

# 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:** May 6, 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.  
[X] 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): April 19<sup>th</sup>, 2019

Select A or B:

- [ ] A. There were no deficiencies in the program during this reporting period.  
[X] 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]*

Minor Concerns:

- Regularly scheduled training is not being attended by all PIs and users. A new training process needs to be developed.
- IACUC Training is needed

### III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s): 4/15/19, 4/19/19, 4/22/19, 4/29/19

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 April 15<sup>th</sup>, 19<sup>th</sup> & 29<sup>th</sup>, & May 3<sup>rd</sup>, 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 took place on May 14<sup>th</sup>, 2019.

Inspectors for April 15<sup>th</sup>: Mia Benkenstein, Curt Anderson, Rena Carlson, Tom Bailey, Deb Easterly, and Julie Bachman.

Inspectors for April 19<sup>th</sup>: Rena Carlson, Mia Benkenstein, Tom Bailey

Inspectors for April 22<sup>nd</sup>: Rena Carlson, Nancy Fox, Tom Bailey

Inspectors for April 29<sup>th</sup>: Mia Benkenstein, Nancy Fox, Tom Bailey

Inspectors for May 3<sup>rd</sup>: Rena Carlson, Curt Anderson, Julie Bachman, Tom Bailey

Inspectors for May 14<sup>th</sup>: Rena Carlson, Curt Anderson, Julie Bachman, Nancy Fox, Tom Bailey

Below are the findings and recommendations:

Animal Rooms were inspected first to minimize cross contamination.

#### **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 14<sup>th</sup>.

Facility concerns – The sink faucet was dripping, air vents were dirty, trash was full – Corrected as of May 14<sup>th</sup>.

##### **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 14<sup>th</sup>.

**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 14<sup>th</sup>.

**Cage Wash (Room 162):** Acceptable

**Room 163:** Acceptable

**Room 155 (Bottle Room):** Acceptable

**Room 181:** Dirty vent (Facility minor concern) Corrected as of May 14<sup>th</sup>.



**Room 116:** Bags against wall (corrected immediately)

**Room 115:** Bedding uncovered (Facility will check Guide to see if acceptable) Corrected as of May 14<sup>th</sup>.

**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

**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

**Room 140:** Sterilized instruments should be labeled with a date – Corrected as of May 14<sup>th</sup>.

**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 14<sup>th</sup>.

**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 14<sup>th</sup>. PI contacted to update drugs on hand in log

## **Pharmacy**

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

## **Audiology**

**Room 115:** Acceptable

## **The following is a list of the deficiencies from our last inspection in October.**

### **Biology**

**Room 167:** Wintergreen was out of date. Syringes needed dates. Hay needs and expiration date: Dr. Shurley to dispose of wintergreen, label or dispose of syringes and label hay with expiration within 5 days of receiving notice. *Corrected as of the 11/5/18 follow-up.*

**Room 169:** A resolution needs to be added to the log concerning incident of mice fighting: Animal Facility to correct immediately. *Corrected as of 11/5/18 follow-up.*

**Room 164:** Door does not close easily: AFM to check on (corrected)

**Room 171:** Dirt in vents, Resolution to HVAC issue needs documented: AFM to correct in 5 days. *Corrected as of 11/5/18 follow-up.*

**Room 115:** Dirty vent, broken tile; Facilities to correct in 1 month. *Corrected as of 11/5/18 follow-up.*

**Aseptic Surgery Room 102:** PCs to be moved out, Expired materials need labeling, Dr. Habashi and Dr. Awale both had recapped needles, Dr. Awale to clean cabinet and remove expired materials from her area: AFM to label expired general items, Dr. Habashi and Dr. Awale warned about re-capping needles, Dr. Awale to clean area and remove expired materials within 5 business days. *Corrected as of 11/5/18 follow-up.*

**Room 176:** Surgical implements left out, expired gloves need to be disposed of, procedures for cleaning surgical tools need to be posted in lab, table dirty; Dr. Brumley to correct within 5 business days. *Corrected as of 11/5/18 follow-up.*

**Room 131 (Fish Room):** 2 outlet covers were missing; Vents dirty; Feed next to disinfectant; Expired food (significant finding); Facility Services to correct outlets and vents in 1 month; Food issues solved. *Corrected as of 11/5/18 follow-up.*

**Room 140:** A procedure for cleaning instruments needs to be posted; Expired gloves need a label (repeat): Dr. Groome to correct within 5 days. *Corrected as of 11/5/18 follow-up.*

**Herp Room 348:** Label mystery liquid container; instruments left out (need to be sterilized) [this is a repeat deficiency]; Dr. Peterson to correct in 5 days. *Corrected as of 11/5/18 follow-up.*

## I. Semiannual Program Review and Facility Inspection Report

**Date:** April 15<sup>th</sup>, 19<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>, & May 3<sup>rd</sup>, 2019; Follow-Up on May 14<sup>th</sup>, 2019

**Members in Attendance:** Mia Benkenstein, Curt Anderson, Rena Carlson, Tom Bailey, Deb Easterly, Julie Bachman & Nancy Fox

