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.