



Animal Care Committee

Procedure for Requesting Animal Holding or Use Within Extra Vivarial Spaces

A. For requests to construct or renovate an extra-vivarial space to include live animal holding or use.

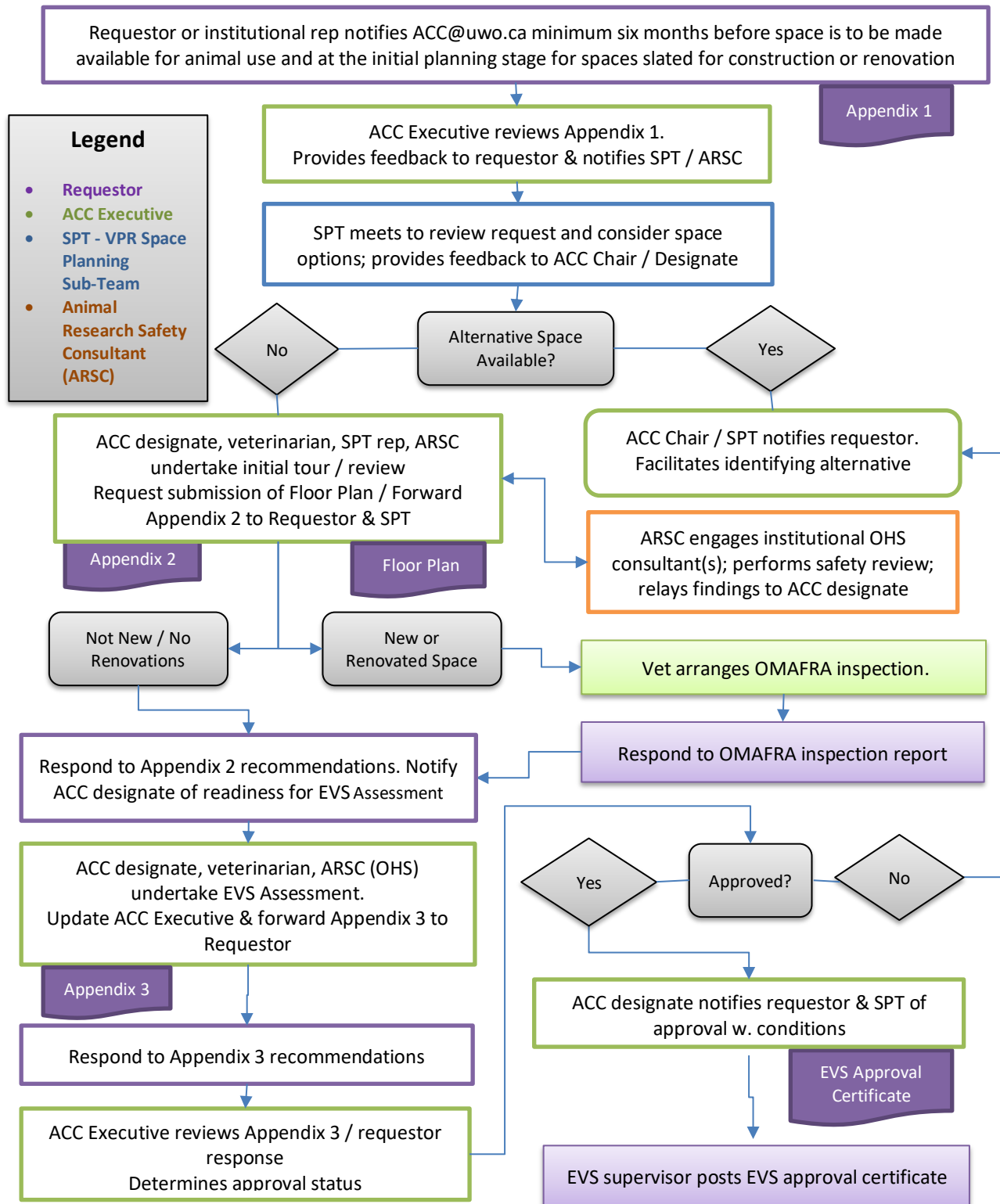
1. Follow the EVS Assessment Process flow chart

B. For requests of space **not** available within the AUP management system

1. Follow the EVS Assessment Process flow chart.

C. For requests of Extra-Vivarial Space available within the AUP management system

1. The AUP Holder will add the requested space via an AUP/Protocol Modification form (Housing & Use Locations section).
2. If the EVS is suitable for the requested live animal science, the request within the AUP will be returned with no questions.
3. As applicable to the situation, the ACC, or designate(s), will conduct its assessment(s) of the space with a view to its suitability for the intended purpose and provide specific feedback to the PI.
 - 3.1. Follow the EVS Assessment Process flow chart.



