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| **For Office Use Only** | |
| Protocol number: | Click or tap here to enter text. |
| Principal Investigator: | Click or tap here to enter text. |
| Category of Invasiveness: | Choose an item. |
| Purpose of animal use: | Choose an item. |
| Date Received: | Click or tap to enter a date. |

A close up of a logo

Description automatically generated

Animal Welfare Incident Report Form

CONFIDENTIAL

In accordance with the SMU ACC Policy for Reporting Animal Welfare Incidents, an Animal Welfare Incident Report Form must be submitted electronically to the Animal Care Coordinator if an unexpected incident results in mortality and/or compromises 20% of the population, or is above the baseline mortality outlined, justified, and approved in the animal use protocol.

The SMU Consulting Veterinarian must be notified within 24 hours of the incident.

If you are unsure whether an incident requires formal reporting, please consult the SMU ACC Policy for Reporting Animal Welfare Incidents, or contact [animalcare@smu.ca](mailto:animalcare@smu.ca).

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| 1. **GENERAL INFORMATION** |
| **Protocol # and title:**  Click or tap here to enter text.  **Date(s) and time(s) over which the incident occurred:**  Click or tap here to enter text.  **Incident reported by (please include position/title):** Click or tap here to enter text.  **Date of report:** Click or tap to enter a date.  **Has the SMU Consulting Veterinarian been notified:** Choose an item. |
| 1. **ANIMALS AFFECTED** |
| **List the number and species of animals involved in the incident. If animals were affected in different ways, you can have more than one row per species:**   |  |  |  | | --- | --- | --- | | Species | Total number | Describe how animals were affected | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **Please provide additional information on the number of animals affected here if needed:**  Click or tap here to enter text. |
| 1. **DESCRIPTION OF THE INCIDENT** |
| **Please describe exactly the events leading up to the incident (if known), location of the incident, conditions contributing to the incident (if known), and what occurred that warrants the use of an incident report form:**  Click or tap here to enter text.  **Please describe the cause (if known) or predicted cause of morbidity and/or mortality. If the cause of the incident is unknown, please clarify how this will be determined:**  Click or tap here to enter text. |
| 1. **CORRECTIVE ACTIONS** |
| **Immediate Corrective Action**  Was any immediate corrective action required? Choose an item.  If **Yes** what was done, and by whom? Please clearly describe how these actions help to mitigate the conditions causing the incident.  Click or tap here to enter text.  **Future Corrective Action Plan**  Please describe further actions or tests to be performed, indicating a timeline and who will be involved:  Click or tap here to enter text.  What additional corrective measures will be implemented to ensure that an incident of this nature does not occur again? (e.g., changes to SOPs, procedures, communication, etc.).  Click or tap here to enter text. |
| 1. **DECLARATION & SIGNATURE** |
| By clicking the certify and submit button below, I certify that all the information given here to be accurate and true and that all necessary actions have been taken as per the SMU ACC Policy for Reporting Animal Welfare Incidents. I also acknowledge that this report will be filed with the applicable Animal Use Protocol.  **I certify and submit**    **Date submitted:** Click or tap to enter a date.    Email to: [animalcare@smu.ca](mailto:animalcare@smu.ca) |
| **FOR OFFICE USE ONLY**  Is further action required by the ACC? Choose an item.  Details of action(s) required:  Click or tap here to enter text.  Outcome of follow-up action(s):  Click or tap here to enter text. |