THE UNIVERSITY OF WINNIPEG

University Animal Care Committee (UACC)

Schedule 12: Outside Facilities

12.1 Please complete the following table:			
Facility		Supervisor/Manager	
Name:		Name:	
Address:		Address:	
City:		City:	
Province/State:		Province/State:	
Country/Postal Code:		Country/Postal Code:	
Telephone #:		Telephone #:	
FAX:		FAX:	
E-Mail:		E-Mail:	

12.2 Are the facilities governed by their own Animal Care Committee that operates under CCAC guidelines?	☐YES	☐NO
12.2.1 If YES, please give the name, address and phone number of the Animal Care Committee Chair.		
12.2.2 If NO, why not?		
12.3 Are these commercial facilities?	☐YES	☐NO
12.3.1 Are these facilities operated in compliance with one of the Codes of practice approved by CCAC? (For example, food producing animals)?	☐YES	☐NO
12.3.2 If NO, why not?		

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12.4 Will animals in these facilities be cared for according to CCAC guidelines?	☐YES	☐NO
12.4.1 If NO, why not?		
12.5 Has the Principal Investigator toured these facilities?	☐YES	☐NO
12.5.1 If NO, why not?		