**UC Davis Institutional Animal Care and Use Committee**

**PI Maintained Animal Facility Request Form**

This form must be completed and submitted to the UC Davis IACUC by email ([iacuc-staff@ucdavis.edu](mailto:iacuc-staff@ucdavis.edu)) for consideration to gain approval for a Principal Investigator (PI) maintained animal facility.

Worksheet instructions:

1. All Husbandry and Sanitation procedures must be in accordance with the Attending Veterinarian [Standards of Care](https://research.ucdavis.edu/policiescompliance/animal-care-use/campus-veterinary-services/standards-of-care-program-policies/) unless otherwise justified.
2. This worksheet incorporates form properties. If an item has a small box (), check the box by double clicking the box. If the item has a white text box next to or below it, type the answer in the white area. Press enter to expand the text area. If the item has a table to complete, add rows by hitting the TAB key from the bottom right cell.
3. Address all items on the form. **Do not leave blank answers**; use “not applicable” or “N/A”.
4. Consult the IACUC office for assistance if you are unsure of the appropriate answer:

**Office**: 530-752-2364 | **Email**: [iacuc-staff@ucdavis.edu](mailto:iacuc-staff@ucdavis.edu)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***E. RESEARCH PROCEDURES ADDENDUM: PI-MANAGED HUSBANDRY*** | | | | | | | | | | | | |
| 1. **Species** | ***Provide species here*** | | | | | | | | | | | |
| 1. **Animal Location** | | | | | | | | | | | | |
| **Building:** | ***Provide location here*** | | | | **Room(s):** | ***Provide location here*** | | | | | |  |
| 1. **Rationale and Justification for the request to PI oversight of an animal facility** | | | | | | | | | | | | |
| ***Provide the rationale and justification for PI-managed husbandry here. Press enter to expand text box.*** | | | | | | | | | | | | |
| 1. **Husbandry Description** | | | | | | | | | | | | |
| * 1. Personnel that will provide animal care? | | | | | | | **Name** | | | **Title** | | |
| ***Provide answer here.*** | | | ***Provide answer here.*** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| * 1. Training Description | | | | | | | | | | | | |
| ***Describe the husbandry training that personnel will receive. Press enter to expand text box.*** | | | | | | | | | | | | |
| * 1. What other activities will be conducted in this room (e.g. surgery, special husbandry, etc.)? | | | | | | | ***Provide answer here. Press enter to expand text box.*** | | | | | |
| * 1. Will any Hazards be used (biological, chemical,radioactive) | | | | | | | ***Provide answer here. Press enter to expand text box.*** | | | | | |
| 1. **Primary Enclosures** (cage) | | | | | | | | | | | | |
| 1. What type of primary enclosure will be used for housing? | | | | | | | ***Provide answer here. Press enter to expand text box.*** | | | | | |
| 1. If using specialized caging, what is the height/width/depth of the cage? | | | | | | | ***Provide answer here. Press enter to expand text box.*** | | | | | |
| 1. What is the maximum number of animals per enclosure? | | | | | | | ***Provide answer here. Press enter to expand text box.*** | | | | | |
| 1. What is the frequency of cage change? | | | | | | | ***Provide answer here. Press enter to expand text box.*** | | | | | |
| 1. **Secondary Enclosures** (e.g. room, barn, etc.) | | | | | | | | | | | | |
| 1. Will the following be controlled? | | | | | | | | | | | | |
| 1. **Temperature** | | | | *Please provide the temperature range.* | | | | | | | | |
| 1. **Humidity** | | | | *Please provide the humidity range.* | | | | | | | | |
| 1. **Ventilation** | | | | *Please indicate if there is HVAC and the number of air changes per hour* | | | | | | | | |
| 1. **Illumination** | | | | *Please provide the light/dark cycle* | | | | | | | | |
| 1. **Social Housing** | | | | | | | | | | | | |
| 1. Will animals be housed singly or in groups (including pairs)? | | | | | | | Singly Group | | | | | |
| * 1. **If singly housed,** what additional enrichment will be provided? | | | | | | | ***Provide answer here. Press enter to expand text box.*** | | | | | |
