



Post-Approval Monitoring Report – Aquatic Research Facility

PAM File # _____ Date Opened: _____

Principal Investigator: _____
Lab Team members present: _____
Protocol #(s): _____
Protocol Title(s): _____
Date of Site Visit: _____
PAM Team Members: _____

Part 1: Site Visit

Part 1.1 (Protocol and Personnel)

- | | | | | | |
|---|-------|---|-------|----|--|
| Y | _____ | N | _____ | 1. | Does the PI have the most recent and approved version of the protocol? |
| Y | _____ | N | _____ | 2. | Do the lab personnel have easy access to the most recent version of the approved protocol? |
| Y | _____ | N | _____ | 3. | Have the investigators and lab team members read the protocol? |
| Y | _____ | N | _____ | 4. | Are the people performing the study listed on the protocol? |
| Y | _____ | N | _____ | 5. | Have all personnel completed the required training? |

Observations:
Comments:

Part 1.2 (Breeding)

- | | | | | | | | |
|---|-------|---|-------|-----|-------|----|--|
| Y | _____ | N | _____ | N/A | _____ | 6. | Are the spawning animals used appropriately (not under bred or over bred)? |
| Y | _____ | N | _____ | N/A | _____ | 7. | Is the endpoint for the broodstock understood and respected? |
| Y | _____ | N | _____ | N/A | _____ | 8. | Are the fry produced kept within the protocol's approved numbers? |
| Y | _____ | N | _____ | N/A | _____ | 9. | Is the reproductive cycle of the species understood and respected to prevent unwanted Eggs/Larvae? |

Observations:
Comments:

Part 1.3 (Procedures)

General

- | | | | | | | | |
|---|-------|---|-------|-----|-------|-----|--|
| Y | _____ | N | _____ | N/A | _____ | 10. | Are the procedures performed consistent with those approved in the protocol? |
| Y | _____ | N | _____ | N/A | _____ | 11. | Are the research personnel appropriately trained to perform these procedures? |
| Y | _____ | N | _____ | N/A | _____ | 12. | Are investigators/research personnel wearing appropriate PPE and/or other attire (i.e., gloves, masks, etc.) for the species and procedures performed? |
| Y | _____ | N | _____ | N/A | _____ | 13. | Are the species, strains, ages, and number of animals consistent with those in the approved protocol? |
| Y | _____ | N | _____ | N/A | _____ | 14. | Are individual animals appropriately identified (tank cards, tags, etc.) where required? |

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>

15. Are the procedure rooms, equipment and instruments (calibration, general state, etc.) adequate for the procedure?

Observations:
Comments:

Anaesthesia

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	16. Are the methods of anesthesia in compliance with the protocol?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	17. Are anesthetized animals monitored according to the approved method in the protocol?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	18. Are the animals maintained at an appropriate depth of anesthesia for the procedure performed?

Observations:
Comments:

Surgery

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	19. Is surgery performed in a location that has been approved by the AWC?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	20. Is the location and method of animal prep appropriate and in accordance with the approved protocol?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	21. Is survival surgery performed using sterile instruments, sterile gloves, a surgery mask and aseptic technique?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	22. Are incisions closed appropriately and in accordance with the approved protocol?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	23. Is there an appropriate/designated recovery area for the animals?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	24. Is the post-surgical area in compliance with the approved protocol?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	25. Are the methods of analgesia and antibiotic administration (dose, frequency, duration) consistent with the approved protocol?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	26. Is post-surgical/post-procedural care in accordance with the approved SOP/protocol?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	27. Are any post-operative problems reported to Animal Care Services staff?

Observations:
Comments:

Euthanasia

Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	28. Is the clinical and humane endpoint well understood and respected?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	29. Is clinical endpoint information posted in the area where animal-based work is taking place?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	30. Does the method of euthanasia correspond with what is written in the protocol?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	31. Is death assured by performing an appropriate physical examination when required?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	32. If a physical method is used, is anesthesia administered prior to euthanasia?
Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>	33. Is the carcass disposed of in accordance with the approved SOP?

