

# **CAZA Accreditation**

## **Application for Inspection**

2020 Edition



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The signatures of the director (chief executive) and the responsible officer of the governing authority (if appropriate) are REQUIRED. These signatures certify the following:

1. We will abide by the CAZA Code of Professional Ethics, Bylaws, Acquisition and Disposition Policy, accreditation standards, all duly adopted resolutions and policies, and support CAZA objectives. We realize that any conduct prejudicial to, or in violation of, the above may be cause for revocation of membership and accreditation.
2. Our governing authority has formally considered and approved the submission of this application and has authorized and directed the institution's staff to carry out the procedures for applying for accreditation.
3. Our institution's staff will cooperate fully with the CAZA Accreditation Commission and the Visiting Committee, and will take no action to circumvent or obstruct the accreditation process and/or policies.
4. We profess that the answers and materials provided with this application/questionnaire are truthful and accurate to the best of our knowledge and ability.
5. We are committed to the principle of proactive disclosure of issues that could materially affect the operations of our institution and/or damage the reputation and standing of Canada's accredited zoo and aquarium community. Such issues would include, but not be limited to, material changes to our organization's financial position, material changes from the animal collection that was present during our most recent accreditation inspection, or the mission of the institution. If we become aware of any issues related to the above we commit to notifying the CAZA National Office. We realize that failure to do so may be cause for revocation of membership and accreditation.
6. We agree, acknowledge, and affirm on behalf of our institution that any controversy or claim arising out of or relating to (a) this application or the breach of any affirmation or representation contained in this application, or (b) any accreditation of our institution or any denial or termination of accreditation, shall be settled under the terms, conditions and processes of either the CAZA Accreditation Dispute Resolution Process or the Ethics and Compliance Complaint Resolution Process whichever is, in the sole opinion of CAZA, the more appropriate.

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Name of Applicant Institution:

Address:

Province

Postal Code

Telephone

Fax

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Name and Title of Chief Executive

Name of Governing Authority (if appropriate)

Address:

Province

Postal Code

Telephone

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Name and Title of Responsible Officer of Governing Authority

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\*Signature of Responsible Officer of Governing Authority

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\*Signature of Chief Executive

**\* Signatures of both individuals are required at the time of submission. Failure to provide these will result in the application being rejected.**

## Application Completion and Electronic Filing

In order to reduce the impact on the environment caused by filing the application and reports in paper format, and to make it easier for the commission and the inspection teams to process the materials, as of the 2011 inspection year all applications will be submitted and processed electronically. This application form has been structured to allow the insertion of responses directly into the section of the form in which the question is asked. This is the preferred method of completing the form. Only in cases where files are too large to insert and you will be attaching a separate file please indicate so in the body of the application. All separate files must be labeled with the number of the question to which it applies. e.g. PF-1 etc. If more than one file is being submitted that relates to the same question they should be labeled as PF-1- a etc. Once completed the application can be uploaded using the link that will be provided to you by the National Office or submitted using some other electronic format.

## Accidents Involving human Injury or Animal Related Issues.

Should an accident occur at an accredited institution involving serious injury or seriously impacting on the welfare of a visitor, staff, or institution animal, the CAZA National Office must be contacted by telephone or email within 24 hours. A written report must be submitted to the Accreditation Commission within thirty (30) days explaining what happened and noting what actions are being taken by the institution as a result. The Commission will determine if a special inspection or other action is necessary and will notify the institution in writing once a decision has been made.

Considerations for submitting such reports include:

**Staff Injuries** – site and/or animal-related injury to staff, causing death or trauma resulting in hospitalization.

**Public Injuries** – site and/or animal-related injury to people other than staff, causing death or trauma resulting in hospitalization.

**Animal Incidents** – these include unusual circumstances involving a single animal or group of animals, and/or incidents of mass mortality; escape of a dangerous animal or mass escapes of any species within the zoo or during transport; or death/grievous trauma to individuals of an endangered or other notable species within the zoo or during transport.

