the inspector’s handbook

2018 edition
2018
INSPECTOR’S HANDBOOK

SIGNIFICANT ADDITIONS & CHANGES 2014-2018

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I. REQUIREMENTS AND RULES OF INSPECTION TEAM SERVICE

A. INTRODUCTION

Thank you for agreeing to serve as a member of an accreditation or certification inspection team. Your role in AZA’s accreditation/certification process is extremely important, and we want to provide you with the tools you need to understand and fulfill your responsibilities to the best of your ability, regardless of whether you’ve served in this capacity before or are doing so for the first time.

Service as an AZA inspector is a huge responsibility and requires a tremendous amount of work. AZA, and every facility it has accredited and certified, are counting on you to do a thorough job and make an unbiased evaluation based upon accreditation standards and modern zoological practices and philosophies (not on your personal opinion). In addition to having professional expertise and significant experience in your particular field, you must be willing to follow instructions, study hard in advance, allow sufficient time and patience to inspect, be capable of making tough decisions if necessary, remain impartial, and maintain complete confidentiality. The report and recommendation you and your team provide to the Accreditation Commission are an integral part of the process, and the list of concerns that your team generates provides a facility with a clear outline of items that must be successfully addressed before accreditation or certification can be considered. Regardless of whether a facility is ultimately accredited/certified or not, your service as an inspector sets an example and creates a guide for professional improvement.

AZA sincerely appreciates your service and dedication to this extremely important endeavor.

Key Contacts

As a member of the team, your main AZA contacts regarding this assignment are:

Accreditation Commission

Primary Reviewer: The Primary Reviewer is a member of the Accreditation Commission, or a Commission Advisor, assigned to serve as the chief examiner for the Commission and who, like you, receives a complete set of the institution’s application materials. The Primary Reviewer works in conjunction with the Visiting Committee and, as a Commissioner or Commission Advisor, is present at the institution’s hearing before the Commission. Sometimes the Primary Reviewer also serves as a member of the team or it’s Chair. It is important for the team Chair to communicate with the Primary Reviewer regularly to relay and discuss concerns of the team both before and after the inspection, and to resolve any questions the team may have throughout the inspection process. In the case of new applicants, the Primary Reviewer always serves as team Chair.

AZA Staff

Senior Vice President, Accreditation Programs: conducts all administrative business of
the Accreditation Commission, and provides guidance on policy, standards, and procedures to the Commission, Visiting Committees, and institutions undergoing the accreditation process; develops, provides and coordinates training of inspectors, and institutions considering accreditation. At any time you may, in confidence, discuss any issues or concerns you have regarding the institution, the inspection, or your participation on the team with the SVP.

**Director, Accreditation Programs:** assigns inspection teams; works with institutions and inspection teams regarding assignments and scheduling; provides all materials needed to fulfill inspector responsibilities on the team; coordinates hearings and incoming reports. At any time you may, in confidence, discuss any issues or concerns you have regarding the institution, the inspection, or your participation on the team with the Director.

**Program Assistant, Accreditation Programs:** assists in all matters, including expense reimbursements and inquiries from institutions, inspection team members, handles incoming contacts, coordinates scheduling, reports, and inquiries. At any time you may, in confidence, discuss any issues or concerns you have regarding the institution, the inspection, or your participation on the team with the PA.

**B. ASSEMBLING A VISITING COMMITTEE (HOW YOU WERE SELECTED)**

The assembly process begins several weeks before a facility submits an application for accreditation or certification, and takes place as follows:

1. Depending on the size and scope of the applicant institution, three to five inspectors are selected from the Commission’s database of qualified individuals, based on the criteria listed below.
2. That list is then sent to the applicant for review and approval.
3. The institution reviews the list, is given an opportunity to eliminate individuals on the list if desired, and sends the list back to AZA. If any individuals were eliminated, AZA places additional inspectors in their place.
4. AZA assigns a team by considering established selection criteria and the needs of the particular team.

Other factors also considered in the selection process are:

- frequency of service (how long since an inspector was last assigned)
- experience as Chair (could a particular inspector now begin serving as Chair)
- participation on the prior inspection (the need to include a member of the facility’s previous inspection team whenever possible)
- scope and depth of knowledge (special knowledge and/or experience)
- the need to continue to add new individuals to the process (to place a new inspector on a team whenever possible)

*An institution may not select the members of its Visiting Committee.*

**C. VISITING COMMITTEE CRITERIA**

*[NOTE: While rare, exceptions to criteria listed below may be made under special circumstances by the Senior Vice President, Accreditation Programs, unless otherwise indicated.]*
Individuals selected to serve as inspectors must meet the following criteria:

**Basic Criteria For Service As An Inspector**
- Must have support of current employer and supervisor
- Must hold Individual membership in AZA (Professional Fellow or Professional Affiliate members preferred)
- Must be employed at (or retired from) an AZA-accredited institution or certified related facility
- Must have a minimum of 5 years’ experience in a mid to high level position in the profession
- Must be actively involved in the profession and in AZA
- Must stay current regarding AZA standards and policies, and attend the AZA annual conference accreditation session periodically
- Must be able to maintain impartiality
- Must be able to maintain confidentiality
- Must have good written and oral communication skills
- Must have expertise and experience to fulfill responsibilities in one of the three roles on the inspection team: Operations, Animal Management, or Veterinary Medicine
- Current position held must fall under one of the three primary roles noted above as follows:

**Description of Primary Roles:**
The three primary roles, and the areas they cover are as follows:
- **Operations:** (Director, Deputy or Assistant Director, COO, or similar) Zoo or aquarium operations, governing authority, staff, facilities, finance, guest experience, safety/security, conservation, education, scientific advancement, and support organization.
- **Curatorial/Animal Management:** (Curator, Director of Animal Operations, or similar) The animals, husbandry, facilities, safety/security, staff, conservation, education, scientific advancement.
- **Veterinary Medicine:** (Veterinarian) Veterinary care, the animals, nutrition, staff, facilities, safety/security, scientific advancement.

[NOTE: prior experience or expertise in areas other than those reflected in current job titles may also be considered.]

**Criteria For Retired Fellows’ Service As An Inspector**
(no exceptions may be made):
- Basic criteria for service as an inspector (except for employment status) (see above)
- Be retired, or in transition, from an AZA-accredited institution or certified related facility
- Must be approved by the Accreditation Commission prior to service
- Must attend AZA annual conferences
- Must remain current with AZA policies and practices
- Must thoroughly review the inspector’s handbook and the accreditation standards and policies annually
- Must stay abreast of current practices within the profession

**Criteria for Selection of Team Chair**
- Basic criteria for service as an inspector (see above)
- Participation as member of an inspection team at a minimum of two different facilities
- Involvement in accreditation/certification process of own facility (preferred, not required)
- Strong leadership, organizational, and interpersonal skills
• Willingness to read and follow written instructions
• Ability to write and organize reports
• Willingness to organize visit and facilitate discussion with team members and with staff of the host institution
• Ability to meet required deadlines and follow instructions for compiling the final report to the Commission

Criteria for Determination of Team Size
• Size of the institution and complexity of operations (larger, very complex institutions would likely be assigned a four person team)

Criteria for Determination of Team Composition
• One team member should be from the institution’s previous inspection team, if available
• Team members’ experience and expertise should parallel the general scope of the institution to be inspected (i.e., an aquarium should have a team with strong aquatic experience)
• Institutions holding elephants shall have an inspector assigned solely for the purpose of evaluating the elephant program
• Teams should include at least one member from an institution similar in size and budget to the institution to be inspected
• **Three Person Teams** should include one member with extensive experience in operations, one with extensive experience in husbandry and animal management, and one with extensive experience in veterinary medicine
• **Four Person Teams** should include one member with extensive experience in operations, one with extensive experience in husbandry and animal management, one with extensive experience in veterinary medicine, and one with experience particularly relevant to the facility being inspected (such as aquatics, cetaceans, elephants, birds, etc.)

Team Tools
Available resources to the team include:
• **The Inspector’s Handbook** which fully explains the parameters for a facility to be considered accredited/certified
• **The Accreditation Standards and Related Policies** containing standards and policies related to the accreditation and certification processes
• **The Primary Reviewer** (a member of the Commission or a Commission Advisor who serves as the Visiting Committee’s direct line to the Commission)
• **The Senior Vice President, Accreditation Programs**, who can answer questions or concerns about standards and policies, and consult with the Commission and team regarding issues that may surface during the inspection
• **The Director, Accreditation Programs**, who can answer questions about procedures, your assignment, scheduling, reimbursement of expenses, and the team’s report
• **The Program Assistant, Accreditation Programs**, who can answer questions about procedures, your assignment, expenses, and all aspects of the inspection and/or application process
• **The Accreditation Resource Center** is available on the AZA website ([https://www.aza.org/accred-resource-center](https://www.aza.org/accred-resource-center)) and includes examples of various documents and policies required for AZA Accreditation and Certification. Documents posted on the Resource Center are considered by the Accreditation Commission as being good examples. Guidelines and other information that may be useful in reviewing institutional programs and policies are also available.
• **The Accreditation Training Session** covers the standards, best practices, practical
inspection techniques, evaluations of past inspections, report preparation, and the opportunity to discuss experiences with other inspectors.

D. KEY RESPONSIBILITIES OF THE TEAM: Preparation, Timing, Standards, Confidentiality

**Important Note:** It is important to adhere to the requirements and responsibilities of the team, as outlined below in this handbook. Most important among these are being adequately prepared through study, allowing sufficient time to conduct a thorough inspection containing all components, sticking to the standards when citing a concern (evaluating without bias), and maintaining strict confidentiality. Failure to follow these and other requirements noted below may disqualify you from serving as an inspector in the future.

[NOTE: all inspectors are required to sign an Oath of Impartiality and Confidentiality prior to participation on a team in order to ensure the integrity of the accreditation/certification process.]

1. **Preparation: Institution’s Materials.** Begin studying the institution’s materials as soon as they arrive. There is a tremendous amount of material and you must be fully familiar with all of it well before the actual inspection. When the assignment is finished, the institution’s materials should be destroyed. Alternatively, you may leave them with the institution before you depart from the inspection.

2. **Preparation: Review the Previous Inspection Report.** Make certain to thoroughly review the previous team’s inspection report and list of concerns (included in your materials) to ensure that all items of concern that were listed at that time are no longer an issue. If you find any items that still exist, make sure to list them under the heading “Concerns Remaining From Previous Inspection” located at the top of the official List of Concerns, at the beginning of the narrative report (see Narrative Report, pages 46 – 48).

3. **Timing: Interview Staff At All Levels.** Be sure to meet with staff at all levels. It is important to interview senior staff as well as members of the front line staff, such as junior curators, keepers, etc. Encourage staff to talk freely, in confidence, with the team. Staff interviews should be conducted in private, without the presence of other staff and/or supervisors, when possible. However, at larger institutions with sizeable staffs it may be necessary to conduct group sessions instead of private interviews. Group sessions should be held without supervisory staff present. For group interviews, members of the inspection team should provide contact information (phone and/or e-mail) and encourage anyone who wishes to discuss an issue privately to make contact following the inspection, if they prefer that to speaking in a group. The team should also post this information in a general staff location.

4. **Timing: Planning and Travel.** Allow sufficient time to cover everything. The team Chair will determine the dates of the inspection in consultation with team members and the institution’s CEO/Director. Once dates have been agreed upon, the team Chair will consult with the institution’s CEO/Director and then communicate with the team regarding the institution’s preference for hotel and travel arrangements.

**Schedule Enough Time!** It is extremely important to the integrity of the accreditation/certification process that the inspection and exit interview process not be rushed. When scheduling the inspection each team should add a half day to the time...
estimated for the inspection. The majority of inspections end up needing more time to thoroughly complete than allocated by the team. If a team expects to be finished by 2pm on the third day, do not book your flight for that afternoon. Wait until the following morning. Rushing through an inspection, or an exit interview, is unacceptable and highly detrimental to the process. Should you not be able to fully commit to the length of time needed for the inspection, we ask that you withdraw from participation on the team (see #6, page 14). Do not schedule arrival and/or departure times that could potentially conflict with your availability to participate fully in the process from beginning to end. Doing so may affect your eligibility to participate as an inspector again in the future.

5. **Standards: Cite the Standard.** When compiling the list of concerns, identify which standard(s) the concern is linked to, and cite that standard(s) at the end of the concern. If a concern cannot be linked directly to a standard or the Preamble, it should not be placed on the List of Concerns. Instead, it should be included in the Narrative Report as a recommended suggestion for the institution to consider. For example, say something like “The Visiting Committee recommends that the institution consider XXXXXXXXX”. It should not be underscored.

6. **Standards: Evaluate Without Bias.** When conducting the inspection do not allow your personal opinion of a practice, methodology, institution, individual, etc., to affect your decisions positively or negatively. Base opinions on the standards and commonly accepted best practices you are measuring against.

7. **Confidentiality:** As a member of the Visiting Committee you are required to maintain confidentiality and sign an *Oath of Impartiality and Confidentiality* (supplied by the accreditation department) regarding information contained in the application materials, the Visiting Committee Report, and discovered during the course of the inspection. You must keep this information strictly confidential, including the recommendation your team makes to the Accreditation Commission. This procedural guarantee of confidentiality allows accrediting organizations access to restricted materials, and creates a safe platform for communication between the Commission and the inspection team with: the facility, the staff, and the public.

**E. KEY POINTERS ON INSPECTING**

1. **Base Judgment On Existing Operation.** While future plans should be considered in a general sense, you must judge each institution on what exists at the time of your visit—not on what is planned for the future.

2. **Inspecting As A Team, And Solo.** The team should inspect the facility as a unit and remain together as much as possible during the initial inspection. However, after the initial tour of the facility takes place, team members may arrange to spend additional time in the area(s) of the institution corresponding to their particular area of expertise or interest if time allows and the team chair agrees.

3. **See All Areas.** Schedule adequate time to see everything, ask questions, and make notes as you go. Institutions have been preparing for months for the inspection, and the team must make every effort to see all areas of the operation while visiting the institution.

4. **Communicate Lesser Concerns As You Go.** The team should inform the institution of
any lesser concerns at the time the team notes them, rather than waiting until the entire List of Concerns is reviewed during the exit interview. In this way, it may be possible for the institution to address some of the lesser concerns during your visit. If these items are satisfactorily completed, they may be eliminated from the final List of Concerns during the exit interview.

