

**FORMAT OF CHECKLIST AND INSPECTION REPORT FOR ANNUAL INSPECTION
OF ESTABLISHMENTS REGISTERED WITH CPCSEA**

1.	Name and address of the Institute/Establishment (with contact no. Fax no. and mobile)	
	(a) No. and Date of registration as per Company Act/Council or any other Act. (b) Whether the premises of the Institute/Establishment is on rent/lease or self owned (specify) (c) Name of the Sister concern (if any),where animal experiments are being carried out. (d) Location of the Animal House Facility (whether inside the premises or away from the premises) (Enclosed annexure I)	
2.	Name of the Head of the organization & address with contact details	
3.	Objective(s) of the organization	
4.	Purpose for Registration with CPCSEA	
5.	Type of work to be taken: (a) Education (b) Research for Education purpose (c) Research for Commercial purpose (d) Breeding for in-house use (e) Breeding for the purpose of trade (f) Production of Hyperimmune Plasma, Serum etc.	
6.	If Research, specify whether Basic/contract/collaborative/regulatory research	
7.	If Education, Name of the Certificate/Diploma/Degree	
8.	Composition of the IAEC in details having, Name/Designation/Qualification/Discipline and organization to which the members belong.	
9.	Enclose copy of detailed minutes of last IAEC meeting of the establishment/institute.	
10.	Overall assessment.	

(Signature of the Nominee)

Date:

Name:

**Committee for the Purpose of Control and Supervision of Experiments on Animals
(CPCSEA)**

Inspection Report of Animal House Facility for continuation of Registration with CPCSEA
(To be filled up by the Nominee/ Inspecting authority)

1. Date of Inspection:
2. Name of Organization:
3. Purpose of Inspection: Routine/ annual, for continuation of CPCSEA registration
4. Category of the Animal House Facility: GLP/AAALAC or others
5. Inspection Details:

(a) Details of animals, Species wise kept at the time of Inspection in the Animal House

Details of Animals	Species	Number	Sex	Age

(b) Veterinary Care of animals:

(c) Health status of animals:

(d) Physical Facilities:

Drainage: Good/Bad/ need changes (specify):

Temperature.:

Noise:

(e) Food:.....

(f) Water:.....

6. Recommendation / Any other remarks:

(i) Recommended for approval (without any stipulations).

(ii) Recommended for approval with suggestions for improvement
(please specify here)

(iii) Recommended for rejection with specific grounds

Signature of nominee

Signature of nominee

Signature of nominee

