

Committee for the Purpose of Control and Supervision of Experiments on Animals

(To be filled up by the Nominee)

ANNEXURE-I

CHECK LIST FOR INSPECTION OF ESTABLISHMENT /INSTITUTE

Date of Inspection:

1.	Name and address of the Institute/Establishment (with contact no. Fax no. and mobile)	
	(a) No. and Date of registration as per Company Act/Council or any other Act. (b) Whether the premises of the Institute/Establishment is on rent/lease or self owned (specify) (c) Name of the Sister concern (if any), where animal experiments are being carried out. (d) Location of the Animal House Facility (whether inside the premises or away from the premises)	
2.	Name of the Head of the organization & address with contact details	
3.	Objective(s) of the organization	
4.	Purpose for Registration with CPCSEA (a) Education (b) Research for Education purpose (c) Research for Commercial purpose (d) Breeding for in-house use (e) Breeding for the purpose of trade (f) Production of Hyperimmune Plasma, Serum etc.	
6.	If Research, specify whether Basic/contract/collaborative/regulatory research	
7.	If Education, Name of the Certificate/Diploma/Degree	
8.	Composition of the IAEC in details having, Name/Designation/Qualification/Discipline and organization to which the members belong.	
9.	Enclose copy of detailed minutes of last IAEC meeting of the establishment/institute.	
10.	Overall assessment.	

11.	<p>Recommendation:</p> <p>(1) Recommended for approval (without any stipulations)</p> <p>(2) Recommended for re-inspection (Please specify here)</p> <p>(3) Recommended for rejection with specific grounds (Please specify here)</p>	
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(Name & Signature of the Inspecting Authority)

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Annexure II

INSPECTION REPORT OF ANIMAL HOUSE FACILITY

1. Date of Inspection:

2. Name of Organization:

3. Purpose of Inspection:

4. Inspection Details:

(a) Details of animals, Species wise kept at the time of Inspection in the Animal House

Details of Animals	Species	Number	Sex	Age

(b) Veterinary Care of animals :

(c) Health status of animals :

(d) Animal Procurement :

(e) Quarantine, Stabilization and Separation :

(f) Physical Facilities :

(i) Building materials :

(ii) Corridor(s) :

(iii) Utilities :

(iv) Doors of Animal Room :

(v) Exterior windows :

(vi) Floors :

(vii) Drainage :

(viii) Walls and ceilings :

(ix) Storage areas :

(x) Facilities for sanitizing equipment and supplies :

(xi) Experimental Area :

(xii) Environment :

(xiii) Temperature and Humidity control :

(xiv) Ventilation :

(xv) Power and lighting :

(xvi) Noise control :

(g) Animal Husbandry :

(i) Caging or housing system	
(ii) Sheltered or outdoor housing	
(iii) Social environment	

(h) Food :

(i) Bedding :

(j) Water :

- (k) Sanitation and Cleanliness :
- (l) Waste Disposal :
- (m) Pest Control :
- (n) Emergency, weekend and holiday care :
- (o) Record Keeping :
- (p) Personnel and Training :
- (q) No. of technical Staff, supporting staff, details of the training of the supporting staff :
- (r) Transport of laboratory animals :
- (s) Anesthesia and Euthanasia :
- (t) Laboratory animal ethics :
- (u) Transgenic animals :
- (v) Maintenance :
- (w) Disposal :
- (x) Details of rehabilitation facilities :
- (y) Overall assessment

(z) Recommendation

(i) Recommended for approval (without any stipulations).

(ii) Recommended for approval with suggestions for improvement
i. (please specify here)

(iii) Recommended for fulfillment of stipulated conditions before consideration for approval
a. (please specify here)

(iv) Recommended for rejection with specific grounds
a. (please specify here)

Signature of the Nominee
/ Inspecting Authority
with Date

Signature of the Nominee
/ Inspecting Authority
with Date.

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/ Inspecting Authority
with Date.