

Company: CHM Alliance Pty Ltd	Issue date: 10 July 2024	
Document: 24A AEC Blank Project	Anada ani a ale Qualite Adam	

Completion Advice V5.doc

Authorised: Quality Manager

**Project Completion Advice to the Animal Ethics Committee** 

Text boxes will expand automatically to accommodate entry. Please do not delete headers or footers.

1. Applicant details				
Name:				
Organisation: SunPork Solutions		Project site:	Westbrook	
Address: Unit 1 / 6 Eagleview Pl E	Eagle Farm Qld 4009			
Phone: 0409 152 497	Fax: E Ma	ail:		
2. Project Details				
Title of Project			AEC Proposal Re	eference Number
			CHM PP	
<ul><li>Status of project</li><li>Was the project terminated b</li><li>No</li></ul>	efore it was completed?  Completion Date:	?		
□ Yes	Termination Date:			
				l
If yes, also provide reasons fo	r early termination:			
b. List the aims of the project an Ensure you include comment on how				
c. List the locations where this after last cell entry to add more row.		since the last	t Annual Progres	s Report (Hit Tab ke
Location	Period (mo	onth only required	d)	
		Hit Tab key	to add another r	ow
d. Animals used in project (H	iit Tab key after last cell entry	to add more row	rs)	

the AEC?

Did the number used in total for the entire period of approval vary from the total number approved by

Number used since last Annual

**Progress Report** 

**Animal Type** 

(Domestic Mammal – pigs)

Number used in total

(from project start to finish)

Hit Tab key to add another row



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If yes, exp	lain why the	e disc	repancy occurred and	what effect it had on the p	roject:
e. Animal W	ellbeing				
During the	e project, w	as the	e wellbeing of the anim	nals consistent with that an	ticipated in the proposal?
	□ No		□ Yes		
If no, prov	vide an expl	anatio	on:		
	-			eg. death or serious injury of the last Annual Progress F	or illness not covered in the Report?
	□ No		□ Yes		
If yes, pro	vide details	:			
Event (eg. death or serious illness or injury)			bable/known cause	Remedial action taken	Was the event reported to the AEC?
Mortality Data	a by Week				
Reproduce tab Total number of Site rolling 52	of pigs at st	art of			
Week	N	lo	Reason for Mortality	1	



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	1 1				
(Ad	dd lines to table for extra weeks if necessary)				
(,	au mee to take jor entra meene y meessary,				
To	otal percentage of mortalities at end of trial:				
	dd additional information about mortalities if r	·			
	,	oply) and these deaths are within the expected range of			
th	he class of pig and site.				
f.	Can the results you have obtained help r	eplace animals, reduce the impact on animal welfare			
	and/or reduce the numbers used and/or re	fine procedures in			
	similar projects?				
	□ No □ Yes				
	□ No □ Yes				
If v	yes, provide details:				
	7				
3.	Publications, Reports & Presentations				
	Have any multipations manages and / an manage	ntations was that from the own is at			
	Have any publications, reports and/or preser	ntations resulted from the project?			
	□ No □ Yes				
lf y	yes, provide details:				
	Constitute and City and Constitution				
4.	Complaints and Grievances				
a.	Has there been a complaint or grievance loo	lged against this project and/or			
u.	•	n this project since the last Annual Progress Report?			
	conferent teacher, trainer accounted that	. this project and the fact in the respective			
	□ No □ Yes	Date of complaint:			
	If yes, select the source of the complaint:				
	□ AEC member	Government Agency			
		<ul><li>☐ Government Agency</li><li>☐ Other institution</li></ul>			
	·	□ Staff			
		□ Other			
		<del></del>			
Date of Complaint:					
	<del></del>				



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If yes, also select the complaint category (mark one box only):

Animal Ethics  □ Non-compliance with the Australian code for the care and use of animals for scientific purposes, 8  Edition 2013			
□ Non-compliance with co	anditions of AEC approval		
•	scientific purpose without appr	oval (eg LD50 test)	
, -	ing animals for scientific purpo		
□ Other	ing animals for scientific parpo	3C3	
- Other			
Animal Welfare			
□Accommodation	□ Lameness	□ Cruelty	,
□Death of animals	□ Shelter	□ Overcrowding	
□Disease	☐ Environmental factors	□Sicknes	S
□Food	□ Social deprivation	□Handlin	g
□Water	□ Transport	□ Injury	
□Other			
5. Declaration  DECLARATION I declare that the information	provided in this report is true	and correct	
	Robert Hewitt		
Signature of the Applicant	(Please print na	me if signing as a	Date
(or duly authorised agent)	duly authorised	agent	
AEC Acceptance (To be comp	leted by the AEC Chair)		
Name of Chair:			
Signature:			
Date:			