

JUL 31 2017

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.		OMB No. 0579-0036 FORM APPROVED																						
<p align="center">U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <p align="center">APPLICATION FOR REGISTRATION (TYPE OR PRINT)</p> <p align="center">REGISTRATION UPDATE</p>		<p align="center">USDA USE ONLY</p> <p>Applicant should send completed form to this address. USDA APHIS ANIMAL CARE EASTERN 920 Main Campus Drive Suite 200 Raleigh, NC 27606-5210 (919) 855-7100</p> <table border="1"> <tr> <td>CERTIFICATE NO./CUST NO: 14-R-0018 114</td> <td>RENEWAL DATE 9-Aug-2017 <i>Vma.</i></td> </tr> </table>	CERTIFICATE NO./CUST NO: 14-R-0018 114	RENEWAL DATE 9-Aug-2017 <i>Vma.</i>																				
CERTIFICATE NO./CUST NO: 14-R-0018 114	RENEWAL DATE 9-Aug-2017 <i>Vma.</i>																							
<p>1. REGISTRANT (Name and permanent mailing address, including Zip Code)</p> <p>Massachusetts Institute Of Technology 77 Massachusetts Avenue, 3-234 Cambridge, MA 02139</p> <p>COUNTY: MIDDLESEX TELEPHONE (617) 253 - 7086</p>		<p>2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary)</p> <p>77 Massachusetts Avenue Cambridge, MA 02139 County: Middlesex</p>																						
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:																						
<p>5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>6. TYPE OF REGISTRATION:</p> <p><input type="checkbox"/> Class E – Exhibitor <input type="checkbox"/> Class H – Intermediate Handler</p> <p><input checked="" type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T – Carrier</p>																						
<p>7. FEDERAL FUND TYPES:</p> <p><input type="checkbox"/> Award <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Loan</p>		<p>8. TYPE OF ORGANIZATION:</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual</p> <p><input checked="" type="checkbox"/> Other (Specify) <u>non-profit corporation</u></p>																						
<p>9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)</p> <table border="1"> <thead> <tr> <th>A. NAME</th> <th>B. TITLE</th> <th>C. ADDRESS (full address, including ZIP Code)</th> </tr> </thead> <tbody> <tr> <td>✓ Robert B. Millard</td> <td>Chairman</td> <td rowspan="3">77 Massachusetts Ave Cambridge, MA 02139</td> </tr> <tr> <td>✓ L. Rafael Reif</td> <td>President</td> </tr> <tr> <td>✓ Maria Zuber</td> <td>VP For Research (Institute Official)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)	✓ Robert B. Millard	Chairman	77 Massachusetts Ave Cambridge, MA 02139	✓ L. Rafael Reif	President	✓ Maria Zuber	VP For Research (Institute Official)												
A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)																						
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✓ L. Rafael Reif	President																							
✓ Maria Zuber	VP For Research (Institute Official)																							

CERTIFICATION

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C., 2131 et seq. and I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Subpart A, parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

10. (b) (6), (b) (7)(C)	11. NAME AND TITLE (Type or Print) Maria T. Zuber, VP for Research	12. DATE SIGNED 07/27/2017
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ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

APHIS FORM 7011
(FEB 2009)

2019-APHIS-04206-F000001

Obtained by Rise for Animals. Uploaded 07/06/2020



Inspection Report

Massachusetts Institute Of Technology
77 Massachusetts Avenue, 3-234
Cambridge, MA 02139

Customer ID: **114**

Certificate: **14-R-0018**

Site: 001

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Type: ROUTINE INSPECTION

Date: 11-JUL-2017

There were no non-compliant items identified during the inspection.

NOTE - Inspection conducted 7/11/17 and 7/12/17. Exit briefing held 7/12/17 on-site with facility representatives.

END OF REPORT

Prepared By:

GLADUE PAULA, V M D USDA, APHIS, Animal Care

Date:
12-JUL-2017

Title: VETERINARY MEDICAL OFFICER 1054

Received By:

ROBIN KRAMER, D.V.M.