5. **Avoid Recommending Solutions.** Identify problems in accordance with accreditation standards and policies. Avoid recommending specific solutions to those problems. For example, recommend that the fence be painted, not that the fence be painted white. If the applicant asks for your ideas on fixing an identified problem, you may offer your opinion. However, you should clearly state that it is your opinion based on your knowledge and experience, and should not be considered as a recommendation of the Accreditation Commission. [NOTE: you may make a recommendation in the narrative report regarding a possible solution to an identified issue, however, you must phrase your recommendation as follows: “the team recommends that the institution consider XXXX as one possible way to address the issue.”]

6. **Complete The Report Questionnaire As You Go.** It is recommended that the team meet each evening to complete the report questionnaire to determine which items are “Questionable” or “Unacceptable”, and to begin compiling the List of Concerns (NOTE: this should be done daily, as applicable).

7. **List of Concerns.** After completing the report questionnaire, the team should discuss overall impressions, and determine which items should be placed on the List of Concerns and Points of Particular Achievement. “Points of Particular Achievement” should include examples of areas in which the facility is excelling, and acknowledgements of noteworthy things the applicant has accomplished. Items noted as “Q” (questionable) should be carefully considered for inclusion on the list of concerns, but there may be some cases where the team believes the issue is being resolved or may not rise to the level of inclusion on the list of concerns. In those cases, the item may be included in the narrative only. Items noted as “U” (unacceptable) must be included on the list of concerns. If multiple questions relating to the same area of concern are marked “U”, that item should only be listed one time on the list of concerns. A form for this purpose appears at the end of the Visiting Committee Report. The team should complete the form during the post-inspection meeting and photocopy it prior to the exit interview. **Be sure to provide a copy to the institution’s Director.** NOTE: Forms may be handwritten on-site for presentation during the exit interview, but should later be typed exactly as written into the electronic edition of the Visiting Committee Report Form (see pages 48 – 51 for more information and an example).

8. **Exit Interview.** The purpose of the exit interview is to provide the institution’s staff with the List of Concerns and the Points of Particular Achievement your team noted during the inspection. If the CEO/Director can present evidence satisfactory to the inspection team that an item on the List of Concerns has been addressed, that item may be eliminated from the list during the exit interview. If the CEO/Director believes an item on the list is incorrect, encourage them to make their case regarding this when preparing their “Response to the List of Concerns”. Assure them that the Accreditation Commission will consider their position and documentation, and will determine whether the item is to remain on the list or not. Do not indicate what your team’s recommendation to the Commission will be. The final decision regarding accreditation/certification is made by the Commission, and it is possible that the Commission may not follow the recommendation your team makes. The Commission may believe that the institution has made sufficient progress between the time of your visit and the
hearing before the Commission, or the Commission may have access to information not available to you at the time of your inspection.

Allow sufficient time to conduct a thorough exit interview with the Director or a designated representative. The exit interview is a critical piece of the accreditation process, and it is detrimental for the exit interview to be conducted in a hurried manner, or “on the way to the airport”.

9. **Report All Potential Problems.** Everything that you believe does not follow accreditation standards and/or related policies, best practices, or AZA philosophy should be discussed with the institution and noted in the final report. Items or issues that may seem insignificant could be indicative of bigger problems. If you are uncertain about whether a particular situation is acceptable or not, discuss it with the team and call the Primary Reviewer or the accreditation department to make the determination.

10. **Consistency.** All facilities undergoing the accreditation/certification process are entitled to a consistent visiting team approach to their evaluation. Training sessions, the *Visiting Committee Report Form*, the *Inspector’s Handbook*, and the *Accreditation Standards* form a basis for such an approach. Inspectors must be knowledgeable of AZA accreditation standards and related policies, and base judgments on those standards. The *Inspector’s Handbook* and a copy of the *Accreditation Standards & Policies* should be carried with you during the inspection for easy reference. If uncertainty exists regarding the interpretation of a standard, an attempt should be made to contact the team’s assigned Primary Reviewer or the accreditation department for assistance.

11. **Instructions for Photographs.** Assign someone on your team to take photographs, and make sure the individual assigned follows these instructions. The photographs your team takes are an extremely important part of your inspection, and serve as a photo record of how the institution appeared at that time. It is essential that you:

- take a large enough quantity of photographs to present an accurate impression of the physical institution as it exists, and as seen through the eyes of its daily visitors, from start to finish. *Note: it is better to submit too many photos than not enough. 75-150 photos are recommended. If you find it necessary to include more than 200 photographs, contact AZA staff.*
- “walk the Commission” through the institution as it appeared during your visit. Be sure that the photographs show both the good and the challenged areas.
- Label each photograph in some manner, explaining what the photograph depicts. This may be done by adding text directly to the photographs, changing the file name for each photograph, or including a written key with photograph numbers and descriptions.
- Eliminate all duplicate photos prior to sending.
- Submit photographs either as separate JPEG files or as a labeled Power Point presentation. If submitting in JPEG format, limit size to 450 – 800 KB (or smaller). If you are unable to reduce the size of your photos, submit them as is (AZA staff will reduce). *Note: cell phone photos are acceptable as long as they are converted to an appropriate file type and are of appropriate file size.*
- Submit photos by email, flash drive, or compact disc. [Note: photographs should not be imbedded into the narrative report.]

12. **Disposal of Institution’s Materials.** Once you no longer need them, the institution’s materials should be destroyed or returned directly to the applicant at the time of the inspection, or by trackable delivery thereafter.
13. **Your Team’s Recommendation:** The final decision your team will make is your recommendation to the Accreditation Commission to accredit/certify, table, or deny. Your decision must be based on the facility as it exists at the time of the inspection. Once your team determines which option to recommend, that decision will be included in the cover letter forwarding the finished inspection report (see **Cover Letter**, page 44). As an AZA inspector, it is important to understand that the final decision to grant, table, or deny accreditation/certification rests **solely** with the Accreditation Commission—not with the inspection team. The inspection team makes a recommendation which is based on what is learned and observed at the time of the inspection. The inspection team does not bear responsibility for the final decision regarding a case. That responsibility rests solely with the Accreditation Commission and the institution itself. It is important to recognize that much is likely to change between your inspection and the date of the applicant’s hearing before the Accreditation Commission. When the Commission makes a decision that differs from a team’s recommendation, it does not mean that the Commission considers the team to have been incorrect. It simply means that changes occurred between the inspector’s conclusion and the applicant’s hearing that affected the outcome of the case, positively or negatively.

### F. GENERAL INFORMATION

1. **Attire:** Wear appropriate attire for meetings with governing authority members, and society officials (i.e., coats/ties, dress slacks, business attire). For the grounds inspection, consideration may be given to the temperature and humidity at the time (clothing should be, at minimum, “business casual”). Inappropriate attire may affect your eligibility to participate as an inspector again in the future.

2. **Reimbursement of Team Member Expenses:** Each team member must individually submit electronically to AZA **scanned itemized receipts** for all expenses, **and** the “Inspector Expense Report” form sent to each inspector via e-mail by the accreditation department. This must occur within **30 days of the inspection.** Detailed instructions for submittal of reimbursement requests are provided on the “Inspector Expense Report” form. For those who use a personal automobile to travel to an inspection, AZA will reimburse using the current optional standard mileage rate for business-related travel as determined by the Internal Revenue Service (IRS), or for the cost of gas—but not both. Reimbursable expenses include transportation, parking, lodging, meals, postage, and any other reasonable cost associated with the inspection. If you are uncertain about an expense, check with the accreditation department. Upon submission of expenses, allow 4 weeks for receipt of reimbursement checks.

The following items are **not** reimbursed as part of inspection expenses: alcoholic beverages, movies, first or *business class airfare* (airfare will be reimbursed at coach rates), and expenses for a traveling companion. Those expenses should be removed prior to submission of the receipts. The institution’s materials should **not** be returned to the Accreditation department, and shipping costs associated with doing so will not be reimbursed. (*Business class airfare may be acceptable on extremely long flights, but it must be approved in advance of purchase by the institution being inspected. Contact the accreditation department before purchasing tickets. Failure to obtain advance approval may result in reimbursement at coach rates only.*)

3. **Gifts.** Members of the Visiting Committee may not accept any gifts or privileges offered by
the applicant.

4. **Social Events.** While it is helpful for the applicant institution to arrange for a luncheon or dinner so that the Visiting Committee can meet staff members and members of the governing authority, the Visiting Committee should not participate in social functions beyond those required for the orderly discharge of its duties and responsibilities.

5. **Media Coverage.** It is inappropriate for the applicant institution to schedule media coverage during the inspection. However, this may be unavoidable in some cases. If media are present, select a team member to serve as spokesperson and schedule a convenient time to meet with media representatives. Because of the potential for distraction, and the confidentiality of the process, do not permit media to accompany you on the inspection. You may speak to the media, but you may not make any comments specific to the case, or reveal anything about the recommendations your team may be considering. You may speak only about AZA and the accreditation/certification process, i.e., who we are, what we represent, how accreditation/certification works, what it covers, why it is important, etc. Encourage media to obtain copies of AZA’s accreditation standards and the “Guide To Accreditation of Zoological Parks and Aquariums”, available for download on AZA’s website.

6. **Withdrawing From A Team.** In the case of an emergency that requires you to withdraw from participation on a team, please notify the team chair and the AZA office immediately. Withdrawing from a team within three weeks (or less) of a pending inspection may result in postponement of the inspection unless a suitable and willing substitute can be located and sufficiently prepared to meet the originally scheduled inspection dates.

7. **Inspectors In Training.** As AZA constantly strives to improve the accreditation process new inspectors are continuously being brought into the program. An inspector-in-training program is offered to and strongly encouraged for all new potential inspectors. This “boots on the ground” training opportunity provides insight into the inspection process prior to being assigned as an official team member by allowing individuals to “shadow” inspection teams. Shadows are invited to accompany the team throughout the entire inspection, including the exit interview. Shadows are encouraged to participate in all discussions that take place among the team or with staff at the facility. They may also be included in discussions related to the final Visiting Committee Report, but they must not participate in the actual writing of the report. Nor should they be listed on the report as a member of the team. Before an inspector-in-training is assigned to an inspection team, permission must be obtained from both the applicant institution and the team Chair. All expenses incurred by the trainee are the sole responsibility of the trainee or his/her employer.

**G. RESPONSIBILITIES OF THE CHAIR**

1. **The Role of Chair.** As Chair of the Visiting Committee you are expected to act as its leader, and to ensure that goals are set and accomplished in accordance with the instructions of the Commission as outlined in this handbook. You are responsible for scheduling the inspection, coordinating the team, communicating with the Primary Reviewer, and ensuring that the report is written and formatted according to Commission instructions (included in this handbook), and delivered to accreditation staff and the Primary Reviewer by the established deadline. The team Chair is also responsible for ensuring that proper procedures are followed throughout the inspection.
2. **Schedule the Trip.** Your first responsibility as team Chair is to **promptly contact** all members of the Visiting Committee and the institution’s CEO/Director to determine mutually agreeable inspection dates for as **soon** as can be arranged. A deadline for the completion of all inspections will be established by the accreditation department. Although inspections can take place any time before the established deadline, the sooner the inspection takes place, the more time the facility will have to make corrections prior to its hearing before the Accreditation Commission, and the more time the Chair will have to compile the report. Once inspection dates are set, promptly inform the accreditation department and the Primary Reviewer of those dates.

3. **Allow Sufficient Time.** It is extremely important when scheduling the inspection to **allow sufficient time to conduct a thorough and professional inspection and exit interview.** The amount of time required to inspect a small institution may be as little as 1½-2 days. A larger institution may take 3 days, and a very large institution 4-5 days. If the Chair has not previously visited the institution to be inspected, the number of inspection days recommended by the previous team is noted on the cover page of that team’s report. In addition, it is recommended that a member of the previous Visiting Committee, or the institution’s CEO/Director, be contacted to aid in determining how many days will be sufficient. **Rushing through an inspection, or an exit interview, is unacceptable and highly detrimental to the process.** This cannot be emphasized strongly enough. Travel arrangements should be made with this in mind.

4. **Determine Hotel Arrangements.** Once inspection dates have been determined, ask the applicant’s CEO/Director about the facility’s preference for accommodations at a nearby hotel. Individual team members may contact the recommended hotel to make reservations directly, or the institution may choose to make these arrangements for the team. That decision is left to the preference of the applicant, and the team Chair should determine that preference and communicate it to team members.

5. **Contact the Primary Reviewer Before You Go.** Prior to departing for the inspection, the team Chair should contact the Primary Reviewer to discuss any concerns or issues the Primary Reviewer or team Chair may have. *(Note: in the case of new applicants [see page 52 for a definition], the Primary Reviewer automatically serves as team Chair.)*

6. **Request Additional Materials if Necessary.** If the team Chair and Primary Reviewer believe materials are missing from the institution’s submission, it is appropriate for one or the other to define the missing materials for the facility’s CEO/Director and request that those materials be submitted via email prior to the inspection.

7. **Provide Advance Notice to Staff and Others With Whom You Wish To Meet.** Review the materials you have received and determine with whom you wish to meet while there. Contact the institution’s CEO/Director and provide him or her with a list of those people **well in advance** of the scheduled trip. You may add to that list once you are actually on site.

8. **Assign Primary Areas of Responsibility.** Review each team member’s primary area(s) of responsibility via email or phone in advance of the trip. Establish roles and responsibilities for each Visiting Committee member prior to the inspection trip, using the “Description of Primary Roles” found on page 7. Remember to assign someone to take photographs.

9. **Pre-inspection Team Meeting.** Schedule sufficient time for the inspection team to meet
privately with each other before the inspection. A dinner meeting the night before, or a breakfast meeting the morning of the inspection are two possible methods that work well. A conference call a few days prior to the inspection is another good option. Talk about the materials received from the institution and determine what concerns, if any, other team members have. It is also helpful to develop a tentative “agenda” for the inspection (see page 26 for an example).

10. Consider Policies and Documents For Accreditation Resource Center. During review of the application materials and while on site for the inspection, make note of any policies or documents the team believes to be particularly well done, and call these to the attention of AZA accreditation staff after the inspection has concluded. The Accreditation Commission will consider any documents identified by the team for inclusion in the online Accreditation Resource Center.

