**THE SECRETARY’S ANIMAL CARE AND ETHICS COMMITTEE**

**(Secretary’s ACEC)**

**NON-COMPLIANCE SELF REPORT FORM**

Non-compliance with any Animal Care and Ethics Committee (ACEC) approval, conditions of approval on an Animal Research Authority or the NSW animal research legislation, including the [*Australian code for the care and use of animals for scientific purposes*](https://www.nhmrc.gov.au/about-us/publications/australian-code-care-and-use-animals-scientific-purposes), is serious and it is in the researcher’s or business’s best interest to self-report any such non-compliance.

This form serves to provide information to the NSW DRNSW Secretary’s ACEC where there has been non-compliance or alleged non-compliance, to facilitate investigation of the event and provision of advice for improvement in compliance.

Completion of this form may be instigated by a responsible person or business on becoming aware that non-compliance has occurred or may be requested by the Secretary’s ACEC as part of the investigation process of a complaint or adverse event.

If the non-compliance has impacted on animal welfare, the Secretary’s ACEC Unexpected Adverse Event form must also be completed and submitted for review.

This report is a summary of the details of the incident and the actions being taken to prevent recurrence.

|  |  |
| --- | --- |
| **NAME OF PRINCIPAL INVESTIGATOR** |  |
| **TITLE OF PROJECT** |  |
| **PROJECT NUMBER** |  |
| **LOCATION DETAILS** |  |
| **PERSON MAKING THE REPORT** |  |

**NON-COMPLIANT EVENT DETAILS:**

**1. What was the non-compliant event?**

**2. When did it occur? Provide a timeline of events, including when the incident was first identified?**

**3. How/why did it happen?**

**4. Did this event adversely impact on animal welfare? If yes, an Unexpected Adverse Event form must be completed.**

**Yes**[ ]  **No**[ ]

**5. What strategies have been implemented to return to compliance and prevent a recurrence of non-compliance? Provide details of steps taken to manage the non-compliance by listing dates, times, actions taken and by whom.**

**6. Is there any other information or comments you wish to provide in relation to this event?**

|  |  |
| --- | --- |
| **Signature of person making the report** |  |
| **Date** |  |

**Please return to:**

Secretary’s Animal Care & Ethics Committee

Email: secretary.acec@dpi.nsw.gov.au