## Accreditation Standards

CAZA's accreditation standards are continually evolving. In order to ensure that you are using the current year's document, you will be provided with the most recent material for use in preparing your submission. These standards should be referred to during the completion of your application form since they detail what the expectations for each element of the application are.

## Form Notation

This application/questionnaire is numbered to sequentially correspond with the Visiting Committee Inspection Form provided to the inspection team and to the Accreditation Standards. A single question appearing in this application may have several questions relating to it in the Visiting Committee Report Form or the Accreditation Standards. Therefore, to avoid the impression that questions in a sequence are erroneously missing from this application, those items are noted as “Appearing on Visiting Committee Report form and in Accreditation Standards only”.

## Applicants Housing Marine Mammals

CAZA has adopted the requirements contained in “Recommendations for the Care and Maintenance of Marine Mammals” published by the Canadian Council on Animal Care (CCAC) under the auspices of the Department of Fisheries and Oceans (DFO). In many cases these requirements are identical to the existing CAZA accreditation standards. In some areas they go into more detail. In those areas the additional requirements are shown in the 2018 CAZA Accreditation Standards with the heading “CCAC Marine Mammal Standards”. If you have Marine Mammals in your collection you must address any additional standards that may relate to their care and housing.

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## General Information

GI-1. Which of the following categories best describes your institution?

Zoological Park

Aquarium

Wildlife Park

Marine Park

Combination, specify:

Other, specify:

GI-2. Year institution was founded: \_\_\_\_\_ Year first opened to the public: \_\_\_\_\_

GI-3. NEW APPLICANTS ONLY: Submit a statement indicating why your institution desires CAZA accreditation.

GI-4. Submit a one- or two-page summary of your institution's history, including dates of major events, renovations, and other important changes.

GI-5 Is your institution operated by or directly maintained by a parent institution, society, business or organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please select the best description of your institution's governing authority (Governing Authority: agency/organization which ultimately sets policy, owns assets, including collections and installations, but not necessarily buildings and grounds.)

Municipal Government

College or University

Provincial Government

Nonprofit organization administered in the public interest

Federal Government

Company, business, or corporation operated for profit

Park or Recreational District

Individual operation (an individual or partnership owns the operation, is responsible for it, and receives any profits which may accrue to it.)

Other, specify: \_\_\_\_\_

GI- 6 In addition to your institution's primary facility, does your institution own or operate a satellite zoological park, aquarium, off-premises breeding facility, or any other animal holding facilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the facilities and the purpose they serve.

GI-7 Please submit a copy of your institution's articles of incorporation, charter & bylaws, or similar documents which indicate your operating purposes and ownership.

## Animal Welfare – Health Care & Management

AW- HC&M -1 A) Do you employ a full time veterinarian.

Yes \_\_\_\_\_ No \_\_\_\_\_

B) If you use a contract veterinarian, please provide a copy of the contract for services that describes your veterinary services program, including the frequency of visits and the scope of his/her involvement in the routine management of the collection.

C) Describe your institution's preventative animal medical protocol.

AW- HC&M -2- *Appearing on Visiting Committee inspection form and accreditation standards only*

AW- HC&M-3 Please provide a list of all staff directly involved in providing health care services in support of either a full time or contract veterinarian. Please include any specialized training or qualifications this staff group is expected to possess.

AW- HC&M-4 .Describe your animal nutrition program including the veterinarian's role in it.

AW- HC&M -5 & 6 *Appearing on Visiting Committee inspection form and accreditation standards only*

AW- HC&M-7 Does your organization raise any animals to be used as feed or euthanize animals for the purpose of feeding to your collection?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a detailed description of the species utilized and the facilities and protocols in place to ensure their management is consistent with CAZA requirements.

AW- HC&M -8 Are any animals in your collection used in educational programming or are they part of a training and / or behavioral management program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please describe the program's philosophy and provide examples of training protocols.

AW- HC&M -9 Please provide a copy of your written animal enrichment program. If not included in the description of the program please provide details of any training provided to animal care staff to aid in the application of the program.

