

ANIMAL CARE FACILITY REGISTRATION FORM

PART I: GENERAL INFORMATION

NAME: _____ DEGREE(s) HELD: _____
(last/first/middle initial)
POSITION: _____ WORK PHONE: _____ FAX: _____
DEPARTMENT: _____ EMERGENCY PHONE: _____
E-MAIL ADDRESS: _____
CAMPUS ADDRESS: _____
NAME OF PRINCIPAL INVESTIGATOR: _____
PROTOCOL NUMBERS: _____
ANIMAL SPECIES USED: _____

PART II: TRAINING

- Introduction to Animal Care and Use (Check one of the following)
- Laboratory Animal Science Course
 - BSC 555/455
 - Other: Name /Institution/Dates _____
 - Online (<http://www.citiprogram.org> : Working with the IACUC (non VA version))
Attach certificate of completion

- Instruction in the proper use of the Animal Facilities in which he/she will work.

Animal Facility Endorsement

Date

- I have read the material on the Risk Assessment Website (<http://ehs.ucdavis.edu/animal/risk/index.htm>) and understand that there are potential risks associated with working with animals and further have read the procedures described for minimizing those risks.

Registrant's Signature

Date

- Protocol specific training completed: Protocol #: _____ Date: _____

Trainer: _____ Trainer's Signature: _____

PART III: CONTACT WITH ANIMALS OUTSIDE OF FACILITY

- I come into regular contact with animals outside of the animal care facilities (for example keeping pets, raising or caring for any animals, hunting, etc).
Please describe type of animal(s), type of contact(s), and frequency.

- I do not come into regular contact with animals outside of the Animal Care Facility.

PART IV: NOTICE OF OHS

- I am participating in the Occupational Health and Safety Program for Animal Care and Use and have completed the Health History/Medical Evaluation Form.

Registrant's Signature

Date

Return form to Animal Care Facility