# VA SEMIANNUAL EVALUATION

# of the

# INSTITUTIONAL ANIMAL CARE AND USE

# PROGRAM AND FACILITIES

# PART 2 -- Table of Deficiencies and Departures

Instructions:

1) Enter identifying information in the header above:

Double click in the header area.

Then enter text after each “:”

(Note: The “Date of Last Semiannual Evaluation” is considered to be the date by which both the Review of the Program and the Inspection of the Facilities were last completed. Federal regulations require that a new evaluation be completed no later than 6 months after the last evaluation.)

Double click in the document area to return to the main body of Form 1.

2) Deficiencies carried over from the last report – copy onto this form each item that was reported on Form 2 of the last semiannual evaluation, for which the correction was not yet completed when the last report was signed

 Enter the date the deficiency was first noted in a semiannual evaluation.

If the IACUC determines that a change in the scheduled date of correction is appropriate, ~~strike out the~~ ~~previously approved~~ ~~date and~~ add the new date below it

Enter the actual date when the correction of the deficiency was completed. If the work is not yet complete, leave the “Actual date of completion” blank, but include in the description any relevant information about progress to date.

**Note:** Any failure to adhere to the plan and schedule that result in a significant deficiency remaining uncorrected is required by USDA to be reported in writing within 15 business days by the IACUC, through the IO, to the Animal and Plant Health Inspection Service ([APHIS](http://www.aphis.usda.gov/)) and any Federal agency funding that activity. Therefore, if the correction date of a significant deficiency needs to be changed; the committee must review the justification for the change and approve a new correction date at a convened committee meeting prior to the original correction date.

3) Provide details for each new deficiency noted on Form 1 (Checklist), Parts A and B, of this report, entering the following:

The date the deficiency was first noted.

The Part (A or B) and Item # on Form 1 to which it applies.

When applicable indicate by location where the deficiency was noted.

A description of the specific deficiency (in sufficient detail for an outside observer to recognize when it has been corrected), a description of any underlying programmatic or systemic conditions that may have led to the deficiency, and a description of the plans both for correcting the deficiency and for addressing underlying factors so as to prevent recurrence. *[PHS (IV.B.3)]* Be sure to include the name of the individual who will be responsible for overseeing progress on the corrective action, on behalf of the IACUC. (The table will expand to accommodate the text entered.)

The severity of the deficiency (Minor [M] or Significant [S]), as indicated on Form 1.

The schedule for correction – please indicate the date by which the IACUC has determined that the deficiency should be corrected.

The actual date when the correction of the deficiency was completed (leave blank if the work is not yet complete.)

4) For departures (D) from the PHS Policy, the Guide, the AWA, and VA Policy that have been approved by the IACUC, describe the departure, including the date of the IACUC meeting at which the departure was reviewed and approved, and a summary of the grounds for granting approval for the departure. Enter this information under the “Descriptive Details” column, enter “D” in the Category column and enter “N/A” in the Date columns.

5) Press “Tab” in bottom right cell to add rows to the table.

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| --- | --- | --- | --- | --- | --- | --- |
| **Original****Date noted** | **Form 1** | **Location** | **Descriptive Details** | **Category** | **Scheduled Date of Correction** | **Actual Date** **Of Correction** |
| **Part** | **Item #** | **M** | **S** | **D** |
|  |  |  |  | ►Person responsible for overseeing correction: |  |  |  |  |  |
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