

UTK ANIMAL CARE AND USE TRAINING RECORD

Must be completed by each person listed on protocol

Name: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/>
Depart. Affiliation: <input style="width: 100%;" type="text"/>	Title: <input style="width: 100%;" type="text"/>
Campus Phone # <input style="width: 100%;" type="text"/>	Campus Address: <input style="width: 100%;" type="text"/>
Project Director: <input style="width: 100%;" type="text"/>	Emergency Phone # <input style="width: 100%;" type="text"/>
Protocol(s) # <input style="width: 100%;" type="text"/>	Email: <input style="width: 100%;" type="text"/>

Will your activities involve animal contact? Yes No

Species of animal involved: _____

Procedures to be performed including surgery and anesthesia:

Have you received formal and/or "on-the-job" training in:

(1) animal care of species being worked with? Yes No

(2) animal handling for species being worked with? Yes No

(3) experimental procedures to be performed as part of this protocol? Yes No; if yes, how long have you been performing these procedures? _____

Date(s)/Institution(s)/Person(s) who trained you:

If no, who will train you? _____

Documentation of all training is to be maintained in the laboratory or study area including procedure demonstrated and names of individuals participating.

Have you familiarized yourself with the current UT IACUC Policies? Yes No

Are you enrolled in the UT Animal Care and Use Occupational Health & Safety Program? Yes No

Have you completed the required on-line VA training? (available at <researchtraining.org>) Yes No

Have you read the Basic Care sheet for the animal species you will be working with? (available at <http://www.vet.utk.edu/research/olac/policy.shtml>) YES No

Have you viewed the introductory Federation of Animal Science Societies (FASS) tapes, if appropriate? Yes No

Signature _____

Date _____

Signature _____

Date _____

Project Director