11. Plan Sufficient Time For Meetings. Schedule sufficient time for your meetings with staff, members of the governing authority, members of the support organization, and/or volunteers. Let them know that the interview is confidential and that they may speak freely.

12. Inspection Team Signatures. It is important to obtain the signatures of the Visiting Committee members on the Report Form prior to departing from the inspection.

13. Provide Copy of List of Concerns. The Chair should provide a copy of the list of concerns to the accreditation department and Primary Reviewer as soon as possible after returning from the inspection.

14. Cover Letter, Report Form, and Narrative Report. It is the Chair’s responsibility to ensure that these documents are prepared correctly, appropriately edited for spelling, grammar, format and accuracy, and submitted on time. See the individual sections in this handbook on these documents for specific instructions.

15. Submitting the Finished Report On Time. Email your completed report to accreditation staff, and the Primary Reviewer, by the established deadline. If additional time is needed, contact the accreditation department to advise and arrange an extension.

The finished, emailed report should consist of three separate documents: (1) cover letter, (2) report form (including the list of concerns), and (3) narrative report. Immediately after emailing these three components by the established deadline, send the following items to the accreditation department by traceable mail (Fed-Ex, UPS, Registered Mail, etc.): • Cover letter on AZA letterhead with original signature, •signature page from report with signatures of all inspectors, and •photographs.
II.
INSPECTION GUIDELINES AND AIDS

A. PREAMBLE
When evaluating an institution, do so under the Preamble to the accreditation standards:

PREAMBLE

AZA Accreditation - PURPOSE
AZA accredited zoos and aquariums are complicated operations with important goals. The highest goals of AZA accreditation include exemplary animal care and welfare, and inspiring guest engagement through effective education and conservation. AZA accreditation standards and requirements represent decades of modernization utilizing science, experience, and an unrelenting resolve to create a positive and lasting impact on guests, and to conserve our world’s wild animals and wild places.

The AZA Accreditation Program provides all zoos and aquariums the opportunity to examine, meet, or exceed the highest standards in the profession. The accreditation process combines internal (stakeholder) and external (peer-review) top to bottom assessment, resulting in the most scrutinized, specialized and dynamic organizations in the world dedicated to animal care, welfare and well-being, public engagement, education, and conservation and science. Institutions successfully accredited by AZA must continuously demonstrate excellence in all areas of operations and regularly adapt to new and evolving standards.

AZA Accreditation - PROCESS
To achieve AZA accreditation, an institution requires extraordinary vision and leadership, and a comprehensive team effort to attain excellence in all areas of operations and management. The accreditation process begins when institutional stakeholders study and commit to the gold-level standards available under the accreditation tab at AZA.org. AZA accreditation requires full adherence to all standards on a daily basis. The core areas of self and peer evaluation include:

Animal Care, Welfare, & Well-Being (Excellence in Animal Care and Welfare)
Veterinary Care (Excellence in Animal Health Care)
Education & Interpretation (Innovation in Science and Conservation Education)
Conservation & Scientific Advancement (Measureable Impact in Science)
Vision, Mission & Master Plan (Values, Goals, Plans, and Outcomes)
Governance (Oversight, Ethics, and Community Leadership)
Finance (Business Management and Accountability)
Staff (Professional Team Development and Management)
Guest Services (Quality Visitor Amenities and Attraction Services)
Safety & Security (Public and Animal Safety, Staff Training, and Preparedness)
Physical Facilities (Quality Construction, Maintenance, and Design of all Facilities)
Support Organizations (Internal Support and Partnerships)

(continued next page)
Understanding, engaging, and committing to the advancement of standards and related policies in all areas of AZA assessment constitutes “modern zoological practices and philosophies”. These practices and philosophies define excellence in our profession, and are what distinguish AZA accredited institutions from all other institutions that have animals for guests to see and appreciate.

Because of the many variations among institutions, the majority of AZA standards are carefully designed to be performance standards (i.e., assessing the level of achievement considered acceptable to fulfill a performance characteristic, and choice in method for meeting the goal). This differs from engineering standards, where exact and precisely prescribed steps are required to fulfill an engineering characteristic, with little or no variation in method for meeting the goal. AZA institutions may achieve performance standards in a variety of ways, but all standards must be met.

**AZA Accreditation - PRODUCT**

AZA accredited institutions are differentiated as exemplary facilities through the vigorous and voluntary commitment to shared high standards, achieving measurable goals, and continually pursuing outcomes that benefit animals, guests and communities. Distinguishing characteristics of an AZA-accredited institution include:

- Extraordinary focus on animal care, welfare, and well-being*
- Modern facilities and practices for comprehensive veterinary care
- Scientific advancement in animal care and conservation
- Focus and participation to support sustainable animal populations
- Exhibit aesthetics and habitat studies, planning, and design
- Innovative and inspirational educational programs and experiences
- Excellence in guest engagement and effective guest services
- Economic development and community partnerships
- Professional staff development and training
- Comprehensive preparedness in public and animal safety
- Sound business planning and financial management
- Dynamic and mission-driven strategic and master planning
- “Raising the bar” and regularly advancing operational standards

*AZA zoo and aquarium standards support the premise of five opportunities. These tenets propose that animals: (1) receive nutritionally complete diets that bring out the natural feeding response and behavior; (2) are afforded comfortable living experiences with choice and control to promote mentally and physically healthy behaviors; (3) experience good physical health; (4) are provided quality spaces to live in with appropriate social groupings that promote natural, species-appropriate and motivated behavior; and (5) develop natural coping skills and avoid chronic stress.

IMPORTANT NOTE: All AZA accredited institutions and certified related facilities must follow all local, state, and federal laws and/or regulations. Some AZA standards may be more stringent than existing laws and/or regulations. In such cases, the AZA standard(s) must be met.
B. ANIMAL WELFARE

1. AUTOMATIC MAJOR CONCERN:
Any concern identified that directly affects the comfort or welfare of an animal at the institution must be listed as a “Major Concern”.

2. ASSESSING ANIMAL WELFARE & WELL-BEING:
When observing the animals, please consider the following in assessing the overall welfare of the animals, both groups and individuals. While these questions are primarily intended to guide your assessment, consider asking some of these questions of staff during your visit. Please use these questions (in addition to the standards) as a guide when you are inspecting, and include related comments regarding your observations when writing the Narrative report about your impressions of the level of animal welfare at the institution.

1. Does the institution demonstrate a commitment to animal welfare? Do they communicate their commitment actively to their staff and to their visitors? If yes, what methods are used to do so and in which venues?

2. Does the institution regularly assess the welfare of the animals residing there?
   a. If yes, are welfare assessments recorded or noted in writing? Are they shared with staff and/or leaders?

3. Does the institution provide its staff with training in the concepts, discussions, and assessment of animal welfare?
   a. If yes, what type of animal welfare training is provided, and how often is it updated?

4. Find out what happens should a staff member observe a change in behavior of an animal. What methods/processes are in place to assure that the animal’s immediate welfare is assessed carefully and quickly, and that appropriate action to address the issue is taken?

5. Pay attention to how the animals appear. Look for signs that indicate positive welfare (overall condition, normal activity, coat, skin, scales, food consumption, play behavior, exploratory behavior, investigatory behavior, use of enrichment items, etc. Also see appendix 1). Note: the presence or absence of positive indicators can be the most valuable determinants of overall welfare.

6. Look for signs that could possibly indicate negative welfare (see appendix 1). If you note anything unusual, inquire about it (talk to the animal’s caretakers, the curator, the vet, etc.). Note: extreme indications of negative welfare should be discussed and addressed immediately.

7. Observe how the animals respond when in close proximity to their caretakers (calm, curious, interested, neutral, fearful, aggressive, etc.).

8. Note the size of exhibits in relation to the species and the number of animals within. Are they of sufficient size? Are they appropriately complex? Are the animals utilizing the space fully?
9. Note the features within the exhibit in relation to the species (furniture, plantings, rocks, corals, haul-outs, substrates, water features, climbing structures, etc.) Are they appropriate? Is there a sufficient amount of them? Does it appear that the animals are utilizing the items in the exhibit?

10. Ascertained whether the institution provides the animals with opportunity to thermo-regulate and protect themselves from the elements (both in exhibits and in holding areas), particularly for animals for which the institution’s natural climate is not comfortable during some or all seasons.

11. Look to see if exhibits contain a “safe spot” where the animals can retreat from public view, from a dominant conspecific, or from some other perceived threat should they wish to.

12. Determine if animals are given a choice to be indoors or outdoors, and whether that choice is 24/7 or limited. If some are not given a choice, ask why and consider whether choice should be given.

13. What does the animal’s indoor exhibit space look like and does it meet the animal’s needs? What percentage of the season (winter/summer) is the animal confined there?

14. What percentage of the animal’s day is spent in holding? Are they locked in/out or do they have a choice?

15. Note the size, condition, and design of the animal’s holding facilities. What does it look like? Does it meet the animal’s needs? Is it of sufficient size given the amount of time typically spent there by the animal? Is it safe and secure? Does it provide for species appropriate behaviors, and for animal management/husbandry needs?

16. Is the 24-hour environment (exhibit environment, holding environment, environmental factors such as light and sound, etc.) conducive to species appropriate restful and active periods over the course of the 24-hour day/night?

17. Check to see that fresh, clean water is available in all of the exhibits. Determine how often it is checked and changed throughout the day.

18. Is food presented in an appealing and manner and as appropriate for the species? If diet is presented in a stainless steel bowl, ask why. Could diet instead be presented in a manner so as to encourage typical species feeding?

Ambassador Animals

19. Determine how animals are selected to participate as ambassadors. Are there any animals in these programs that may not be suitable choices?

20. Are Ambassador Animals given a choice to participate?

21. Ascertain how the daily welfare of Ambassador Animals is assessed. Is it adequate? Do they have the authority to say “no” if they believe that the animal shouldn’t be used that day? Are staff and volunteers provided with indicators of good welfare and indicators of poor welfare?
22. Are staff members who handle Ambassador Animals properly trained to handle them, and to detect changes in stress, health, and demeanor?

23. Find out what happens should a staff member observe a change in an Ambassador Animal’s behavior. What methods/processes are in place to assure that an Ambassador Animal is optimally utilized for programs (i.e., not used too frequently and so may rarely or never get to leave its enclosure).

3. **Positive and Negative Indicators of Animal Welfare:**

The following is a list of generic positive and negative indicators of welfare evaluated from the perspective of the animal (aka. output-based measures of welfare). The indicators are generic in the sense that they could be used across a wide range of taxa. Given that many of these indicators are subjective or descriptive, it is not appropriate to assign a “score” or “grade” to individual indicators. Rather, this list is meant to assist an observer(s) to develop an overall impression of welfare for a particular individual, exhibit/tank, or group of animals. The indicators below are based on Mellor and Beausoleil (2015). Extending the ‘Five Domains’ model for animal welfare assessment to incorporate positive welfare states. Animal Welfare 24: 241-253. The premise of the ‘five opportunities’, as contained in the Preamble to AZA’s accreditation standards, should also be considered.

**Positive Indicators of Welfare**

**Medical**
- Preventative health and wellness program; prompt management of pain, injury, or disease
- Species appropriate disease prevalence, mortality rates, and overall wellness
- Ability to demonstrate pain-free normal movement, ambulation, righting reflex
- Normal fecal consistency, urination, and voiding behavior
- Well-groomed or preened body surfaces, vibrant coloration
- Normal physiologic parameters
- Reproductive success as desired

**Nutritional**
- Well balanced diet, variety, choice
- Normal appetite and access to diet
- Good body condition
- Species and individual appropriate weight
- Normal fecal consistency

**Behavioral**
- Evidence of species appropriate behaviors
- Ability to demonstrate diversity of species specific behaviors
- Absence of or minimization of stereotypic behavior
- Well-groomed and preened body surface, vibrant coloration
- Social interaction and breeding as appropriate
- Opportunity for sufficient sleep/rest
- Appropriate reaction to environmental stimuli or change
Environmental
- Access to safe space/habitat in excess of minimum standards that promotes species specific behaviors.
- Ability to exhibit choice and control in a variety of environmental situations to avoid chronic stress
- Thermally appropriate environment as indicated by a lack of compensatory behavior (i.e. shivering, chilling, panting, or overheating)
- Fresh air and sunlight/UVB exposure as appropriate

Affective/mental states
- Satiety, reward, playfulness, curiosity, contentment, calmness, affection

Negative Indicators of Welfare

Medical
- Unmanaged or uncontrolled pain, injury, or disease
- Patterns or trends of disease; high prevalence of morbidity or mortality
- Lack of mobility, inability to ambulate, lack of righting reflex
- Lack of fecal or urine control; Abnormal stool consistency
- Non-intact body surfaces; loss of skin, scales, feathers
- Altered physiological indicators of stress
- Lack of reproductive success when reproduction is desired

Nutritional
- Inability to consume species appropriate diet
- Reduced or absent appetite
- Nutritional inadequacy; poor body condition
- Over-conditioning or obesity
- Abnormal fecal consistency

Behavioral
- Evidence of abnormal behaviors
- Low levels or absence of species appropriate behavioral diversity
- Stereotypic behavior
- Evidence of inadequate grooming, preening, hygiene
- Lack of social interaction as appropriate to the species
- Limitations on sleep/rest
- Apathy or inability to react to environmental stimuli or change

Environmental
- Lack of space/habitat or lack of safe space/habitat to express species specific behaviors
- Lack of choice or control to avoid negative environmental conditions/stimuli (heat, cold, precipitation, noise, etc.)
- Exposure to extremes of heat/cold as evidenced by common sense or observation of compensatory behaviors such as shivering, chilling, panting, or overheating
- Lack of exposure to fresh air or sunlight/UVB as appropriate

Affective/mental states
- Fear, distress, boredom, frustration, anger, malaise, apathy, anxiety
4. **Guide To Creating An Animal Welfare Assessment Process Under 1.5.0**

This document is intended to help both inspectors and institutions understand what elements—at minimum—must be included in the animal welfare assessment process required under standard 1.5.0.

