

**UCSF Committee on Animal Research
INSPECTION RECORD**

Inspection Date: _____ **Location (Bldg. and Room #):** _____

Principal Investigator: _____

Room Use: This room is used for (check all that apply):

- Animal housing (>12 hrs) Survival surgery Non-survival surgery/Procedures Rats and/or mice only

ATTENTION Principal Investigator: The following item(s) below are inconsistent with Animal Welfare Regulations, the Guide for the Care and Use of Laboratory Animals, and/or institutional policy.

#	M	S	PLAN FOR CORRECTION	CORRECTION DEADLINE

Please correct the above item(s) by the correction deadline. **Once the item(s) are corrected, please return this form signed by the Principal Investigator or Alternate Responsible Individual to**

- CAR Administration, Box 0962, Fax 502-1347. Questions on the inspection or this form, please call 476-2197.
 Animal Welfare Assurance Program, Box 0564, Fax 502-7991. Questions on the inspection or this form, please call 476-9409.

Assurance of Principal Investigator or Alternate Responsible Individual:

All deficiencies noted above have been corrected by the date(s) specified.

Printed Name _____ Signature _____ Date _____

M= Minor deficiency S= Significant deficiency