**Institutional Animal Care and Use Committee**

**Supplement to Application to Use Live Vertebrate Animals in**

**Research or Educational Programs:**

**Disaster Planning and Emergency Preparedness Appendix**

*Refer to main application for approval/expiration dates*

**Please note: This form is only needed if animals are housed for more than 12 hours**

*Instructions: Complete the form and submit as a Microsoft Word document*

|  |  |
| --- | --- |
| **PI Name:**Click or tap here to enter PI name. | **Protocol #** |

**Project Title:**

|  |  |  |
| --- | --- | --- |
| **Table A.** Animal and Location Information |  |  |
| **Type of Animal (Common Name)** | **Average Daily Census** | **Campus, Building and Room Number** |
| Click or tap here to enter species. | Click or tap here to enter avg daily census. | Click or tap here to enter building & room number. |
| Click or tap here to enter species. | Click or tap here to enter avg daily census. | Click or tap here to enter building & room number. |
| Click or tap here to enter species. | Click or tap here to enter avg daily census. | Click or tap here to enter building & room number. |
| Click or tap here to enter species. | Click or tap here to enter avg daily census. | Click or tap here to enter building & room number. |

|  |
| --- |
| **Disaster Plan Information** |

Provide plans to prevent animal injury or death due to HVAC or other failure:

|  |
| --- |
| Click or tap here to enter text. |

Describe triage plans for all animal populations:

|  |
| --- |
| Click or tap here to enter text. |

Provide plans for euthanasia in the event the animals cannot be relocated or protected from the consequences of the disaster:

|  |
| --- |
| Click or tap here to enter text. |

Provide any other disaster plan details for each facility listed above.

|  |
| --- |
| Click or tap here to enter text. |

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| **Essential Personnel Information:** |

Name essential personnel, provide contact information, and give details of their training for carrying out the plans above.

|  |  |  |
| --- | --- | --- |
| **Table B.**  |  |  |
| **Name** | **Phone Number** | **Training** |
| Click or tap here to enter name. | Click or tap here to enter phone number | Click or tap here to enter training. |
| Click or tap here to enter name. | Click or tap here to enter phone number. | Click or tap here to enter training. |
| Click or tap here to enter name. | Click or tap here to enter phone number. | Click or tap here to enter training. |
| Click or tap here to enter name. | Click or tap here to enter phone number. | Click or tap here to enter training. |

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| --- |
| *Please submit this form with the protocol and animal chart, to* *IACUC@hpu.edu* |