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| **IACUC PROTOCOL PERSONNEL TRAINING RECORD**  **This form MUST be completed for each individual involved in the care and use of animals under any IACUC protocol. By filling out this form you are verifying that:**   * You have read any and all relevant IACUC protocols prior to working with animals * You will perform only those procedures listed on the approved protocol with the species listed on the protocol. * Training listed on this form may exceed what is required for an individual protocol, but must reflect training which is adequate to perform activities listed for the individual on this protocol. | | | | | | |
| **Personnel Name:** | First, Last | | | **Date:** |  | |
| **CSU Online Animal Care and Use Training: Mandatory, Every 3 years**  Federal Regulations require that all persons involved in an IACUC protocol receive training in animal care and use legislation; IACUC function; ethics of animal use and the concepts of replacement, reduction, and refinement; and procedures for reporting animal welfare concerns. Completion of the online [CSU Animal Care and Use Training](https://rsweb.research.colostate.edu/IACUCTraining/Main.aspx) module at least once every three years is required for all individuals listed on protocols. | | | | | | |
| * [CSU Animal Care and Use Training](https://rsweb.research.colostate.edu/IACUCTraining/Main.aspx): **Date of Completion** | | | | | | |
| **Occupational Health and Safety Program (OHSP): Mandatory, Annual**  All individuals working with animals as a part of IACUC protocols must be enrolled in CSU OHSP and receive appropriate training in the hazards and preventive measures associated with their involvement in the animal use. Enrollment in the OHSP is accomplished by:   * Completing the online Risk Assessment Form available at the [Environmental Health Services OHSP website](http://www.ehs.colostate.edu/) * **AND** filling out the appropriate medical surveillance forms sent by OHSP personnel. This may include a respirator use form, an animal use form, or both. | | | | | | |
| * [OHSP Risk Assessment Form](https://wsnet2.colostate.edu/cwis86/WOHSP/RiskAssessment/Add/AddRisAssessment.aspx): **Date of Completion** * Animal Allergy Screening Questionnaire (sent to UCHealth): **Date of Completion** * Respirator Use Survey (sent to UCHealth): **Date of Completion** | | | | | | |
| **Animal Procedures and Documentation of Training/Experience** | | | | | | |
| Federal regulations require that the IACUC assure that individuals performing procedures with animals are adequately trained/experienced to perform those procedures. Some examples include, but are not limited to:   * Animal care and post-procedural observation * Animal handling / weighing (including restraint devices) * Tattooing or tagging * Injections (SC, IM, IV, IP, etc.) * Blood collection (include technique) * Anesthesia (injectable, gas, local) * Oral administration (including oral dosing, gavage and intubation) * Surgery (including biopsy) * Euthanasia (injectable, CO2, mechanical)   **In most case, training should be species-specific.**  Appropriate training can be obtained by a number of means, including:   * Species-specific procedure and/or surgical training is provided by [Laboratory Animal Resources (LAR)](mailto:LAR_Training@mail.colostate.edu) * Investigator/Other staff-provided training * Formal training at another institution * Receipt of a DVM or equivalent degree. | | | | | | |
| **Please list all procedures you are trained in, the species, and indicate the relevant training/experience you have which enable you to conduct those procedures. Please provide the requested information for each procedure.** | | | | | | |
| **Procedure**  (List procedures in which you are trained/experienced.) | | **Species**  (List the species in which you are trained/ experienced to conduct each procedure.) | **Training**  (List one of the above appropriate training types, as applicable. If training not received at CSU, please indicate where it was received.) | | | **Date Trained** (month/year) |
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Please add additional pages as necessary.