**Standard 1.5.0**: The institution must follow a written process for assessing animal welfare and wellness.

**Explanation**: This process should be both proactive and reactive, transparent to stakeholders, and include staff or consultants knowledgeable in assessing quality of life for animals showing signs of physical or mental distress or decline. The process should also include a mechanism to identify and evaluate the welfare/wellness impacts of significant life events or changes in the animal’s environment as identified by the individual institution. Examples of life events/changes could include construction events, unusual weather events, noise intrusion, change in housing, or changes in animals exhibited with or nearby, etc. Animal welfare/wellness refers to an animal’s collective physical and mental states over a period of time, and is measured on a continuum from good to poor.

**Accreditation Requirements Explained**

1. Identify staff or consultants knowledgeable in animal welfare
   a. Employment of a dedicated welfare scientist is not required for compliance with the standard.
   b. Individuals developing or performing welfare assessment procedures must have at least a baseline knowledge of animal welfare science. There are numerous avenues to acquire this baseline knowledge of welfare science. Some possible examples include:
      i. Transfer of knowledge from institutional staff knowledgeable in welfare science (i.e. your veterinarian or other animal care professionals)
      ii. There is a free online course on “Animal Welfare” developed by the AZA Animal Welfare Committee that is available via San Diego Zoo Global online training ([http://sdzglobalacademy.org](http://sdzglobalacademy.org)).
      iv. There are numerous other online and academic-based courses in welfare science.
   c. The animal care staff should be the primary implementers of the welfare assessment process, but there may be circumstances where “non-animal” staff or volunteers can play a role in the assessment process with appropriate training.

**Plain language**: You do not have to hire a welfare scientist or send people to an expensive course to be in compliance with the standard, but you do need to make sure the staff that develop and implement your welfare monitoring process have at least a basic level of training in welfare science.
2. Criteria for identification of animals and timelines for welfare assessment
   a. It is not the intent of the standard to require a detailed welfare assessment of every individual animal in the zoo or aquarium collection.
   b. Institutions should consider an “event-based” approach to welfare assessment based on life events that institutions deem could significantly impact animal welfare. Examples include, but are not limited to: construction events, unusual weather events, noise intrusion, change in housing, or changes in exhibits or animals exhibited with or nearby, advanced life stages, etc.
      i. Assessments may be conducted in “triage” fashion, with triggers identified to indicate the need for a more in-depth assessment.
   b. It is the intent of the standard that a welfare assessment is performed at the holistic collection level at least annually. That holistic assessment may include group level assessments.
      i. Welfare is ideally assessed at the individual animal level, but the AZA recognizes that group assessment is often the most practical methodology.
      ii. “Groups” may be defined as groups of individuals, species, exhibits, tanks, geographic areas of the zoo/aquarium, herds, schools, colonies, or other appropriate measures.
   c. Each institution must clearly define and implement a strategy for how specific animals or groups are prioritized/selected for welfare assessment
      i. Assessment at the holistic collection level should be used to determine the institutional priorities for more detailed individual or group welfare assessment.
      ii. Individuals or groups identified/prioritized for detailed welfare assessment should be assessed according to a reasonable time schedule
      iii. Prioritized welfare assessments may be performed on a more regular basis (biannually, quarterly, monthly, weekly, daily, etc.) based on the strategy/needs of the institution, individual animal, or group of animals.

Plain language: Annual welfare assessment of every individual in your collection is for most an impractical and unachievable goal. That being said, every animal should be represented as an individual or as part of a group during your holistic annual collection assessment. Your annual assessment process should result in identification of individual animals and groups that may need to be assessed more frequently and/or in greater detail than the collection-level assessment. It is also recommended that you develop criteria for more detailed assessments that are triggered by significant life events (such as introduction of a new exhibit mate or reaching a geriatric age milestone) or significant changes at your institution (such as construction or an unusual weather event).

3. Utilization of a welfare assessment tool or process
   a. Animal Welfare must be assessed according to a pre-defined framework identified by the institution. Two possible frameworks are listed below, but the use of other unique or custom frameworks is appropriate depending on the needs of the institution or unique nature of a collection.
      i. The “5-opportunities” model referenced in the preamble to the AZA accreditation standards (see 2018 AZA accreditation standards, page 8)
      ii. The “5-domains” model utilized by WAZA in their welfare framework (http://www.waza.org/en/site/conservation/animal-welfare-1471340294)
b. A welfare assessment framework should consider elements such as: **physical health**, **nutritional state**, **environmental utilization**, **behavior**, and **mental domains** (i.e. choice and control, freedom from fear and distress, and positive or negative affective states).

i. Welfare is best assessed as a combination of inputs and outputs. “Inputs” are the resources, facilities, processes and practices that contribute to the animal’s overall experience. “Outputs” are what the animal actually experiences and should be measured from the perspective of the animal itself (or the group’s perspective).

ii. Many welfare outputs have not yet been scientifically validated; thus, much of welfare assessments in zoos and aquariums will be more qualitative than quantitative. These are works in progress. As we, the AZA community, acquire and apply more scientific evidence for various welfare variables, we will continue to improve the quality of these assessments and ultimately the wellbeing of the animals in our care.

| Plain language: Find an existing framework or develop your own framework/template for welfare assessment that makes sense for your collection. Your framework should be based on and evaluate a wide range of welfare criteria (i.e. health, nutrition, environment, behavior, and mental states). There are many philosophies and methodologies for welfare assessment, but two excellent frameworks have been adopted by AZA and WAZA (referenced above). Your welfare assessment should consider a combination of inputs and outputs. Many measurements of animal welfare in zoos/aquariums will be based on the expertise of your staff and good common sense as over time we continue to advance the science of animal welfare in the diverse species we care for. |

4. **Documentation of assessment strategy, implementation, and resultant action**

   a. The following aspects of the welfare assessment process must be documented:

   i. The strategy for animal/group selection and timeline of assessments
   ii. The welfare assessment framework and process for implementation
   iii. The results of welfare assessments

   • Documentation should include the assessment itself and a summary of any resultant action(s) taken (if necessary based on the results of the assessment).

| Plain language: Make sure you document how your overall welfare assessment strategy works. How do you assess your collection annually? How do you select animals for more individualized or detailed assessments and what are those timelines? What does your assessment framework look like? Keep records of the assessments themselves and [just as importantly] the actions you took as a result of the assessment, if any. |

C. **INSPECTION AGENDA**

It is helpful for the Chair and/or the team to draft an informal inspection agenda, or plan, to help keep the inspection on schedule and ensure there is sufficient time to accomplish all goals. This agenda should be reviewed or created by the team during the pre-inspection meeting.
Example of Inspection Agenda (for a 3-day inspection):

Day 1:
1. Arrival meeting with team to discuss the agenda/plan for the inspection
2. Brief orientation meeting with director
3. Initial tour of facility
4. Private team meeting to discuss impressions and begin completion of report form

Day 2:
5. Meetings with governing authority representatives
6. Meetings with society representatives
7. Meetings with staff members (all levels should be interviewed)
8. Conduct second interviews with staff if clarification is needed or questions remain
9. Review of facility’s materials/records/departments

Day 3:
10. Individual team members revisit specific sections of the facility, records, staff
11. Private team meeting to prepare final list of concerns for exit interview
12. Exit interview, presentation and discussion of list of concerns/points of achievement

D. RESPONSIBILITIES OF THE ELEPHANT PROGRAM INSPECTOR

Following are instructions for individuals appointed to serve as the elephant program inspector on an AZA inspection team:

1. Elephant program inspectors are members of the inspection team, and should not function separately from the team.

2. Elephant program inspectors are expected to be at the institution for the entire inspection and participate fully in the exit interview. (Should not arrive late or leave early.)

3. When not “in the barn” or meeting with elephant staff, elephant program inspectors should be inspecting/interviewing with the rest of the team.

4. Every effort should be made to schedule the elephant inspection around the governing authority interview(s) so that the entire team meets with those individuals. The same effort should be made regarding any meetings with line staff.

5. Elephant program inspectors should dress appropriately (business casual) when not “working in the barn.”

6. Elephant program inspectors should have the opportunity to watch the normal opening and closing routines by elephant staff and should watch, at minimum, a routine training session and a foot care session.

7. Elephant program inspectors should individually interview each member of the elephant team to assess capabilities, uncover any issues, and determine strengths and weaknesses of the program.

8. At some point in the inspection, the entire inspection team should be scheduled to visit the barn, talk with the elephant team, and observe some of the keeper/animal interactions (foot care, training
9. Elephant program inspectors should be encouraged to contribute fully, recognizing concerns and points of particular achievement throughout the institution, not just those related to the elephant program.

10. Elephant program inspectors should write a narrative for inclusion in the Animal Welfare, Care, & Management section of the overall narrative report. The elephant program inspector’s narrative should state whether the facility is, or is not, in compliance with AZA’s Standards For Elephant Management and Care, and the policy on Maximizing Occupational Safety of Elephant Care Professionals. In addition, the narrative should describe in detail the institution’s-elephant management program and what the inspector observed (see example narratives below).

**Elephant Inspector Narrative Report**

Following are two examples of narrative reports written by the elephant program inspector on an AZA inspection team. These examples are provided as models of the sort of narrative an elephant program inspector should produce. The elephant program inspector’s narrative should be placed at the end of the Animal Welfare, Care, & Management section in the general narrative report. *[Note: some details within the examples below have been changed to protect the identity of the institution to which they apply.]*

**EXAMPLE 1**

The zoo is meeting or exceeding all of the AZA Standards for Elephant Management and Care, and closely following requirements in the Maximizing Occupational Safety of Elephant Care Professionals, with one exception (see below).

The zoo’s indoor and outdoor elephant areas far exceed the recommended stall and habitat space. The facilities and program provide a complex and stimulating physical and social environment. During the inspection, natural behavioral activities, positive social interactions and appropriate activity levels were witnessed with all of the elephants.

A thorough and detailed elephant management policy exists, and the program observed during the inspection appears to be in alignment with the program outlined in this policy. All required elephant care and management protocols are in place and clear evidence and documentation of their implementation is evident. All of the elephants are trained to reliably present the behaviors listed on the AZA Standard Elephant Program Behavioral Components checklist. The zoo’s elephant enrichment program is commendable.

A keeper training program exists and appears to be working well, though further structure will be required to implement AZA’s standardized methods and protocols to train keepers and evaluate and maintain records of each elephant care professional’s safety proficiency in a manner that integrates his/her experience level with the specific behavior profiles of the elephants in his/her care. The zoo should be commended for sending all of its elephant care professionals to AZA’s Principles of Elephant Management.

The zoo is participating in several elephant research projects, including the IMLS-funded *Using Science to Understand Zoo Elephant Welfare* project, and the zoo’s commitment to scientific advancement to
benefit elephants is to be applauded.

As per the AZA Maximizing Occupational Safety of Elephant Care Professionals at AZA-accredited and AZA-certified Facilities:

- One semi-annual program safety assessment was performed before [DATE].
- The institution developed an Elephant Area Risk Management Policy by [DATE], but at the time of this inspection, this information was not yet included in the zoo’s risk management policy that is required by AZA Accreditation Standard 11.4.1. These two documents should be merged so that the institution’s elephant program is specifically addressed within the zoo’s risk management policy.
- The new AZA Elephant Profile and AZA Elephant Incident Report forms that were distributed in early 2012 are being utilized.

As outlined in the AZA Maximizing Occupational Safety of Elephant Care Professionals at AZA-accredited and AZA-certified Facilities and as per AZA Standard for Elephant Management and Care 5.2.1, any elephant that displays aggression towards an elephant care provider must be immediately documented and evaluated by the elephant management team, and as soon as possible should be managed with barriers or restraints in place between the elephant and that care provider. It appears that known aggressive elephants are, at times, managed without barriers or restraints that may enhance safety. Discussions with the zoo’s elephant care team and review of the zoo’s elephant management policy, the 2012 behavior profiles, the incident reports since the last accreditation inspection and the December 2011 Elephant Program Safety Assessment indicate that three of the zoo’s female elephants (Dinah, Cindy, and Booli) have a history of aggression towards handlers. While the day-to-day care of these three elephants is generally provided with barriers, from time to time the keepers will share space with them while the elephants are in a stretch or lie down position to accomplish some procedures, such as blood draws and foot radiographs. This zoo’s elephant care team has a strong history of managing and caring for bulls and of being extremely proficient at safely accomplishing procedures with known-aggressive elephants with barriers and/or restraints in place. This zoo’s elephant facilities provide the infrastructure to manage and care for elephants with barriers and/or restraints in place. Given that the expertise and infrastructure to manage elephants with barriers and/or restraints already exist, the zoo is strongly encouraged to consider a management system that accomplishes all procedures with these three known-aggressive elephants with barriers and/or restraints in place at all times to maximize occupational safety of its elephant care professionals.

EXAMPLE 2

The program is in compliance with the AZA Policy for Maximizing the Occupational Safety of Elephant Care Professionals but is deficient in meeting some of the AZA Standards for Elephant Management and Care (see below). This review was conducted over a two-day period and consisted of direct observations, an examination of the elephant management policies and procedures, and personal interviews with elephant staff members.

Elephants are worked with barriers or restraints in place, although the sharing of either restricted or unrestricted space remains a program option in very well defined circumstances. Staff was observed working safely around the elephants. It is standard practice that two staff members must be present when working the elephants. Two-way radios are used for staff communication while shifting elephants and as part of the zoo-wide emergency communication system. The safety proficiency of staff members is assessed with periodic performance evaluations. Regular program and facility assessments are occurring twice a year, including both elephant staff and non-animal care personnel, in order to incorporate wide perspectives on the safety audits. Written inspection reports are produced according
to AZA guidelines.

The configuration of the facilities is in accordance with the AZA Policy for Maximizing the Occupational Safety of Elephant Care Professionals in that it allows for the management of elephants with barriers and/or restraints in place. The exhibit space is not consistent with current best practices but plans are in place to expand the yard. The layout of the barn, ancillary yards and exhibit allow for flexibility in managing, grouping and separating elephants as needed. **The elephants would benefit from more frequent tilling or turning of the substrate in the exhibit in order to enhance foot and joint health, as they spend the majority of their time on hard surfaces.** The barn features a fully operational elephant restraint device (ERD) that allows for both staff and elephant safety during husbandry procedures. Lighting in the ERD area needs to be improved. Peeling paint and rust on some of the metal caging was also noted. **There is not adequate shade in the elephant exhibit. There are two small thatched shade structures present but much of the thatch is missing.**

The elephant care staff are dedicated, enthusiastic, and knowledgeable about their animals. Present staffing levels appear to be only minimally adequate for the needs of the program. Elephant section keepers are also responsible for the care of a number of other species and the time available for training and exercising of the elephants is limited. There is a structured, multi-tiered staff training system that safely integrates the experience level and skills of individual trainers into progressively more responsible roles within the program. The Curator has completed Principles of Elephant Management I & II. Keepers that have not completed PEM-I are scheduled to do so in advance of the AZA-mandated deadline of November 2017.

