

## **Animal Care Committee**

### **Procedures for Extra Vivarial Spaces**

#### Procedure for Requesting Animal Holding or Use Within Extra Vivarial Spaces

*A. For requests to construct or renovate an extra-vivarial space to include live animal holding or use.*

1. Follow the *EVS Assessment Process* flow chart (Appendix 1)

*B. For requests of space not available within the AUP management system*

2. Follow the EVS Assessment Process flow chart.

*C. For requests of Extra-Vivarial Space available within the AUP management system*

1. The AUP Holder will add the requested space via an AUP/Protocol Modification form (Housing & Use Locations section).
2. If the EVS is suitable for the requested live animal science, the request within the AUP will be returned with no questions.
3. As applicable to the situation, the AECF Team, or designate(s), will conduct its assessment(s) of the space with a view to its suitability for the intended purpose and provide specific feedback to the PI. Follow the *EVS Assessment Process* flow chart (Appendix 1)

## Animal Care Committee Procedures for Extra Vivarial Spaces

### Procedure for Undertaking EVS Visits

#### *A. Before EVS Visits*

1. The EVS Visits Designate will perform Visits at the frequency identified in the *Risk Analysis Record* (see EVS Visits column – per POL-005 / POL-020) and based upon current usage (active versus inactive usage; frequent versus infrequent usage) as well as the degree of issues identified during previous visits.
2. *EVS Visit Scheduling* - Reasonable attempts will be made in advance to contact the area supervisor to request their direct involvement, or that of a knowledgeable representative, in an upcoming visit; however, if no response is received, the EVS Designate will notify the area supervisor via email of the general timeframe when a visit will be attempted.
  - 2.1. *Access to EVSs* – In advance of visits and in conjunction with the Compliance Veterinarian, the area supervisor will provide access to the space for the assigned EVS Designate(s).

#### *B. Undertaking Visits*

3. For pre-arranged visits, the area supervisor will provide access to the EVS Visits Designate as pre-arranged (see 1.2) and will accompany the EVS Visits Designate (see 1.2).
4. The EVS Visits Designate will perform Visits using the *EVS Visits Form* via the web form (Appendix 6).
5. The EVS Visits Designate will follow-up to confirm resolution status of issues identified during previous Visits.
6. If the area supervisor or representative are immediately available, the EVS Visits Designate will provide verbal feedback on observations as well as outstanding issues and recommended actions to be undertaken in order to readily resolve them.
  - 6.1. Issues resolved during the Visit will be recorded as such.
  - 6.2. Prior to EVS Visit form submission, the area supervisor, or representative, will be given an opportunity to review form elements and provide direct feedback to be recorded in the form.
7. If an urgent issue is identified, the EVS Visits Designate will direct the information to the area supervisor, if possible, as well as applicable persons, as needed, e.g., Facilities Management (water leak), SAR Designates (e.g., critical animal), and c.c. associated Laboratory Animal Facility Supervisor, as applicable.

#### *C. Post-Visit*

8. The web form completed by the EVS Visits Designate will automatically generate an email to the [AECP Compliance Team](#) and the area supervisor and download into a centralized Excel repository accessible to the Assistant Director-Compliance and team.
9. For issues that have not been readily resolved through direct engagement with the area supervisor, per the *Concerns Policy* (POL-004), the EVS Visits Designate will submit a Concern Report to the Executive.
10. The PAM Coordinator will regularly review the EVS Visits Record and submit it minimum quarterly to the ACC Executive.
  - 10.1. The EVS Visits Record will be submitted to the full ACC minimum annually.