Observations:
Comments:

Part 1.4 (Record Keeping)

- | | | | | | | | |
|---|-----|---|-----|-----|-----|-----|---|
| Y | ___ | N | ___ | N/A | ___ | 34. | Is the record keeping (tank card, water quality, etc.) appropriately complete? |
| Y | ___ | N | ___ | N/A | ___ | 35. | Does the protocol number on the animals' tank card or binder match the protocol number? |
| Y | ___ | N | ___ | N/A | ___ | 36. | Is there any up-to-date record of the number of animals used in the protocol? |
| Y | ___ | N | ___ | N/A | ___ | 37. | Is medication/toxicant administration accurately documented? |
| Y | ___ | N | ___ | N/A | ___ | 38. | Are injections, blood collection, and fluid collection amounts dated and documented? |
| Y | ___ | N | ___ | N/A | ___ | 39. | Are controlled drugs logged & stored appropriately in accordance to the Government of Canada Controlled Drugs and Substances Act? (i.e. under double lock). |

Observations:
Comments:

Part 1.5 (Health and Safety)

- | | | | | | | | |
|---|-----|---|-----|-----|-----|-----|--|
| Y | ___ | N | ___ | N/A | ___ | 40. | Does the laboratory have approval from the relevant committee (e.g. Biosafety Committee, Radiation Safety Committee) to use biohazardous or radioactive materials? |
| Y | ___ | N | ___ | N/A | ___ | 41. | Are personnel aware of and follow all applicable safety precautions? |
| Y | ___ | N | ___ | N/A | ___ | 42. | Are personnel aware of procedures in case of injury or exposure to hazardous material (e.g. needle pricks, spills, etc.)? |
| Y | ___ | N | ___ | N/A | ___ | 43. | Are copies of MSDS available to all lab personnel? |
| Y | ___ | N | ___ | N/A | ___ | 44. | Are sharps containers located within the lab? |
| Y | ___ | N | ___ | N/A | ___ | 45. | Are there any safety issues or other concerns that pose a threat to human or animal safety, or animal welfare? |

Observations:
Comments:

Part 1.2 Signatures

PAM Representative

Name

Date

PAM Representative

Name

Date

Part 2: Suggested Recommendations

Type of Recommendation		
<i>No recommendation</i>		No changes required to an excellent procedure.
<i>Minor recommendation</i>	*	Propose changes that could improve an already acceptable procedure.
<i>Regular recommendation</i>	**	Propose changes in order to correct a minor problem.
<i>Serious recommendation</i>	***	Requires the adjustment of a procedure in order to meet the standards of the CCAC.
<i>Major recommendation</i>	****	Requires an immediate change to a procedure considered to be unacceptable to the wellbeing of the animal.

Observations	Recommendations	Type	Follow-Up Recommended	O R	PI Confirmation Recommended
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>

Part 3: AWC Recommendations

Type of Recommendation		
<i>No recommendation</i>		No changes required to an excellent procedure.
<i>Minor recommendation</i>	*	Propose changes that could improve an already acceptable procedure.
<i>Regular recommendation</i>	**	Propose changes in order to correct a minor problem.
<i>Serious recommendation</i>	***	Requires the adjustment of a procedure in order to meet the standards of the CCAC.
<i>Major recommendation</i>	****	Requires an immediate change to a procedure considered to be unacceptable to the wellbeing of the animal.

Observations	Recommendations	Type	Follow-Up Recommended	O R	PI Confirmation Recommended
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>

			<input type="checkbox"/>	<input type="checkbox"/>
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Part 3: Follow-Up/Confirmation

Date of Follow-Up/Confirmation	Follow-Up/Confirmation Item	Out-Come (resolved, under appeal)

Part 4: Closure

Date File Closed: _____

Date Closure Letter Submitted: _____