**Incident Reporting**

**For recording unanticipated**

**animal related incidents**

**and mortalities**

**Animal Care Committee**

3000 College Dr. S

Lethbridge Alberta T1K 1L6

Tel. 403.320.3202 Ext. 5787

Email applied research@lethbridgecollege.ab.ca

**FOIP NOTIFICATION:**

THE PERSONAL INFORMATION REQUESTED ON THIS FORM IS COLLECTED AND PROTECTED UNDER THE AUTHORITY OF THE ALBERTA FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) ACT, AND WILL BE USED FOR THE PURPOSE OF PROCESSING YOUR ANIMAL CARE INCIDENT REPORT**,** AND FOR USES CONSISTENT WITH THIS PURPOSE. QUESTIONS CAN BE DIRECTED TO THE ANIMAL CARE COMMITTEE COORDINATOR**,** LETHBRIDGE COLLEGE, 403.320.3202 EXT.5787.

## INSTRUCTIONS:

## THIS FORM IS USED FOR RECORDING AND REPORITNG ANIMAL RELATED INCIDENTS TO THE LETHBRIDGE COLLEGE ANIMAL CARE COMMITTEE (ACC). PLEASE COMPLETE THIS FORM ELECTRONICALLY AND ATTACH ALL SUPPORTING MATERIALS. SUBMIT AS A SINGLE DOCUMENT (.DOC OR .PDF) TO THE ANIMAL CARE COMMITTEE COORDINATOR AT APPLIEDRESEARCH@LETHBRIDGECOLLEGE.CA. IF ELECTRONIC SUBMISSION IS NOT POSSIBLE PLEASE CONTACT THE ACC COORDINATOR.

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| --- |
| ANIMAL CARE COMMITTEE USE ONLYDATE RECEIVED PROTOCOL NUMBERREVIEW DATE APPROVAL DATE |

## PROJECT INFORMATION

|  |  |
| --- | --- |
| PROTOCOL NUMBER       | SPECIES       |
| DESCRIPTIVE PROJECT TITLE       |
| REPORT DATE       | INCIDENT DATE       |
| WAS A MODIFICATION(S) REQUEST FORM SUBMITTED? [ ]  YES [ ]  NO | WILL A MODIFICATION(S) REQUEST BE SUBMITTED? [ ]  YES [ ]  NO |

## PRINCIPAL INVESTIGATOR / FACULTY MEMBER:

|  |  |
| --- | --- |
| LAST NAME       | FIRST NAME       |
| INSTITUTIONAL AFFILIATION       | EMPLOYEE / STUDENT ID #       |
| PHONE NUMBER       | EMAIL ADDRESS       |
| ADDRESS       |
| CITY       | PROVINCE       | POSTAL CODE       |

##

## DETAILS OF INCIDENT

|  |  |  |  |
| --- | --- | --- | --- |
| PROBLEM SOURCE:  | [ ]  Mechanical Error  | [ ]  Human Error  | [ ]  Disease/Parasite  |
| [ ]  Nutritional | [ ]  Other (please explain):      |

PROVIDE A BRIEF DESCRIPTION OF THE INCIDENT IN LAYMAN’S TERMS

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| --- |
|       |

|  |  |  |  |
| --- | --- | --- | --- |
| EVENT OUTCOMES | YES | NO | Number of Animals impacted |
| UNPLANNED MORTALITY | [ ]  | [ ]  |       |
| UNPLANNED EUTHANASIA | [ ]  | [ ]  |       |
| RECOVERY (EXPERIMENT CONTINUED) | [ ]  | [ ]  |       |
| EXPERIMENT TERMINATED | [ ]  | [ ]  | DATE:       |
| OTHER (EXPLAIN):       |

PROVIDE A DESCRIPTION OF THE FUTURE ACTIONS/PRECAUTIONS THAT WILL BE IMPLEMENTED/CONSIDERED AS A RESULT OF THIS INCIDENT

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|       |

## ACCURACY OF INFORMATION

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE POLICIES, PROCEDURES, AND GUIDELINES DEVELOPED BY LETHBRIDGE COLLEGE FOR HUMANE TREATMENT AND CARE OF ANIMALS IN ACCORDANCE WITH THE STANDARDS AND PRINCIPLES ESTABLISHED BY THE CANADIAN COUNCIL ON ANIMAL CARE AND THAT I INTEND TO COMPLY FULLY WITH THE LETTER AND SPIRIT OF THOSE POLICIES, PROCEDURES, AND GUIDELINES; THAT ALL THE INFORMATION I HAVE INCLUDED IN THIS FORM IS, TO THE BEST OF MY KNOWLEDGE, TRUE; AND THAT I HAVE NOT KNOWINGLY OMITTED ANY INFORMATION FROM THIS FORM THAT IS RELEVANT TO THE TASK OF THE LETHBRIDGE COLLEGE ANIMAL CARE COMMITTEE.

SUBMISSION OF THIS FORM INDICATES COMPLIANCE WITH THE PRECEDING STATEMENT.

|  |  |
| --- | --- |
|  |  |
| TYPED NAME OF PERSON COMPLETING THIS FORM | DATE |

|  |  |
| --- | --- |
|  |  |
| TYPED NAME OF PRINCIPAL INVESTIGATOR | DATE |

|  |  |
| --- | --- |
|  |  |
| TYPED NAME OF ANIMAL FACILITY MANAGER (if applicable) | DATE |