

Investigator Log for Documentation of Husbandry Services

INVESTIGATOR _____ UCAR NUMBER _____ ROOM # _____

FOR SPECIAL REQUEST (provide short description): _____

MONTH _____ YEAR _____

DATE	FED (# cages)	WATERED (# cages)	# BOTTLES CHANGED (1 X per week)	# CAGES CHANGED (see room SOP for frequency)	HEALTH CHECK (DAILY for PI Managed and DO NOT DISTURB)	Time	Research Technician Initials	Vivarium Technician Initials
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Vivarium Technician (submit report form if Log is not being signed by PI at appropriate intervals indicated on request):

FOOD / WATER RESTRICTED- Verify PI initials and sign **DAILY**.

NOT food/water restricted- Verify PI initials and sign once every 7 days.

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17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

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