



UNIVERSITY of NEW HAMPSHIRE

**Animal Resources Office/Institutional Animal Care and Use Committee  
Semiannual Facility Inspection Compliance Checklist\***

Building \_\_\_\_\_ Dept. \_\_\_\_\_ Room # \_\_\_\_\_ P.I. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ Animal Room \_\_\_\_\_ Surgery \_\_\_\_\_ Procedure Room \_\_\_\_\_ Lab \_\_\_\_\_ Farm

1. Cages/tanks clean?	Y	N	NA	23. Room clean and neat?	Y	N	NA
2. Ventilation adequate?	Y	N	NA	24. Proper equipment available?	Y	N	NA
3. Temp/humidity control?	Y	N	NA	25. Animal equipment clean?	Y	N	NA
4. Lighting acceptable & clean?	Y	N	NA	26. Sharps containers used?	Y	N	NA
5. Floor/wall/ceiling/air vent/door drain surfaces clean?	Y	N	NA	27. Room free of hazards to humans & animals?	Y	N	NA
6. Cages/tanks in good condition w/no rusting or oxidized equipment?	Y	N	NA	28. Medical supplies within expiration date?	Y	N	NA
7. Proper # of animals in cages/tanks?	Y	N	NA	29. Drugs properly locked & stored?	Y	N	NA
8. Pest control adequate?	Y	N	NA	30. Controlled drug log maintained?	Y	N	NA
9. Noise level acceptable?	Y	N	NA	31. Animal use records kept?	Y	N	NA
10. Personal protection info. posted?	Y	N	NA	32. Waterers clean & working?	Y	N	NA
11. Food/bedding properly stored?	Y	N	NA	33. Animal fencing safe?	Y	N	NA
12. Daily log sheet current/complete	Y	N	NA	34. Shade available for animals?	Y	N	NA
13. Any surface violations (e.g., paint)?	Y	N	NA	35. Animal shelters adequate?	Y	N	NA
14. Animal inventory complete?	Y	N	NA	36. Back up power working?	Y	N	NA
15. Cage cards accurate/complete?	Y	N	NA	37.	Y	N	NA
16. Cage washer temp. logbook used?	Y	N	NA	Observations/suggestions:			
17. Proper waste disposal?	Y	N	NA				
18. Feed within expiration date?	Y	N	NA				
19. Animals appear well cared for?	Y	N	NA				
20. Food/water adequate?	Y	N	NA				
21. SOPs posted/adequate?	Y	N	NA	Inspected by: _____			
22. Emergency, weekend, & holiday contact info visibly posted?	Y	N	NA	Repeat inspection needed?		Y	N
				Repeat inspection date:		/	/

***Deficiencies noted:*** Each deficiency identified above is referenced by number and marked M (minor) or S (significant). Deficiencies must be corrected by the date indicated below.

#	Type	Plans for correction	To be corrected by	Date to be corrected

**\*This form is to be used as a reviewer checklist for the semiannual animal facilities inspections. It is not an official report.**

**Approved and instituted by the IACUC on 2/27/2002.  
Last updated: 8/07**