/> 8 th Edition	Guide used: [Select one] <input type="checkbox"/> 7 th Edition <input checked="" type="checkbox"/> 8 th Edition
Method used: [Select all that apply] <input checked="" type="checkbox"/> OLAW <u>Checklist</u> <input type="checkbox"/> Relevant <i>Guide</i> Chapter headings <input type="checkbox"/> Other: [Briefly describe] _____ _____	Method used: [Select all that apply] <input checked="" type="checkbox"/> OLAW <u>Checklist</u> <input type="checkbox"/> Relevant <i>Guide</i> Chapter headings <input type="checkbox"/> Other: [Briefly describe] _____ _____

III. Minority Views [Select A or B]

- ☒ A. There were **no minority** views during this reporting cycle.
- ☐ B. Any minority views submitted by members of the IACUC regarding reports filed under PHS Policy IV.F. for this reporting cycle are attached.

IV. Signatures

IACUC Chairperson	Institutional Official
Name: Jeffrey Thompson	Name: Shari McMahan, Provost
Signature: (b) (6)	Signature: (b) (6)
Date: January 22, 2019	Date: January 22, 2019

V. Change in Institutional Official No change

Name:	
Title:	Degree/Credential:
Address: [street, city, state, zip code]	
E-mail:	
Phone:	Fax:

VI. Change in IACUC Membership [Current roster] No change – current roster below

Institution: California State University, San Bernardino			
IACUC Contact Information			
Address: 5500 University Parkway San Bernardino, CA 92407			
E-mail: (b) (6)@csusb.edu			
Phone: (b) (6)		Fax: (b) (6)	
IACUC Chairperson			
Name: Jeffrey Thompson			
Title: Professor of Biology		Degree/Credentials: Ph.D.	
PHS Policy Membership Requirements***:			
IACUC Roster [Provide below or attach]			
Name of Member/ Code*	Degree/ Credentials	Position Title**	PHS Policy Membership Requirements***
(b) (6)			Scientist
(b) (6)			Scientist
(b) (6)			Scientist
David Wolf	DVM	Veterinarian	Veterinarian
(b) (6)			Scientist
(b) (6)			Scientist
(b) (6)			Nonscientist
(b) (6)			Nonaffiliated
(b) (6)			Scientist

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

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

*** PHS Policy Membership Requirements:

<i>Veterinarian</i>	veterinarian with training or experience in laboratory animal science and medicine or in the use of the species at the institution, who has direct or delegated program authority and responsibility for activities involving animals at the institution.
<i>Scientist</i>	practicing scientist experienced in research involving animals.
<i>Nonscientist</i>	member whose primary concerns are in a nonscientific area (for example, ethicist, lawyer, member of the clergy).
<i>Nonaffiliated</i>	individual who is not affiliated with the institution in any way other than as a member of the IACUC, and is not a member of the immediate family of a person who is affiliated with the institution. This member is expected to represent general community interests in the proper care and use of animals and should not be a laboratory animal user. A consulting veterinarian may not be considered nonaffiliated.

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