**Daily Animal Care Assessment of Aquatic Species Housed in a Satellite Facility Location**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Principal investigator:** | | | | | |  | | | | | | | | | | **Protocol number(s):** | | |  | | | | | |
| **Location (building and room):** | | | | | |  | | | | | | | | | | **Species:** | | |  | | | | | |
| **System, Rack or Tank number:** | | | | | |  | | | | | | | | | | **Month/Year:** | | |  | | | | | |
| **Day** | **Initials** | | **Water Temp** | | **Light** | | | **Water Recirculating System** | | | **Oxygenation System** | | **Food** | | **Animal Health Status\*** | | | | | **Water Quality** | | | | |
| **AM** | **PM** | **AM** | **PM** | **On** | | **Off** | **AM** | **PM** | **AM** | | **PM** | **AM** | **PM** | **Healthy** | | **Treatment Applied** | **Euthanized/ Died** | | **Conductivity (μS)** | **pH** | **O2** | **NH4 (ppm)** | **NO2 (ppm)** |
| **1** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **2** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **3** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **4** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **5** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **6** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **7** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **8** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **9** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **10** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **11** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **12** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **13** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **14** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **15** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **16** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **17** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **18** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **19** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **20** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **21** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **22** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **23** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **24** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **25** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **26** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **27** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **28** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **29** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **30** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| **31** |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |

\* Moribundity or morbidity must be reported to the IACUC when more than described in the Housing SOP occurs. Detailed health and treatments records must also be maintained.