ANIMAL CARE FACILITY REGISTRATION FORM

PART I: GENERAL INFORMATION
NAME: _______________________________ DEGREE(s) HELD: _______________________________
       (last/first/middle initial)
POSITION: ___________________________ WORK PHONE: ______________ FAX: ______________
DEPARTMENT: ________________________ EMERGENCY PHONE: __________________________
E-MAIL ADDRESS: _____________________
CAMPUS ADDRESS: _____________________
NAME OF PRINCIPAL INVESTIGATOR: __________________________
PROTOCOL NUMBERS: __________________
ANIMAL SPECIES USED: __________________

PART II: TRAINING
☐ Introduction to Animal Care and Use (Check one of the following)
  ☐ Laboratory Animal Science Course
  ☐ BSC 555/455
  ☐ Other: Name /Institution/Dates ______________________________
☐ Online (http://www.citiprogram.org : Working with the IACUC (non VA version))
  Attach certificate of completion
☐ Instruction in the proper use of the Animal Facilities in which he/she will work.
___________________________________________________________________________
Animal Facility Endorsement ___________________________ Date _____________

☐ I have read the material on the Risk Assessment Website
  (http://ehs.ucdavis.edu/animal/risk/index.htm) and understand that there are potential risks
  associated with working with animals and further have read the procedures described for
  minimizing those risks.
___________________________________________________________________________
Registrant’s Signature ___________________________ Date _____________

☐ Protocol specific training completed: Protocol #: __________________ Date: _____________
Training: ___________________________ Trainer’s Signature: __________________________

PART III: CONTACT WITH ANIMALS OUTSIDE OF FACILITY
☐ I come into regular contact with animals outside of the animal care facilities (for example keeping
  pets, raising or caring for any animals, hunting, etc).
  Please describe type of animal(s), type of contact(s), and frequency.
___________________________________________________________________________
___________________________________________________________________________

☐ I do not come into regular contact with animals outside of the Animal Care Facility.

PART IV: NOTICE OF OHS
☐ I am participating in the Occupational Health and Safety Program for Animal Care and Use and
  have completed the Health History/Medical Evaluation Form.
___________________________________________________________________________
Registrant’s Signature ___________________________ Date _____________

Return form to Animal Care Facility