Deficiency Category*	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
Major	Biology 180	The cage cards for animals having had surgery are indistinguishable to those not familiar with the room on a daily basis (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.	PI, Dr. Brumley	To be corrected within 2 weeks	May 14 <sup>th</sup>
Minor	Biology 180	The sink faucet was dripping, air vents were dirty, trash was full	Facility	To be corrected in 2 to 4 weeks	May 14 <sup>th</sup>
Major	Biology 169	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.	PI, Dr. Barrott	To be corrected within 2 weeks	May 14 <sup>th</sup>
Minor	Biology 171	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.	PI, Dr. Groome	To be corrected in 2 to 4 weeks	May 14 <sup>th</sup>
Minor	Biology 116	Feed bags against wall	Facility	Corrected immediately	April 15 <sup>th</sup>

\* **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

**Date:** April 15<sup>th</sup>, 19<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>, & May 3<sup>rd</sup>, 2019; Follow-Up on May 14<sup>th</sup>, 2019

**Members in Attendance:** Mia Benkenstein, Curt Anderson, Rena Carlson, Tom Bailey, Deb Easterly, Julie Bachman & Nancy Fox

Deficiency Category*	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
Minor	Biology 102	Expired materials need to be labeled, gas tanks need to be secured	Facility	To be corrected after consultation with EHS	TBD
Minor	Biology 154	Expired materials need to be labeled	Facility	Corrected Immediately	April 15 <sup>th</sup>
Minor	Biology 131	<u>PI concerns</u> – Hard water scale should be cleaned out of tanks before next use (no animals at present) <u>Facility concerns</u> – 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)	PI (Dr. Keeley) & Facility	To be corrected within 1 to 3 months	By July 19 <sup>th</sup>
Minor	Biology 140	Sterilized instruments should be labeled with a date	PI, Dr. Groome	To be corrected within 2 to 4 weeks	May 14 <sup>th</sup>
Minor	Biology 348	Documentation of when live prey is fed is needed; are the moldy bananas in the fridge for the mealworms?	PI, Dr. Peterson	To be corrected within 2 to 4 weeks	May 14 <sup>th</sup>

\* **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



### III. Semiannual Program Review and Facility Inspection Report

Date: April 15<sup>th</sup>, 19<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>, & May 3<sup>rd</sup>, 2019; Follow-Up on May 14<sup>th</sup>, 2019

Members in Attendance: Mia Benkenstein, Curt Anderson, Rena Carlson, Tom Bailey, Deb Easterly, Julie Bachman & Nancy Fox

Deficiency Category*	✓ Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
Major	Biology 176	Sharps container overflowing (capped needles present), sterility of instruments needs to be verified (some looked like they had dried blood on them), 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, hazardous waste container had the key in the lock	PI, Dr. Brumley	To be corrected within 2 weeks	May 14 <sup>th</sup>
Minor	Biology 181	Dirty vent, to be cleaned	Facility	To be corrected within 2 to 4 weeks	May 14 <sup>th</sup>

\* 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

#### IV. Minority Views

Select A or B:

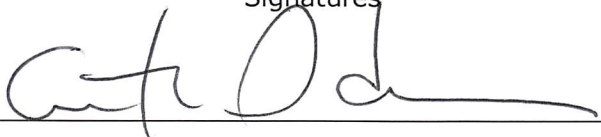

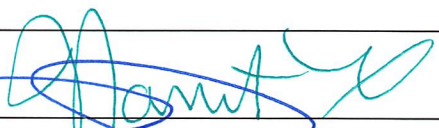

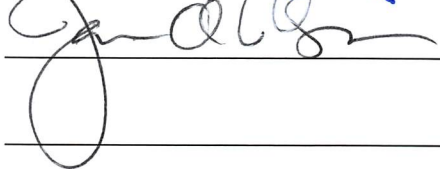
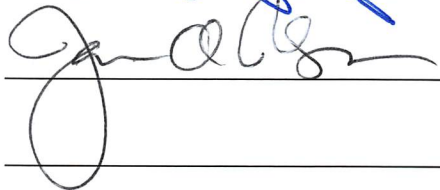
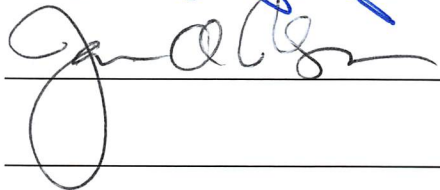
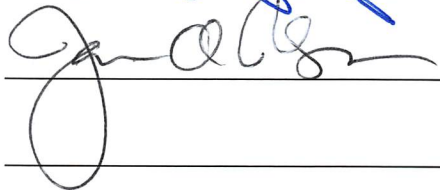

☒ A. No minority views were submitted or expressed.

☐ 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
Curt Anderson, Chair	
Tom Bailey, Manager	
Rena Carlson, Attending Veterinarian	
Nancy Fox, Occupational Health Specialist	
Peter Pruett, Community Member	
Jason Pilarski, Biology Scientist	
Jim Lai, Pharmacy Scientist	
Erin Rasmussen, Psychology Scientist	
Julie Bachman, Non-Scientist Member	 6-5-19