Inspection Guide

SURGERY SPACE semi-annual ACUC inspections

This guide sheet is intended to provide an outline of items commonly cited by Animal Care and Use Committees (ACUC) during semi-annual inspections of surgery spaces: it does not present a comprehensive list of requirements for animal use. Animal users are required to follow all relevant standards, including the Animal Welfare Act Regs, Public Health Service Policy, the Guide, and their ACUC-approved protocol.

Questions, concerns, and requests for assistance in preparing for an inspection are welcome. Please contact the IACUC office at iacuc@rarc.wisc.edu

yes	no	n/a	Physical aspects of surgery area		
			Room Air Pressure is positive relative to exterior with clean air		
			Sanitizable surfaces are present in surgical and prep areas (floors, countertops, cabinets)		
			Sanitizing solutions are appropriate for use; clear labeling indicates fill/mix date		
			Sanitizing equipment for instrument preparation available and appropriate for use		
			Anesthesia machines have been calibrated within last 12 months		
			F/Air canister weights are regularly recorded; vapor recapture system is functional		
			For major survival surgery on USDA-regulated animals:	For non-major (or non-survival) surgery on USDA-regulated animals, OR survival surgery on aquatics, rodents,	
		Animal & surgeon prep area is entirely outside the dedicated surgical area	birds, or agricultural animals: Animal prep area is sufficiently separated		
			Dedicated surgical area (separate room with no storage of unrelated supplies Latitude can be given if space is mixed use (non-survival surgery), provided committee has a reasonable expectation that the room is cleaned before use in survival surgery (ie cleaning SOP in use and documented)	Surgical area to avoid contamination Surgical area is a clean uncluttered area, can be within larger mixed-use space. Latitude can be given if committee has a reasonable expectation that the space will be cleaned before use (ie cleaning SOP is in use and documented)	
yes	no	n/a	Drugs and medical materials (refer to other docs)		
			Pharmaceutical-grade medications are always used in live animals (non-survival & survival) for anesthesia, analgesia, emergency, and euthanasia		
			Non-pharm grade drugs are explicitly approved in protocol and mixed under a lab SOP		



	Drugs & pharmaceuticals are current with labels indicating expiration dates		
	Controlled substances are appropriately secured and drug log is current & available to view		
	Packs, surgical materials are sterilized as appropriate been ensure their continued sterility	efore use and stored in a manner to	
\Box	For major survival surgery on USDA-regulated animals:	For non-major (or non-survival) surgery on USDA-regulated animals, OR survival surgery on	
	Surgical records provide sufficient detail* (procedure description, monitoring, drugs, etc),	aquatics, rodents or birds:	
	Treatment and must be written for each individual, regardless of procedure	Surgical records provide sufficient detail* (monitoring, drugs, treatment, etc) and may be written for a gro up of animals undergoing the same procedure	

* Please refer to the pertinent All-Campus Policies, Veterinary Standards and any applicable School/College Policies for details.

Questions about Peri-Operative Care:

Pain - Is assessed by what method? At what intervals?

Analgesia - Is used if appropriate? It is delivered at what interval(s)?

Recovering/post-op - How often are animal monitored, for how long, and what are the criteria for recovery?

Sutures or implants - Removed after how many days? Where is this documented?

Sick or poorly recovering animals - What are criteria for reporting an animal to the Vet staff?

Post-op records - Provide details of post-op care (monitoring, analgesia, treatment, etc)? *Check visually

General questions relevant to surgical procedures on live animals:

Do you have a current copy of your protocol here? Do your have documentation that lab members read protocols? (ie a training log?)

Could you walk us through a typical surgery? Can we view your surgical records?

What post-op care and monitoring do you provide? Can we see the records?

If a procedure or surgery did not go well, what would you do? Who would you contact?

Do you keep a surgery log? Do you know, or can you estimate, the rate of adverse outcomes?

Do you have adequate training and veterinary support? How could support be improved?

Is there anything you'd like to ask us, or wish to convey to the committee?

