

**Animal Care Committee**

**Office of Research Services**

Michael Williams Building, Room B202

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**ALTERNATIVE ANIMAL HOLDING / HOUSING CHECKLIST: AQUATIC SPECIES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Location: | | | | | | |
| Date of inspection: | | Persons performing inspection: | | | | |
|  | | | | | | |
| **1.0 Security** | | | | | | |
| **Item #** | **Item** | | **Yes** | **No** | **N/A** | **Comments** |
| 1.1 | Tanks covered at all times? | |  |  |  |  |
| 1.2 | Access controlled by Proxcard/keys? | |  |  |  |  |
| 1.3 | Access records maintained by local administrator (e.g., key/Proxcard log)? | |  |  |  | Name:  Local #: |
| 1.4 | Animals hidden from public view through interior and exterior windows? | |  |  |  |  |
| 1.5 | Signage posted? “*For access contact: Campus Security and/or Lab Manager”* | |  |  |  |  |
| 1.6 | Building administration and Campus Security advised in writing of animals housed on-site? | |  |  |  |  |
| 1.7 | Laboratory and Building Crisis Management Plan includes plan for animals? | |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **2.0 Environment** | | | | | |
| **Item #** | **Item** | **Yes** | **No** | **N/A** | **Comments** |
| 2.1 | Emergency power source available? |  |  |  | Please describe: |
| 2.2 | Traffic through space minimized? |  |  |  |  |
| 2.3 | Tank temperature can be maintained within +/- 20C? |  |  |  |  |
| 2.4 | Emergency air/oxygen source available? |  |  |  |  |
| 2.5 | Total gas pressure measured regularly by ACS staff? |  |  |  |  |
| 2.6 | Chemical products stored away from tanks/enclosures? |  |  |  |  |
| 2.7 | Ground fault interrupters on all circuits in the vicinity of tanks/enclosures? |  |  |  |  |
| 2.8 | Electrical components and extension cords located outside of splash zones and used safely? |  |  |  |  |
| 2.10 | Density appropriate for species’ stage and size? |  |  |  | Please describe: |
| 2.11 | Adequate H20 supply available at all times? |  |  |  |  |
| 2.12 | Water quality testing is performed to include dissolved oxygen, salinity (for marine systems), pH, ammonia, nitrite, nitrate, total dissolved solids and temperature, as a minimum? |  |  |  |  |

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| **2.0 Environment** | | | | | |
| **Item #** | **Item** | **Yes** | **No** | **N/A** | **Comments** |
| 2.13 | Adequate cover/enrichment for species? |  |  |  |  |
| 2.14 | Animal Care staff responsible for feeding? |  |  |  | If no, please indicate alternative: |
| 2.15 | Animal Care staff responsible for cleaning tanks? |  |  |  | If no, please indicate alternative: |
| **3.0 Ventilation & Lighting** | | | | | |
| **Item #** | **Item** | **Yes** | **No** | **N/A** | **Comments** |
| 3.1 | Ventilation sufficient to allow surfaces to stay dry? |  |  |  |  |
| 3.2 | Ability to provide controlled photo period? |  |  |  | Please describe (e.g., 12h light/dark): |
| 3.3 | Light intensity and wavelength appropriate for species (if known)? |  |  |  |  |
| **4.0 Surgery** | | | | | |
| **Item #** | **Item** | **Yes** | **No** | **N/A** | **Comments** |
| 4.1 | Recovery surgery will be performed outside of the aquatics unit? |  |  |  |  |
| 4.2 | Surgery & recovery spaces meet [CCAC guidelines (section H, page 51)](https://www.ccac.ca/Documents/Standards/Guidelines/Fish.pdf) |  |  |  | Location of surgical area: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5.0 Storage & Disposal** | | | | | | |
| **Item #** | **Item** | **Yes** | **No** | | **N/A** | **Comments** |
| 5.1 | Controlled drug storage consistent with Health Canada Exemption License? |  |  |  | |  |
| 5.2 | Appropriate storage of non-controlled substances? |  |  |  | |  |
| 5.3 | Carcasses disposed following OHSE requirements? |  |  |  | |  |
| **6.0 Additional** | | | | | | |
| 6.1 | Briefly describe how and where animals will be housed: (e.g. in standalone tanks, etc.) | | | | | |
| 6.2 | Further comments: | | | | | |

CCAC Guidelines on: The Care and Use of Fish in Research, Teaching and Testing Link: <https://www.ccac.ca/Documents/Standards/Guidelines/Fish.pdf>