



Inspection Report

STATE UNIVERSITY OF NEW YORK
LEVEL 3, AML FAC 116 BIO MD BL
3435 MAIN STREET
BUFFALO, NY 14214

Customer ID: **389**
Certificate: **21-R-0051**
Site: 001
LABORATORY ANIMAL FACILITY

Type: FOCUSED INSPECTION
Date: 29-MAR-2022

2.32(a)

Personnel qualifications.

1. Three swine did not receive the correct analgesic and post-operative medications as listed in the IACUC approved protocol PROTO201900078 . The incidents occurred on 10/19/2021 and 12/14/2021. The Clinical Veterinarian reviewed the analgesic dosages which were administered and determined that the laboratory staff provided adequate analgesia for the procedures. There were no adverse effects reported in the animals.

2. A total of four rabbits that underwent a surgical procedure did not receive analgesic dosages as outlined in the IACUC approved protocol PMY22117Y. A clinical veterinarian assessed the animals and it was determinized that three of the four rabbits did not present any postoperative issues from the missed analgesic. The fourth rabbit was provided additional analgesics and veterinary care.

The research facility is responsible for ensuring that all personnel involved in animal care, treatment, and use are qualified to perform their duties. Errors in medication administration may be detrimental to the health and welfare of animals.

Prepared By: KERI LUPO
USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL
OFFICER

Date:
01-APR-2022

Received by Title: Facility Representative

Date:
01-APR-2022



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The research facility acted promptly to address these incidents by conducting an investigation, reporting the incidents to OLAW and swiftly implementing appropriate corrective actions.

*****This item has been corrected by the facility.

This inspection and exit interview were conducted with the facility representative.

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United States Department of Agriculture
Animal and Plant Health Inspection Service

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Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
389	21-R-0051	001	LABORATORY ANIMAL FACILITY	29-MAR-2022

Count	Scientific Name	Common Name
000000	NONE	NONE
000000	Total	