AW- HC&M- 10, &11 *Appearing on Visiting Committee inspection form and accreditation standards only*

AW- HC&M 12 Do you utilize animals not owned by your institution for on-site education or recreation activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the purpose the animals serve and what steps are taken to protect the resident collection from potential disease or other issues.

AW-HC&M 13 If you utilize animals in any programming situations as defined in the CAZA Policy on the Animals in Educational Programming, please provide a copy of your policy. If the policy does not specifically speak to the subject please provide details on the training that staff conducting the program receives.

AW-HC&M 14 *Appearing on Visiting Committee inspection form and accreditation standards only.*

AW-HC&M 15 Please provide a copy of your animal acquisition and disposition policy.

15a Does your institution utilize auctions or the pet industry for the disposal of captive wildlife?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, submit a detailed explanation.

AW-HC&M 16 Please provide copies of the work routines for all of the animal care units in your organization.

AW-HC&M 17 & 18 *Appearing on Visiting Committee inspection form and accreditation standards only*

AW-HC&M 19 Please provide your written statement demonstrating an organizational commitment to the welfare of the animals including all policy and procedural components.

AW-HC&M 20 Please provide a copy of the processes that are followed to identify, communicate and address animal welfare concerns in a timely manner.

AW-HC&M 21 Are all animals in your facility housed in social groupings that would be considered as normal for the species.

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please submit a detailed explanation.

## **Animal Welfare - Housing & Environment**

AW- H&E 1- If your facility is an aquarium or has significant aquatic facilities, submit a description of the operation of your water circulation system, life-support system, and water supply. If open-system, how does your institution avoid discharging chemicals into the environment, or unintentional release of exotic species? If closed-system, what is the re-circulation turnover rate? Please provide copies of the contingency plans that are in place to deal with loss of any critical pieces of life support equipment.

AW-H&E 2 to 14 *Appearing on Visiting Committee inspection form and accreditation standards only*

AW- H&E 15 Does your organization hold animals in permanent off exhibit areas for housing or breeding purposes?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a list of species, numbers of each species and the rationale for the practice.

AW- H&E 16 Does your organization utilize temporary holding for animals as part of your animal management protocols?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a list of species, numbers of each species and the rationale for the practice.

AW- H&E 17 & 18 *Appearing on Visiting Committee inspection form and accreditation standards only.*

AW- H&E 19 Does your organization relocate animals to alternate housing during the winter?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a list of species and the number of each species.

AW- H&E 20 Does your organization contract temporary, seasonal or travelling live animal exhibits?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a list of exhibits used in the last 5 years.

## Conservation, Learning and Engagement

C, L&E 1. - Please provide your written education plan.

C, L&E 2 Does your institution use its animals in educational programming as defined in the CAZA Policy on the Use of Animals in Educational Programs?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a written summary of your activities demonstrating that you are in compliance with the Policy. If you are not in compliance with all or portions of the Policy please explain why.

C,L&E 3,4, 5 *Appearing on Visiting Committee inspection form and accreditation standards only.*

C, L&E 6 What approach does your organization utilize to enhance the learning and engagement impact of your displays and exhibits?

C, L&E 7 Check below the types of educational activities conducted by your institution.

\_\_\_\_\_ Guided Tours

\_\_\_\_\_ School presentations

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- 
- \_\_\_\_\_ Special lectures/demonstrations      \_\_\_\_\_ Lecture series  
\_\_\_\_\_ Classes, clubs and study groups      \_\_\_\_\_ Radio/TV programs  
\_\_\_\_\_ Film series      \_\_\_\_\_ Speakers bureau  
\_\_\_\_\_ Other \_\_\_\_\_
- 

a) Briefly describe each activity you checked.

b) Describe the organization's conservation and education messages and demonstrate how they relate to the institution's mission.

C, L&E 8 Please provide the name and position title of the paid staff person responsible for educational programming in your organization.

C, L&E 9 Please provide the terms of reference and makeup of the education committee. In addition please provide copies of the minutes of the last three meetings.

C, L&E 10 Please provide examples of the processes used to formally evaluate the educational programming conducted by your organization.

