Section 3 of the Animal Wallane Act, shall register with the USDA (7 USC 2136). This application provides Information for each registerion.  APPLICATION FOR REGISTRATION (TYPE OR PRINT)  REGISTRATION UPDATE  REGISTRATION UPDATE  CERTIFICATE NO./CUST NO: RENEWAL DATE 21-47-0223 325904  1. REGISTRANT (Name and permanent mailing address, Including 2/p Code) New York State Psychiatric Institute New York, NY 10032  COUNTY, NEW YORK  TELEPHONE (212) 543 - 5501  3. (A) PREVIOUS USDA REGISTRATION NUMBER (F ANY)  4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST OR RESEARCH, TESTS, OR EXPERIMENTS  Class R - Research Facility  Pother (Specify)  9. IF INVIVIOUAL IDENTIFY EACH OWNER, IF PARTITER SHIP IDENTIFY EACH OWNER, IF PARTITER SH	APPLICATION FOR REGISTRATION (TYPE OR PRINT)  REGISTRATION UPDATE  REGISTRATION UPDATE  REGISTRATION UPDATE  CERTIFICATE NO./CUST NO: 21-R-0223 325904  1. REGISTRATI (Name and permanent mailing address, including Zip Code) New York State Psychiatric Institute 1051 Riverside Drive New York, NY 10032  COUNTY: NEW YORK TELEPHONE (212) 543 - 5501  3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)  4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN IS 4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN IS 5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT  8. TYPE OF REGISTRATION:	ATE  Ac.  CILITIES
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RESEARCH, TESTS, OR EXPERIMENTS  Class E - Exhibitor  Class H - Intermediate Handler  Class T - Carrier  Cla		
Image: Second of the contract		
7. FEDERAL FUND TYPES:  8. TYPE OF ORGANIZATION:  Partnership Corporation Individual  Other (Specify)  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)  A. NAME  B. TITLE  C. ADDRESS (full address. including ZIP Code)	RESEARCH, TESTS, OR EXPERIMENTS	
Award Contract Contra	☐ Yes ☐ No	
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O. ADDICEO (for appress, minding in Goody)	OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)	
David H. Strauss, M.D. Institutional Official 1051 Riverside Drive, NY NY 10032	A. NAME B. TITLE C. ADDRESS (Ital address, including ZIP Code)	
	David H. Strauss, M.D. Institutional Official 1051 Riverside Drive, NY NY 10032	
	CEDTERCATION	
CERTIFICATION	I hereby register as a Research Facility, Exhibitor, Carrier, or intermediate Handler under the Animal Welfare Act, 7 U.S.C., 2131 et seg, and I certify that the information provided herein is true	ue and correct ad persons are
	10. SIGNATURE / \   11. NAME AND TITLE (Typs or Print)   12. DATE:	
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 correto the best of ray knowledge, thereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Subpert A, parts 1, 2 and 3. I certify that all itsed persons at 18 years of apply or lefer.  10. SIGNATURE:  11. NAME AND TITLE (Type or Print)		1117
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, thereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Subpert A, parts 1, 2 and 3. I certify that all itsed persons at 18 years of agric.  10. SIGNATURE  11. NAME AND TITLE (Typs or Print)  12. DATE SIGNED  3/10/14	ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS  APHIS FORM 7011 (FEB 2009)	

19-04301\_000001

2016082568296321 Insp\_id

### **Inspection Report**

New York State Psychiatric Institute

1051 Riverside Drive

New York, NY 10032

Customer ID: 325904

Certificate: 21-R-0223

Site: 001

NEW YORK STATE PSYCHIATRIC INSTITUTE

Type: ROUTINE INSPECTION

Date: 23-MAY-2017

#### 3.80(a)(2)(ii)

#### PRIMARY ENCLOSURES.

Item Primary Enclosures 3.80 a 2 ii

At the time of inspection it was noticed that the baboon cages had a metal screen mesh attached to the cages, the baboons had been able to push the screening out thus enabling them to put their fingers between the cage bar and the screen mesh which could injure the animal.

Facility needs to evaluate the use of the screen mesh and develop a better system to insure the safety of the safety of the animals.

Correct from this day 5/23/17

Facility before end of inspection had begun to remove mesh screening

An exit interview took place at the end of inspection with the Director of ICM and Chair of IACUC

Inspection took place over 2 days 5/22-23/2017

Prepared By:

LOPINTO JOHN, D V M USDA, APHIS, Animal Care

Date: 23-MAY-2017

Title: VETERINARY MEDICAL OFFICER 1008

Received By: Obtained by Rise for Animals. Uploaded 07/09/2020

DR MOSHE SHALEV

**Title:** DIRECTOR ICM 19-04301\_000002

**Date:** 23-MAY-2017



Customer: 32
Inspection Date: 23

325904 23-MAY-17

### **Animal Inspected at Last Inspection**

Cust No	Cert No	Site	Site Name	Inspection
325904	21-R-0223	001	NEW YORK STATE PSYCHIATRIC INSTITUTE	23-MAY-17
Count	Species			
000001	CRAB-EATING MA	CAQUE /	LONG-TAILED MACAQUE / CYNOMOLGUS MONKEY	
000004	OLIVE BABOON			
000066	RHESUS MACAQU	JE		
000071	Total			

# Research Facility Protocol Selection Worksheet

Legal Name : NY State Psychiat	ric Institute
Customer Number: 325904	Certificate Number: 21-R-0223
Inspection Date: <u>5/22-23/2017</u>	Site Number: 001
Inspector: John F. Lopinto	MAY 3 1 <sub>2017</sub>

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

<sup>\*</sup>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.

