



Research and Economic Development - Office of Research Integrity Institutional Animal Care and Use Committee

Checklist for Fish Lab Clearance and Training Verification Form (to be used by Dr. Reznick's lab only)

Date: _____

Name: _____ Email: _____

Student/Employee ID (*not Social Security number*): _____

Complete the following tasks prior to submission:

- 1. Read the "Introduction to Training Program"
- 2. Review water quality handout
- 3. Review fish disease key
- 4. Review fish anatomy handout
- 5. Review the AUP
- 6. Review the Animal Care and Use Guidelines
- 7. Complete the Evaluation (**Submit to the Lab Supervisor**)
- 8. Complete Volunteer/Employee Work Sheets (**See Linda Pingrey**)
- 9. Enroll in the UC Riverside Animal Occupation Health and Safety Program (**Attach Health Form**)
- 10. Complete the Vivarium Access Request Form (**Attach**)

I have complete the above tasks: _____
(Applicant signature)

To be filled out by Dr. Reznick:

AUP Number(s): _____	
Check one: <input type="checkbox"/> This person is currently listed on my AUP	
<input type="checkbox"/> I authorize the addition of this person to my AUP	
_____	_____
(Print Name)	(Signature)
<input type="checkbox"/> Please check if you wish to add this person to your alarm list for the Vivarium.	
_____	Alarm procedures were reviewed with the student. The student is aware the lab will be charged if the alarm is accidentally set off.
OCV Staff initials	