Step 1 - Request for Use of an Extra-Vivarial Space

This form should be completed by the extra-vivarial space (EVS) supervisor in conjunction with animal-based scientists requesting to use an EVS that is either planned for construction, renovation or was previously not ACC-approved for live animal-based science activities. Please forward this form to the ACC via acc@uwo.ca. Note that EVS requests may take several months to process.

1. Extra-Vivarial Space Location

- a. Building and room number: [Click or tap here to enter text.](#)
- b. Location description, including layout, containment level, equipment list and current room purpose: [Click or tap here to enter text.](#)
- c. A floor plan is attached: Yes Not available

2. Area Supervisor(s):

Full Name	Role	Employment relationship of EVS supervisor to Animal-Based Scientists wishing to use the space	Contact Information
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> arms-length – supervisor’s name: Click or tap here to enter text. <input type="checkbox"/> non-arms-length – specify: Click or tap here to enter text.	Click or tap here to enter text.

3. Name and visit frequency of individual(s) providing arms-length oversight: [Click or tap here to enter text.](#)

4. Justification for use of this space for animal-based science activities

- a. Explain specifically why the EVS is needed, including why an alternative space within a Laboratory Animal Facility is not suitable.
[Click or tap here to enter text.](#)
- b. Have you discussed the need for space with:
 - i. An institutional veterinarian? Yes No
 - ii. A Laboratory Animal Facility supervisor? Yes No
 - iii. An institutional Occupational Health & Safety Yes No
 - iv. Animal Research Safety consultant? Yes No

Step 1 - Request for Use of an Extra-Vivarium Space

This form should be completed by the extra-vivarium space (EVS) supervisor in conjunction with animal-based scientists requesting to use an EVS that is either planned for construction, renovation or was previously not ACC-approved for live animal-based science activities. Please forward this form to the ACC via acc@uwo.ca. Note that EVS requests may take several months to process.

v. The Animal Care Committee Office or Chair? Yes No

c. If 'yes' to any of the above (4.b.) identify the individual and outline the discussion and associated recommendations:

Click or tap here to enter text.

5. Provide the following information associated with AUP holders interested in using this EVS for live animal-based science activities:

AUP Holder Name	AUP #	Species	Specific live animal procedures / holding requested to be undertaken here	Average number of cohorts per week & month	Per animal cohort, provide the maximum duration and timeframe that live animals will remain here
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Initial Assumptions

Click or tap here to enter text.

Location Details

Building: Click or tap here to enter text.

Room-specific details:

Room #	Room Purpose(s)	Layout / Other Characteristics	Identified Deficiencies
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

OMAFRA Inspection Outline of Identified ARA Requirements - Not Applicable Previously identified issues have been resolved

ARA Standard	Identified Deficiencies	Resolution Status at the time of the Tour
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*Veterinarians Act of Ontario Reg. 1093 – ‘major surgery’ means surgery, (a) in which bone, viscera or an extensive area of subcutaneous tissue is exposed, or (b) the failure of which would endanger the life or organ function of the animal. R.R.O. 1990, Reg. 1093, s. 2; O. Reg. 398/07, s. 1; O. Reg. 356/11, s. 1; O. Reg. 233/15, s. 2.

Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Institutional OHS and/or Animal Research Safety Consultant Inspection

Outline of Identified OHS Requirements - No hazards identified Hazards review complete, no concerns

OHS Standard	Identified Deficiencies	Resolution Status at the time of the Tour
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Questions Arising from The Initial Tour - No Questions at this time

Item	Questions	Supervisor Response	Status
1	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
2	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
3	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
4	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
5	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

Initial Recommendations

General Recommendations: No general recommendations

*Veterinarians Act of Ontario Reg. 1093 – ‘major surgery’ means surgery, (a) in which bone, viscera or an extensive area of subcutaneous tissue is exposed, or (b) the failure of which would endanger the life or organ function of the animal. R.R.O. 1990, Reg. 1093, s. 2; O. Reg. 398/07, s. 1; O. Reg. 356/11, s. 1; O. Reg. 233/15, s. 2.

