

Idaho State UNIVERSITY

Office for Research - Research Outreach & Compliance
921 S. 8th Avenue, Stop 8046 • Pocatello, Idaho 83209-8046

Memorandum to: Dr. Scott Snyder, VPR

Subject: Semiannual Report of the Program Review and Facility Inspection

Date: October 21, 2019

This report summarizes the IACUC's results of its most recent program review and facility inspection, as required by the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals ([Policy](#)), Section [IV.B.1.-3.](#), the *Guide for the Care and Use of Laboratory Animals* ([Guide](#)), and the Animal Welfare Act ([AWA](#)) regulations, as applicable. Submission of semiannual reports to the Institutional Official is a condition of this institution's Animal Welfare Assurance with the NIH Office of Laboratory Animal Welfare (OLAW).

Since the last review, the following changes have occurred in the institution's program for animal care and use (PHS Policy [IV.A.1.a.-i.](#)): [optional]

- No

I. Description of the Nature and Extent of the Institution's Adherence to the PHS Policy, the *Guide*, and the AWA

Departures from the PHS Policy, the *Guide*, and the AWA.

Select A or B:

- ☐ A. There were no departures during this reporting period.
- ☒ B. The following departures have been reviewed and approved by the IACUC: *[include reason for each departure]*

Protocol 777: Feeding of live prey and cleaning schedule for the Herp Room; 762: Single-housing of Rats, and weaning procedure

II. Deficiencies in the Institution's Animal Care and Use Program

Animal Care and Use Program Review Date(s): 11/11/19

Select A or B:

- ☐ A. There were no deficiencies in the program during this reporting period.
- ☒ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

o A PI training was conducted for all PIs in September of 2019. Dr. Deb Easterly also conducted individualized trainings with each PI in the Fall 2019 semester.

o A new IACUC committee, including a new chair and Attending Veterinarian, was appointed in the summer of 2019. An orientation was given in September 2019. Additional IACUC training, including a 6-week online course, is underway for all members. The chair will also attend an IACUC training conference in the spring of 2020.

III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s): 10/21/19

Select A or B:

- ☐ A. There were no deficiencies in the animal facility during this reporting period.
- ☒ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

On October 21st, 2019 the Institutional Animal Care and Use Committee (IACUC) completed its walk-through inspection of the Animal Facilities in Biology and Audiology. A follow-up inspection is set to take place on November 18, 2019.

Inspectors for October 21st: Mia Benkenstein (Director of Animal Facility; non-member), Erin Rasmussen, Ph.D (IACUC Chair), Shelley Knight, DVM (Attending Veterinarian), Tom Bailey (IACUC Coordinator), Deb Easterly, Ed.D (AVP for Research Compliance), Jim Groome, Ph.D (IACUC Science Member), and Muriel Roberts (IACUC Community Member).

Below are the findings and recommendations:

Animal Rooms were inspected first to minimize cross contamination.

Biology

Room 180:

Facility concerns – Paint chip on ceiling, light bulb to be replaced, paper towels need to be replaced – towels were replaced immediately, order in for light bulb, 3 months for facility services to fix paint

Room 179: Acceptable

Room 178:

PI concerns – Expired wipes found, single-housing of animals needs to be justified. These are minor concerns: 1 month to correct

Room 166:

PI concerns – Re-capped needles found in sharps container along with a wipe, single-housing of animals on protocol 775 needs to be justified, These are minor concerns: 1 month to correct

Room 167: Facility Concerns - Hook on wall was loose, light bulb needs to be replaced, tighten ceiling panel. These are minor concerns: 1 month to correct

Room 164: Facility Concerns - Dust on ceiling hooks, plexiglass needs to be cleaned, floor needs to be cleaned. These are minor concerns: 1 month to correct

Room 171: Facility Concerns - Dirty floor. This is a minor concern: 1 week to correct

Cage Wash (Room 162 clean side): Acceptable

Cage Wash (Room 160 dirty side): Acceptable

Room 155 (Bottle Room): Acceptable

Room 163: Acceptable

Room 154: Acceptable

Room 181: Acceptable

Room 181A: Acceptable

Room 102 (Surgery Suite): Acceptable

Room 116: Acceptable

Room 115: Acceptable

Room 110: Acceptable

Room 109: Acceptable

Room 108: Acceptable

Room 106: Acceptable

Room 107: Acceptable

Room 105: Acceptable

Room 104: Acceptable

Room 131 (Fish Room):

Facility concerns – Trash needs to be emptied. This is a minor concern: 1 week to correct

Herp Room 348: Acceptable

Room 176 (Brumley lab): Expired sutures need to be labeled and label preservative specimens are being stored in. These are minor concerns: 1 month to correct

The following is a list of the deficiencies from our last inspection in April.

