

CONTINUATION SHEET FOR ANIMAL CARE INSPECTION REPORT (S)
(APHIS FORMS 7004 and 7008)

1. LICENSE OR REGISTRANT AND NUMBER

2. LIC OR REG NO.

3. DATE

4. PAGE

2004 UNIV

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57R-003-12

5-19-93

2 OF 2

5. LOCATION OR SITE

Hings Research Center

6. WAYBILL NUMBER AND DATE (If Applicable)

NA.

EXPLANATION: I. Non-compliant item(s) previously identified that have been corrected. II. Non-compliant item(s) previously identified for which time remains for correction. III. Non-compliant item(s) identified this inspection. IV. Non-compliant item(s) previously identified that have not been corrected.

Category I and II - None

III. New non-compliant item this date.

49 2.31 (d) (i) (iv) (A) Protocol # 197-90 - The type and method of anesthesia or analgesia to be used to control pain or distress is not described.

2) (i) (vii) - The protocol must state that medical care for the animals will be provided if necessary by a qualified veterinarian.

Protocol # 140-90

2.31 (d) (i) (iv) (B) There is no indication that the attending veterinarian or his designee was involved in the planning of this protocol - or consulted.

1) (i) (vii) This protocol does not state that medical care will be provided by a qualified veterinarian if needed.

not all 2.31 non-compliance by 6/19/93

Category IV - None

was not involved in this experiment? Did animals get vet's veterinary care? Yet involved in this experiment?

H. W. Hendrick

VMO

10. DATE

5-16-93

11. DATE

5/19/93

REVIEWED BY

Specialist

12. DATE

R.O. OVERTON DVM
ANIMAL CARE SPECIALIST

MAY 27 1993

CONTINUATION SHEET FOR ANIMAL CARE INSPECTION REPORT (S)
(APHIS FORMS 7004 and 7008)

1. LICENSEE OR REGISTRANT AND NUMBER	2. LIC OR REG NO.	3. DATE	4. PAGE
Prq Univ	57-A-003-01	7/2/93	2 of 3

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5. WAYBILL NUMBER AND DATE (if applicable)
n/a.

6. NARRATIVE: I Non-compliant item(s) previously identified that have been corrected. II Non-compliant item(s) previously identified that remain for correction. III Non-compliant item(s) identified this inspection. IV Non-compliant item(s) previously identified that have been corrected.

Investigation of Complaints
 Category I. Non-compliant items that have been corrected.
 # 42 2.31 - item cited in report & protocol modifications have been corrected.

procedure for water deprivation is poor

Category II. None.
 III. New non-compliant item identified this date

47- 2.38(f)(2)(i) Handling of Animals - The short term withholding of water from PRIMATES in IACUC approved research activities ~~must~~ does not have a WELL DESCRIBED MONITORING PROCEDURE IN THE PROTOCOL. HOWEVER a uniform S.O.P. HAS BEEN DEVELOPED BY THE DIVISION OF ANIMAL RESOURCES. THERE ARE OBSERVED VIOLATIONS TO COMPLY WITH THE SOP REGARDING THE WEEKLY FEEDING OF PRIMATES ON WATER DEPRIVATION TRAINING PROGRAMS.

PRIMATES ON WATER DEPRIVATION TRAINING PROGRAMS MUST HAVE AN ESTABLISHED BASE WEIGHT and be weighed once every three days while on water deprivation training. STRICT ADHERENCE to all SOP items must also be followed.

7. PREPARED BY (Signature)	8. TITLE	9. DATE
L.V. Handwick	DMO	7/2/93
10. COPY RECEIVED BY (Signature)	11. TITLE	12. DATE
John J. Blanton	Chief, Division DVM	7/2/93
13. REVIEWED BY (Signature)	14. TITLE	15. DATE
[Signature]	ANIMAL CARE SPECIALIST SOUTHEAST SECTOR	JUL 8 1993

CONTINUATION SHEET FOR ANIMAL CARE INSPECTION REPORT (S)

(APHIS FORMS 7004 and 7008)

1. INSUREE OR REGISTRANT AND NUMBER <i>Emory University</i>	2. LIC. OR REG. NO. <i>57-R003-01</i>	3. DATE <i>7/2/93</i>	4. PAGE <i>3</i> of <i>3</i>
5. LOCATION OR SITE <i>Woodruff Memorial Bldg</i>	6. WAYBILL NUMBER AND DATE (If Applicable) <i>N/A</i>		

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EXPLANATION: I. Non-compliant item(s) previously identified that have been corrected. II. Non-compliant item(s) previously identified for which time remains for correction; III. Non-compliant item(s) identified this inspection; IV. Non-compliant item(s) previously identified that have not been corrected

Correct by Aug 1, 1993

An extensive exit interview was conducted with Emory University and Yerkes Primate center officials regarding this investigation of complaints and our findings.

PREPARED BY (Signature) <i>L. W. [Signature]</i>	9. TITLE <i>mm</i>	10. DATE <i>7/2/93</i>
COPY RECEIVED BY (Signature)	12. TITLE	13. DATE
REVIEWED BY (Signature) <i>[Signature]</i>	15. TITLE <i>RIC OVERTON, DVM ANIMAL CARE SPECIALIST SOUTHEAST SECTOR</i>	16. DATE <i>JUL 8 1993</i>