

VEHICLE INSPECTION FORM

INITIAL OR SEMIANNUAL RE-ASSESSMENT

1. PROTOCOL INFORMATION

IRBNet Registry Number:

Principal Investigator:

Species:

Maximum Number of Animals Transported at a Single Time:

Frequency of Transport/Number of Anticipated Trips:

Pick-Up Location:

Drop-Off Location:

Estimated Distance of Transit:

Estimated Time of Transit (in hours):

2. VEHICLE INFORMATION

Vehicle Owner:

Make:

Model:

Year:

Color:

License Plate (State/Number):

3. TRANSPORTATION CONDITIONS

Provide a brief description of each applicable item.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Container?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sanitizable Surfaces?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Containable Spills?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Protection from Sun?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Protection from Public Observation?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Container Secured to Vehicle?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Climate Controlled During Transit?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Bedding/Water/Feed During Transit?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Permits Needed for Travel?	

Provide a brief description of any transportation processes not already described above. Enter 'NONE' if all processes are described above:

4. STIPULATIONS AND CONDITIONS FOR THE TRANSPORT OF ANIMALS

This is a Memorandum of Understanding (MOU) between the University of Denver Institutional Animal Care & Use Committee and the Vehicle Owner for the transport of animals on IACUC approved protocols for animal research, testing, or teaching.

The Vehicle Owner assures the IACUC that they shall:

- Accept responsibility for the animals' provisions of care and minimization of distress from the time of pick-up until the time of delivery.
- Minimize transport time.
- Use practices that minimize the risk of exposure to animal allergens.
- Use practices that minimize the risk of zoonotic disease transmission.
- Protect animals from environmental extremes.
- Avoid overcrowding.
- Provide food and water when indicated.
- Protect against physical trauma.

CONFIRM THE FOLLOWING STATEMENTS:

- I agree to report to the IACUC any adverse or unanticipated event which occurs during transit.
- I recognize that this approval is good for 6 months from the approval date below
- I confirm the accuracy of the descriptions noted in this document.
- I agree to abide by the requirements of this document, and if changes are necessary, I shall file an amendment to this form with the DU IACUC prior to initiating the new procedures.

The following will be completed after the inspection:

_____ Signature of Vehicle Owner	_____ Date
_____ Signature of IACUC Member #1	_____ Date
_____ Printed Name of IACUC Member #1	
_____ Signature of IACUC Member #2	_____ Date
_____ Printed Name of IACUC Member #2	

This Vehicle is Approved for Animal Transport Starting on the Date Below Period of 6 months
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Notes/Comments:
