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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 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. | | | |
| **Name:** | | | |
| **CSU Online Animal Care and Use Training: Mandatory, Every 3 years** | | | |
| * [CSU Animal Care and Use Training:](https://vprweb.research.colostate.edu/IACUCTraining/) **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/RA.aspx): **Date of completion** * Animal Allergy Screening Questionnaire (sent to UCHealth): **Date of completion** * Respirator Use Survey (sent to UCHealth): **Date of completion** | | | |
| **Emergency Contingency Plans Training: Mandatory, Annual** | | | |
| * Complete the [Emergency Contingency Plans Training](https://www.research.colostate.edu/ricro/wp-content/uploads/sites/22/2022/08/CITI-SSO-Integration-Instructions_IACUC.pdf): **Date of completion** | | | |
| **Please list all procedures you are trained in, the species, and indicate the relevant training/experience you have, which enables you to conduct those procedures. Be sure to include all procedures specific to the protocol.** | | | |
| **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 where the training was received, e.g., institution where credentials were earned) | **Date Trained** (month/year) |
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Please add additional pages, as necessary.