**Section I – Crisis Scenario Information**
Following either a mock or real crisis scenario, the area-specific crisis response team completes *Section I* of this form and emails it to aecp@uwo.ca
Submission frequency will depend upon the complexity of the program undertaken in each area.

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| **Type of Scenario** |
| **Type of Scenario** |  [ ]  **Real World Scenario** [ ]  **Mock Scenario** |
| **Form Submitter**  | **Name:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Other Contact(s)** | **Name:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Location Information** |
| **Facility** | **Area / Room(s)** | **Current Containment Level** ***CL1, CL2, CL2+, CL3*** | **Current Animal Health Status Level*****Gold-Silver-Bronze*** | **Species** | **Other** |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Crisis Scenario Outline** |
| **Scenario Timeline** | Start Date: Click or tap to enter a date.Start Time: Click or tap here to enter text. | End Date: Click or tap to enter a date.End Time: Click or tap here to enter text. |
| **Description of the Crisis Scenario** | Click or tap here to enter text. |
| **Crisis Scenario Participants** | Click or tap here to enter text. |
| **Chronology of Actions Taken to Resolve Crisis Scenario** | Click or tap here to enter text. |

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| **Retrospective Analysis of Crisis Scenario** |
| **Impacts upon Animals** | Click or tap here to enter text. |
| **Impacts upon Personnel** | Click or tap here to enter text. |
| **Impacts upon Capital Resources** | Click or tap here to enter text. |
| **Identified Vulnerabilities** | Click or tap here to enter text. |
| **Post-Scenario Actions Taken to Mitigate Risks** | Click or tap here to enter text. |
| **Outstanding Concerns / Issues / Needs**  | Click or tap here to enter text. |
| **Recommendations for Review Teams** | Click or tap here to enter text. |

**Section II – Initial Review & Recommendations**
AECP Team to review *Section I* elements and identify recommendations in Section II and return form to submitter or another identified responsible person(s).

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| **AECP Team (AECP-CRT)** |
| **Review Date** | **Review & Recommendations** |
| Sent for Pre-Review  | [ ]  Veterinarian[ ]  ACC Chair / Vice Chairs[ ]  Animal Research Safety Consultant | [ ]  AVPR[ ]  ACVS Executive Director[ ]  Operations Manager [ ]  ACVS [ ]  Lawson |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Follow-Up Info | Forwarded to Submitter [ ]  Yes [ ]  NoDate Click or tap to enter a date. | Submitter Response Required [ ]  Yes [ ]  No |
| **Animal Research Crisis Management Team (AR-CMT)** |
| **Review Date** | **Review & Recommendations** |
|[ ]  Not Applicable |
| Click or tap to enter a date. | Click or tap here to enter text. |

**Section III - Actions Arising in Response to Recommendations**

Area-specific crisis response team leader or other identified responsible person(s) records in *Section III* actions taken in response to AECP Team recommendations, and then returns the form to aecp@uwo.ca

|  |  |  |
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| **Responsible Person(s)** | **Action Date** | **Outline of Actions Taken in Response to Recommendations** |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |

**Section IV – Follow-Up by AECP Team, or Designate**

AECP Team reviews *Section III* and records in *Section IV* any other recommended actions.

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| **AECP Team Follow-Up** |
| **Date** | **Other Recommended Actions** |
| [ ]  No further follow-up recommended [ ]  Forwarded to AR-CMT [ ]  Forwarded to Other Stakeholder, details below |
|  Click or tap to enter a date. | Click or tap here to enter text. |