

**ANIMAL CARE COMMITTEE**

**OFFICE OF RESEARCH SERVICES**

**Post Approval Monitoring Program Checklist**

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| Date: |  |
| Time: |  |
| Location: |  |
| Principal Investigator: |  |

PAM Committee Members Present:

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| --- | --- |
| List of Protocols for Review:  |  |
| Past Recommendations (Outstanding): |  |
| Past Recommendations (Corrected): |  |
| Changes/Renovations since previous visit: |  |
| Proposed Changes: |  |
| Other:  |  |

**Summary of PAM Benefits:**

* Ensures animal well-being
* Strengthens scientific integrity by minimizing husbandry and research variance
* Helps provide regulatory support of researchers
* Provides team building with the ACC, consultant veterinarian, researcher staff and/or students
* Increases humane care and confirms application of approved endpoints
* Increases credibility with the public and helps provide resources to the research community
* Ensures regulatory compliance and provides assurance to funding agencies
* Protects the institution

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| **Prior to Visiting the Lab** |
| 1. Was the PAM visit scheduled with the investigator or designate in advance to allow their preparation and attendance during the PAM visit?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Was the investigator provided with a copy of this form in advance of the PAM visit?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Do PAM members have a copy of the most recent version of the protocol and (any) amendments?
 | [ ]  Yes [ ]  No [ ]  N/A |
| Comments: |

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| **PAM Visit: Protocol Review and Monitoring Documentation** |
| 1. Are the procedures being used the same as those described in the protocol?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Has there been submission of amendments for any changes in procedure?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are all personnel who handle animals listed on the protocol?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Do the PI and Personnel have accurate knowledge of the protocol?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are all Personnel Qualification forms up to date, training completed and courses completed or in progress?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are the species, strain, ages, and numbers of animals consistent with those in the approved protocol?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are all tanks identified by protocol number and individual ID number? Including:
* Source of animals and date of arrival
* Estimated age or weight (if appropriate)
* Tank number
* Animal Use Protocol and Expiration Date
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Is monitoring documentation readily accessible to the PAM committee and consultant veterinarian?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are appropriate SOP’s in place and readily available in the work area where animal studies are done?
 | [ ]  Yes [ ]  No [ ]  N/A |
| Comments: |

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| **PAM Visit: Husbandry** |
| 1. Do the animals display any evidence of health or behavioural problems?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are the holding tanks clean and well maintained? Is appropriate enrichment present?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Is the holding room clean and well maintained in accordance with regulations?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are daily observations recorded in a husbandry log?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are animals monitored daily, including weekends and holidays?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are sick animals reported to veterinary staff and are humane endpoints being observed?
 | [ ]  Yes [ ]  No [ ]  N/A |
| Comments: |
| **PAM Visit: Anaesthesia and Analgesia**  |
| 1. Are the methods of anaesthesia in compliance with what is written in the protocol?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are anaesthetized animals being monitored according to what is written in the protocol?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Is analgesic used for painful procedures and/or surgeries (or is there a scientific justification for not using analgesia)?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are analgesic dosages, frequency, and routes of administration accurately recorded?
 | [ ]  Yes [ ]  No [ ]  N/A |
| Comments: |  |

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| **PAM Visit: Post-Surgical Care**  |
| 1. Is post-surgical care in compliance with CCAC Guidelines and with the protocol?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Is the frequency of monitoring adequate are animals monitored appropriately?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Is the analgesia used consistent with that described in the protocol?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are surgical sutures or staples removed at an appropriate time interval?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are any post-operative problems reported to the consultant veterinarian?
 | [ ]  Yes [ ]  No [ ]  N/A |
| Comments: |  |

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| **PAM Visit: Euthanasia**  |
| 1. Does the method of euthanasia correspond with what is written in the protocol?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Is the final disposition of the animal recorded?
 | [ ]  Yes [ ]  No [ ]  N/A |
| Comments: |

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| **PAM Visit: Post PAM Visit** |
| 1. Were any issues identified by the PAM committee to be reported to the ACC and Researchers?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are there any changes in procedures that are not adequately described in the AUP or subsequent amendments, resulting in protocol drift?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are additional SOP’s required?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Are there any deficiencies in the project that relate to:
* Inadequate staffing?
* Inadequate training of staff?
* Inadequate facilities?
* Inadequate equipment, both research and animal care?
 | [ ]  Yes [ ]  No [ ]  N/A |
| 1. Were there any other investigator needs identified that require ACC assistance?
 | [ ]  Yes [ ]  No [ ]  N/A |
| Comments: |

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| **PAM Visit: Non-Compliance** |
| 1. Were there any issues of Minor or Serious Non-Compliance noted? (as per Ontario Tech’s Post Approval Monitoring Program, SOP 004)?
 | [ ]  Yes [ ]  No [ ]  N/A |
| Comments: |

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| **Signatures** |
| Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments: |
| Signature of ACC Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments: |