Elephants are visually inspected each day and staff has the experience level necessary to evaluate the health and welfare (feet, skin, behavior, abnormal physical changes, etc.) of the animals. **However, the cows are significantly overweight.** Consideration should be given to consulting with an exotic animal nutritionist in order to develop a safe, effective weight loss plan for these animals. In addition, staff should challenge themselves to overcome staffing obstacles in order to come up with more robust exercise options for the elephants.

In order to facilitate husbandry and medical care, the cows are trained for most, but not all, of the AZA Standard Elephant Behavioral Components. Those not yet trained should be prioritized and plans developed for their completion, particularly ear and eye exams and the acceptance of oral medications. **The elephants’ feet appear to be in good condition and there is a plan in place for regular foot care maintenance.**

Quarantine, preventive medicine, and immobilization protocols are in place. **Medical records with regards to the elephants are not complete and up-to-date.**

The elephants were generally responsive to behavioral commands during the training sessions that were observed. However, if there is a consistent, zoo-wide philosophy and framework for animal training, it was not evident and should be encouraged. As noted above, the cows are reliably trained for most, but not all, of the required behavioral components. Staff indicated that time to train the elephants is very limited due to other responsibilities. Enrichment is occurring regularly. A list of approved enrichment items is kept in the barn and there is a well-defined process for approving new enrichment.

Daily logs of the behavior and physical condition of the elephants are maintained. AZA annual program reports are being submitted as required. A number of pieces of documentation required in the AZA Standards for Elephant Management and Care were not in place. These include:

- The safety of elephant care professionals addressed in the institutional risk management plan.
• Guidelines for transport of elephants addressed in the elephant management policies.
• Plans to separate elephants from each other, to safely move elephants from one location to another, and to safely manage aggressive elephants addressed in the elephant management policies.

E. EVALUATING A DIVE PROGRAM

This information is intended to help inspectors properly evaluate dive programs at institutions located within the United States. For institutions outside of the U.S., the document can be used for general guidance.

Begin by reviewing the following items on the application questionnaire (2018 edition):

1. SS-38. Does your institution utilize underwater diving as part of regular operations and/or maintenance?
If the facility states that it does not utilize underwater diving (including breath-hold diving) as part of its regular operations or maintenance, then simply confirm this while doing the on-site inspection. The next two questions (SS-39 & SS-40) can be considered together for a facility with a diving program. For institutions located in the United States, diving types are generally governed by the following OSHA rules:

<table>
<thead>
<tr>
<th>Diving type</th>
<th>OSHA governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibit diving for routine cleaning/feeding/husbandry</td>
<td>Commercial diving</td>
</tr>
<tr>
<td>Exhibit/physical facility/life support maintenance</td>
<td>Commercial diving</td>
</tr>
<tr>
<td>In situ specimen collections</td>
<td>Scientific diving</td>
</tr>
<tr>
<td>Bona fide underwater studies</td>
<td>Scientific diving</td>
</tr>
<tr>
<td>Guest/visitor underwater diving programs</td>
<td>Recreational diving</td>
</tr>
</tbody>
</table>

A dive program doesn’t have to choose just one OSHA governance category. For example, a facility that uses all the diving types described in the table above could claim the corresponding governance for each diving type. However, the dive itself cannot mix the governing rules, e.g., a dive cannot be both a commercial dive and a scientific dive.

Note: should breath-hold diving be added to the SS-39 list, federal OSHA regulations do not specifically address this type of diving (although California OSHA does). The OSHA general duty clause that states an employer is required to provide a safe work environment would apply in this case. Breath-hold diving occurs when a diver does not breathe from any air source while underwater. A snorkel may be used to assist breathing while the diver is at the surface.

2. SS-41. Provide the name, title, and CV of your institution’s Dive Safety Officer (DSO). Review the CV. Having a DSO who is at least certified at the instructor level is considered a best practice, but is not an AZA standard. However, more scrutiny during the on-site inspection may be warranted if the DSO is not at least certified at the instructor level. NOTE: membership in AAUS (American Academy of Underwater Sciences) and subsequent use of the scientific exemption mandates an instructor-certified DSO.

3. SS-42. Submit a copy of your institution’s dive manual.
The safe practices manual must provide a written operational procedure for each diving mode used by the institution. It should include a copy of the regulatory standards (e.g., commercial diving, scientific diving, etc.) under which it operates. It should also include criteria for diver training and certification, and emergency action plans. Do not be intimidated by a 200 page or more dive manual. Many of the
thick manuals are cut-and-paste from the OSHA regulations and AAUS Dive Manual. Look for information that is specific to the facility’s operation.

4. **SS-43. Submit copies of records and evaluation reports for live-action safety drills conducted at the institution for the last five years.**
When reviewing the institution’s records, note if everyone in the dive program is receiving the training and if the location of the training varies.

5. **SS-44. Provide a copy of your institution’s dive emergency plan for each tank into which divers enter.**
This is often included in the dive manual. Does this plan cover every tank?

6. **SS-46. Does your institution have an in-house diving control board?**
Although not an AZA standard, this is considered a best practice. If a facility claims the scientific exemption, then a DSB is required. Not having a DSB might merit a recommendation to create one in the Narrative section of the Visiting Committee Report.

7. **SS-47. Does your institution provide appropriate training and testing opportunities (including regular CPR, first-aid, and oxygen administration) to those persons involved in diving?**
This is an OSHA requirement. During the on-site inspection, ask the divers what type of training they receive.

8. **SS-48. Do your institution’s divers maintain up-to-date diving logs?**
During the on-site inspection, ask to see the diving logs for the previous week (or any time period). A proper diving log should list (at minimum) the date, location, divers involved, length of time of the dive and air consumption for each diver, and depth.

9. **SS-49. Does your institution provide appropriate workman’s compensation...for divers (including volunteers)?**
Ask the dollar limits of the policy and why that amount was chosen. If there is any doubt that volunteers are covered, ask to see a copy of the policy.

**During the on-site inspection:**

10. **Is the dive equipment in good working order?**
• On each scuba cylinder, hydrostatic inspection dates are stamped in the metal around the neck of the cylinder. The date is represented by the number of the month, a code representing who did the inspection, and the year of the inspection. The latest date must be within five years of the present time. In addition, an annual visual inspection must be done. This is most often represented by a sticker on the side of the tank with the inspection date.

• Regulators (the mechanism which attached to the tank and provides a mouthpiece from which to breathe) should be inspected annually. This inspection is not always marked on the regulator, but should be documented in the equipment maintenance records.

• The air quality delivered by the diving air compressor must be tested quarterly. Ask to see the air quality certificate. OHSA requires an air quality test every six months, but quarterly testing is considered a best practice.

• If you don’t feel comfortable hunting for these items, ask the DSO to show you the inspection dates or other documentation of equipment you select at random.
11. Is the DSO clear on OSHA standards?
Although having the DSO instructor-level certified isn’t an AZA standard, if the facility has a large diving operation, this is worth recommending in the Narrative section of the Visiting Committee Report as a best practice.

12. Observe a dive operation if possible.
• A scuba dive is required to have a DPIC (Diver Person in Charge) and a stand-by diver, in addition to the scuba diver. The stand-by diver does not have to be dressed, but their gear must be assembled and ready to use in an emergency.

• A surface-supplied dive must have a DPIC and line tender. The tender and diver must be able to talk and hear each other through a communications system. NOTE: Hookah diving (air from the surface is supplied to the diver who uses a simple regulator mouthpiece and scuba mask) is not permitted under OSHA commercial diving regulations (except in California). Hookah diving is permitted under the Scientific Diving exemption. Hookah does not use a voice/audio communications system.

F. PRIMARY FOCUS AREAS
Following are the areas of primary focus for evaluating an institution. These are intended as examples, and should not be considered as being definitive or complete. Issues are broken into the main section headings covered by the Accreditation Standards (see the 2018 “Accreditation Standards and Related Policies” booklet).

Animal Welfare, Care, & Management: An institution must comply with all wildlife laws. In developing its accreditation and certification programs, AZA has been especially concerned with the need for assuring the highest standards of animal care, welfare, and management. It is our belief that this objective is paramount to the overall welfare of living creatures and that good conscience permits no higher priority. Pay close attention to the size and nature of the living environments provided for the animals. Be sure to note whether the physical and psychological well-being of the animals is being met. The facility’s animal record-keeping system is of primary concern to the Accreditation Commission and should be carefully reviewed. Be sure to:

1. Observe all of the institution’s animals and their overall welfare and well-being
2. Ascertain that the institution has a sufficient Institutional Collection Plan
3. Examine all animal facilities, including those not located on site
4. View the animals used in off-premises programs
5. Select records at random to verify up-to-date status
6. Review records for animals not on Species360 (formerly ISIS) (i.e., fish, insects, etc.)
7. Examine animal diets, food coolers, freezers, etc.
8. Look for signs of pests and determine what kind of pest control solutions are being utilized
9. Check graphics for accuracy, clarity, consistency
10. Determine if staff is aware of the institution’s euthanasia policy
11. Make certain the animals are protected from excessive heat and cold
12. Make certain the animals are provided sufficient shade in outdoor exhibits
13. Make certain the animals have access to potable water both on and off exhibit.
14. Make sure that each animal is maintained in numbers sufficient to meet their social and behavioral needs (display of single animals should be avoided unless biologically correct for that species)
15. Make certain all the animals are being provided with appropriate enrichment on a regular and frequent basis, and the facility has a sufficient written enrichment program
16. Make certain that exhibit enclosures are of sufficient size and nature to provide for the psychological and physical well-being of each animal
17. Make certain that exhibit enclosures and holding areas are of sufficient design to prevent unintentional animal egress
18. If the institution has contact areas, review written policy for animal and public safety
19. View the animals used in public contact areas
20. View the animals used in education programs and the written policy for their use
21. Verify that the facility’s policy on responsible population management incorporates, at minimum, all requirements contained in AZA’s RPM policy
22. Verify the process utilized for acquisition, transfer, euthanasia, and reintroduction of animals with several members of the staff at all levels
23. Randomly pull RPM records for review
24. Make certain that, if the applicant surpluses animals to non-AZA facilities, appropriate measures are taken to ensure that the non-AZA facilities are willing and able to provide proper care for the animal(s) and that the transfer is done in accordance with AZA’s Policy on Responsible Population Management.
25. If the applicant is using unknown collectors of aquatic animals, determine how the institution is verifying that collection procedures used by the collector do not cause environmental abuse
26. If the applicant is dealing with commercial collectors, determine how the institution is verifying that the collectors are properly permitted to legally conduct collections of animals from the wild
27. If the institution holds elephants, make certain it is in compliance with the AZA Standards For Elephant Management And Care
28. Make certain that the applicant has a clear process for identifying and addressing animal welfare concerns

**Institutions Maintaining Elephants:**

1. A written elephant management protocol must exist. Review that document. Make sure its policies and practices are within current AZA standards for elephant management and care (see pages 36 – 63 of the 2018 “Accreditation Standards and Related Policies” booklet).
2. Each institution maintaining elephants must have an individual who is designated as elephant manager. Verify that this person’s responsibilities include training staff, and developing and maintaining the elephant management program. It is desirable for this person to have completed the AZA Principals of Elephant Management training course. Inquire as to whether this is the case.
3. Make certain that the institution has a minimum of two qualified elephant care professionals present during any contact with elephants.
4. Determine if continuing education and training are supported by management staff.
5. Is there a written training protocol for training new elephant staff? If so, ask to see it.
6. Determine if elephant staff are aware of, or involved in, AZA, EMA, AAZK or the elephant TAG.
7. Have the elephant staff demonstrate various required behaviors. Have these performed by different qualified trainers.
8. Make sure the elephants have access to natural substrate for dusting.
9. Make sure the elephants have shade provided during the heat of the day in a sufficient amount to accommodate every animal.
10. Review the most recent incident report.

**Institutions Maintaining Cetaceans:**

1. In general, make sure that the institution has the funding and resources necessary (including personnel) to provide for the health and wellbeing of the animals, and that management of husbandry programs is guided by modern professional principles, plans, and procedures.
2. Review the behavior management program to be sure it enhances the care and welfare of the
animals.
3. Programs for cetaceans should be under the supervision of a qualified managing curator with appropriate training and experience.
4. If interactive programs between guests and cetaceans are offered, make certain that the animals are given the choice to participate or not.
5. Observe an interactive program, and observe the training for cetaceans that participate in interactive programs.
6. Make sure the institution has an education program about cetaceans that is based on current scientific knowledge.
7. A written breeding plan must exist. Review that document.
8. Review the birth protocol and contingency plan that provides for the care of mother and calf.
9. Evaluate the habitats to make sure there is sufficient space for natural behaviors and social groups.
10. Make sure that water quality in the animal habitats meets or exceeds accepted standards.

