# Title: Animal Care Plan {FILL IN SPECIES, PI, LOCATION}

1. **Procedure:**

# Daily (365 days a year without exception):

* + Observe each animal and check for health concerns (*Guide* pg. 112).
  + Clean and organize room, anterooms, and surrounding premises (*Guide* pg. 72).
  + Record daily completion of tasks, environmental monitoring, initial, and date daily animal care sheet *(submit copy of sheet).*
  + Report on the OCV Health Database M-F.
    - Any abnormal animals must be reported to the Office of the Campus Veterinarian (Health database), or if an emergency call 5-6246 or 509-335-1871.
  + *Food type and method of water provision must be described along with where the food is stored and how storage conditions are monitored (humidity/temperature).*
  + *Pest monitoring and/or control devices (define type) and documented on daily care sheet.*
  + *For aquatic species, water quality assessments must be outline (table preferred).*

# Weekly:

# *Describe what activities if any might be done once a week (cage changing, floor sweeping & mopping, water bottle changes, emergency eye wash flushing, etc.)*

# Biweekly (not to exceed every 14 days):

# *Describe what activities if any might be done every 2 weeks (feeder or enrichment device sanitation, ventilated cage changing, dusting, etc.)*

# Other Interval or As needed:

# *Describe what activities if any might be done on an alternative interval or on an as needed basis (sanitizing feed barrels, changing filters, aquatic enclosure cleaning, water testing device calibration, stall stripping, etc)*

# Facilities

# *Describe where the animals will be housed (room, building, outdoor facilities).*

# *Provide date and findings of the ventilation assessment (air changes/hour and flow pattern) for interior facilities(Call the Animal Welfare Program for this information 57951)*

# *Describe illumination and mechanism of controlling light cycle. When was the last measurement taken? (AWP)*

# Interior room surfaces shall be moisture-resistant, non-absorbent, impact resistant, and sanitizable.

# Housing

# *Describe animal housing (cage, pen, tank, etc.) size and material*

# *Describe environment enrichment that will be provided*

# *Describe if the animals will be housed socially or individually*

# Sanitation Monitoring

# *Describe Sanitation Monitoring Program per SOP #5, if applicable.(Contact OCV at 509-335-6246 or* [*or.ocv.alert@wsu.edu*](mailto:or.ocv.alert@wsu.edu) *to enroll in sanitation monitoring)*

# Waste Disposal

# *Describe where carcasses will be disposed*

# *Describe where soiled bedding or for aquatics where water will be disposed and how?*

# *Describe how hazardous waste is disposed if applicable*

# Animal Numbers and Tracking

# *List the person’s name that will be tracking animals on My Research*

# Signage, Emergency Information (List of posted signs and locations)

|  |
| --- |
| *Describe location of the following mandated signage and verify posting*Guidelines for Reporting Animal Concerns |
| Emergency contact information for Satellite Housing Location Personnel |
| Emergency contact for Veterinary assistance (OCV or other veterinarian) |
| Any biological, chemical, radiation or other hazard signage as required |
| Notification Protocol for Abnormal AnimalsSecurity*Describe how the facility is secured (electronic key, standard key and number)*Disaster Plan*See separate plan template below. Templates are available for all WSU locations*References*Italics listed above are intended to be filled in with specific information about your species*Non italic wording should be left or modified to meet your specific needs **Washington State University-Pullman**  **Disaster Plan**  **Animal Care**  {PI} Lab- {location}  The primary goal for this document is to give general procedures and information for research animal care and support that are to be followed in the case of an emergency. This is secondary to the employee disaster plan and will only be implemented when conditions provide a safe working environment for employees.  **Emergency Plan**  WSU telephone service has temporary emergency back-up power and would work in situations of power failure. Employees would be notified of problems and work plan by {INSERT NAME}. {INSERT NAME} would also be responsible for notifying Facility Operations, EH & S, and OCV of emergency situations in a timely period. Employees would report to work, as they are physically able to. In cases of extended power failure and/or loss of HVAC, animals would be triaged and cared for in priority. Water supply will continue functioning unless physically damaged. There are back up supplies of food and bedding for the animals. {INSERT NAME} will supervise care for the animals during a disasters situation with advisory aid from OCV. In the absence of {INSERT NAME, INSERT NAME} would take charge of such care.  **Phone List**   |  |  |  | | --- | --- | --- | | **Name** | **Title** | **Contact number** | |  | PI |  | |  | Animal Care Lead |  | |  |  |  | |  |  |  | | **Facility Operations** |  | 509-335-9000 | | **EH & S** |  | 509-335-3041 | | **Office of the Campus Veterinarian** |  | 509-330-1871 emergency cell  509-335-6246 office | | **Campus Security** |  | 911 (emergency)  509-335-8548(non-emergency) | | **Campus Fire Department** |  | 911 (emergency) | |

**Evacuation Plan:**

# In case of an emergency, such as a fire, everyone is required to leave the building immediately. Calmly exit the building and meet at {INSERT LOCATION }.