**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](mailto:aecp@uwo.ca)   
Submission frequency will depend upon the complexity of the program undertaken in each area.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | |

|  |  |
| --- | --- |
| **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  No  Date 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

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

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

|  |  |
| --- | --- |
| **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. |