C, L&E 11 *Appearing on Visiting Committee inspection form and accreditation standards only.*

C, L&E 12 - Describe your organization's overall interpretive program including graphics, presentations and outreach.

C, L&E 13 Please provide a list of buildings and facilities that are utilized in the provision of educational programming to your visitors and to the community.

C, L&E 14 Indicate information provided by exhibit graphics:

- \_\_\_\_\_ Common name      \_\_\_\_\_ Scientific name  
\_\_\_\_\_ Natural range      \_\_\_\_\_ Endangered status  
\_\_\_\_\_ Interpretive information  
\_\_\_\_\_ Other \_\_\_\_\_
-

C, L&E 15 List your institution's involvement in all animal management and species and habitat conservation programs. Include both in-situ and ex-situ activities. Please provide the direct financial and paid staff time contributions that are committed to support these efforts.

C, L&E 16 *Appearing on Visiting Committee inspection form and accreditation standards only.*

C, L&E 17 - A) Does your institution have a policy statement dealing with environmental conservation & recycling?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please provide a copy of the documentation. If no please explain why.

B) List environmental conservation and recycling programs in which you participate:

C, L&E 18 Please provide your purchasing policies that demonstrate the organizations awareness of the need to consider sustainable sources when deciding on suppliers.

C, L&E 19 Please submit a copy of your institution's research policy.

C, L&E 20 Please submit the terms of reference and membership of the committee that is responsible for reviewing research applications. Please provide copies of the minutes from the last three meetings of the committee

C, L&E 21. *Appearing on Visiting Committee inspection form and accreditation standards only.*

C, L&E 22 Are the results of research projects published or otherwise disseminated to the professional and scientific community?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all publications in the last five years. If the results are not published please explain why

## **Veterinary & Collection Management Programs**

V&CMP -1 Please describe your isolation facilities for newly arrived or sick/injured animals.

Please provide your written Quarantine Protocol.

V&CMP 2 A) Do you store controlled drugs on the grounds?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe how these drugs are stored and managed.

B) Please submit your institution's policy on the administration of drugs for veterinary purposes.

C) Describe your program for disposal of outdated animal drugs.

V&CMP 3 A) Is chemical capture equipment used in the management of the animals by full time or contract veterinarians?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide your protocols for its use including maintenance and cleaning schedules.

B) List staff that are authorized and trained in the use of chemical capture equipment.

. V&CMP 4 If a contract veterinarian provides health care services to the collection are any controlled drugs stored at that facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how do you ensure that all provincial and federal regulations are being adhered to?

V&CMP 5 Please explain in detail, providing appropriate examples, the medical records system in use at your facility.

V&CMP 6 Explain your institution's policy regarding post-mortem examination including how information derived from the process is utilized to enhance management of the collection.

V&CMP 7 Does your organization have a permanent animal health care facility on site?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain what facilities are available for the medical treatment of the animals in the collection.

V&CMP 8 Please provide your protocols for the handling and disposal of biomedical waste.

V&CMP 9. A) Please submit your Institutional Collection Plan. Explain how often and by whom it is reviewed and updated? Please highlight any significant species additions that it is anticipated will be made in the next 5 year period.

B) Please submit your most recent animal inventory.

V&CMP 10 Submit a copy of your institution's animal acquisition/disposition policy, including a copy of your institution's animal loan agreement, and animal recipient profile form.

V&CMP 11 Explain and provide examples of your animal record keeping system.

V&CMP 12 *Appearing on Visiting Committee inspection form and accreditation standards only.*

V&CMP 13 Please provide your policy on euthanasia

V&CMP 14 If your facility maintains elephants, are you in compliance with all of the requirements of the CAZA Elephant Care Manual?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not compliant please explain.

V&CMP 15 Please provide a copy of your animal transport policy.

V&CMP 16 Please provide a copy of the protocol that is followed to sanitize equipment that is used in more than one animal enclosure.

V&CMP 17 Please submit a detailed explanation of your pest management program.

V&CMP 18 Please provide a copy of your staff training program that demonstrates that staff have the necessary training to physically restrain animals if the need arises.