**Animal Care Committee  
Procedures for Extra Vivarial Spaces**

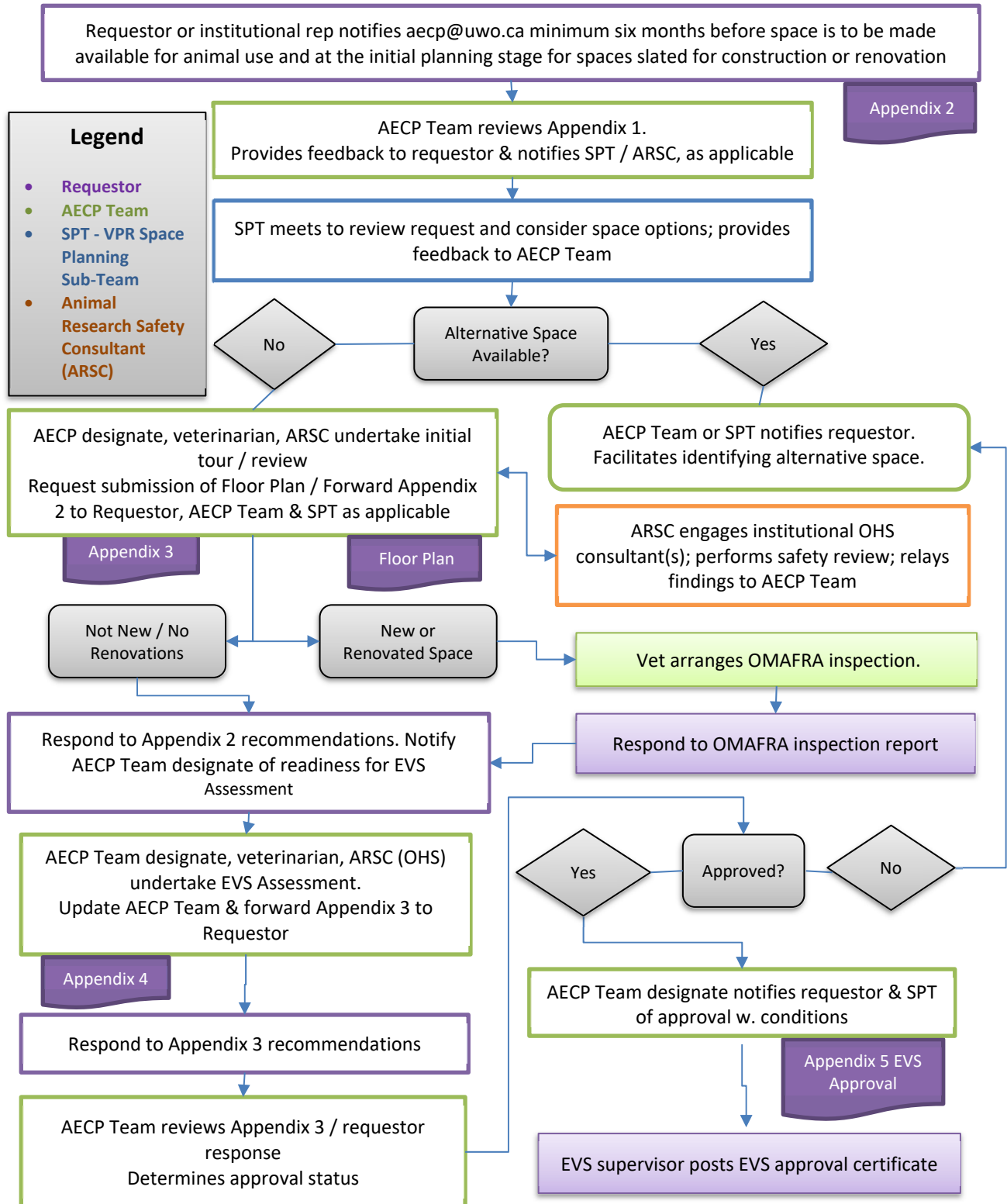
- 10.2. Identified issues will be relayed to the Assistant Director-Compliance in advance of report submission to the ACC.
11. The ACC Executive will review the EVS Visits Record and provide direction to the Assistant Director-Compliance regarding any identified follow-up.
12. The Assistant Director-Compliance will relay Executive directives to the EVS Visits Designate and update the EVS Visits Record with the details.
- 12.1. The EVS Visits Designate will follow-up per ACC Executive directives within the timeframe specified, e.g., during the next Visits.

## Revision History

| Version | Date       | Description of Changes   | Author |
|---------|------------|--|--------|
| 00      | 12-03-2020 | New Procedure Document   | LT, KB |
| 01      | 13-05-2021 | Update forms Steps 1 & 2   | LT     |
| 02      | 10-02-2022 | Add EVS Assessment Flow Chart; update & add new form; add EVS approval certificate   | LT, KK |
| 03      | 19-01-2023 | Add EVS Visits process; update EVS assessment process; change reviewer/approval body to AECF Team; update all forms & flow chart | LT, SG |



## Animal Care Committee Appendix 1 - EVS Assessment Process



#### Step 1 - Request for Use of an Extra-Vivarial Space

This form should be completed by the extra-vivarial space (EVS) supervisor in conjunction with animal-based scientists requesting to use an EVS that is either planned for construction, renovation or was previously not approved for live animal-based science activities. Please forward this form to the Animal Ethics & Care Program Team via [aecp@uwo.ca](mailto:aecp@uwo.ca). Note that EVS requests may take several months to process.