**Veterinary Care:** The institution’s animal health care program must be under the direction of a licensed veterinarian; an appropriate number of persons must be employed in the animal health care program; and the extent of professional services provided the animals must be judged adequate for that particular institution. Institutions maintaining venomous animals must have an appropriate supply of sera available and policies/procedures in place for the safe handling of those animals. The alarm system and emergency procedures should be closely reviewed. The applicant’s animal record-keeping system is of primary concern to the Accreditation Commission and should be carefully reviewed. Be sure to:

1. Determine if the institution follows the guidelines of the American Association of Zoo Veterinarians [http://www.aazv.org/displaycommon.cfm?an=1&subarticlenbr=839]
2. Check the animal record-keeping system: is it adequate?; is it kept current?; randomly pull medical records for review
3. Determine if the animal health care program is sufficiently staffed
4. Determine if the extent of veterinary services provided the animals is sufficient
5. Examine the emergency medical equipment bag
6. Carefully review USDA reports (check areas of concern, and determine what is being done to correct them)
7. Evaluate quarantine procedures and their implementation
8. Evaluate quarantine, isolation, and hospital facilities
9. Check alarm systems and emergency procedures; ask random staff the procedure for retrieving an escaped animal
10. Review drug emergency protocol (locked areas, authorized staff, etc.)
11. Determine the veterinarian’s response time from home in an emergency
12. Confirm that policies and procedures for handling venomous animals are adequate, and that adequate sera is available
13. Determine if drugs used in aquariums or aquatic exhibits comply with FDA guidelines
14. Evaluate animal food prep facilities, procedures, and location
15. Determine if animal food, especially seafood products, are purchased from sustainable or well-managed sources
16. Determine how the institution ensures that the animals are not exposed to toxic plants from browse material and/or plants growing naturally on grounds

**Conservation:** Conservation must be an element in the mission statement of the institution, and all institutions must have a written conservation plan. The scope of the institution’s conservation programs should be closely reviewed. Each institution is required to participate in every SSP that pertains to an animal belonging to the institution, although it may decide at what level. Regarding
participation in TAGs, CAPs, and other programs, consideration should be given to the size, budget, and other areas affecting these programs. Be sure to:

1. Determine if conservation is a key element in the institution’s mission
2. Determine if the facility is contributing their “fair share” to AZA conservation programs based upon budget and/or staff size
3. Review the number of staff dedicated to conservation programming
4. Determine if the institution has an adequate conservation plan/strategy
5. Review studbooks published by the institution
6. Determine if all SSP animals are registered with the appropriate SSP
7. Determine level of support of, or methods of participation in, wildlife conservation programs
8. Determine the level of involvement in resource conservation
9. Determine staff attendance at AZA conferences, SSP, and TAG meetings, etc.
10. Ask what efforts are undertaken for energy and natural resource conservation (i.e., recycling, water conservation initiatives, etc.)
11. Review local and national program literature
12. Review participation in conservation programs with colleges and universities
13. Determine whether conservation initiatives are regularly evaluated for effectiveness

**Education and Interpretation:** [Not required for certification applicants unless education is part of the applicant’s mission. Evaluate if a program exists.] Education must be an element in the mission statement of the institution, and all institutions must have a written education plan that matches current zoological and aquarium professional standards. Among the things to be closely examined are:

1. Determine if education is a key element in the institution’s mission
2. Review the number of staff dedicated to education programming
3. Determine that one paid staff member is dedicated to education on (at least) a part-time basis
4. Find out how the education message is conveyed to the casual visitor
5. Examine several publications, brochures, or other printed material
6. View the classrooms, teaching areas, etc.
7. Explore the availability of funds allocated for education programs
8. Check to see that exhibit signage and graphics contain appropriate information and are in good condition.
9. Determine what the level of education department contact is with appropriate local schools, colleges, and other academia
10. Review the volunteer and outreach programs
11. Determine what level of outreach programming exists and if appropriate animals are being used
12. If animals are being used in off-site situations, review the program to determine if it is appropriate
13. Determine who develops and designs the institution’s graphics
14. Determine whether educational programs are regularly evaluated for effectiveness

**Scientific Advancement:** The scope of the institution’s scientific advancement programs should be closely reviewed. Consideration should be given to the size, budget, and other areas affecting these programs. Be sure to:

1. Review the protocol for evaluating potential scientific studies
2. Determine how scientific studies are coordinated
3. Explore how scientific studies are viewed by staff
4. Verify if results are shared and/or published in appropriate journals
5. Determine the level of involvement with local and regional academia
**Governing Authority:** The governing authority must be supportive of the institution abiding by the AZA Code of Ethics and Charter & Bylaws, and must recognize and support the institution’s goals and objectives. Be sure to:

1. Ask the governing authority what the Director’s role is in the decision making process
2. Explore the process of hiring and firing personnel
3. Determine the lines of authority for acquisition, transfer, euthanasia & reintroduction of animals (are these decisions made by the institution’s governing authority or its staff?)
4. Evaluate the relationship between the governing authority and the Director
5. Determine the levels of control on the part of the governing authority (appropriate or inappropriate)
6. Determine the governing authority’s role in the day-to-day management of the institution, including staff, animals, and programs

**Staff:** A key element of an institution’s successful operation is maintaining a staff sufficient in qualification and number. Effective communication, working relationships, and training are also important. Be sure to:

1. Become familiar with the qualifications of staff and review resumes and job descriptions
2. Randomly talk to staff about their responsibilities
3. Discuss with management its relationship with staff, including problems and proposed solutions
4. Discuss with individual staff their relationship with senior management, including problems (make certain to assure confidentiality of statements made)
5. Meet with animal care staff individually, if possible, but in cases of very large institutions, meet in one large group without management present, and discuss relationship with management, including problems (make certain to assure confidentiality of statements made)
6. Determine if lines of authority are clearly defined for staff
7. Evaluate staff training for detail, frequency, appropriateness, etc.
8. Investigate staff involvement with AZA, SSPs, TAGs, etc.
9. Determine if appropriate funds are available for staff travel and participation in meetings, and which staff members are eligible to participate
10. Review staff salaries to determine if levels are appropriate
11. Review the volunteer programs and training

**Support Organization:** A support organization which has goals inconsistent with those of the institution may jeopardize the institution’s work. Be sure to:

1. Ask society representatives their role at the facility
2. Evaluate the society’s support and fund-raising efforts
3. Review how funds are allocated and distributed
4. Review financial reports and how funds benefit the facility
5. Ask the society Director about the relationship between the society board and staff
6. If no support organization exists, consider whether having one might be helpful

**Finance:** An institution must provide sufficient evidence of its financial stability, including contingency plans, and funding for capital improvements and maintenance. Be sure to:

1. Determine if the facility will be solvent for the five-year accreditation/certification cycle, including reviewing the availability of long-term funding, contingency plans, emergency funds, etc.
2. Ask the Director if budget cuts or other financial problems are anticipated in the future
3. Review all financial records
4. Review the budgeting process, including who has control, how requests originate, the input of entrance and mid-level managers, the role of the governing authority in the process, in-house controls on spending, the auditing process, etc.

**Physical Facilities:** While the Commission is interested in an applicant’s future plans, accreditation/certification will be based upon its operations and physical facilities at the time of the inspection. Things to consider include:

1. Make your recommendation to accredit/certify, table, or deny based on what you see at the time you visit the facility, not on plans for the future
2. Are animal buildings in good condition?; do the animal facilities meet or exceed all relevant federal and state requirements?
3. Review the maintenance program, storage, and equipment. How do the overall grounds look? How much deferred maintenance does the institution have?
4. Consider the overall condition, suitability, and appearance of exhibits: are they in good condition?; are they attractive, and appropriate for the species contained?; do they represent modern zoological practices and philosophies?
5. Look at exhibit furniture: is it appropriate?; is there sufficient quantity?
6. Are the exhibit groupings appropriate?
7. Is there adequate ventilation and light in buildings and holding areas?
8. Check exhibits from the service areas (is space sufficient for safety?)
9. Check for regular program of water quality monitoring for all animals, including written records

**Safety/Security:** The security program employed by that particular institution should be judged sufficient to provide appropriate protection for the animals, its employees, and the visiting public. With respect to security, judgment should be based on the operation, location, size, and physical facilities. Procedures must be in place to reduce the risk of injury by potentially dangerous animals. The alarm system and emergency procedures should be closely reviewed. Be sure to:

1. Determine that drills are being conducted regularly and in accordance with standards
2. Determine when the most recent drills were conducted and what type of drills they were
3. Determine if escape procedures are posted in animal backup areas
4. Review the files on the most recent safety incidents (i.e., escapes, accidents, injuries, attacks, public problems)
5. Ask staff at random if they know the process of treating an injury to a visitor, or where the nearest first-aid station is
6. Determine if the exhibits are safe for the animals, the staff, and the public
7. Observe public walkways, steps, and other public areas to determine if they are free of debris and in good repair
8. Check work areas to make sure they are free of clutter and safe areas in which to work
9. Make sure that Safety Data Sheets (SDS) are located in areas of easy access to employees
10. Make sure that flammables are stored properly
11. Make sure that electrical service in all wet environments, aquatic exhibits, and associated service areas is equipped with ground fault circuit interrupters (GFI)
12. Determine if appropriate safety procedures are in place for potentially dangerous animals
13. Check alarms systems and emergency procedures
14. If the institution is using underwater diving, determine if they are meeting minimal operational safety standards for diving
15. Verify that adequate security is provided for the animals both day and night
16. Verify that security personnel are familiar with and trained to act in accordance with institution procedure and policy
17. Check instructions to security personnel regarding nightly rounds, emergencies, etc.
18. Determine if incidents of vandalism have occurred and, if so, how prevalent the problem is and how is it being addressed
19. View stored firearms, if applicable; who has access?
20. Determine that the perimeter fence is separate from all exhibit fencing, and is intact and in good condition

**Guest Services:** [Not required for certification applicants, but evaluate if program exists.] While the Commission is interested in an applicant’s future plans, **accreditation/certification will be based upon its operations and facilities at the time of inspection and review.** Among the things to be closely examined are:

1. Attempt to view the physical facilities from the public’s perspective, for example: enter from the public entrance; inspect public restrooms, are they conveniently located?; inspect the drinking fountains, are there enough of them?; are refreshment stations conveniently located?; are there enough rest stops and benches throughout the facility?; taste the food being sold to the public; is the institution ADA compliant?; etc.
2. Way-finding: are maps and signs available, clear, and easy to locate?
3. Are the overall aesthetics and design of the exhibits appropriate and in step with modern zoological practices?
4. Are the buildings and grounds well kept?
5. Are trash receptacles and trash collection sufficient?
6. Is ventilation adequate in public buildings?
7. Are “AZA Accredited/Certified” stickers and/or signs displayed throughout the institution? [Note: applies to currently accredited/certified facilities only]

**Strategic Planning:** An institution should have a strategic and/or master plan to guide the institution in its development. Be sure to:

1. Ask what other programs are being developed or are already in place
2. Ask to see the formal master plan and determine if it is on schedule, being followed, etc.
3. Ask to see the formal strategic plan, if applicable

**G. PRIMARY CONSIDERATIONS**

**The Animals.** Welfare of the animals is of primary concern. The Visiting Committee shall consider the size and nature of the living environments provided the animals, and whether the physical and psychological well-being of the animals is being met. The scope of the institution’s enrichment program will be closely reviewed. The Visiting Committee will also check to be sure that the facility’s collection plan adheres, at minimum, to accreditation requirements. In addition, the institution must have an in-house animal welfare assessment process that meets—at minimum—the requirements expected under standard 1.5.0. [See “Guide To 1.5.0” pages 23 – 25].

**Animal Health Care.** A facility’s animal health care program must be under the direction of a licensed veterinarian, an appropriate number of persons must be employed in the animal health care program, and the extent of professional services provided the animals must be adequate.

**Animal Security.** The security program employed by the applicant shall be sufficient to provide appropriate protection to the animals. The Commission shall base its judgment with respect to security on the operation, location, size, and physical facilities.
• **Conservation and Education.** The scope of conservation and education programs will be closely reviewed. Both of these programs require a written plan. Consideration is given by the inspectors and the Commission on the size, budget, and other areas affecting these programs. However, conservation and education must be key elements in the institution’s mission, and the institution must participate in every SSP program that pertains to an animal belonging to the applicant. Institutions may indicate at what level they desire to participate in each SSP. While not a requirement for accreditation or certification, the facility’s Annual Report on Conservation and Science (ARCS reports) will be reviewed for each of the five years since the applicant’s previous inspection.

• **Dangerous or Venomous Wildlife.** Facilities maintaining venomous animals must have an appropriate supply of sera available and policies/procedures in place for the safe handling of those animals. Likewise, procedures must be in place to reduce the risk of injury by potentially dangerous animals. The alarm system and emergency procedures will be closely reviewed by the Visiting Committee.

• **Finance.** The institution’s financial health will be reviewed and considered in terms of meeting the needs of the institution for the five-year period of accreditation/certification. Contingency plans will also be reviewed.

• **Master Plans, Policies, & Procedures.** Master plans, written policies, and procedures should be reviewed on a regular basis and updated as necessary, and should be of a quality on par with other accredited/certified facilities of similar size and nature.

• **Physical Facilities:** The physical condition of the institution will be closely observed in both public and restricted areas, and maintenance programs reviewed. Exhibits and holding areas will be considered in terms of modern zoological design, philosophy, and practices (see “Preamble” appearing on pages 17 – 18. Aesthetics are important, too. Antiquated facilities will be evaluated and may be considered below standard.

• **Policy on Responsible Population Management (RPM).** The Visiting Committee shall ascertain the institution’s policy covering acquisitions, transfers, reintroductions, etc. adheres, at minimum, to AZA’s Policy on Responsible Population Management (RPM), and that the policy is being followed, including transfers to non-AZA facilities (if any).

• **Record Keeping.** The facility’s animal record-keeping system is of primary concern to the Accreditation Commission and will be carefully reviewed by the Visiting Committee.

• **Safety.** The Visiting Committee shall review the institution’s safety programs employed for the protection of its employees, the visiting public, and the animals. Written policies and training will be reviewed, and inspectors will look for potential safety hazards in both public and restricted areas.

**H. COMMONLY FOUND CONCERNS**

Following are concerns commonly found during inspections:

**Examples of commonly found major concerns:**

- Unresolved governance issues
- Unsigned/unconsummated agreements
- Low staffing levels
• Incomplete or lack of written safety procedures/manuals/protocols
• Inadequate policies, or failure to follow them
• Failure to conduct drills in accordance with standards
• Insufficient safety barriers
• No duplication of records or failure to store duplicate set in separate location
• GFI circuits in wet areas

Examples of commonly found lesser concerns:
• Peeling Paint
• Rusty doors and fencing
• "Permanent" extension cords
• Cluttered yards and storage areas
• Rotted (wet and dry) wood and fencing
• Potholes in asphalt
• Cracks in concrete visitor walkways
• Dark work areas
• Perimeter fence issues
• Missing or improperly mounted fire extinguishers
• Inaccessible SDS sheets

Of significant concern, if present:
• Issues affecting animal welfare
• Recurring issues from previous inspections
• Evidence of poor preparation
• Lack of modern zoological practices and philosophies
• Director does not have final authority over animals, staff, or programs
• Unstable or unclear governing structure
• Unstable or unclear financial support
• Lack of forward momentum or progress

III. DEFINITIONS

A. DEFINITIONS OF ACCREDITATION AND CERTIFICATION

Accreditation:
The accreditation program is based on a fundamental definition of a zoological park or aquarium. To apply for accreditation, institutions must: (1) operate based on philosophies and practices considered by AZA as being modern best zoological practices of the profession, (2) meet or exceed all AZA accreditation standards and adhere to all AZA policies, and (3) meet all aspects of the definition of a zoological park or aquarium.