Item	Recommendation	Supervisor Response	Status
1	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
2	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
3	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
4	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
5	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

Room-Specific Recommendations: No room-specific recommendations

Item	Room #	Rec. Topic	Recommendation	Supervisor Response	Status
1	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
2	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
3	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
4	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
5	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

Location & Associated Animal Use Information						
Site Visit ID	Assessment Date	Location		Area Supervisor(s)	Area Users / AUPs	EVS Assessment Participants
Click or tap here to enter text.	Click or tap to enter a date.	Location: Click or tap here to enter text. Area: Click or tap here to enter text. Room #s: Click or tap here to enter text. Containment Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ Other Location Detail: Click or tap here to enter text.		Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Animal Detail						
Species	Click or tap here to enter text.	Other Animal Detail	Click or tap here to enter text.			
Animal Procedures - Provide details in next row						
<input type="checkbox"/> Holding > 12 Hours <input type="checkbox"/> Holding < 12 Hours <input type="checkbox"/> Breeding <input type="checkbox"/> Genotyping <input type="checkbox"/> Metabolic Caging	<input type="checkbox"/> Euthanasia <input type="checkbox"/> Gas <input type="checkbox"/> Injectable <input type="checkbox"/> Fume Hood required <input type="checkbox"/> Other Euthanasia Method <i>(specify below)</i>	<input type="checkbox"/> Injections / Cannulation <input type="checkbox"/> Blood Collection <input type="checkbox"/> Gavage <input type="checkbox"/> Identification / Tagging <input type="checkbox"/> Glucose Tolerance Test	<input type="checkbox"/> Imaging <input type="checkbox"/> Irradiation <input type="checkbox"/> Electrophysiology	<input type="checkbox"/> Anesthesia <input type="checkbox"/> Injectable <input type="checkbox"/> Gas <input type="checkbox"/> Animal Prep <input type="checkbox"/> Animal Recovery	<input type="checkbox"/> Surgery Location <input type="checkbox"/> Surgical Prep Location <input type="checkbox"/> Surgical Recovery Location <input type="checkbox"/> Stereotaxic Frame Used during Surgery <input type="checkbox"/> Minor surgery <input type="checkbox"/> Major surgery*	<input type="checkbox"/> Behaviour Testing <input type="checkbox"/> Behaviour Training <input type="checkbox"/> Behaviour Observation Only <input type="checkbox"/> Other Procedure <i>(specify below)</i>
Other Animal Procedure Details – Animal Transport, Containment, Other						
Click or tap here to enter text.						
Associated Rationale for Usage / Other Use Information						

Click or tap here to enter text.

ITEM #	TYPE	SUB-TYPE	NAME	DETAIL	STATUS M=Meets Standards I=Improvement Needed N=Not Applicable	Associated Comments / Follow-Up Actions Needed
1	Approval	New / Renovated EVS Only	External-OMAFRA	Inspection is requested; identified deficiencies are resolved; OMAFRA approval is granted	Click or tap here to enter text.	Click or tap here to enter text.
2	Approval	New / Renovated EVS Only	Departmental / VPR Space Planning	Senior Administration has authorized intended use	Click or tap here to enter text.	Click or tap here to enter text.
3	Approval	All	Institutional OHS	Institutional OHS and/or Animal Research Safety Consultant have reviewed the space / intended usage.	Click or tap here to enter text.	Click or tap here to enter text.
4	Location	All	Proximity to Animal Facility	Space is within close proximity to facilitate ease of animal transport	Click or tap here to enter text.	Click or tap here to enter text.
5	Physical Characteristics	All	Physical Requirements by Space Type	Physical characteristics align with regulatory (ARA , CCAC) & ACC standards see Requirements by Space Type	Click or tap here to enter text.	Click or tap here to enter text.
6	Use-Specific Requirements	All	Other Requirements by Space Type	Other elements align with regulatory (ARA , CCAC) & ACC standards associated with the specific usage – see Requirements by Space Type	Click or tap here to enter text.	Click or tap here to enter text.

