

UNIVERSITY OF ROCHESTER ANIMAL RESOURCE
ANIMAL CONCERNS OR NONCOMPLIANCE REPORT FORM

A. TO BE COMPLETED BY PERSON REPORTING (Name-optional): _____

1. Person Demonstrating Noncompliant Activity and/or PI on Cage Card: _____ Date: _____ Time: _____
Protocol # (if applicable) _____ Species Involved: _____ ID of Animal(s) Involved: _____
Building /Room or General Location of Incident: _____

2. Please Describe This Incident in Detail: _____

3. Did You Identify Yourself to the Person? Yes No
Did You Address the Concerns With the Person Involved? Yes No
If So Describe: _____

What Was His/Her Response To You? _____

B. RESOLUTION - TO BE COMPLETED BY VETERINARIAN OR VIVARIUM SUPERVISOR

1. Describe Corrective Action Taken: _____

2. PI Contacted: _____ Date: _____ Time: _____

3. Veterinarian/Vivarium Supervisor Signature _____ Date: _____

4. UCAR Review Date: _____ Action Taken: _____

UCAR Representative Signature: _____

**PLEASE SUBMIT COMPLETED FORM ELECTRONICALLY OR BY MAIL TO BOX 674 OR FAX
(UCAR 273-1337, ANIMAL RESOURCE 273-1085)**

**IF YOU WISH TO REMAIN ANONYMOUS, YOU MAY REPORT ANY INCIDENT BY COMPLETING THIS FORM
WITHOUT PROVIDING YOUR NAME IN SECTION A.**