1.  **Initial Request**  **Updated Request** – *specify reason* - Click or tap here to enter text.

2. **Extra-Vivarial Space Location**

- a. Building and room number: Click or tap here to enter text.
- b. Location description, including layout, containment level, equipment list and current room purpose: Click or tap here to enter text.
- c. A floor plan is attached:  Yes  Not available

3. **Area Supervisor(s):**

| Full Name                        | Role                             | Employment relationship of EVS supervisor to Animal-Based Scientists wishing to use the space  | Contact Information              |
|----------------------------------|----------------------------------|--|----------------------------------|
| Click or tap here to enter text. | Click or tap here to enter text. | <input type="checkbox"/> arms-length – supervisor’s name: Click or tap here to enter text.<br><input type="checkbox"/> non-arms-length – specify: Click or tap here to enter text. | Click or tap here to enter text. |

4. **Name and visit frequency of individual(s) providing arms-length oversight:** Click or tap here to enter text.

5. **Justification for use of this space for animal-based science activities** - Explain specifically why the EVS is needed, including why an alternative space within a Laboratory Animal Facility is not suitable.

Click or tap here to enter text.

6. Identify institutional personnel with whom you have discussed the need for space:

- An institutional veterinarian – specify name: Click or tap here to enter text.
- A Laboratory Animal Facility supervisor – specify name: Click or tap here to enter text.
- An institutional Occupational Health & Safety – specify name: Click or tap here to enter text.
- Animal Research Safety consultant
- The Animal Care Committee Office or Chair – specify name: Click or tap here to enter text.
- Other – specify name: Click or tap here to enter text.
- None of the above

7. **Provide the following information associated with AUP holders interested in using this EVS for live animal-based science activities:**

#### Step 1 - Request for Use of an Extra-Vivarium Space

This form should be completed by the extra-vivarium space (EVS) supervisor in conjunction with animal-based scientists requesting to use an EVS that is either planned for construction, renovation or was previously not approved for live animal-based science activities. Please forward this form to the Animal Ethics & Care Program Team via [aecp@uwo.ca](mailto:aecp@uwo.ca). Note that EVS requests may take several months to process.

| AUP Holder Name                  | AUP #                            | Species                          | <b>A. Specific live animal procedures / holding requested</b><br><b>B. Per animal cohort, provide the maximum duration and timeframe that live animals will remain here</b><br><b>C. Average number of cohorts per week &amp; month</b> |
|----------------------------------|----------------------------------|----------------------------------|---|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | A. Click or tap here to enter text.<br>B. Click or tap here to enter text.<br>C. Click or tap here to enter text.   |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | A. Click or tap here to enter text.<br>B. Click or tap here to enter text.<br>C. Click or tap here to enter text.   |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | A. Click or tap here to enter text.<br>B. Click or tap here to enter text.<br>C. Click or tap here to enter text.   |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | A. Click or tap here to enter text.<br>B. Click or tap here to enter text.<br>C. Click or tap here to enter text.   |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | A. Click or tap here to enter text.<br>B. Click or tap here to enter text.<br>C. Click or tap here to enter text.   |

| Initial Tour Type                | Initial Tour Date             | Other Tours/Inspections          | Related Dates                 |
|----------------------------------|-------------------------------|----------------------------------|-------------------------------|
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap to enter a date. |

| Initial Assumptions              | Updates                          |
|----------------------------------|----------------------------------|
| Click or tap here to enter text. | Click or tap here to enter text. |

### Location Details

*Building:* Click or tap here to enter text.

