| it displays a valid OMB cor collection is estimated to a | trol number. The valid OM | | ation collection is | s 0579-0036. | The time required to c | ollection of information unless omplete this information lering and maintaining the data | OMB APPROVED 0579-0036 |
|--|---|---|--|--|--|--|---------------------------|
| This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result and to be subject to penalties as provided for in Section 2150. | | | | | cease and desist | Interagency Report Control No. 0180-DOA-AN | Fiscal Year: 2018 |
| UNITED S | TATES DEPARTME | NT OF AGRICULTUR | E | REGISTRA | TION NUMBER: 41- | R-0060 | |
| ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | | | | Customer Number: 1816 | | | |
| | | | | 2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include ZIP Code) CARLETON COLLEGE | | | |
| | | | | DEPT OF PSYCHOLOGY ONE NORTH COLLEGE ST | | | |
| | | | | NORTHFIELD, MN 55057 | | | |
| | | | | Telephone: (507) 222-4372 | | | |
| | | | | | | | |
| | | | | | | | |
| REPORT OF ANIMALS U | SED BY OR UNDER CONT | ROL OF RESEARCH FACILIT | Y (Attach additio | onal sheets if r | necessarv or use APHI | S FORM 7023A.) | |
| A. | В. | С. | D. Number of a | | | s upon which teaching, | F. |
| | Number of animals | Number of animals upon which teaching, research, experiments, or tests were | upon which experiments, teaching, research, surgery, or tests were | | experiments, researc | h, surgery, or tests were | |
| Asimala Osura d Du Tha | being bred, conditioned, | | | | conducted involving accompanying pain or distress to the animals and for which the use of appropriate | | |
| Animal | Animal or held for use in conducted in conducted in | | conducted invo accompanying | | | , or tranquilizing drugs would the procedures, results, or | TOTAL NUMBER OF |
| Welfare Regulations | experiments, research, or surgery but not yet | pain, distress, or use of pain-relieving drugs. | distress to the animals and for which appropriate | | interpretation of the to | eaching, research, , or tests. (An explanation of | ANIMALS |
| | used for such purposes. | | anesthetic, ana | lgesic, or | the procedures produ | icing pain or distress on these | (Cols. C + D + E) |
| | | | tranquilizing dru used. | ugs were | animals and the reas must be attached to | ons such drugs were not used this report.) | |
| 4 Dogs | 0 | 0 | 0 | | 0 | | 0 |
| 5 Cats | 0 | 0 | 0 | | 0 | | 0 |
| 6 Guinea Pigs | 0 | 0 | 0 | | 0 | | 0 |
| 7 Hamsters | 0 | 0 | 0 | | 0 | | 0 |
| 8 Rabbits | 0 | 0 | 0 | | 0 | | 0 |
| 9 Non-Human Primates | 9 | 9 | 0 | | 0 | | 9 |
| 10 Sheep | 0 | 0 | 0 | | 0 | | 0 |
| 11 Pigs | 0 | 0 | 0 | | 0 | | 0 |
| 12 Other Animals | 0 | 0 | 0 | | 0 | | 0 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

ASSURANCE STATEMENTS

1.) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.

2.) Each principal investigator has considered alternatives to painful procedures.

3.) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.

4.) The attending veterinarian for this research facility has appropriate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and

| use. | | | | | | |
|--------------------------|--|-------------|--|--|--|--|
| (Chief Exect Institut | CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official (I.O.)) I certify that the above is true, correct, and complete (7 U.S.C. Section 2143). | | | | | |
| | | DATE SIGNED | | | | |
| | | 15-FEB-2019 | | | | |