



**Animal Care Facility Form**

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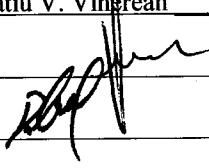
**TITLE: Animal Care Facility SOPs and Forms Training and Competency**

**Document No.: 901.01.frm**

**Effective Date:** \_\_\_\_\_

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ORIGINATOR: Horatiu V. Vinsrean

APPROVED:  10/22/12 (Attending Veterinarian)

APPROVED:  10/22/12 (Principal Investigator)

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Summary of Changes to this Document:

Distribution:  
(1) Animal Facility



Animal Care Facility Form

TITLE: Animal Care Facility SOPs and Forms Training and Competency

Document No.:901.01.frm

Effective Date: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

Chapter	SOP Title	Document Number	Revision	Training Date	Trainee Initials
IACUC	Pain and Distress in Laboratory Animals	101			
	Surgery	102			
	Physical Restraint of Unesthetized Research Animals	103			
	Use of Non-Pharmaceutical Grade Compounds and/or Expired Medical Materials	104			
	Food and Water Restriction of Laboratory Animals	105			
	Death as an Endpoint	106			
	Euthanasia	107			
	Occupational Health and Safety of Personnel with Lab Animal Contact	108			
	Whistle Blower Policy and Posting	109			
	Education and Training Strategies in the Care and Use of Laboratory Animals for IACUC Members, and Institutional Official	110			
Administrative	FIU Animal Care Facility - SOP and Guidelines	201			
	Access to the Animal Care Facility	202			
	Personnel Qualifications	203			
	Emergency Veterinary Coverage	204			
	Ordering, Receiving, Inspection and Tracking of Controlled Substances	205			
Animal Care and Husbandry	Animal Environment and Space Requirement	301			
	Animal Health Checks	302			
	Animal Identification	303			
	Medical Records	304			



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**TITLE: Animal Care Facility SOPs and Forms Training and Competency**

**Document No.: 901.01.frm**

**Effective Date:** \_\_\_\_\_

	Animal Bedding	305			
	Animal Diet	306			
	Quality Testing of Water	307			
	Maintenance of Animal Rooms & Common Areas of the Animal Facility	308			
	Monitoring the Effectiveness of Sanitization in the Animal Facility	309			
	Environmental Enrichment	310			
	Overcrowding of Mouse and Rat Cages	311			
	Care of Sick or Injured Animals	312			
	Handling of Animals found Dead or Moribund	313			
	Census Sheet Procedure	314			
	Rodent Care and Husbandry	315			
	Rabbit Care and Husbandry	316			
	African Clawed Frog ( <i>Xenopus laevis</i> ) Care and Husbandry	317			
Animal Procurement	Animal Ordering	401			
	Receiving and Placement of Animals	402			
	Animal Transportation	403			
Preventive Medicine	Rodent Health Surveillance	501			
	Sentinel Soiled Bedding Procedures	502			
	Procedures for Scheduled Testing of Sentinel Rodents	503			
	Animal Quarantine	504			
	Rodent Cage Changing Technique and Cage Sanitization	505			
	Quarantine Room Maintenance	506			
	Importing Rodents from Non-Approved Vendors	507			
	Rodent Necropsy	508			
Pest Control	509				
Pain, Anesthesia	Analgesia of Laboratory Animals	601			



**TITLE: Animal Care Facility SOPs and Forms Training and Competency**

**Document No.: 901.01.frm**

**Effective Date: \_\_\_\_\_**

and Analgesia	Anesthesia of Laboratory Animals	602			
	Monitoring the Anesthetized Patient	603			
	Cardio-Pulmonary Resuscitation	604			
	Assessment of Post-Procedural Pain Using a Scoring System	605			
	Buprenex (Buprenorphine) and 0.9% NaCl Analgesic Mix Preparation	606			
Experimental Procedures	Collection of Blood Samples	701			
	Processing and Submission of Laboratory Specimens	702			
	Recommended Volumes for Administered Substances	703			
	Methods for Rodent Genotyping	704			
Equipment	Use and Maintenance of Small Animal/Rodent Anesthesia Machine	801			
	Operation of the Cage Washer Machine	802			
	Operation of the Dumping Station	803			
Forms	Animal Facility SOPs & Forms Training & Competency	901			
	Animal Facility Orientation of New Personnel at FIU	902			
	Training Record	903			
	Receiving and Tracking Controlled Substances	904			
	Controlled Substance -Buprenex (Buprenorphine)/ 0.9% NaCl	905			
	Controlled Substance – Ketamine/Xylazine/Acepromazine/0.9% NaCl	906			
	F-Air Canister Weight Tracking Form	907			
	LabVac Canister Weight Tracking Form	908			
	Rodent Necropsy Record	909			
	Rodent Husbandry and Room Maintenance Form	910			



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**TITLE: Animal Care Facility SOPs and Forms Training and Competency**

**Document No.:901.01.frm**

**Effective Date:** \_\_\_\_\_

Controlled Substance - Transfer to Use Form	911			
Controlled Substance Use Form	912			
Sentinel Rodent Record	913			
Food & Bedding Storage Humidity and Temperature Data Form	914			
Health Action Form	915			
Animal Transfer Notification Form	916			
African Clawed Frog (Xenopus laevis) Care and Husbandry	917			
African Clawed Frog (Xenopus laevis) Water Testing	918			
Surgery Suite and Procedure Rooms Maintenance Log	919			

Observations:

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_