*Room-specific details:*

| Room #                           | Room Purpose(s)                  | Layout / Other Characteristics   | Identified Deficiencies          |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

### OMAFRA Inspection - Outline of Identified ARA Requirements

Not Applicable  Previously identified issues have been resolved

| ARA Standard                     | Identified Deficiencies          | Resolution Status at the time of the Tour |
|----------------------------------|----------------------------------|---|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.          |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.          |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.          |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.          |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.          |

**Institutional OHS and/or Animal Research Safety Consultant Inspection**

 Outline of Identified OHS Requirements -  No hazards identified  Hazards review complete, no concerns

| OHS Standard                     | Identified Deficiencies          | Resolution Status at the time of the Tour |
|----------------------------------|----------------------------------|---|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.          |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.          |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.          |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.          |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.          |

**Questions Arising from The Initial Tour -  No Questions at this time**

| Item | Questions                        | Supervisor Response              | Status          |
|------|----------------------------------|----------------------------------|-----------------|
| 1    | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| 2    | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| 3    | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| 4    | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| 5    | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |

**Initial Recommendations**
*General Recommendations:*  No general recommendations

| Item | Recommendation                   | Supervisor Response              | Status          |
|------|----------------------------------|----------------------------------|-----------------|
| 1    | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| 2    | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| 3    | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| 4    | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| 5    | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |

*Room-Specific Recommendations:*  No room-specific recommendations

| Item | Room #                           | Recommendation                   | Supervisor Response              | Status          |
|------|----------------------------------|----------------------------------|----------------------------------|-----------------|
| 1    | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| 2    | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |



|   |                                  |                                  |                                  |                 |
|---|----------------------------------|----------------------------------|----------------------------------|-----------------|
|   | to enter text.                   |                                  |                                  |                 |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| 4 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| 5 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |

### Workflow Dates

| Date                          | Actions Taken                    |
|-------------------------------|----------------------------------|
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |
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| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |

| Location & Associated Animal Use Information  |  |   |   |  |  |   |
|---|--|---|---|--|--|---|
| Site Visit ID   | Assessment Date  | Location  | Area Supervisor(s)  | Area Users / AUPs  | EVS Assessment Participants  |   |
| Click or tap here to enter text.  | Click or tap to enter a date.  | <b>Location:</b> Click or tap here to enter text.<br><b>Area:</b> Click or tap here to enter text.<br><b>Room #s:</b> Click or tap here to enter text.<br><b>Containment Level:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+<br><b>Other Location Detail:</b> Click or tap here to enter text. | Click or tap here to enter text.  | Click or tap here to enter text.   | Click or tap here to enter text.   |   |
| <b>Rationale for EVS Usage</b>  |  | Click or tap here to enter text.  |   |  |  |   |
| Animal Use Information  |  |   |   |  |  |   |
| Species   | Click or tap here to enter text.   | Other Animal Detail   | Click or tap here to enter text.  |  |  |   |
| <input type="checkbox"/> Holding > 12 Hours<br><input type="checkbox"/> Holding < 12 Hours<br><input type="checkbox"/> Breeding<br><input type="checkbox"/> Genotyping<br><input type="checkbox"/> Metabolic Caging | <input type="checkbox"/> Euthanasia<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Injectable<br><input type="checkbox"/> Fume Hood required<br><input type="checkbox"/> Other Euthanasia Method ( <i>specify below</i> ) | <input type="checkbox"/> Injections / Cannulation<br><input type="checkbox"/> Blood Collection<br><input type="checkbox"/> Gavage<br><input type="checkbox"/> Identification / Tagging<br><input type="checkbox"/> Glucose Tolerance Test   | <input type="checkbox"/> Imaging<br><input type="checkbox"/> Irradiation<br><input type="checkbox"/> Electro-physiology | <input type="checkbox"/> Anesthesia<br><input type="checkbox"/> Injectable<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Animal Prep<br><input type="checkbox"/> Animal Recovery | <input type="checkbox"/> Surgery Location<br><input type="checkbox"/> Surgical Prep Location<br><input type="checkbox"/> Surgical Recovery Location<br><input type="checkbox"/> Stereotaxic Frame Used during Surgery<br><input type="checkbox"/> Minor surgery<br><input type="checkbox"/> Major surgery* | <input type="checkbox"/> Behaviour Testing<br><input type="checkbox"/> Behaviour Training<br><input type="checkbox"/> Behaviour Observation Only<br><input type="checkbox"/> Other Procedure ( <i>specify below</i> ) |
| <b>Other Animal Use Details</b>   |  | Click or tap here to enter text.  |   |  |  |   |