**2016082569149690** Insp\_id

### **Inspection Report**

New York State Psychiatric Inst	itute
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1051 Riverside Drive

New York, NY 10032

Customer ID: 325904

Certificate: 21-R-0223

Site: 001

NEW YORK STATE PSYCHIATRIC INSTITUTE

Type: ROUTINE INSPECTION

Date: 15-MAY-2018

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the Director of Comparative Medicine.

Prepared By:

LOPINTO JOHN, D V M USDA, APHIS, Animal Care

Date:
15-MAY-2018

Title: VETERINARY MEDICAL OFFICER 1008

Received By: Obtained by Rise for Animals. Uploaded 07/09/2020

DR MOSHE SHALEV VMD

Title: DIRECTOR OF COMPARATIVE MEDICINE 19-04301\_000005

Date:

15-MAY-2018



Customer: 325904 Inspection Date: 15-MAY-18

## **Species Inspected**

Cust No	Cert No	Site	Site Name	Inspection
325904	21-R-0223	001	NEW YORK STATE PSYCHIATRIC INSTITUTE	15-MAY-18
Count	Scientific Name		Common Name	
000032	Macaca mulatta		RHESUS MACAQUE	
000004	Papio anubis		OLIVE BABOON	
000036	Total			

Obtained by Rise for Animals. Uploaded 07/09/2020



### **Teachable Moments**

Legal Name:	NEW YORK STATE PSYCHIATRIC INSTITUTE						
Customer Numl	per: 325904	Certificate Number	.: 21-R-0223				
Inspection Date	:15-MAY-18	Site Number:	001				
Inspector:	JOHN LOPINTO, D V M						
Section:							

### 2.35(a) RECORDKEEPING REQUIREMENTS.

ITEM RECORD KEEPING REQUIREMENTS 2.35 A

Facility needs to insure the signature sheet for the IACUC semiannual report is available for review at the time of inspection.

# Research Facility Protocol Selection Worksheet

Legal Name : New York State Ps	ychiatric Inst
Customer Number: 325904	Certificate Number: 21-R-0223
Inspection Date: <u>5/15/2018</u>	Site Number: 001
Inspector: Lopinto	

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

<sup>\*</sup>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.

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### **Inspection Report**

New York State Psychiatric Institute

1051 Riverside Drive

New York, NY 10032

Customer ID: 325904

Certificate: 21-R-0223

Site: 001

NEW YORK STATE PSYCHIATRIC INSTITUTE

Type: FOCUSED INSPECTION

Date: 11-APR-2019

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the Director

Prepared By:

LOPINTO JOHN, D V M USDA, APHIS, Animal Care

Date:
11-APR-2019

Title: VETERINARY MEDICAL OFFICER 1008

Received By: Obtained by Rise for Animals. Uploaded 07/09/2020

DR MOSHE SHALEV

Title: DIRECTOR OF COMPARATIVE MEDICINE

**Date:** 11-APR-2019



000019

Total

### United States Department of Agriculture Animal and Plant Health Inspection Service

Customer: 325904 Inspection Date: 11-APR-19

## **Species Inspected**

Cust No	Cert No	Site	Site Name	Inspection
325904	21-R-0223	001	NEW YORK STATE PSYCHIATRIC INSTITUTE	11-APR-19
Count	Scientific Name		Common Name	
000019	Macaca mulatta		RHESUS MACAQUE	

Obtained by Rise for Animals. Uploaded 07/09/2020

# Research Facility Protocol Selection Worksheet

Legal Name: New York State Psy	chiatric Institute	
Customer Number: 325904	Certificate Number: 21-R-	O223 Site Number: 1
Inspection Date: Apr 11 2019		
Inspection Type: Routine	Focused (list areas inspected)	imals, facilities, Records/protocols
Inspector: Dr Lopinto		
Reasons Protocols Were Selecte	d for Review :	How Many Protocols Were Selected

easoi	ns Protocols Were Selected for Review :	How Many Protocols Were Selected
1.	Protocols identified during inspection of concern (select all)	1
	Obtained by Rise for Animals. Uploaded 07/09/2020	
2.	Column E protocols ( select all)	
3.	Protocols with IACUC-approved exemptions/exceptions (select all)	
4.	Protocols cited as noncompliant and not corrected during the last inspection (select all)	
5.	Additional Protocols Selected:  a. If <5 remaining protocols, select all remaining:	
	<ul> <li>b. If &gt;5 remaining protocols, select 5 additional protocols:</li> <li>1) Protocol for each regulated species and/or,</li> <li>2) Protocols involving high risk procedures (see Chapter 7, Animal Welfare Inspection Guide for guidance):</li> </ul>	
To	otal Protocols Selected and Reviewed	1

<sup>\*</sup>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.

Version 2/11/19

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