Biology

Room 180:

PI concerns – For those not familiar with the room on a daily basis, the cage cards for animals having had surgery are indistinguishable (codes on the cards should have an accessible legend or key), Justification should be provided for singly housing one of the mice, and one of the animals, V-0-1 seemed to have something wrong with its right eye. **These are major concerns** – All were corrected as of May 14th, 2019
Facility concerns – The sink faucet was dripping, air vents were dirty, trash was full – Corrected as of May 14th, 2019

Room 169:

PI concerns – Facility staff have seen tumors on the animals that look too large and/or are ulcerated (PI needs to adhere to tumor criteria approved in the protocol), expired syringes and gloves were found, and cage cards need to contain the condition of the animal. **These are major concerns** – Corrected as of May 14th.

Room 164: Acceptable

Room 171:

PI concerns – Water quality results not posted in animal room but are posted in PI's lab (acceptable), expired gloves were found, and the maintenance schedule for the sterilizer was not posted. These are minor concerns – Corrected as of May 14th, 2019

Cage Wash (Room 162): Acceptable

Room 163: Acceptable

Room 155 (Bottle Room): Acceptable

Room 181: Dirty vent (Facility minor concern) Corrected as of May 14th, 2019

Room 116: Bags against wall (corrected immediately)

Room 115: Bedding uncovered (Facility will check Guide to see if acceptable) Corrected as of May 14th, 2019

Room 110: Acceptable

Room 109: Acceptable

Room 108: Acceptable

Room 106: Acceptable

Room 107: Acceptable

Room 105: Acceptable

Room 104: Acceptable

Aseptic Surgery Room 102: Expired materials need to be labeled, gas tanks need to be secured – to be corrected within 2 to 4 weeks after checking with EHS on regulations. Corrected as of May 14th, 2019

Room 154 (Prep Room): Expired materials need to be labeled: Animal Facility corrected immediately.

Room 131 (Fish Room):

PI concerns – Hard water scale should be cleaned out of tanks before next use (no animals at present)

Facility concerns – The locks on the thermostats need to be removed, the rusty chiller either needs to be removed or have the rust sealed (not an immediate concern) – to be corrected within 1 to 3 months. Corrected

Room 140: Sterilized instruments should be labeled with a date – Corrected as of May 14th, 2019

Herp Room 348: Documentation of when live prey is fed is needed; are the moldy bananas in the fridge for the mealworms? Minor concerns – Corrected as of May 14th, 2019

Room 176 (Brumley lab): Sharps container was overflowing (capped needles present), A used water bottle was present, The sterility of instruments needs to be verified (some looked like they had dried blood on them), The drug log was last dated in 2016 (inventory on hand needs to be updated even if no drugs present), Drug ID was not present in the log, Buprenex was not locked up, The hazardous waste container was full and had the key in the lock (will confer with Occ. Health). **These are major concerns** – All but inventory on hand issue corrected as of May 14th, 2019. PI contacted to update drugs on hand in log. Corrected as of May 14th, 2019

Pharmacy

Room 321 (Habashi Hot Lab): Acceptable, would just recommend a cleaning of the floor before use

Audiology

Room 115: Acceptable

I. Semiannual Program Review and Facility Inspection Report

Date: October 21st, 2019; Follow-Up on November 18, 2019

Members in Attendance: Mia Benkenstein, Erin Rasmussen, Shelley Knight, Tom Bailey, Deb Easterly, Muriel Roberts & Jim Groome

Deficiency Category*	✓ Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
Minor	Biology 180	Paint chip on ceiling, light bulb to be replaced, paper towels need to be replaced	Facility	Paint to be corrected within 3 months	
Minor	Biology 178	Expired wipes found, single-housing of animals needs to be justified	PI, Dr. Barrott	To be corrected in 2 to 4 weeks	
Minor	Biology 166	Re-capped needles found in sharps container along with a wipe, single-housing of animals on protocol 775 needs to be justified	PI, Dr. Barrott	To be corrected within 4 weeks	

Minor	Biology 167	Hook on wall was loose, light bulb needs to be replaced, tighten ceiling panel.	Facility	To be corrected in 2 to 4 weeks	
Minor	Biology 164	Dust on ceiling hooks, plexiglass needs to be cleaned, floor needs to be cleaned.	Facility	1 month	

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

II. Semiannual Program Review and Facility Inspection Report

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Deficiency Category*	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
Minor	Biology 171	Dirty floor.	Facility	1 month	

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

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IV. Minority Views

Select A or B:




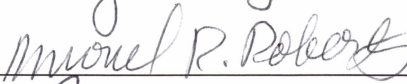

☒ A. No minority views were submitted or expressed.

☐ B. The following minority views were expressed: *[insert minority views here or attach]*

V. Status of AAALAC Accreditation *[identify accredited facilities, if applicable]*

AAALAC Probationary Accredited

Signatures *[signatures of a majority of the IACUC members required by AWAR (§2.31,c,3), if applicable]*

Names of IACUC Members	Signatures
Erin Rasmussen, Chair	
Tom Bailey, Manager	
Shelley Knight, Attending Veterinarian	
Muriel Roberts, Community Member	
Jim Groome, Biology Scientist	
Laura Ahola-Young, Non-Scientist Member	