V&CMP 19 Please provide a list of diagnostic equipment available for use by veterinary staff.

## Governance

G- 1 If your organization has a Governing Authority, have they committed the operation to embrace and be subject to the CAZA Code of ethics, policies and accreditation standards.

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If they have not, please explain why.

G-2 Provide a detailed description of the working relationship between the governing authority and your institution including an explanation of the authorities granted to the institutions chief executive and professional staff by the governing authority.

NA \_\_\_\_\_

Please provide a description of the animal acquisition and disposition procedures illustrating clearly how and by whom decisions are made.

Please provide a detailed explanation of the role of the chief executive relative to the governing authority including formal and informal communication tools and processes and the role of the chief executive in operational committees established by the governing authority.

G-3– Have all items of concern identified in the last inspection been addressed?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If not, please provide an explanation for those issues not completed.

G-4 Is your facility currently in compliance with all local, provincial and federal regulations which relate to its operation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not please explain why.

G- 5 Has the facility or any member of the senior staff been charged for noncompliance with any local, provincial or federal regulations, standards or laws which relate to the operation of the facility in the last 5 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide an explanation of the situation that led to the charges.

G-6. - Does your institution have a support organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe its role, stated purposes and the relationship between it and the institutions staff and operation. Please include the by-laws, the most recent audited financial statements and any formal agreements between the support organization and the institution.

G-7. - Does the support organization have any direct responsibility for any portion of the institution's operation?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If yes, please describe the areas they are involved in and the relationship between their operations and the institution staff.

G- 8 - Does the support organization participate in fund-raising activities?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If yes, please explain.

G-9 - From where do you derive your primary operational financial support: (estimate percentage of each where multiple sources)

\_\_\_\_\_ Government                      \_\_\_\_\_ Public Donors  
\_\_\_\_\_ Nonprofit organization        \_\_\_\_\_ Self-generated revenues

Please provide an operating budget demonstrating the financial stability of the organization and demonstrating that the financial support from the governing authority and/or support organization coupled with self-generated revenue meets the needs of the institution.

Submit your institution's contingency plan in the event of financial difficulties.

Briefly outline your institution's admission policy and fees.

Seniors

Adults  
Youth  
Children  
Group  
Student

If your facility is only seasonally open to the public, please state the dates of operation:

From:                      To:

List the last three years' attendance figures.

Year:                                      Attendance:

Year:                                      Attendance:

Year:                                      Attendance:

G-10 Please provide a copy of your multi-year plan addressing issues such as capital improvements, major repairs, facility replacements, and anticipated sources of funding.

G-11 Does your organization conduct all or any part of their business on property or in facilities not owned by the organization, the governing authority or the support organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide copies of lease, rental or occupancy agreements that define responsibilities and liabilities for the facilities and the activities

G- 12 Please provide copies of the insurance policies held by your institution. If you are part of a self- insured municipality please provide a summary of the coverages provided by the municipality.

G-13 - Submit a list of staff in order of authority. State whether full or part time. Submit curriculum vitae of your senior administrative, operational, animal care and other professional staff. Eg. CEO/Director, Assistant Director, Curators and Veterinarians.

Please submit an organizational chart and job descriptions of your institution's personnel.

G- 14, 1516 & 17, *Appearing on Visiting Committee inspection form and accreditation standards only.*

G- 18 Are copies of CAZA policies, position statements and Manuals current and available to all staff?

Yes \_\_\_\_\_ No \_\_\_\_\_

If these documents are not made available to staff please explain why.

G-19 Is your organization owned by an individual or individuals?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please a written copy of the contingency and/or financial succession plan to be applied in the event of the death or incapacitation of the owner(s).

G-20 Does your organization utilize volunteers in any element of your operations?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please a written copy of the processes used to manage the programs including provisions for recruitment, retention, training, and periodic evaluation.

## Physical Facilities

PF-1 A) Please describe your capital improvement and maintenance program for exhibits, buildings, grounds and equipment.

