



## Inspection Report

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Bioanalytical Systems Inc

Customer ID: 784

(b) (6), (b) (7)(C)

Certificate: 32-R-0020

Mount Vernon, IN (b) (6), (b) (7)(C)

Site: 001

BIOANALYTICAL SYSTEMS, INC

Type: ROUTINE INSPECTION

Date: 27-JUN-2017

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No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with Attending Veterinarian.

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**Prepared By:**

NANNEY REBECCA USDA, APHIS, Animal Care

**Date:**  
27-JUN-2017

**Title:** VETERINARY MEDICAL OFFICER 6107

**Received By:**

(b)(6) (b)(7)(C) (SENT VIA EMAIL)

**Date:**  
27-JUN-2017

**Title:** ATTENDING VETERINARIAN



Cust No	Cert No	Site	Site Name	Inspection
784	32-R-0020	001	BIOANALYTICAL SYSTEMS INC	27-JUN-17

Count	Species
000008	DOMESTIC PIG / POTBELLY PIG / MICRO PIG
000105	CRAB-EATING MACAQUE / LONG-TAILED MACAQUE / CYNOMOLGUS MONKEY
000179	DOG ADULT
<b>000292</b>	<b>Total</b>



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Bioanalytical Systems Inc

Customer ID: 784

(b) (6), (b) (7)(C)

Certificate: 32-R-0020

Mount Vernon, IN (b) (6), (b) (7)(C)

Site: 001

BIOANALYTICAL SYSTEMS, INC

Type: ROUTINE INSPECTION

Date: 27-JUN-2018

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with Director of Toxicology and Veterinary Technician.

**Prepared By:**

NANNEY REBECCA, D.V.M USDA, APHIS, Animal Care

**Date:**  
28-JUN-2018

**Title:** VETERINARY MEDICAL OFFICER 6107

**Received By:**

(b)(6) (b)(7)(C) (SENT VIA EMAIL)

**Date:**  
28-JUN-2018

**Title:** DIRECTOR TOXICOLOGY



## Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
784	32-R-0020	001	BIOANALYTICAL SYSTEMS, INC	27-JUN-18

Count	Scientific Name	Common Name
000104	<i>Canis lupus familiaris</i>	DOG ADULT
000047	<i>Macaca fascicularis</i>	CRAB-EATING MACAQUE / CYNOMOLGUS MONKEY
000008	<i>Sus scrofa domestica</i>	DOMESTIC PIG / POTBELLY PIG / MICRO PIG
<b>000159</b>	<b>Total</b>	



## Inspection Report

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Bioanalytical Systems Inc

Customer ID: 784

(b) (6), (b) (7)(C)

Certificate: 32-R-0020

Mount Vernon, IN (b) (6), (b) (7)(C)

Site: 001

BIOANALYTICAL SYSTEMS, INC

Type: ROUTINE INSPECTION

Date: 27-FEB-2019

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No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the Attending Veterinarian and Veterinary Technician.

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**Prepared By:**

NANNEY REBECCA, D.V.M USDA, APHIS, Animal Care

**Date:**  
28-FEB-2019

**Title:** VETERINARY MEDICAL OFFICER 6107

**Received By:**

(b)(6) (b)(7)(C) (SENT VIA EMAIL)

**Date:**  
28-FEB-2019

**Title:** ATTENDING VETERINARIAN



## Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
784	32-R-0020	001	BIOANALYTICAL SYSTEMS, INC	27-FEB-19

Count	Scientific Name	Common Name
000250	<i>Canis lupus familiaris</i>	DOG ADULT
000078	<i>Macaca fascicularis</i>	CRAB-EATING MACAQUE / CYNOMOLGUS MONKEY
<b>000328</b>	<b>Total</b>	

## Research Facility Protocol Selection Worksheet<sup>\*</sup>

**Legal Name:** Bioanalytical Systems Inc.

**Customer Number:** 784

**Certificate Number:** 32-A-0020

**Site Number:** 001

**Inspection Date:** Feb. 27, 2019

**Inspection Type:** Routine ☒ Focused ☐ (list areas inspected) \_\_\_\_\_

**Inspector:** Rebecca Nanney

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)	0
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):	5
<b>Total Protocols Selected and Reviewed</b>	5

\*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.

## Nanney, Rebecca L - APHIS

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**From:** (b)(6) (b)(7)(C)  
**Sent:** Thursday, February 28, 2019 4:04 PM  
**To:** Nanney, Rebecca L - APHIS  
**Subject:** RE: USDA Feb 2019 Inspection report

Dr. Nanney:

I have received the file.

