|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Zoos Victoria Animal Ethics Committee Incident Report Form A close up of a logo  Description automatically generated | | | | | | | | | | | |
| Office Use Only | | | | | | | | | | | |
| **ZV Project Reference No.** | **ZV....…………** | | **Date of AEC notification:** | | | **/ /** | | **Date Report Received:** | **/ /** | |
| **NOTES ON COMPLETION OF THIS INCIDENT REPORT FORM**   1. It is a requirement of Animal Ethics Approval that all incidents be reported to the Zoos Victoria Senior Research Manager (**Michael Magrath 0419 389 435**) immediately. 2. A completed form must be submitted to [research@zoo.org.au](mailto:research@zoo.org.au) at the earliest possible time. 3. Please note that the project and/or procedure/s may need to be suspended until such time that the AEC have had the opportunity to review the incident report and recommendations on mitigating the likely recurrence of the incident. | | | | | | | | | | | |
| SECTION 1: PROJECT SPECIFICS | | | | | | | | | | | |
| 1.1 Project details | | | | | | | | | | | |
| ZV Project Reference No. | |  | | | | | | | | | |
| Project Title | |  | | | | | | | | | |
| Commencement Date | |  | | | | | | | | | |
| Current Completion Date | |  | | | | | | | | | |
| Principal Investigator | |  | | | | | | | | | |
| Telephone | |  | | | | | | | | | |
| Email | |  | | | | | | | | | |
|  | |  | | | | | | | |  | |
| SECTION 2: DETAILS OF INCIDENT/S | | | | | | | | | | | |
| **2.1 Number of animals affected by incident** | | | | | | | | | | | |
| **2.2.1** **Specify the species and number of animals that were affected by the incident.** Please use a separate line for animals sourced externally and those at each property.*Melbourne Zoo (MZ), Healesville Sanctuary (HS), Werribee Open Range Zoo (WORZ), Kyabram Fauna Park (KFP).* | | | | | | | | | | | |
| **Species (common & scientific name)** | | | | **Sex** | **Number of individuals** | | **Location of animals** | | | | |
|  | | | |  |  | |  | | | | |
|  | | | |  |  | |  | | | | |
|  | | | |  |  | |  | | | | |
| **2.3 Incident details** | | | | | | | | | | | |
| 2.3.1 Describe the context and details of the incident. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2.3.2 How did this incident affect the animal(s)?** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 2.3.3 Timeline of events. When was the incident first noticed and reported? Document steps taken from that time to manage the incident by listing dates, times, actions taken and by whom. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 2.3.4 Do you know what caused the incident? If yes, give detail. If no, what is/are the likely cause(s)? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 2.3.5 What actions have been taken to ensure this incident does not get repeated? | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **SECTION 3: APPLICANT DECLARATIONS** | | | | | | | | | | | | |
| **3.1 Principal Investigator** | | | | | | | | | | | | |
| I hereby declare that:   1. Due care has been taken to ensure that the information I have provided is true and correct.   Name:  Signature: Date: | | | | | | | | | | | | |
| **3.3 Zoos Victoria Listed Contact** | | | | | | | | | | | | |
| I hereby declare that:   1. I am aware of the details of the incident. 2. I have discussed the incident with all ZV staff members involved in the project as well as the relevant property General Manager(s) of Life Sciences.   Name:  Signature: Date: | | | | | | | | | | | | |

|  |
| --- |
| **SECTION 4: AEC ENDORSEMENT (OFFICE USE ONLY)** |
| * 1. **Endorsement of Chair Zoos Victoria Animal Ethics Committee** |
| The ZV Animal Ethics Committee is satisfied with the level of information about the incident provided in this report.  Name: **Prof Andrew Fisher**  Signature: Date: |
| All correspondence for research at Zoos Victoria should be directed to [research@zoo.org.au](mailto:research@zoo.org.au) |