B) Please indicate which of the following, in addition to exhibits, are available on the institution grounds:

Holding facilities \_\_\_\_\_ Laboratory \_\_\_\_\_ Animal hospital \_\_\_\_\_

Quarantine facilities \_\_\_\_\_ Isolation facilities \_\_\_\_\_

Surgery rooms \_\_\_\_\_ Necropsy facilities \_\_\_\_\_

PF-2 to 10 *Appearing on Visiting Committee inspection form and accreditation standards only.*

PF-11 Do the amusement rides, water parks and playgrounds comply with all local, provincial, federal regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If not please explain why.

PF- 12 & 13 *Appearing on Visiting Committee inspection form and accreditation standards only.*

PF-14 Are all of your facilities protected from public or wild animals access and animal escapes by a perimeter fence that is independent of all animal exhibits as required in the CAZA standards?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If not, please explain why.

*PF-15, 16 & 17 Appearing on Visiting Committee inspection form and accreditation standards only.*

PF 18 A) Are fire extinguishers available in all areas?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not please explain the areas involved and the reason for not providing them.

B) Do staff members have up to date training in the use of the fire extinguishers?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not please explain the reason for not providing training.

*PF-19,20,21 & 22 Appearing on Visiting Committee inspection form and accreditation standards only.*

## **Safety & Security**

SS-1. Do you employ security officers on a 24-hour basis?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, explain what protection is provided for the animal collection and facilities.

SS-2. Explain how first aid is provided to your institution's staff and the visiting public including any staff training.

SS-3. Have there been any injuries to staff or visitors requiring hospitalization in the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain including actions taken to prevent a reoccurrence.

SS-4. Have there been any significant animal escapes in the last 5 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe what occurred and what steps have been taken to ensure no repetition will occur.

SS-5, *Appearing on Visiting Committee inspection form and accreditation standards only.*

SS-6 Please explain the processes in place to ensure that the safety of all staff is monitored during the day and that their safe departure at the end of the shift is confirmed.

SS-7. Please explain your institution's Risk Management Policy.

SS-8 Please provide a list of all emergency plans in effect and attach copies of these procedures i.e. animal escape, fire, flood, bomb threat, severe weather, etc.

SS-9 Please describe your staff training program for emergency procedures including how often emergency drills are conducted. Please include a list of the dates of all drills conducted within the last year.

SS- 10 *Appearing on Visiting Committee inspection form and accreditation standards only.*

SS-11 a) Are firearms kept on the premises?

Yes \_\_\_\_\_ No \_\_\_\_\_

b) If yes, which staff members are trained in their use?

c) Please attach your policy on the use of the firearms and the conditions under which they are stored.

SS- 12- Do you house venomous animals?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide your venomous animal emergency protocols.

*SS-13, 14 Appearing on Visiting Committee inspection form and accreditation standards only.*

SS-15. Please attach its terms of reference and composition in-house safety-security committee. Please include copies of the minutes of the last three meetings of the Committee. If you do not have such a committee please explain why.

SS-16 Does your institution utilize underwater diving with compressed air as part of operations or maintenance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide all protocols and procedures utilized.

SS-17. Are you required to have a confined space entry program (ozone towers, large filters...)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please attach copies of your protocols.

SS-18 Do you have lock in / lock out programs for conducting maintenance on machinery or animal holding areas?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe how your programs function.

*SS- 19, 20, 21, Appearing on Visiting Committee inspection form and accreditation standards only.*

SS-22 Are materials classified as hazardous used in your facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain how staff members are trained in their use, handling and storage.

Do staff have ready access to Material Safety Data Sheets?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain why.

SS- 23, 24, 25, 26 *Appearing on Visiting Committee inspection form and accreditation standards only.*

SS-27 Does your institution have ground fault interrupt (GFI) electrical service supplying all wet environments, aquatic exhibits, and associated service areas?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not please explain why.

SS-28 Please provide a description of your staff training program that addresses the issue of zoonoses.

## Miscellaneous

M-1. - Please feel free to provide any additional information you feel may be pertinent to this application.