

If you are changing your personnel in the your lab – please modify your “Personnel page” (Section I) associated with the protocol that was originally submitted to the committee.

If you protocol was approved prior to the implementation of the 2004 Protocol/ASR(F) Form, please list all current personnel on this page. This will then serve as a point of reference to persons working in your lab, and all personnel sheets previously submitted will be deleted. When a person leaves, or is added, simply resubmit this page with the change.

If your protocol was approved after the implementation of the 2004 Protocol/ASR(F) Form, please make the appropriate change to this page and resubmit.

Submit revised pages to the IACUC Manager, HB 7150 or Blitz IACUC@dartmouth.edu

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PROTOCOL:

I) PERSONNEL

1) List below all personnel associated with this protocol (in the order in which they should be notified about animal health issues):

Name: (Last Name, First Name)	Date of ACUP Orientation	Work #:	After hours #:	Permitted to Order Animals?	Permitted to Submit Modification to Protocol?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2) List the employee's specific role in the project (i.e. injections, surgery, euthanasia, etc...) and specific training and or experience in handling, manipulating or maintaining animals which qualify them to perform the procedures on the species described in this protocol. If the employee has not been trained, state how the individual will be trained. (This cell will expand to whatever length you require. Remain concise.)

Name: (Last Name)	Role	Training/Experience

3) Occupational Health/Security:

Name: (Last Name)	Location and hours individual will need security access into facility	Total work hours per week:	Total hours in direct contact with research animals per week:
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	