ITEM #	TYPE	SUB-TYPE	NAME	DETAIL	STATUS M=Meets Standards I=Improvement Needed N=Not Applicable	Associated Comments / Follow-Up Actions Needed
7	Equipment	All	Equipment Use & Maintenance	All equipment w/i room related to live animal use, e.g., BSC, vaporizer, surgical, diagnostic, support is available and maintained appropriately	Click or tap here to enter text.	Click or tap here to enter text.
8	Security	All	Access	Area is secure from general public – access & visual	Click or tap here to enter text.	Click or tap here to enter text.
9	Oversight	All	Area Supervisor	Area is directly overseen by an arms-length individual.	Click or tap here to enter text.	Click or tap here to enter text.
10	Room Maintenance	All	Housekeeping / Room Maintenance Log	Daily, weekly, monthly room-specific requirements - room & equipment-specific	Click or tap here to enter text.	Click or tap here to enter text.
11	Signage	All	Contact List – Supervisor / Users	Posted on door or entryway wall - name, email, emergency contact #	Click or tap here to enter text.	Click or tap here to enter text.
12	Signage	All	Veterinary Services / Sick Animal Response	SAR flow chart with emergency contacts is posted on door or entryway wall	Click or tap here to enter text.	Click or tap here to enter text.
13	Signage	All	Crisis Response	Appendices 1A & 1B - Crisis Management SOP - supervisors customizes per area & posts in area; emergency back-up power is available	Click or tap here to enter text.	Click or tap here to enter text.

ITEM #	TYPE	SUB-TYPE	NAME	DETAIL	STATUS M=Meets Standards I=Improvement Needed N=Not Applicable	Associated Comments / Follow-Up Actions Needed
14	Log / Monitoring	Animal Holding >12 Hours Only	Animal Health & Environmental Monitoring	Daily animal monitoring & record-keeping - may include AUP specific monitoring sheets; Room temperature, humidity, air flow (+/-) log is maintained daily	Click or tap here to enter text.	Click or tap here to enter text.
15	SOP	All	Animal Transport	Applicable SOP is followed - SOP is available to users	Click or tap here to enter text.	Click or tap here to enter text.
16	SOP	All	Entry & Exit Requirements	PPE & process for entry / exit - mitigate animal allergen exposure, other, e.g., CL2 requirements	Click or tap here to enter text.	Click or tap here to enter text.
17	SOP	All	Clinical SOPs	Applicable to room use, e.g., analgesia, anesthesia, surgery, euthanasia, etc. – supervisor ensures area users understand & follow	Click or tap here to enter text.	Click or tap here to enter text.
18	Training	All	User Training	A system is in place to train / ensure training of those who use the space.	Click or tap here to enter text.	Click or tap here to enter text.
19	AUP	All	AUPs & Associated SOPs & Templates	Electronic or hard copy AUPs & ACC approved record-keeping templates, SOPs are readily available to users within the space	Click or tap here to enter text.	Click or tap here to enter text.
20	Log	All	Animal Morbidity / Mortality Log	Room-level log and/or PI log - readily retrievable	Click or tap here to enter text.	Click or tap here to enter text.

Summary of ACC Designate / Veterinarian / OHS Outstanding Recommendations/Requirements:

Click or tap here to enter text.

ACC Executive Review Date: Click or tap to enter a date.

ACC Executive Determination:

Click or tap here to enter text.

Approval Conditions:

Species: Click or tap here to enter text.

Procedures: Click or tap here to enter text.

Other Conditions: Click or tap here to enter text.

EVS Requestor Response:

Click or tap here to enter text.

Follow-Up:

Click or tap here to enter text.

 Western Research		
ACC CERTIFICATE OF APPROVAL		
This certifies that		
Building, Room #		
is approved for the following live-animal-based science activities		
Approved Species	Approved Procedures	Other Approval Conditions
	<input type="text" value="Click to add text"/>	XXXX
_____ Dr. Robert Gros, ACC Chair	_____ Approval Date	_____ Valid Until
acc@uwo.ca		