Principal Investigator:
Protocol #:
Protocol Title:
Species:
Building/Room:
Date of Inspection:
PAM Representative:

Surgery and Pre/Post-Surgical Care
Y  N  Surgical care is approved, adequate and appropriately administered.
Y  N  Surgical records are complete and accurate.
Y  N  Survival -surgery procedures observed by Attending Veterinarian.

Anesthesia
Y  N  Approved method of anesthesia is being used.
Y  N  Anesthesia log is accurate and complete.
Y  N  Appropriate support measures are applied (supplemental heat, temp/resp monitoring, etc.)

Euthanasia
Y  N  Only IACUC approved methods of Euthanasia are used.
Y  N  Methods to ensure death.
Y  N  Final disposition or disposal of animals.

Recordkeeping (Medical and Controlled Substance)
Y  N  Medical records are accurate and complete.
Y  N  All chemicals and supplies are in date.
Y  N  Breeding/weaning records are maintained.
Y  N  Animal procurement and transfers are documented.

Procedures and Experiments
Y  N  All experiments and procedures are completed per the approved protocol.

Protocols and SOPs
All protocols, addenda and SOPs have been submitted and approved by the IACUC.

Exceptions to the Guide or UMD IACUC Policy.

Humane Endpoints posted and documented.

Pain scoring posted and documented.

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### Husbandry and Care

- All husbandry procedures are being followed per the approved protocol and SOPs.
- Animal holding area is well maintained.
- Animals are not held longer than indicated on protocol and SOPs.
- Animals appear in good condition.
- Cages and materials used to care for animals are in good condition.
- Census, Health Check and Environmental Parameters are monitored appropriately.

### Personnel

- PQFs are on IRBNet for listed protocol.
- In-house facility training completed.
- Specific training for procedures is documented.
- Personnel have access to IRBNet protocol.

### PPE

- Requirements are posted.
- Compliance with posted requirements.

### Laboratory Space and Equipment

- Areas are clean and free of clutter.
- Equipment is maintained and serviced.

### Additional Notes:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Signature of Facility Representative  Date

Signature of PAM Representative  Date