| ITEM # | TYPE                     | SUB-TYPE                 | NAME                                | DETAIL   | STATUS<br>M=Meets Standards<br>I=Improvement Needed<br>N=Not Applicable | Associated Comments / Follow-Up Actions Needed |
|--------|--------------------------|--------------------------|-------------------------------------|--|---|--|
| 1      | Approval                 | New / Renovated EVS Only | External-OMAFRA                     | Inspection is requested; identified deficiencies are resolved; OMAFRA approval is granted  | Click or tap here to enter text.  | Click or tap here to enter text.               |
| 2      | Approval                 | New / Renovated EVS Only | Departmental / VPR Working Group    | Senior Administration has authorized intended use  | Click or tap here to enter text.  | Click or tap here to enter text.               |
| 3      | Approval                 | All                      | Institutional OHS                   | Institutional OHS and/or Animal Research Safety Consultant have reviewed the space / intended usage.   | Click or tap here to enter text.  | Click or tap here to enter text.               |
| 4      | Location                 | All                      | Proximity to Animal Facility        | Space is within close proximity to facilitate ease of animal transport   | Click or tap here to enter text.  | Click or tap here to enter text.               |
| 5      | Physical Characteristics | All                      | Physical Requirements by Space Type | Physical characteristics align with regulatory ( <a href="#">ARA</a> , <a href="#">CCAC</a> ) & ACC standards see <a href="#">Requirements by Space Type</a> | Click or tap here to enter text.  | Click or tap here to enter text.               |

\*Veterinarians Act of Ontario Reg. 1093 – ‘major surgery’ means surgery, (a) in which bone, viscera or an extensive area of subcutaneous tissue is exposed, or

(b) the failure of which would endanger the life or organ function of the animal. R.R.O. 1990, Reg. 1093, s. 2; O. Reg. 398/07, s. 1; O. Reg. 356/11, s. 1; O. Reg. 233/15, s. 2.

| ITEM # | TYPE                      | SUB-TYPE                      | NAME                                       | DETAIL  | STATUS<br>M=Meets<br>Standards<br>I=Improvem<br>ent Needed<br>N=Not<br>Applicable | Associated Comments / Follow-Up Actions<br>Needed |
|--------|---------------------------|-------------------------------|--|---|---|---|
| 6      | Use-Specific Requirements | All                           | Other Requirements by Space Type           | Other elements align with regulatory ( <a href="#">ARA</a> , <a href="#">CCAC</a> ) & ACC standards associated with the specific usage – see <a href="#">Requirements by Space Type</a> | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 7      | Equipment                 | All                           | Equipment Use & Maintenance                | All equipment w/i room related to live animal use, e.g., BSC, vaporizer, surgical, diagnostic, support is available and maintained appropriately  | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 8      | Security                  | All                           | Access                                     | Area is secure from general public – access & visual  | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 9      | Oversight                 | All                           | Area Supervisor                            | Area is directly overseen by an arms-length individual.   | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 10     | Room Maintenance          | All                           | Housekeeping / Room Maintenance Log        | Daily, weekly, monthly room-specific requirements - room & equipment-specific   | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 11     | Signage                   | All                           | Contact List – Supervisor / Users          | Posted on door or entryway wall - name, email, emergency contact #  | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 12     | Signage                   | All                           | Veterinary Services / Sick Animal Response | SAR flow chart with emergency contacts is posted on door or entryway wall   | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 13     | Signage                   | All                           | Crisis Response                            | Appendices 1A & 1B - Crisis Management SOP - supervisors customizes per area & posts in area; emergency back-up power is available  | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 14     | Log / Monitoring          | Animal Holding >12 Hours Only | Animal Health & Environmental Monitoring   | Daily animal monitoring & record-keeping - may include AUP specific monitoring sheets; Room temperature, humidity, air flow (+/-) log is maintained daily                               | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 15     | SOP                       | All                           | Animal Transport                           | Applicable SOP is followed - SOP is available to users  | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 16     | SOP                       | All                           | Entry & Exit Requirements                  | PPE & process for entry / exit - mitigate animal allergen exposure, other, e.g., CL2 requirements   | Click or tap here to enter text.  | Click or tap here to enter text.                  |

| ITEM # | TYPE     | SUB-TYPE | NAME                               | DETAIL   | STATUS<br>M=Meets<br>Standards<br>I=Improvem<br>ent Needed<br>N=Not<br>Applicable | Associated Comments / Follow-Up Actions<br>Needed |
|--------|----------|----------|------------------------------------|--|---|---|
| 17     | SOP      | All      | Clinical SOPs                      | Applicable to room use, e.g., analgesia, anesthesia, surgery, euthanasia, etc. – supervisor ensures area users understand & follow | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 18     | Training | All      | User Training                      | A system is in place to train / ensure training of those who use the space.  | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 19     | AUP      | All      | AUPs & Associated SOPs & Templates | Electronic or hard copy AUPs & ACC approved record-keeping templates, SOPs are readily available to users within the space         | Click or tap here to enter text.  | Click or tap here to enter text.                  |
| 20     | Log      | All      | Animal Morbidity / Mortality Log   | Room-level log and/or PI log - readily retrievable   | Click or tap here to enter text.  | Click or tap here to enter text.                  |

