



**UCSB Animal Care and Use Program Unit Annual Report**

Name of Program

Facility Director

Facility Manager

Species to be housed and/or used

Number of animals projected to be housed/used (estimated daily census)

Additional staff hired to work at this facility since the last report period:

NAME	DEGREE/CERTIFICATION	ANIMAL CARE TRAINING*
------	----------------------	-----------------------

Staff no longer working at the satellite facility since the last report period:

Changes in staff training/certification during this last report period:

NAME	DEGREE/CERTIFICATION	ANIMAL CARE TRAINING
------	----------------------	----------------------

---

\* Animal Care Training is in addition to IACUC Basic and Species Level Training. Training Roster maybe used to document Program Staff training.

My justification for this satellite facility HAS / HAS NOT (please circle the correct response) changed during the last report period. (If the justification has changed, please provide a new justification on a separate sheet stapled to this report).

---

Signature of Program Unit Director

---

Date

\* Animal Care Training is in addition to IACUC Basic and Species Level Training. Training Roster maybe used to document Program Staff training.