Title: VETERINARIAN DCM

Obtained by Rise for Animals. Uploaded 07/06/2020

Date:
12-JUL-2017
2019-APHIS-04206-F000002



Cust No	Cert No	Site	Site Name	Inspection
114	14-R-0018	001	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	11-JUL-17

Count	Species
000001	CRAB-EATING MACAQUE / LONG-TAILED MACAQUE / CYNOMOLGUS MONKEY
000001	DOMESTIC FERRET
000002	DOMESTIC GOAT
000003	BLACK-CAPPED SQUIRREL MONKEY
000003	DOMESTIC GUINEA PIG
000003	MONGOLIAN GERBIL (INCLUDING MOST COMMON US PET AND RESEARCH VARIETIES)
000008	PYGMY WHITE-TOOTHED SHREW
000014	DOMESTIC PIG / POTBELLY PIG / MICRO PIG
000015	DOMESTIC RABBIT / EUROPEAN RABBIT
000087	RHESUS MACAQUE
000154	COMMON MARMOSET
000291	Total



Inspection Report

Massachusetts Institute Of Technology
77 Massachusetts Avenue, 3-234
Cambridge, MA 02139

Customer ID: 114

Certificate: 14-R-0018

Site: 001

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Type: ROUTINE INSPECTION

Date: 18-JUL-2018

No non-compliant items identified during this inspection.

This inspection was conducted 7/18 -7/19/18 and the exit interview was conducted on site with facility representatives.

Additional Inspectors

Gladue Paula, Veterinary Medical Officer

Prepared By:

KARR EILIS USDA, APHIS, Animal Care

Date:
20-JUL-2018

Title: VETERINARY MEDICAL OFFICER 6127

Received By:

DR. JAMES FOX - DIRECTOR, DCM

Title: SENT VIA EMAIL

Obtained by Rise for Animals. Uploaded 07/06/2020

Date:
20-JUL-2018
2019-APHIS-04206-F000004



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
114	14-R-0018	001	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	18-JUL-18

Count	Scientific Name	Common Name
000135	<i>Callithrix jacchus</i>	COMMON MARMOSET
000002	<i>Cavia porcellus</i>	DOMESTIC GUINEA PIG
000001	<i>Macaca fascicularis</i>	CRAB-EATING MACAQUE / CYNOMOLGUS MONKEY
000080	<i>Macaca mulatta</i>	RHESUS MACAQUE
000001	<i>Meriones unguiculatus</i>	MONGOLIAN GERBIL (COMMON PET / RESEARCH VARIETY)
000023	<i>Oryctolagus cuniculus</i>	DOMESTIC RABBIT / EUROPEAN RABBIT
000002	<i>Saimiri sciureus</i>	COMMON SQUIRREL MONKEY
000004	<i>Suncus etruscus</i>	PYGMY WHITE-TOOTHED SHREW
000011	<i>Sus scrofa domestica</i>	DOMESTIC PIG / POTBELLY PIG / MICRO PIG
000259	Total	

Research Facility Protocol Selection Worksheet^{*}

Legal Name : Massachusetts Institute of Technology

Customer Number: 114

Certificate Number: 14-R-0018

Inspection Date: 7/18/18

Site Number: 001

Inspector: Ellis Karr

Reasons Protocols Were Selected for Review :	How Many Protocols Were Selected
1. Protocols identified during inspection of concern (select all)	0
2. Column E protocols (select all)	0
3. Protocols with IACUC-approved exemptions/exceptions (select all)	3
4. Protocols cited as noncompliant and not corrected during the last inspection (select all)	0
5. Additional Protocols Selected: a. If <5 remaining protocols, select all remaining: b. If >5 remaining protocols, select 5 additional protocols: 1) Protocol for each regulated species and/or, 2) Protocols involving high risk procedures (see Chapter 7, Animal Welfare Inspection Guide for guidance):	6
Total Protocols Selected and Reviewed	9

***Note:** Protocol selection guidance applies to protocols which have been initially approved, or have had significant changes approved, since the last inspection. For protocols reviewed by an Animal Care Veterinary Medical Officer within the last year, professional judgment should be used in determining whether another review is necessary.

Karr, Eilis - APHIS

From: James G Fox <jgfox@mit.edu>
Sent: Friday, July 20, 2018 10:53 AM
To: Karr, Eilis - APHIS
Subject: RE: *Action required: USDA Inspection Report

Many thanks Eilis! It was a pleasure to meet you and I look forward to working with you! best jf

From: Karr, Eilis - APHIS [mailto:Eilis.Karr@aphis.usda.gov]
Sent: Friday, July 20, 2018 10:06 AM
To: James G Fox <jgfox@mit.edu>
Subject: *Action required: USDA Inspection Report

Good morning, Dr. Fox!

I've attached the inspection documents from our inspection this week. **Please respond to this email to confirm receipt** – your response will serve as your signature on this report.

I have also attached for your reference the tech note we discussed regarding the Incentives for Identifying and Reporting Non-Compliance.

It was a pleasure to meet you and the DCM team - I am looking forward to working with you. Please don't hesitate to contact me with any questions or concerns.

Thanks so much, and have a wonderful weekend!

Eilis

Eilis Karr, DVM
Veterinary Medical Officer
USDA APHIS Animal Care
(978) 501-4093

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