

**UCSF INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**

Phone: 476-2197  
 Fax: fax 502-7991  
 Campus Box 0547

**Animal Care Check Sheet**

**Room:** \_\_\_\_\_  
**Month and Year:** \_\_\_\_\_

<b>Week of</b> _____	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
Animals observed (time) (7 d/week)							
Food checked (7 d/week)							
Water checked (7 d/week)							
Cages changed (√ on day done)							
Bottles/stoppers changed (√ on day done)							
Trash/Waste removed (√ on day done)							
Room temperature recorded (hi/low) (7 d/week)							
Room humidity recorded (hi/low) (7 d/week)							
Daily census (# of animals housed) (7 d/week)							
Caregiver's initials (7 d/week)							
Lights Off At Night (7 d/week)							

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