

UNIVERSITY OF SCRANTON - IACUC DAILY WORK LOG AND OBSERVATIONS

Month, Year

Protocol # _____ **PI name** _____ **Start Date** _____ **Expected Termination Date** _____

	1	2	3	4	5	6	7	8	9	01	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
# of Animals																																
Temperature																																
Humidity																																
General Health																																
Food																																
Water																																
Specific Protocol Instructions:																																
Comments:																																
INITIALS																																

COPY SENT TO OFFICE OF RESEARCH SERVICES _____ **(date)** *A copy of this form must be sent to the Office of Research Services at the end of the month for the protocol file.*