

**Animals in Science Regulation Unit** **(ASRU)**

Potential Non-Compliance Notification Form

**March 2024**

This form should be used to report to the Animals in Science Regulation Unit (ASRU) a potential non-compliance with the Animals (Scientific Procedures) Act 1986 (ASPA), establishment licence conditions, project licence conditions or personal licence conditions.

Please complete with as much detail as possible; our initial investigation will be based on the evidence provided.

Once completed, please email your form, and all supporting information, to: ASRUEnforcement@homeoffice.gov.uk with the subject heading ‘**Potential NC Notification\_Establishment name’**

Please clearly title your document: **Establishment Name\_NC\_Date of Incident (YYMMDD)** (if the incident occurred over a period of time, the earliest date should be stated) and **save as a Word file.**

Do not include extra details in the text of the email; everything should be in the form.

For further information about the non-compliance process please refer to ASRU Compliance Policy at [Animal testing and research: compliance with ASPA - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/animal-testing-and-research-compliance-with-aspa)

**Please note that incomplete forms may be returned.**

|  |  |
| --- | --- |
| **Date of incident:**  |   |
|   |
| **1. Establishment Details**  |
| **Establishment Name**  |   |
| **Establishment Licence (PEL) Number**   |   |
| **Name of Establishment Licence Holder/NPRC**  |   |
|   |
| **2. Project Licence (PPL) Details *(if applicable)***  |
|    **Project Licence**  | Number  |   |
| Protocol Number  |   |
| Protocol Prospective Severity  |   |
| Step in Protocol  |   |
| **Name of Project Licence Holder**  |   |
|   |
| **3. Personal Licence (PIL) Holder Details *(if applicable; add further rows if necessary)***  |
| **Full Name**  |   |
| **Personal Licence Number**  |   |
|   |
| **4. Non-licensee Details *(if applicable; add further rows if necessary)***  |
| **Full Name**  |   |
|   |
| **5. Details of potential non-compliance incident** NOTE: Our initial investigation will be based on the evidence provided. Please provide as much detail as possible and attach any supporting evidence, including screenshots or photos, as applicable.  |
| 5.1 Species  |   |
| 5.2 Number of animals involved |  |
| 5.3 Short summary of the potential non-compliance – include the following information:  |
| What occurred, including timeline of events (i.e., who did what, and when)?  |   |
| Where did it occur? (i.e., site, building. room)  |   |
| **5.4 Welfare consequences**  |
| Have there been adverse welfare consequences?  | Yes [ ]  No [ ]  Not Applicable [ ]   |
| If Yes, what were the consequences?  |   |
| 5.5 What immediate action was taken, including specific action to alleviate or prevent any welfare issues?  |   |
| 5.6 Has the incident been discussed with the Named People?  | Yes [ ]  No [ ]  Don’t know [ ]   |
| If yes, specify which  | NVS [ ]  NACWO [ ]  Other named person(s) [ ]  (specify role(s):  |
| What was the outcome of these discussions? |  |
| 5.7 Were discussions held with PPLh/PILhs?  | Yes [ ]  No [ ]  Not Applicable [ ]   |
| If Yes, what were the outcomes?  |   |
| 5.8 What is considered to be the root cause of the incident?  |   |
| 5.9 What preventative measures have been and/or will be implemented? (e.g., further training, additional monitoring, etc.)  |     |
| 5.10 Has this incident been raised with the establishment’s AWERB?  | Yes [ ]  No [ ]  Not Applicable [ ]   |
| If Yes, what were the outcomes?  |   |
| 5.11 Attachments List all relevant documents related to this potential non-compliance that have been attached to the email.  |   |
| 5.12 Have you reported ***similar*** non-compliance(s) in the past 2 years?  | Yes [ ]  No [ ]   |
| If yes, please provide ASRU Non-Compliance case number(s)  |   |
| Date of submission of previous form(s)  |   |
|  |
| **Declaration and contact details**  By completing and submitting this form, I declare that the information provided is truthful and accurate to the best of my knowledge.  |
| **Form completed by (name)**  |   |
| **Role**  |   |
| **Date**   |  |