For the purposes of AZA’s accreditation program, a zoological park or aquarium is defined as: a permanent institution which owns and maintains wildlife, under the direction of a
professional staff, provides its animals with appropriate care and exhibits them in an aesthetic manner to the public on a regular basis. The institution, division, or section shall further be defined as having as a core mission the exhibition, conservation, and preservation of the earth’s fauna in an educational and scientific manner.

**Certification:**
The certification program is intended for those facilities that hold wildlife, but do not meet the definition of a zoological park or aquarium above. Only facilities meeting or exceeding the definition of a related facility (see below) should apply for certification.

For the purposes of AZA’s certification program, the Related Facility membership category is defined as: organizations holding wildlife that are not commercial entities, and are not open to the public on a regularly scheduled, predictable basis. The facility shall be under the direction of a professional staff trained in animal husbandry, and shall be further defined as having conservation and preservation as part of its mission—a mission that shall have a beneficial, tangible, supportive impact on the zoological and aquarium professions. This includes wildlife ranches, wildlife refuges or rehab centers, research facilities, survival centers, conservation support facilities, and/or similar organizations.

**B. BASIC DEFINITIONS**

**ACCREDITATION:** the establishment and maintenance of professional standards and the qualitative evaluation of organizations in the light of those standards. Through this process a profession is judged based on criteria selected by experts in that field, rather than by outside agencies and/or individuals that are not actively employed in that field.

**ADJACENT:** Next to, close to, adjoining.

**AESTHETIC:** Pertaining to the beautiful.

**ANIMAL WELFARE/WELLNESS:** an animal’s collective physical and mental states over a period of time, and measured on a continuum from good to poor.

**AQUARIUM:** Usually at least one public building which contains aquatic animals. However, the animals are usually split into numerous exhibits. [For full definition see Basic Definition, see above.]

**CEO/DIRECTOR:** The person with the authority and responsibility for the operation of the institution. Other titles may include president, chief executive officer, superintendent, supervisor, manager, etc.

**CERTIFICATION:** A process similar to accreditation (see “Accreditation” above). In AZA’s case, certification involves review and assessment of facilities that operate in support of zoos and aquariums, but are typically not open to the public on a regular basis.

**CONSERVATION:** Conservation is understood to be active stewardship of the natural environment, including wildlife, plants, energy and other natural resources.

**CURRENTLY ACCREDITED/CERTIFIED APPLICANTS:** Currently accredited/certified applicants are those facilities that are AZA-accredited/certified at the time the application is submitted and processed.
ENGINEERING STANDARDS: Standards that require exact and precisely measured steps to fulfill an engineering characteristic, with little or no variation in method for meeting the goal.

**ENRICHMENT:** A process to ensure that the behavioral and physical needs of an animal are being met by providing opportunities for species-appropriate behaviors and choices.

**GOVERNING AUTHORITY:** The agency with authority to govern the operations of the institution (such as the city, county/provincial, or federal government body, private corporation, foundation, society, board of directors, or other similar entities).

**INSTITUTIONAL COLLECTION PLAN (ICP):** An ICP is a document designed to thoughtfully assess the reasons for having each taxon in the collection. The ICP should be updated on a regular basis (minimally every 5 years). The ICP should include a statement of justification for all species and individuals in the institution’s planned collection. The ICP should consider such criteria as status in the wild, status in zoos and aquariums, existence and priorities of cooperative management programs, ability to maintain the species in a physically, psychologically and socially healthy environment, exhibit value, exhibit suitability, need for husbandry and other research, recommendations stated in AZA TAG’s Regional Collection Plans and any other issues specific to the institution’s mission and vision.

**INTERNATIONAL INSTITUTIONS:** Institutions located outside the United States may apply for accreditation or certification under the same rules as those located within the United States. In some rare cases, processing of applications for international institutions may not be possible within the standard six-month time frame, and may require a year or more before the Commission hearing can be scheduled. In addition, the amount of the Visiting Committee deposit may be higher due to increased travel costs associated with inspecting facilities located outside of the United States. If possible, AZA will assign an individual who is fluent in the applicant’s native language to the inspection team for all international institutions, but the questionnaire and all primary materials submitted must be in English (see Translation of Documents, page 21 of the 2018 Guide to Accreditation of Zoological Parks and Aquariums). If AZA is unable to assign individuals who speak the native language, the institution is responsible for providing an interpreter. Brochures and other pre-printed materials must be accompanied by a translation. If you have any questions about this please contact AZA.

**MENTOR (PEER CONSULTANT):** An individual deemed qualified by the Accreditation Commission to assist an institution in preparing for the AZA accreditation or certification process. The individual is assigned by the Commission to help the facility identify areas that need to be addressed, to review and help update policies and procedures, internal documents, record keeping, and all areas involved in the accreditation/certification process. The mentor can advise as to the institution’s readiness, and can also provide guidance on assembling the application, if desired (see Mentoring Program pages 45-46 of the 2018 Guide to Accreditation of Zoological Parks and Aquariums).

**MODERN ZOOLOGICAL PRACTICES AND PHILOSOPHIES:** practices and philosophies that are commonly accepted as normal best practice by the profession. The word “practices” represents the tangible while “philosophies” refers to an overall perspective.

**NEW APPLICANTS:** “New” applicants are those institutions applying for accreditation or certification for the first time, or any institution that is not currently AZA-accredited or certified, regardless of whether it has been AZA-accredited or certified in the past.

**OCEANARIUM:** Usually aquatic animals housed in several public buildings contained in a park setting. The exhibit scale is very large with other attractions/services scattered among the exhibits.
PERFORMANCE STANDARDS: standards that measure the level of achievement considered acceptable to fulfill a performance characteristic, and choice in method for meeting the goal.

PERMANENT (cultural institution): an institution founded by an authority which intends it to continue indefinitely.

PROFESSIONAL STAFF: a paid full-time employee who commands an appropriate body of special knowledge and has the professional training, experience and ability to reach zoological park or aquarium management decisions consonant with the experience of peers, and who has access to and knowledge of the literature of the field.

REGULAR BASIS: regular hours, so that access is reasonably convenient to the public.

RELATED FACILITY: For the purpose of AZA’s accreditation programs, a related facility is defined as: organizations holding wildlife that are not commercial entities, and are not open to the public on a regularly scheduled, predictable basis. The facility shall be under the direction of a professional staff trained in animal husbandry, and shall be further defined as having conservation and preservation as part of its mission—a mission that shall have a beneficial, tangible, supportive impact on the zoological and aquarium professions. This includes wildlife refuges or rehab centers, non-invasive research facilities, survival centers, breeding farms, and/or similar organizations.” The Accreditation Commission, and its agents, shall determine whether a facility meets the definition of a related facility.

WELFARE: (see “animal welfare/wellness” above).

WILDLIFE: non-domesticated animal life.

WILDLIFE PARK: Animals maintained in a public park setting, usually in very large exhibits that include animals which are free-ranging within the exhibit.

ZOOCALOGICAL PARK: A collection of animals which are housed in many public exhibits, both indoors and outdoors [for full definition see Basic Definition, pages 40 – 43.]

IV.

THE WRITTEN REPORT

The accreditation/certification inspection written report is the property of AZA. Inspection teams serve as the “eyes and ears” of the AZA Accreditation Commission, and inspectors are agents of AZA. Each inspection report will be checked thoroughly by AZA and edited as necessary for format, spelling, grammar, clarity, and content (as related to standards). Narrative reports that do not adhere to the instructions in this section will be restructured by AZA to fit the format. If any statements are unclear, the team chair will be contacted to ensure that content is correct.

Following are examples of the four components comprising the Visiting Committee Report: the cover letter, report form, narrative report, and list of concerns/points of achievement. These examples demonstrate how the complete report is to be prepared.
A. COVER LETTER (LETTER OF RECOMMENDATION)

The cover letter forwarding your final report should state your Committee’s recommendation for granting, tabling, or denying accreditation/certification, and anything else you believe the Commission should know, both positive and/or negative. This letter is not shared with the applicant. It is the document in which you have an opportunity to inform the Commission of your team’s personal opinions, observations, and insights. Please be sure to use Accreditation Commission letterhead (supplied with your original package of materials) for the cover letter.

Possible Recommendations: In addition to a straight recommendation of accreditation/certification, tabling, or denial, other appropriate recommendations include: **tabling unless a significant portion of the listed concerns are completed; **denial unless a significant portion of the listed concerns are completed.

Example 1:
The Visiting Committee inspected this facility on xxxx. The Director has been given the list of concerns noted by the Committee during the exit interview. A copy of that list is included with this report. Please see the narrative portion of this report for details regarding these concerns. The Visiting Committee recommends continuation of accreditation.

Example 2:
The Visiting Committee inspected this facility on xxxx. The Director has been given a list of concerns noted by the Committee during the exit interview. A copy of that list is included with this report. Many of the concerns were of a sufficient nature that this Committee recommends tabling of this institution’s accreditation until or unless the majority of these concerns have been sufficiently addressed. Please see the narrative portion of the attached report for details regarding these concerns.

Example 3:
The Visiting Committee inspected this facility on xxxx. The Director has been given a list of concerns noted by the Committee during the exit interview. A copy of that list is included with this report. There were numerous concerns, including some of a fairly significant nature. It is the opinion of this Committee that the institution cannot address the majority of these concerns within a year’s time, and therefore recommends denial of accreditation. Please see the narrative portion of the attached report for details regarding these concerns.

B. VISITING COMMITTEE REPORT FORM QUESTIONNAIRE

It is important that all team members participate in completing the report form, and in the recommendation the team will make to the Accreditation Commission. It is suggested that the team complete the report form before compiling the List of Concerns (required prior to the exit interview). The List of Concerns must contain the items marked “U” from the report form. It may be helpful for the team to meet nightly during the inspection to discuss and complete the questions on the form.

Correct Edition. Before proceeding, first make sure you have the correct edition of the report form – accreditation or certification. You must have the edition matching the year in which you received the assignment, and it must match the edition year of the institution’s application (a 2018 application requires a 2018 Visiting Committee Report Form questionnaire, etc.). The edition year you are using may not necessarily be the year in which you are writing the report (for example, a team assigned in October may not perform the inspection and write the report until January or February). Also verify that you are using the correct
“A”, “Q”, “U” Designations. All questions must be answered with “Yes”, “No”, or “N/A” and “A”, “Q”, or “U” (Acceptable, Questionable, or Unacceptable). If “Q” or “U”, you must provide a brief explanation in the “Comments” area at the end of that section, and again in greater detail in the narrative report. “U”s must also be included on the list of concerns given to the CEO/Director during the exit interview. If multiple questions relating to the same area of concern are marked “U”, that item should only be listed one time on the list of concerns.

Question Aids (<A> and <A+>). Answers to some questions in the Visiting Committee Report form can be found in the supporting materials alone. These questions are identified by the symbol <A> appearing at the end of the question. Other questions require two sources to determine an answer: the supporting materials and additional investigation (i.e., questioning and/or observing during the inspection). Those questions are identified by the symbol <A+> appearing at the end of the question. Questions with no symbol can be answered only by questioning appropriate staff, or from information obtained or observed during the actual inspection.

Electronic Format. A hardcopy of the Report Form is supplied for use on site in case access to a laptop is not available. However, the final report must be submitted using the electronic version, which is emailed to you by the accreditation department. When you have finished compiling the full report, email it to AZA accreditation staff and the Primary Reviewer. The finished emailed report should consist of three separate documents: (1) cover letter, (2) report form (including the list of concerns), and (3) narrative report. Immediately after emailing these three components by the established deadline, send the following items to the accreditation department, by traceable mail (Fed-Ex, UPS, Registered Mail, etc.): • Cover letter on AZA letterhead with original signature, • signature page from report with signatures of all inspectors, and • photographs.

Example of Report Form:

<table>
<thead>
<tr>
<th>FINANCE (F)</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>A/Q/U</th>
</tr>
</thead>
<tbody>
<tr>
<td>F-1/F-2. Appearing on Institution Questionnaire only.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F-3. Does the institution meet all state and federal laws regarding financial reporting and auditing?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>A</td>
</tr>
<tr>
<td>F-4. Does the institution have continuing financial support? [9.1] &lt;A&gt;</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>Q</td>
</tr>
<tr>
<td>F-5. Is the total financial support adequate to meet the needs of the institution? [9.1]</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>U</td>
</tr>
<tr>
<td>F-6. Is financial support the recognized responsibility of the governing authority? &lt;A&gt;</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>A</td>
</tr>
<tr>
<td>F-7. Is the institution’s written contingency plan adequate should significant decreases in operating income occur? [9.5] &lt;A&gt;</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>Q</td>
</tr>
<tr>
<td>F-8. Does the insurance protection appear to be adequate for visitors, governing authority, staff, society, volunteers, animals, and physical facilities? [9.3] &lt;A+&gt;</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>A</td>
</tr>
<tr>
<td>F-9. Is there a separate budget for capital improvements and major</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
reparis/replacements? [9.4] < A >

F-10. Are sufficient amounts allocated for capital improvements and major repairs/replacements? [9.4, 10.1.2] < A >

F-11. Are sufficient amounts allocated for conferences, continuing education, training/seminars, etc.? [7.5] < A >

F-12. Are sufficient amounts allocated for maintenance and supplies? [9.4, 10.1.2]

COMMENTS: F-4/5: Total financial support has decreased and is not at a level sufficient to meet the institution’s needs (9.1). F-7: The contingency plan is weak and needs improvement (9.5). F-10: The amount allocated for capital improvements is insufficient to meet the needs of an institution this size (9.4, 10.1.2). F-12: The amount allocated is minimal for an institution this size (9.4, 10.1.2).