| 1. **Food**   **Note:** Feed must be stored in a covered or sealed container separate from carcasses, tissues or chemicals used for research or cleaning. Feed bags and boxes must be stored up off the floor and not against walls.  **\* Food must always be available to rodents unless otherwise approved \*** | | | | | | | | | | | | |
| **Type of Feed** | | **Special Diet?** | | | | | | **Vendor** | | | **Manufacturer (if different from vendor)** | |
| ***Provide answer here.*** | | **Yes**  **No** | | | | | | ***Provide answer here.*** | | | ***Provide answer here.*** | |
| 1. How will feed be provided? | | | | | | | Food hopper  Food dish  Floor  Tank  Other \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. Feed Storage | | | **Room Number** | | | | **How Stored?** | | **Type of Feed Container** | | | |
| ***Provide answer here.*** | | | | Refrigerated  Frozen  Other\_\_\_\_\_\_\_\_\_\_\_ | | ***Provide answer here.*** | | | |
| 1. How often will food be changed? | | | | | | | ***Provide answer here.*** | | | | | |
| 1. **Drinking Water – Source, Treatment & Method Provided** | | | | | | | | | | | | |
| 1. How is the water treated? | | | | | | | Filtered Chemically Treated  Autoclaved  Other\_\_\_\_\_\_\_\_ | | | | | |
| 1. How is water provided? | | | | | | | Bottles  Bowls  Automatic Watering  Other\_\_\_\_\_\_\_ | | | | | |
| 1. Are additives provided? | | | | | | | Yes No | | | | | |
| 1. How often will the drinking water be replaced? | | | | | | | ***Provide answer here.*** | | | | | |
| 1. **Bedding** | | | | | | | | | | | | |
| 1. What type of bedding or substrate, if any, will be used? | | | | | | | ***Provide answer here.*** | | | | | |
| 1. How often will the bedding be replaced, if different than cage change frequency? | | | | | | | ***Provide answer here.*** | | | | | |
| 1. Where will the bedding be stored? | | | | | | | ***Provide answer here.*** | | | | | |
| 1. **Sanitation** | | | | | | | | | | | | |
| 1. Where will the enclosures and caging and caging accessories be washed? | | | | | | | ***Provide answer here.*** | | | | | |
| 1. How will the enclosures and caging accessories be washed? | | | | | | | Hand  Mechanical/Machine  Autoclave | | | | | |
| 1. How will cleanliness be verified if hand washing is performed? Per AV Standards of Care hand wash cages and accessories must be RODAC or ATP tested quarterly. | | | | | | | ***Provide answer here.*** | | | | | |
| 1. How will the room be sanitized and cleaned at the room level? How often is this done? | | | | | | |  | | | | | |
| 1. **Euthanasia** | | | | | | | | | | | | |
| What is the method of Euthanasia? | Where will Carcasses be disposed of? | | | | | | | | | | | |
| ***Provide answer here.*** | ***Provide answer here.*** | | | | | | | | | | | |
| 1. **Pest Control** | | | | | | | | | | | | |
| ***Describe any measures that will be taken to control pest infestations and how often they will be checked. Press enter to expand text box.*** | | | | | | | | | | | | |
| 1. **Weekend and Holiday Care (how will it be ensured and determined that care is provided on a daily basis i.e. phone tree, web based application etc.** | | | | | | | | | | | | |
| 1. Describe how weekend and holiday care will be provided. | | | | | | | ***Provide answer here.*** | | | | | |
| 1. **Security (If the facility will be alarmed whom are notifications sent to?#All indoor facilities must be alarmed)** | | | | | | | | | | | | |
| ***Describe the security measures that will be taken. Press enter to expand text box.*** | | | | | | | | | | | | |
| 1. **Are there any other considerations that need to be taken into account when working with this species?** | | | | | | | | | | | | |
| ***Provide answer here.*** | | | | | | | | | | | | |
| 1. **Additional Comments?** | | | | | | | | | | | | |
| ***Provide answer here.*** | | | | | | | | | | | | |

Please also include daily log sheets in the submission

**Assurances for the Humane Care and Use of Vertebrate Animals:**

I certify that as the Principle Investigator, I will provide essential oversight of this facility per IACUC policy IACUC-54 (PI-Maintained Animal Facilities Policy) and adhere to the procedures described above. Changes in the procedures, personnel or adverse effects will be presented to the IACUC in writing and approved prior to implementation.

Principle Investigator Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_