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| ***INDIVIDUAL ANIMAL TRAINING RECORD - IACUC*** | | | | | | | | |
| **First Name** | **Last Name** | | | **Degree(s)** | | | | |
|  |  | | |  | | | | |
| **Position Title** | **Department/Institute** | | | **Lab (PI name)** | | | | |
|  |  | | |  | | | | |
| **Work Phone** | **Email** | | |  | | | | |
|  |  | | | | | | | |
|  | | | | | | **Yes** | | **No** |
| **I. WEB-MODULES: I have completed all relevant CITI courses for my responsibilities in animal research projects** | | | | | |  | |  |
| **II. GENERAL: I have received hands-on, in-lab training on the following topics:** | | | | | | | | |
| Animal bites or other injuries and how to report such | | | | | |  | |  |
| My responsibility to contact my supervisor for training and oversight before I attempt a task for which I am not adequately trained | | | | | |  | |  |
| Personal hygiene in the workplace & required PPE | | | | | |  | |  |
| Basic safe animal handling, restraint and husbandry | | | | | |  | |  |
| Identifying pain & distress in the species with which I work | | | | | |  | |  |
| Proper animal transport, carcass disposal and cage return | | | | | |  | |  |
| Animal record keeping and monitoring | | | | | |  | |  |
| Potential zoonotic diseases. | | | | | |  | |  |
| The emergency action/evacuation plan for my work area. | | | | | |  | |  |
| Identification of chemicals in the lab & use of the Safety Data Sheets. | | | | | |  | |  |
| Location of the emergency shower & eyewash. | | | | | |  | |  |
| How to report concerns about the use of animals at RFUMS | | | | | |  | |  |
| Other topics (List): | | | | | |  | |  |
|  | | | | | |  | |  |
|  | | | | | |  | |  |
| **III. SPECIFIC ANIMAL PROCEDURE TRAINING**  **Instructions:** *List the species at the top of the paired columns (if there is only one species simply leave the right two columns blank.)*  *Write “n/a” for not applicable for any procedures that are not relevant to the protocol/s you are involved with. If adequately trained for a procedure (this means to proficiency - so that you can do it independently without supervision) mark the relevant row/s.*  *If still in training for a procedure (this means you are still receiving training and supervision from the PI or designate and will NOT be working independently for that procedure) - mark the relevant row/s. Note that the IACUC must notified via an updated training form when training is completed and the individual is adequately trained.* | | | | | | | | |
|  | | **Species 1:** | | | **Species 2:** | | | |
| Adequately Trained | In  Training | | Adequately Trained | | In  Training | |
| **Euthanasia:** | |  |  | |  | |  | |
| Injectables | |  |  | |  | |  | |
| Inhalation (isoflurane, CO2, other) | |  |  | |  | |  | |
| Secondary method to confirm death with inhalational | |  |  | |  | |  | |
| Cervical Dislocation | |  |  | |  | |  | |
| Decapitation | |  |  | |  | |  | |
| Terminal perfusion | |  |  | |  | |  | |
| Other: | |  |  | |  | |  | |
| **Anesthesia/Analgesia:** | |  |  | |  | |  | |
| Injectables | |  |  | |  | |  | |
| Inhalational | |  |  | |  | |  | |
| Regional (local) | |  |  | |  | |  | |
| Safe handling & scavenging of anesthetic gases | |  |  | |  | |  | |
| Controlled drug records & DEA requirements | |  |  | |  | |  | |
| Recognizing pain & distress | |  |  | |  | |  | |
| **Injections:** | |  |  | |  | |  | |
| Subcutaneous (SQ) | |  |  | |  | |  | |
| Intramuscular (IM) | |  |  | |  | |  | |
| Intraperitoneal (IP) | |  |  | |  | |  | |
| Intravenous (IV) | |  |  | |  | |  | |
| Submandibular | |  |  | |  | |  | |
| Retro-orbital | |  |  | |  | |  | |
| Gavage | |  |  | |  | |  | |
| Other: | |  |  | |  | |  | |
| **Aseptic Surgery** (rodents & lower) | |  |  | |  | |  | |
| Instrument sterilization procedures | |  |  | |  | |  | |
| Aseptic technique | |  |  | |  | |  | |
| Anesthesia monitoring | |  |  | |  | |  | |
| Surgical record keeping | |  |  | |  | |  | |
| **Sterile Surgery** (USDA mammals) | |  |  | |  | |  | |
| Sterile surgical technique | |  |  | |  | |  | |
| USDA requirements for surgical monitoring and record keeping. | |  |  | |  | |  | |
| **Other procedures – list below:** | |  |  | |  | |  | |
| Gavage | |  |  | |  | |  | |
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| VERFICATION OF TRAINING AND/OR EXPERIENCE  In the space below, describe any training and/or experience you have received prior to RFUMS relevant to your duties that supports the experience noted on this form (attach verification if relevant and additional pages if needed). If you have no previous experience, please enter N/A. |
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| SIGNATURES |
| Individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Principal Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*NOTE: This form can also be downloaded as a separate file from the IACUC web-site*

***Each individual’s Training Summary Form must be completed and available in a binder in the laboratory for inspections, or upon request by a program veterinarian or IACUC. The training folders may be examined during semi-annual IACUC inspections.***

***When an individual who was “in training” has finished training in specialized procedures, an email must be sent to the IACUC notifying that the individual is now adequately trained for their responsibilities on the protocol(s).***