

VIII. Membership of the IACUC

Date: October 29, 2020			
Name of Institution: California State University, San Bernardino			
Assurance Number: D16-00551 (A3976-01)			
IACUC Chairperson			
Name*: Sanders A. McDougall, Ph.D.			
Title*: Professor		Degree/Credentials*: Ph.D.	
Address*: (street, city, state, zip code)			
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IACUC Roster			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
David Wolf (V)	Ph.D., D.V.M.	Campus Veterinarian	Veterinarian
(b) (6)			Scientist
			Scientist
			Scientist
			Scientist
			Non-Scientist, non-affiliated member
			Non-Scientist

* This information is mandatory.

** Names of members, other than the chairperson and veterinarian, may be represented by a number or symbol in this submission 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 (e.g., 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.



X. Facility and Species Inventory

[illegible]

*Institutions may identify animal areas (buildings/rooms) by a number or symbol in this submission to OLAW. However, the name and location must be provided to OLAW upon request.

TO: Shari McMahan
Provost

FROM: Jeffrey Thompson
Chair, IACUC

DATE: June 1, 2020

RE: Semiannual Review of Animal Care and Use Program and
Inspection of Facilities – May 11, 2020 and May 27, 2020

This report 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.):

None

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: *[include reason for each departure]*

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

Animal Care and Use Program Review Date(s): May 11, 2020

Select A or B:

- ☒ A. There were no deficiencies in the program during this reporting period.
- ☐ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

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III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s): May 27, 2020

Select A or B:

- ☒ A. There were no deficiencies in the animal facility during this reporting period.
- ☐ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

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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: *[insert minority views here or attach]*

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Attachments:

Semi-Annual Program Review – May 11, 2020

Semiannual Facility Inspection Report – May 27, 2020