Thanks,

(b)(6) (b)(7)(C)

(b)(6) (b)(7)(C)

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**From:** Nanney, Rebecca L - APHIS [mailto:Rebecca.L.Nanney@aphis.usda.gov]  
**Sent:** Thursday, February 28, 2019 10:14 AM  
**To:** Braden M. Kemmerling  
**Subject:** USDA Feb 2019 Inspection report

Attached is the inspection report from the Feb. 27, 2019 inspection. Please ensure that you are able to open the document and then reply to this email that you have received the file. This reply serves as your signature receipt for the report.

Thanks, and feel free to call or email if you have any questions or concerns.

Rebecca Nanney, DVM  
Veterinary Medical Officer

USDA APHIS Animal Care  
920 Main Campus Drive, Suite 200  
Raleigh, NC 27606

Cell: (b)(6) (b)(7)(C)  
Email: [Rebecca.l.nanney@usda.gov](mailto:Rebecca.l.nanney@usda.gov)



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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			
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>APPLICATION FOR REGISTRATION</b> (TYPE OR PRINT)  <b>REGISTRATION UPDATE</b>		<b>USDA USE ONLY</b> 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  <div style="text-align: right; color: red; font-weight: bold;">JUL 3 2017</div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <b>CERTIFICATE NO./CUST NO:</b>            32-R-0020             784         </td> <td style="width: 50%;"> <b>RENEWAL DATE</b>            24-Aug-2017   <div style="color: blue; font-weight: bold;">24 AUG 2020</div> </td> </tr> </table>		<b>CERTIFICATE NO./CUST NO:</b> 32-R-0020  784	<b>RENEWAL DATE</b> 24-Aug-2017  <div style="color: blue; font-weight: bold;">24 AUG 2020</div>
<b>CERTIFICATE NO./CUST NO:</b> 32-R-0020  784	<b>RENEWAL DATE</b> 24-Aug-2017  <div style="color: blue; font-weight: bold;">24 AUG 2020</div>				
<b>1. REGISTRANT (Name and permanent mailing address, including Zip Code)</b> Bioanalytical Systems Inc (b) (6), (b) (7)(C) Mount Vernon, IN (b) (6), (b) (7)(C) ✓  COUNTY: POSEY TELEPHONE (812) 985 - 5900		<b>2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES</b> (Use additional sheets if necessary) (b) (6), (b) (7)(C) Mount Vernon, IN (b) (6), (b) (7)(C) ✓ County: Posey ✓			
<b>3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)</b>  <div style="font-size: 2em; color: blue;">N/A</div>		<b>4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:</b>  <div style="font-size: 1.5em; color: blue;">32-R-0020</div>			
<b>5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>6. TYPE OF REGISTRATION:</b> <input type="checkbox"/> Class E – Exhibitor <input type="checkbox"/> Class H – Intermediate Handler <input checked="" type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T - Carrier			
<b>7. FEDERAL FUND TYPES:</b> <input type="checkbox"/> Award <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Loan <div style="color: blue; font-weight: bold; font-size: 1.5em;">N/A</div>		<b>8. TYPE OF ORGANIZATION:</b> <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify) _____			
<b>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)</b>					
A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)			
(b) (6) (b) (7)(C)		10424 Middle Mt. Vernon Road Mt. Vernon, W 47620			

<b>CERTIFICATION</b> 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 and belief, and I certify that I am at least 18 years of age. I 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			
<b>10. SIGNATURE</b> <div style="background-color: black; color: red; font-weight: bold; padding: 5px;">(b) (6), (b) (7)(C)</div>	<div style="background-color: black; color: red; font-weight: bold; padding: 5px;">(b) (6) (b) (7)(C)</div>	<b>12. DATE SIGNED</b> <div style="color: blue; font-weight: bold; font-size: 1.2em;">26 JUN 17</div>	
APHIS FORM 7000-107 (FEB 2007)			



United States  
Department of  
Agriculture

Marketing and  
Regulatory  
Programs

Animal and  
Plant Health  
Inspection  
Service

Animal Care

EXPIRATION DATE: AUGUST 24, 2020

This is to certify that

BIOANALYTICAL SYSTEMS INC

is a registered  
under the

CLASS R RESEARCH FACILITY

Animal Welfare Act


(7 U.S.C. 2131 et seq.)

Certificate No.

32-R-0020

Customer No.

784

  
Deputy Administrator