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| Attachment 1 |

Animal Care and Use Individual Training Record

Starting Date: \_\_\_\_\_\_\_\_

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| Name: | | PI: | | |  |
| Title: | | Department: | | |  |
| Work Location: | | | | |  |
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| A. I have read and understand the following Animal Care and Use Protocols and have received training for the specific tasks I will be performing under these protocols/amendments: **Do not cross out old protocols. Use additional page for additional protocols.** | | | **Trainee**  ***Must initial*** | **Trainer**  ***Must initial*** | **Date**  ***no arrows*** | **Required** |
| **Protocol Number:** | **Protocol Title or Amendment Date:** | |  |  |  |  |
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| **B. I have completed the Occupational Heath Surveillance System Assessment online:** <http://ehs.ucop.edu/ohss> | | | **Trainee**  ***Must initial*** | **Trainer**  ***Must initial*** | **Date**  ***no arrows*** | **Required** |
| * Initial Risk Assessment and Health Questionnaire | | |  |  |  |  |
| * Updated Risk Assessment when changes occur | | |  |  |  |  |
| * Completed the renewals as necessary | | |  |  |  |  |
| **C. I have attended the following courses on LMS or received instruction in:** | | |  |  |  |  |
| * Animal Care and Use 101   <https://research.ucdavis.edu/research-support/animal-care-use/training-classes/animal-care-and-use-101-acu101-course/> | | |  |  |  |  |
| * Animal Care and Use 101-R (on-line exam) | | |  |  |  |  |
| * Mouse Handling Course   <https://research.ucdavis.edu/research-support/animal-care-use/training-classes/mouse-handling-with-lab-animal-skills/> | | |  |  |  |  |
| * Rat Handling Course   <https://research.ucdavis.edu/research-support/animal-care-use/training-classes/rat-handling-with-lab-animal-skills/> | | |  |  |  |  |
| * Aseptic Surgical Technique * <https://research.ucdavis.edu/research-support/animal-care-use/training-classes/aseptic-technique/> | | |  |  |  |  |
| * Waste Anesthetic Gas (WAG)   <https://uc.sumtotal.host/Core/pillarRedirect?relyingParty=LM&url=core%2Factivitydetails%2FViewActivityDetails%3FActivityId%3D434154%26UserMode%3D0> | | |  |  |  |  |
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| **Supervisors may add additional required training above or in D** | | | | | | |
| **D. I have received training/information on the following:** | | | **Trainee**  ***Must initial*** | **Trainer**  ***Must initial*** | **Date**  ***no arrows*** | **Required** |
| * Reporting Animal Care and Use Concerns   <https://research.ucdavis.edu/wp-content/uploads/IACUC-14.pdf> | | |  |  |  |  |
| * Animal handling and husbandry | | |  |  |  |  |
| * Genotyping   <https://research.ucdavis.edu/wp-content/uploads/IACUC-32.pdf> | | |  |  |  |  |
| * Identifying pain and discomfort in the animal(s) I am working with | | |  |  |  |  |
| * Euthanasia | | |  |  |  |  |
| * Animal carcass disposal and handling | | |  |  |  |  |
| * Anesthesia monitoring | | |  |  |  |  |
| * Animal records   <https://research.ucdavis.edu/wp-content/uploads/SC-40-404.pdf> | | |  |  |  |  |
| * Pre, peri, and post-op monitoring records | | |  |  |  |  |
| * Safe Handling of anesthetic gases including scavenging procedures   <https://research.ucdavis.edu/wp-content/uploads/IACUC-57.pdf> | | |  |  |  |  |
| * The use of the Occupational Health website with regard to the Risk Assessment and Zoonotic diseases   <https://safetyservices.ucdavis.edu/units/occupational-health/surveillance-system/zoonotic-diseases> | | |  |  |  |  |
| * Potential zoonotic diseases which I may be in contact in my work area. | | |  |  |  |  |
| * Animal Bite Instructions (**Must** be reported to supervisor)   <https://safetyservices.ucdavis.edu/units/occupational-health/surveillance-system/animal-bites> | | |  |  |  |  |
| * Personal hygiene in the workplace | | |  |  |  |  |
| * Notification of my responsibility to contact my supervisor for training/information before I perform any task for which I am not trained | | |  |  |  |  |
| * Transportation of Animals   <https://research.ucdavis.edu/wp-content/uploads/IACUC-13.pdf> | | |  |  |  |  |
| * Emergency Plans (Department or Lab specific) | | |  |  |  |  |
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| **E. I have reviewed the following SafetyNets that are relevant to the procedures I am doing in the lab: (Labs should add or delete items in this section to make this specific to the labs needs. Documentation for training does not have to be duplicated if provided on another form)** | | | **Trainee**  ***Must initial*** | **Trainer**  ***Must initial*** | **Date**  ***no arrows*** | **Required** |
| * Effective Use of **Autoclaves** (#26) | | |  |  |  |  |
| * **Sharps** Safety Guidelines and Disposal (#3) | | |  |  |  |  |
| * Compressed **Gas** Safety (#60) | | |  |  |  |  |
| * Safety Nets:   <https://safetyservices.ucdavis.edu/safetynets> | | |  |  |  |  |
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| * **F. Additional Sources for Training (optional)** | | |  |  |  |  |
| * AALAS Learning Library online courses: <http://www.aalaslearninglibrary.org/> * Email [iacuc-staff@ucdavis.edu](mailto:iacuc-staff@ucdavis.edu) for access   Listed below are examples of available classes | | |  |  |  |  |
| * [**Pain Recognition and Alleviation in Laboratory Animals**](https://www.aalaslearninglibrary.org/demo/lessons.asp?strKeyID=CAF622DC-4F17-4D8E-8547-E99DFA41D885-0&Library=10&Track=8&Series=1229&Course=2426) | | |  |  |  |  |
| * [**Inhalation Anesthesia Systems for Rodents**](https://www.aalaslearninglibrary.org/demo/lessons.asp?strKeyID=14F141C6-BF38-4BD8-861E-45C6C7B64527-0&Library=10&Track=8&Series=1229&Course=2580) | | |  |  |  |  |
| * [**Working with the Laboratory Mouse**](https://www.aalaslearninglibrary.org/demo/lessons.asp?strKeyID=71D252CC-B23D-485D-814B-7734FB9FB8C2-0&Library=10&Track=8&Series=1243&Course=2451) | | |  |  |  |  |
| * [**Aseptic Technique for Rodent Survival Surgery**](https://www.aalaslearninglibrary.org/demo/lessons.asp?strKeyID=D5159272-7F18-464E-ABB3-A8DC440C7709-0&Library=10&Track=8&Series=1264&Course=2514) | | |  |  |  |  |
| * + **Introduction to Nonhuman Primates** | | |  |  |  |  |

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| Additional Protocol/Amendment Training (if necessary) **Do not cross out old protocols.** | | **Trainee**  ***Must initial*** | **Trainer**  ***Must initial*** | **Date**  ***no arrows*** | **Required** |
| **Protocol Number:** | **Protocol Title or Amendment Date:** |  |  |  |  |
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