This request **MUST** be submitted to the IACUC Office or Office of Animal Resources (OAR) at least **five business days** prior to the proposed date of observation and be approved before the visit.

Submit the request via email to [IACUCOffice@westernu.edu](mailto:IACUCOffice@westernu.edu) or [OAR@westernu.edu](mailto:OAR@westernu.edu)

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| --- | --- | --- | --- | --- |
| **To Be Completed by PI** | | | | |
| PI: |  | | PI Email: |  |
| Lab Contact: |  | | Lab Contact Email: |  |
| Department: |  | | Protocol No: |  |
| Phone # |  | | Species: |  |
| Provide the following information about proposed research session to be observed and facility to be visited (valid maximum of five days): | | | | |
| Date(s): | | Time(s): | | Facility/Room: |
| Visitor’s Name(s) Printed:  1**.** 18Y or older Y or N | | | | 3.18Y or older Y or N |
| 2. 18Y or older Y or N | | | | 4.18Y or older Y or N |
| Visitor’s Affiliation to lab (student, company, or other): | | | |  |
| Please include full name of school and/or company: | | | |  |
| If a student, what type?: | | | | If WesternU Student/employee, WesternU ID #?: |
| Reason for visit? Due to the potential hazard exposure in visiting an animal facility, please provide a compelling reason for the necessity. Be as specific as possible: | | | | |
| I will ensure that all facility, animal care, and research procedures and policies are followed by these visitors at Western University of Health Sciences. I will assure that visitors are accompanied by IACUC approved investigative staff at all times, and enter only approved areas. I understand that I am responsible for assuring approval for this visit from the Western University of Health Sciences IACUC Office or OAR , as required. | | | | |
|  | |  | |  |
| **Date** | | **Principal Investigator** – **Print or Type Name**  (or his/her designated IACUC approved staff member) | | **Signature** |
| **Hazards encountered when visiting the Laboratory Animal Facility**  **Allergens**: Allergic reactions to animals are among the most common conditions that adversely affect the health of workers exposed to animals in research. Personnel entering the animal facility should be aware that the skin, dander, fur, urine and saliva of laboratory animals are all potential sources of allergens. These allergens may be inhalant, so direct contact with animals is **not** necessary. Depending on the exposure, symptoms vary but can include a skin rash or hives, itchy eyes or difficulty breathing.  **Chemicals**: These are refined compounds that could be in the form of a solid, liquid or gas. They may or may not be hazardous. Some of the compounds may have numerous hazard classifications (e.g. flammable, toxin, and carcinogen). Exposure to chemical hazards could occur via absorption, inhalation, injection or ingestion and is minimized by using proper engineering controls and wearing appropriate personal protective equipment (PPE). If certain highly hazardous chemicals are present in a room, there will be warning signs describing that hazard (i.e. toxin, carcinogen) and recommended protection measures posted on the door.  **Biohazards**: These are pathogen that may be live infectious bacteria, viruses, or parasites that pose a threat to humans and animals. Pathogens are transmitted by contact, inhalation or ingestion. If any known pathogens are present in a room in the facility, a biohazard sign and recommended protection measures will be posted on the door.  **Hazard Containment**: Eating, drinking, smoking, and the application of cosmetics are not permitted within the animal facility.  **Physical Hazards**: Hazards such as slippery floors, excessive noise, sharp objects, hot surfaces and many other conditions may be present in the facility. Precautionary measures should be taken where these hazards occur.  **Protective Clothing**: Individuals entering the animal facility must wear prescribed PPE and closed toed shoes. Personnel should avoid touching their eyes, face mouth or other body surfaces with contaminated hands or gloves. Used protective clothing should not be worn outside of the animal facility. Disposable gloves and eye protection are available if handling animals or animal tissues or other potential biohazards.  **Hearing Protection**: Noise levels may reach damaging levels in certain areas of the facility, particularly the cage wash area. Hearing protection devises are available in the facility should they be necessary. | | | | |
| **To Be Completed by Visitor(s):**  **1) I will observe only, without touching animal or participating in animal procedures.**  **2) I will have no contact with live or dead animals.**  **3) I will be accompanied by an IACUC approved research member or Office of Animal Resources (OAR) staff member.**  **4) I have read the IACUC Policy regarding associated health risks and will sign the waiver.**  **5) I have read and understand the potential or anticipated risks upon entering the animal facility and agree to wear personal protective equipment (PPE) as required. I agree to assume all risks and release the Western University of Health Sciences and all its representatives from any liability.** | | | | |
| |  |  |  | | --- | --- | --- | |  |  |  | | **1. Name** | **Signature** | **Date** | |  |  |  | | **2. Name** | **Signature** | **Date** | |  |  |  | | **3. Name** | **Signature** | **Date** | |  |  |  | | **4. Name** | **Signature** | **Date** | | | | | |
| **To Be Completed by OAR Director, IACUC Chair or designee** | | | | |
| Approved  Denied – explanation of denial: | | | | |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |