Animal Care and Use Committee For Administration Use Only

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| --- | --- |
| Protocol No. | Date Received: |

**ANIMAL WELFARE INCIDENT**

**Minor Incident Self-Reporting Form**

If a minor animal welfare incident (see SOP *G-06 Animal Welfare Incident*) occurs, immediately contact the Animal Care and Use Committee (ACUC) Coordinator, ACUC Veterinarian and/or the ACUC Chair for guidance and assistance. Once any immediate threat to animal well-being is resolved, this form is used to record details of the minor animal welfare incident. Please submit a **signed electronic version** of the completed form to [acuc@unbc.ca](mailto:acuc@unbc.ca).

**1. GENERAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Title: | | | |
| Current Protocol Number and Date of Approval: | | | |
| Principal Investigator |  | UNBC Department |  |

**2. Description of INCIDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident: | | Location of Incident: | |
| Personnel Involved: | | | |
| Number of Morbidities: | Number of Mortalities: | | Number at Risk\*: |
| *\*The CCAC defines number at risk as “the total number of animals by species, per specific component or objective, per approved protocol, on-site [or in-hand] at the time of the incident”.* | | | |
| *Provide a complete chronological description of the animal welfare incident. Include information on the nature and cause of the event, the number and percentage of animals affected, the species involved, and the outcome(s) of the incident including any resulting morbidity and mortality.* | | | |

**3. NOTIFICATION**

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| --- | --- | --- |
| Please indicate the key individual(s) within the UNBC animal care and use program that were notified, and when. | | |
| Name: | Position: | Date: |
| Name: | Position: | Date: |
| Name: | Position: | Date: |
| Name: | Position: | Date: |

**4. RESOLUTION AND MITIGATION STEPS**

|  |
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| *Describe the steps that were taken following the incident, and what actions are being implemented to prevent similar occurrences in the future.* |

**5. DECLARATION**

|  |  |
| --- | --- |
| ***5.1 Individual Reporting Incident*** | |
| I certify that the information provided above is correct to the best of my knowledge. | |
| Name: | Signature: |
| Position: | Date: |
| ***5.2 Principal Investigator (if different than above)*** | |
| Name: | Signature: |
| Position: | Date: |

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| **ANIMAL CARE AND USE COMMITTEE CHAIR SIGNATURE** | |
| Name: | Signature: |
| Position: | Date: |
| Date of ACUC review: | Further Action Required:  YES  NO |
| Details of further actions to be taken: | |