| Date                          | Recommendations for AECF Team    |
|-------------------------------|----------------------------------|
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |

| Date                          | AECF Team Decision / Follow-Up Actions Taken |
|-------------------------------|--|
| Click or tap to enter a date. | Click or tap here to enter text.             |
| Click or tap to enter a date. | Click or tap here to enter text.             |
| Click or tap to enter a date. | Click or tap here to enter text.             |
| Click or tap to enter a date. | Click or tap here to enter text.             |

Western  
Research**CERTIFICATE OF APPROVAL**

This certifies that


**bldg, Room ###**

is approved for the following live-animal-based science activities

Approved Species

Approved Procedures

Other Approval Conditions

|  |               |             |
|--|---------------|-------------|
| <br>_____ | _____         | _____       |
| ACC Chair  | Approval Date | Valid Until |

| <b>Visit Date</b>  | Click or tap to enter a date.   |   |                          |                          |                          |                          |                                  |
|--|---|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
| <b>Location - Building &amp; Room #</b>                    | Click or tap here to enter text.  |   |                          |                          |                          |                          |                                  |
| <b>Area Supervisor(s) Name &amp; Email</b>                 | Click or tap here to enter text.  |   |                          |                          |                          |                          |                                  |
| <b>EVS Visits Designate / Other Participants</b>           | Click or tap here to enter text.  |   |                          |                          |                          |                          |                                  |
| <b>Live-animal procedures performed in this space</b>      | <input type="checkbox"/> Holding >12 Hours <input type="checkbox"/> Behaviour Testing / Observation <input type="checkbox"/> General Procedures-Non-Survival <input type="checkbox"/> General Procedures-Survival <input type="checkbox"/> Anesthesia / Surgery Procedures-Non-Recovery <input type="checkbox"/> Anesthesia / Surgery Procedures-Recovery |   |                          |                          |                          |                          |                                  |
| <b>Procedure taking place during visit?</b>                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Click or tap here to enter text.  |   |                          |                          |                          |                          |                                  |
| <b>Outstanding Issues from Previous Visits</b>             | <input type="checkbox"/> No Outstanding Issues<br>Detail - Click or tap here to enter text.   |   |                          |                          |                          |                          |                                  |
| <b>Current Observations</b>                                |   |   |                          |                          |                          |                          |                                  |
| Topic  | Details   | Meets Standards                                     | Minor Issue              | Major Issue              | Unable to Assess         | Resolved during Visit    | Details                          |
| <b>Room Maintenance</b>                                    | Clean, organized, housekeeping log is appropriate & maintained  | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| <b>Infrastructure</b>                                      | Walls, floors, ceilings, doors, environmental controls (temp, humidity, lighting, HVAC)   | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| <b>Furniture &amp; Fixtures</b>                            | Appropriate materials and design for the room purpose   | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| <b>Equipment</b>   | Adequate for room purpose, no extraneous storage, properly stored & maintained  | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| <b>Drugs, Agents &amp; Supplies</b>                        | Storage, in date, complete records  | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| <b>Signage</b>   | Washable, up-to-date, complete, and appropriate   | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| <b>Documentation – SOPs &amp; Other AUP Information</b>    | Area- & procedure-specific based on room use, readily available & up-to-date, applicable monitoring sheets/other templates commonly used  | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| <b>Area Access / Supervisory Oversight / User Training</b> | Access is controlled, limited to trained personnel; arms-length oversight is regular; users are formally trained by competent personnel prior to receiving access   | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| <b>Is follow-up recommended?</b>                           | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Click or tap here to enter text.                    |                          |                          |                          |                          |                                  |
| <b>Associated Files</b>                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>File Names:</b> Click or tap here to enter text. |                          |                          |                          |                          |                                  |
| <b>Area Supervisor Feedback (Provided during visit)</b>    | Click or tap here to enter text.  |   |                          |                          |                          |                          |                                  |
| <b>Other Notes</b>   | Click or tap here to enter text.  |   |                          |                          |                          |                          |                                  |