



Checklist of a Monitoring Visit

		Date of the Visit:	
Study Title:			
Principal Investigators:		Phone:	
Institute:		Address:	
Sponsor:		Address:	
Type of animals:			
Total number animal:			
Are site facilities appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Comment:	
Are interventions appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Comment:	
Is animal care appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Comment:	
Any protocol non-compliance /violation? <input type="checkbox"/> Yes		Comment:	
Any outstanding tasks or results of visit? <input type="checkbox"/> Yes		Give details:	
Duration of visit:hours		Starting from: Finish:	
Name of AEC member/ and accompanion:			
Completed by:		Date:	