**INITIAL INVESTIGATION OF INCIDENT AND/OR NON-COMPLIANCE IN ANIMAL RESEARCH**

Fallible Form (FOR OFFICIAL USE ONLY)

To be completed by the Animal Research Ethics Committee (AREC) Chairperson or the Wits Research Animal Facility (WRAF) Director [who received the incident report in order to determine whether to call a formal investigation and / or enquiry].

Date Complaint Received: Select Date

Complaint Received by: Enter Name

AREC Clearance Certificate Number: Enter Number

|  |  |  |  |
| --- | --- | --- | --- |
| Date of incident: | Select Date. | Time of incident: | tap here to enter time. |
| Where incident happened | Enter Text. | PI staff/student number: | tap here to enter text. |
| PI Name: | Enter Text. | Department / School / External: | Enter Text. |
| Persons notified: | Enter Text. | Date notified: |  Select Date. |
| Enter Text. |  Select Date. |
| Enter Text. |  Select Date. |
| Indicate your selection  | **Deviation** [unplanned change] | Choose an item. | **Violation** [change with impact on outcome] | Choose an item. |
| Classification of the violation / incident | Choose an item. |
| Click or tap here to enter text. |

**FINDINGS OF INITIAL REVIEW OF INFORMATION** (FOR OFFICE USE ONLY)

|  |  |
| --- | --- |
| Panel Finding | Choose an item. |

**Proposed corrective actions to be considered includes, but is not limited to:**

[click on block/s to select choice]

* No action required [ ]
* Modification of the protocol [ ]
* Additional education and training [ ]
* Refer for Formal Inquiry [ ]
* OTHER [e.g. Suspend study/individual] [ ]

Enter recommendations not in list provided

If a FORMAL INQUIRY is required, the appointed panel members should be appointed and in possession of the required documentation and reports no later than 7 (seven) working days after the incident has taken place.

Incident Reference Number: Click or tap here to enter text.