**Post-Approval Monitoring Report– Field Studies**

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| PAM File # |  | Date Opened: |  |
| Principal Investigator: |  |
| Lab Team members present: |  |
| Protocol #(s) & Titles(s):  |  |
| Date of Video/Photo Review: |  |
| PAM Representative(s):  |  |
|  |  |
| **Part 1: Video/Photo Review** |
|  |
| **Part 1.1 (General)**  |
| **The Protocol and Personnel** |
| **Y** |  | **N** |  |  |  | 1. Does the PI have the most recent and approved version of the protocol?
 |
| **Y** |  | **N** |  |  |  | 1. Do the lab personnel have easy access to the most recent version of the approved protocol(s), SOPs, and hazard assessment(s)?
 |
| **Y** |  | **N** |  |  |  | 1. Have the investigators and lab team members read the protocol(s), SOPs, and hazard assessment(s)?
 |
| **Y** |  | **N** |  |  |  | 1. Are the people performing the study listed on the protocol?
 |
| **Y** |  | **N** |  |  |  | 1. Have all personnel completed the required training?
 |
| **Y** |  | **N** |  |  |  | 1. Has a [*Field Activity Safety Plan Checklist*](http://www.uleth.ca/risk-and-safety-services/field-activity-safety) been completed and submitted to Risk and Safety?
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| **Observations:****Comments:** |
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| **Licenses or Permits** |
| **Y** |  | **N** |  | **N/A** |  | 1. Are licenses and/or permits required for this protocol?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Has the PI ensured that all licenses and/or permits are in place for this protocol?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Has permission been received from owners for access to private lands?
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| **Observations:****Comments:** |
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| **Projects where Procedures are Limited to Field Observation Only**  |
| **Y** |  | **N** |  |  |  | 1. Do the observational activities minimize disturbance to the population under observation?
 |
| ***Note****: For strictly observational studies, proceed directly to Part 1.3.* |
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| **Observations:****Comments:** |
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| **Part 1.2 (Projects Involving Manipulation of Wildlife)** |
| **Indirect Manipulation** |
| **Y** |  | **N** |  | **N/A** |  | 1. Does the study involve indirect experimental manipulation of animals in the field (e.g. staged predatory encounters, food supplement experiments, and acoustical experiments)?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. If so, is there provision of protective barriers and escape routes to reduce animal injury?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Are there well-defined endpoints in place in the event of animal injury?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Is there a copy of a plan in the fieldbook for dealing with animal injury/death?
 |
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| **Observations:****Comments:** |
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| **Direct Handling of Wildlife – Capture and Marking** |
| **Y** |  | **N** |  | **N/A** |  | 1. Are approved appropriate methods used for restraint/capture?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Are traps and/or nets checked frequently to avoid injury or death to captured animals?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Are approved appropriate methods used for individual marking?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Is the length of the restraint period kept to a minimum to reduce stress to the animal?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Are there well-defined endpoints in place in the event of animal injury?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Is there a copy of a plan in the fieldbook for dealing with animal injury/death?
 |
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| **Observations:****Comments:** |
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| **Direct Handling of Wildlife – Invasive Procedures (Live Animals)** |
| **Y** |  | **N** |  | **N/A** |  | 1. Are approved appropriate methods used for blood/tissue collection?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. If blood samples are required, is the total volume removed <1% of the total body weight of the animal?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. If tissue samples are taken, do the procedures used minimize stress and pain?
 |
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| **Observations:****Comments:** |
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| **Direct Handling of Wildlife – Anesthesia**  |
| **Y** |  | **N** |  | **N/A** |  | 1. Are the methods of anesthesia in compliance with the protocol?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Are anesthetized animals monitored according to the approved method in the protocol?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Are the animals maintained at an appropriate depth of anesthesia for the procedure performed?
 |
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| **Observations:****Comments:** |
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| **Direct Handling of Wildlife – Release of Animals** |
| **Y** |  | **N** |  | **N/A** |  | 1. Are animals monitored appropriately prior to their release?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Is the animal that is released in appropriate physiological condition that would maximize its survival?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Is the animal released to a suitable habitat to minimize impairment to the ecological integrity of the release site?
 |
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| **Observations:****Comments:** |
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| **Direct Handling of Animals – Euthanasia**  |
| **Y** |  | **N** |  | **N/A** |  | 1. Does the method of euthanasia correspond with what is written in the protocol?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Is death assured by performing an appropriate physical examination when required?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. If a physical method is used, is anesthesia administered prior to euthanasia?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Is the carcass properly disposed of?
 |
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| **Observations:****Comments:** |
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| **Part 1.3 (Health and Safety)** |
| **Y** |  | **N** |  | **N/A** |  | 1. Is a field first aid kit available?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Are there protective controls in place for researchers who will be working alone in the field?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Are personnel aware of the hazard assessment and follow all applicable safety precautions?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Are personnel aware of procedures in case of injury or exposure to hazardous material (e.g. bites, scratches, needle pricks, spills, etc.)?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Are copies of SDS available to all personnel?
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Are sharps containers available?
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| **Observations:****Comments:** |
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| **Part 1.4 (Record Keeping)** |
| **Y** |  | **N** |  | **N/A** |  | 1. Is there any up-to-date record of the number of animals used in the protocol? (Note: The AWC acknowledges that there are environmental factors beyond the researcher’s control that have the potential to affect animal wildlife population numbers in natural habitats. For this reason, the AWC is flexible with respect to estimated numbers in the protocol and the reporting of actual numbers recorded in the field.)
 |
| **Y** |  | **N** |  | **N/A** |  | 1. Is the use of controlled products logged & stored appropriately in accordance to the Government of Canada Controlled Drugs and Substances Act?
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| **Observations:****Comments:** |
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| **Part 2: Suggested Recommendations** |
| **Type of Recommendation** |
| *No recommendation* |  | No changes required to an excellent procedure. |
| *Minor recommendation* | \* | Propose changes that could improve an already acceptable procedure. |
| *Regular recommendation* | \*\* | Propose changes in order to correct a minor problem. |
| *Serious recommendation* | \*\*\* | Requires the adjustment of a procedure in order to meet the standards of the CCAC.  |
| *Major recommendation* | \*\*\*\* | Requires an immediate change to a procedure considered to be unacceptable to the wellbeing of the animal. |
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| **Observations** | **Recommendations** *(Including reference to relevant approved documents)* | **Type**  | **Format of Confirmation** |
|  |  |  | **□ Follow-Up Site Visit Review****□ PI Confirms Implementation** **□ Confirmation of Recommended Document Review by:** * Lab Member(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* All lab members listed on the protocol(s)

**□ No confirmation required**  |
|  |  |  | **□ Follow-Up Site Visit Review****□ PI Confirms Implementation** **□ Confirmation of Recommended Document Review by:** * Lab Member(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* All lab members listed on the protocol(s)

**□ No confirmation required** |

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| **Part 3: AWC Recommendations** |
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| **Part 4: Follow-Up/Confirmation** |
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| Date of Follow-Up/Confirmation | Follow-Up/Confirmation Item | Out-Come (resolved, under appeal) |
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| **Part 5: Closure**  |
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| Date File Closed:  |   |  | Date Closure Letter Submitted:  |  |