

Name: Hartwick College [A083]

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Recd
Code A083

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: Hartwick College	
Address 1: 205 Bresee Hall	
Address 2:	
City, State, Zipcode: Oneonta, NY 13820	
County: Otsego	
Telephone Number: 607-431-4409	
Fax Number: 607-431-4374	
E-mail Address: kuhlmannm@hartwick.edu	

RECEIVED

OCT 11 2018

FACILITIES MANAGEMENT

AW-APP01(10/2007)

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 checked="" 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 checked="" type="checkbox"/> Rats (genus rattus) | <input type="checkbox"/> Rabbits | <input type="checkbox"/> Dogs | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Rats (wild or other) | <input type="checkbox"/> Small Birds | <input type="checkbox"/> Non-Human Primates | <input type="checkbox"/> Poultry |
| <input checked="" type="checkbox"/> Other: <u>reptiles, amphibians</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 checked="" type="checkbox"/> Education/Teaching Demonstrations |
| <input checked="" type="checkbox"/> Experimentation | <input type="checkbox"/> Farm Production |
| <input 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): Bean, Kellie	
Title: Dean Academic Affairs	
Telephone Number: 607-431-4409	
Work Hours: MON: 9:00 am to 5:00 pm TUE: 9:00 am to 5:00 pm WED: 9:00 am to 5:00 pm THU: 9:00 am to 5:00 pm FRI: 9:00 am to 5:00 pm to to	Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian in Charge (Name): Puritz, Joan	
Title:	
Telephone Number: 607-432-8570	
Work Name/Address (if different from laboratory/institution): Crescent Pet Lodge 525 Main St. Oneonta, NY 13820	
Work Hours: to to to to to 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): Bookhout, Michele	
Title: Technical Assistant	
Telephone Number: 607-431-4765	
Work Hours: MON: 9:00 am to 5:00 pm TUE: 9:00 am to 5:00 pm WED: 9:00 am to 5:00 pm THU: 9:00 am to 5:00 pm FRI: 9:00 am to 5:00 pm to to	Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

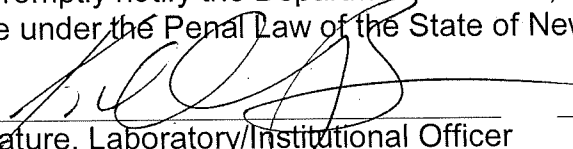
- ☒ Attach a list of all full-time and part-time animal care staff which includes the following information:
Name, Full-Time or Part-Time, Title and Education Level (Highest).
- ☐ No additional staff.

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

Dean, Academic
Title *Affairs*

8 Oct 18
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [004] Name: Psychology Department	
Address 1: Iroquois Dr.-Clark Hall-2nd Fl., Rm. 264	
Address 2:	
City, State, Zipcode: Oneonta, NY 13820	
Site Telephone Number: 607-431-4964	
Site Fax Number:	
Site E-mail Address: chank@hartwick.edu	
Contact Person (Name): Kin Ho Chan	

CURRENT DATA	INDICATE CHANGES HERE
Site [008] Name: Toadery	
Address 1: 310 Johnstone Science Center	
Address 2: Hartwick College	
City, State, Zipcode: Oneonta, NY 13820	
Site Telephone Number: 607-431-4765	
Site Fax Number: 607-431-4764	
Site E-mail Address: sessionss@hartwick.edu	
Contact Person (Name): Sessions, Stan	

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [009] Name: ZOO	
Address 1: 316 Johnstone Science Center	
Address 2: Hartwick College	
City, State, Zipcode: Oneonta, NY 13820	
Site Telephone Number: 607-431-4765	
Site Fax Number: 607-431-4374	
Site E-mail Address: bookhoutm@hartwick.edu	
Contact Person (Name): Bookhout, Michele	

CURRENT DATA	INDICATE CHANGES HERE
Site [010] Name: Animal Room	
Address 1: 230 Johnstone Science Center	
Address 2: Hartwick College	
City, State, Zipcode: Oneonta, NY 13820	
Site Telephone Number: 607-431-4765	
Site Fax Number: 607-431-4374	
Site E-mail Address: bookhout@hartwick.edu	
Contact Person (Name): bookhout, Michele	

2018-2019 Hartwick College IACUC Members

Dr. Kellie Bean	Institution Official (Dean)	607 431 4409
Dr. Joan Puritz DVM	Veterinarian	607 432 8570
Rev. Craig Schwallenberg	nonaffiliated member	[REDACTED] 607-432-3491

Dr. Allen Crooker	Member (Biology)	607 431 4750
Dr. Mark Kuhlmann	Chair (Biology)	607 431 4768
Dr. Kevin Schultz	Member (Physics)	607 431 4659

ANIMAL CARE STAFF:

Animal Care Staff: Johnstone Science Center

Ms. Michele Bookhout	Full Time	Technical Assistant	AS 607 431 4765
Katlin Hager	Part Time	student employee	Undergraduate student
Daniel Eagles	Part Time	student employee	Undergraduate student
Victoria Vitolo	Part Time	student employee	Undergraduate student