C. NARRATIVE REPORT

NOTE: Inspection team reports are the property of AZA. Upon receipt, each report will be checked by AZA for clarity, content (as related to standards), and for proper formatting in accordance with these instructions. Narrative reports that do not follow these instructions will be restructured by AZA to fit the format. The team chair will be contacted if there are issues of clarity or content.

Formatting & Narrative Requirements:

1. Follow the formatting instructions described in this section when compiling the narrative.

2. All team members should take part in writing the narrative report. The team chair should assign portions of the narrative to each team member, and have them send their completed sections to you for integration into a single final document which you will submit. Important rules to remember are:

   a. In the case of currently accredited/certified facilities, begin the report by affirming that your team reviewed the report of the previous team, noting whether any items of concern indicated by the previous team remain at issue.
   b. Follow with a list of staff interviewed while on site (include full names and titles).
   c. Organize the report in the same order as the sections appearing in the Report Form (i.e., Animal Welfare, Care, & Management, Veterinary Care, Conservation, Education and Interpretation, Scientific Advancement, etc.)
   d. **Do not include your team’s recommendation for granting, tabling, or denying accreditation/certification in the narrative report.** That recommendation should only appear in the cover letter.
   e. **Do not place digital photographs in the narrative report.**
   f. The narrative report should include detailed descriptions of all points made in the questionnaire report form.
   g. The narrative report should cover, in specific detail, each of the problem areas noted on the Report Form as “Q” or “U”, in addition to all items noted on the list of concerns, and impressions you have.
   h. Address both the facility’s strong and weak points.
   i. Underscore those portions of the narrative that identify an area of concern.
   j. Keep in mind that the final report may become public record once it is sent to the institution, and should be written appropriately.
k. If you wish to make a suggestion or recommendation related to an identified issue, state it as follows: “the inspection team recommends that the institution consider XXXX...” and follow this with your explanation (“as one possible solution to addressing the issue”). Statements of this nature should not be underscored.

l. If the team has an issue that is not directly related to a standard or the Preamble, but believes it would be helpful to note the item for the benefit of the institution, do so in the narrative, not on the list of concerns. State a concern of this nature at the appropriate spot in the narrative in the following manner: state your observation followed by “The inspection team recommends that the institution consider XXXX which is current best practice”, or similar language.

Example of Narrative Report:

An inspection team consisting of inspection team Chair John Smith (General Curator, XYZ Zoo), Bill Jones (Director, Conservation Wildlife Park), Jane Doe (General Curator, Reef Aquarium), and Jill Joyce, DVM (Adventure Zoo) inspected the Pleasant Zoo & Aquarium on June 21, 22, and 23, 2014. The team thoroughly reviewed the previous inspection report of the Pleasant Zoo & Aquarium and found that none of the items that were noted of concern at that time are of issue at present.

As part of this inspection, the inspection team met with the following individuals, and all were encouraged to speak freely and in complete confidence:

- Hon. Elizabeth Bowie, Mayor
- Eric Franklin, Director of Parks & Rec
- Bonnie Anderson, Lead Keeper
- Tom Miller, Accountant
- Gale Patrick, Vet Tech & Registrar
- Adam Constant, Keeper
- Evan Crow, Assistant Zoo Director
- Charles Easter, President, Zoo Society
- Joe Higgins, Keeper
- Gordon Hinkle, Maintenance Manager
- Debra Ivy, Zoo Director
- Beth Bender, Education Director
- Dale Conner, Keeper
- Mark Wilson, DVM, Veterinarian
- Bill Wise, General Curator
- Hayley Wist, Marketing Director

General Overview

A “General Overview” section is not a requirement of this report, but if you want to provide your team’s general impressions of the institution, do that here. If there are issues you feel are important to note that do not fit into any of the categories that follow, include them here.

Animal Welfare, Care, and Management

The animals appear well cared for by a dedicated staff. Exhibits and holding areas were clean and in good repair. Behavioral enrichment and animal training programs are well documented and meet AZA standards.

Animal records are very well-kept by the newly-hired registrar. The inspection team’s requests for
further records were promptly and easily addressed. Daily keeper reports are entered onto computers in keeper areas with no paper involved, and are immediately accessible for review by staff including the curator, registrar and veterinarian. With computer-based efficiency comes a problem however; if electricity is not functional, a computer is not working, or it is an emergency animal escape situation, there could be gaps of several months of information that would not be easily retrievable, because those data might not yet have been printed out for inclusion in hard copy records.

Animal care staff and maintenance staff must work together on water quality maintenance.

[NOTE: Next would follow “Veterinary Care”, “Conservation”, etc., in the order in which they appear in the standards and Inspection Team Report Form. The example above is written based on a fictional institution. The section on “Finance” be example of what might appear in the report of an institution that is privately]

Example of Narrative (Finance Section):
Finance
The financial base of the institution appears stable. However, there has been decreasing support in recent years. Although the current operations do not seem to be affected, it will soon begin to take a toll. The governing authority needs to review ways to increase funding so the current trend does not begin to affect maintenance, education programs, or other functions within the institution. Also, the contingency plan in the event of financial downturn is weak. The plan is to borrow necessary funds from a local lending institution; however, this is only an immediate fix. The plan should include potential long-term solutions. The capital improvements budget is insufficient as it currently stands. Because of the downturn in overall funding, monies previously slated for capital improvements have been reallocated to other areas to cover the day-to-day needs of the facility.

D. POINTS OF ACHIEVEMENT/LIST OF CONCERNS

A crucial part of the inspection process is compiling and presenting the List of Concerns/Points of Achievement. A copy of the list of concerns must be provided and discussed with the institution’s CEO/Director during the exit interview.

Removing items from the list: If the institution can address a concern to the satisfaction of the inspection team during the inspection, the item may be removed from the list by the team prior to or during the exit interview (also see “Appealing A Concern” below).

Appealing A Concern (Items in Dispute). If an institution disagrees with any of the items cited by inspectors on the List of Concerns (believes the institution is meeting the standard at issue), the CEO/Director should discuss this with the inspection team during the inspection and/or exit interview. If the matter is resolved at that time to the satisfaction of the team the concern may be modified or removed altogether.

If the matter cannot be resolved at that time, or if the CEO/Director decides later to question an item on the List of Concerns, please inform the CEO/Director that he/she should address the issue in the written Response to the List of Concerns as follows: under the item in question, the CEO/Director should explain in detail why the item is being questioned and how the institution is meeting the standard at issue, including documentation. The Accreditation Commission will thoroughly review the institution’s Response to the List of Concerns prior to the applicant’s hearing, and will make a decision as to whether the item may be removed from the List of Concerns or must remain a concern to be addressed by the institution. The Commission will make its final determination at the time of the
hearing.

**Cite the standard (or standards) with each concern:** When creating the list of concerns, you must cite the standard or standards to which each concern relates [for example: The team found XXXXX (11.3.4., 11.3.5.).] If there is a concern that does not fall directly under a specific standard but the team believes is clearly outside what AZA considers to be “modern zoological practices and philosophies”, place this into the narrative report as a recommendation based on best practices (for example, state “the Visiting Committee recommends that the institution consider doing XX which is a current best practice.” See also “Citing the Preamble” below.). In some instances it may be appropriate to cite the Preamble and a standard. In those cases, cite the standard first, then the Preamble [for example: The team found XXXXX (11.3.4., 11.3.5., Preamble)].

**Citing the Preamble (Modern Zoological Practices and Philosophies):** Citing the Preamble should not be considered as a “catch all” under which concerns may be cited if a standard does not exist. It should only be used when the team agrees unanimously that the issue genuinely falls within the definition of “modern zoological practices and philosophies” as provided in the Preamble (see definition below). If the team does not agree unanimously, or if unsure, then the issue should be included only in the narrative report as a recommendation, in accordance with item 2.l. under “Formatting & Narrative Requirements” above, which states: if the team has an issue that is not directly related to a standard or the Preamble, but believes it would be helpful to note the item for the benefit of the institution, do so in the narrative, not on the list of concerns. Include a concern of this nature at the appropriate spot in the narrative in the following manner: state your observation followed by “The inspection team recommends that the institution consider XXXX which is current best practice”, or similar language.

**Definition:** For the purposes of accreditation and certification, the Preamble defines “modern zoological practices and philosophies” as: practices and philosophies that are commonly accepted as the norm by the profession. The word “practices” represents the tangible while “philosophies” refers to an overall perspective.

If your team is unsure of a standard when compiling your list of concerns, contact your Primary Reviewer who, as a member of the Accreditation Commission, will provide guidance. Be sure to obtain your Primary Reviewer’s cell phone number before the inspection so it will be easier to reach him or her should the need to do so arise during the creation of the list of concerns.

**List of Concerns “Check List”:**

When compiling the list, be sure to:

- Cite the related standard at the end of each item on the list of concerns.
- **Do not** include report form question numbers associated with each concern.
- Discuss and **agree as a team** which items should be placed on the list before the exit interview takes place (all items marked as “U” must be included on the list; all items marked as “Q” should be carefully considered for inclusion on the list)
- **Transfer all “U”s** from the report form to the list of concerns. If multiple questions relating to the same area of concern are marked “U”, that item should only be listed one time on the list of concerns.
- Use the form provided at the end of the Visiting Committee Report to create the list of concerns
☐ List any item that affects the general welfare of an animal at the institution as a “Major Concern”. 

☐ Cross off or remove everything on the List of Concerns that the institution has completed while you are still on grounds. If the problem has already been resolved, there is no need to cite it.

☐ If your team has an issue that is not directly related to a standard or the Preamble, and believes it would be helpful to note the item for the benefit of the institution, do so in the narrative, not on the list of concerns.

☐ Be concise and to the point when listing items of concern. Leave extra details and suggestions for the narrative report.

☐ Leave a copy with the institution’s Director (failure to provide the institution with this list in a timely manner may compromise the process)

☐ Retain an exact copy of the list for inclusion with your report to the Commission

☐ Send a copy of the list to the AZA accreditation department and to your Primary Reviewer immediately upon returning from the inspection

☐ If the list was hand-written for the exit interview, type it into the Visiting Committee Report form exactly as it was written

Example List of Concerns:

PART I:
Points of Particular Achievement

INSTITUTION DIRECTOR: During the inspection the Visiting Committee was particularly impressed with the items listed below, which are especially well done and of notable mention.

1 – The grounds are very well kept. Routine maintenance in public areas is also good.

2 – Newer graphics are attractive and effective.

3 – The Director has assembled an enthusiastic, knowledgeable, competent, and committed staff.

4 – New African exhibit expansion is aggressive and will enhance the visitor’s experience and increase the zoo’s opportunity to contribute to conservation.

5 – The new giraffe facility is especially well designed.

PART II:
Items of Concern

INSTITUTION DIRECTOR: •IMPORTANT• The items listed below were of noted concern during the inspection. Please address as many of these concerns as possible prior to the Commission’s meeting. For items that are still in progress at the time of the hearing, please provide documentation and a timeline for completion. [NOTE: any concerns that remain unaddressed from a previous inspection are considered extremely serious, and may affect the outcome of this process.] Having proper documentation is essential to meeting these standards;
lack of documentation must be considered as not being in compliance (for example, having determined that collectors have the necessary permits, but having no documentation of this). Also, please note that it is possible that, after reviewing all supporting materials (including the Visiting Committee’s written report), the Commission may have issues or concerns that are not listed below. If so, these will be discussed at the hearing.

A written report to the Commission on how you are responding to the concerns listed below must be submitted by the established deadline (usually six-seven weeks before the hearing—check with AZA if uncertain of the date). The written report is for informational purposes only. At the hearing, the Commission will ask for a verbal update on additional progress made after the written report was submitted.

CONCERNS REMAINING FROM PREVIOUS INSPECTION

1 – Inadequate quarantine space (2.7.1, 2.7.3).
2 – The institution does not have a written conservation plan (3.2.1).
3 – Enrichment program is not being documented (1.6.1).

MAJOR CONCERNS FROM CURRENT INSPECTION

1 – Water bowls in several small mammal exhibits contained algae (1.5.1, 1.5.2, Preamble).
2 – Animal waste holding/disposal should be done in a more sanitary manner (10.1.1).
3 – The main-doors to the bear holding area need more substantial locking system (11.3.2).
4 – The Committee felt that the primary barriers in the bison/elk and zebra exhibits are inadequate and may expose visitors to danger (11.3.1, 11.3.6).
5 – Animal escape and injury plans are insufficient in specificity and responsibility (11.2.4, 11.2.5).
6 – Drills are not being conducted in accordance with standards (11.2.5).
7 – The issue of inadequate financial support needs to be addressed, including the capital improvements budget (9.1, 9.4).
8 – The financial contingency plan needs to be strengthened (9.5).

LESSER CONCERNS FROM CURRENT INSPECTION

1 – Human water bottle found in animal food storage freezer (2.6.4).
2 – Guard rail in walk-through aviary needs painting (10.1.2).
3 – “Permanent” extension cords abound in several back-of-house areas (rhino barn, reptile house, small mammal house) (10.1.1).
4 – A broken concrete sill over door in wall to otter area should be repaired (10.1.2).
V. GENERAL SUMMARY OF ACCREDITATION

A. DEFINITION OF APPLICANTS

Currently Accredited/Certified Applicants Defined. Currently accredited/certified applicants are those facilities that are accredited/certified at the time the application is submitted and processed.

New Applicants Defined. “New” applicants are those institutions applying for accreditation or certification for the first time, or any institution that is not currently accredited/certified, regardless of whether it has been accredited/certified in the past.

International Institutions. Institutions located outside the United States may apply for accreditation or certification under the same rules as those located within the United States. In some rare cases, processing of applications for international institutions may not be possible within the standard six-month time frame, and may require a year or more before the Commission hearing can be scheduled. In addition, the amount of the Visiting Committee deposit may be higher due to increased travel costs associated with inspecting institutions located outside of the United States. AZA will make every effort to assign an individual who is fluent in the applicant’s native language to the inspection team for all international institutions, but the questionnaire and all primary materials submitted must be in English. Brochures and other pre-printed materials must be accompanied by a complete translation. International applicants must provide an onsite interpreter to answer questions and translate animal records as needed by the Visiting Committee. If you have any questions about this please contact AZA.

B. THE APPLICATION PROCESS

Summary. To apply for accreditation or certification, a facility must meet the definition of a zoological park or aquarium, or related facility, as provided in this booklet (see pages 40 – 41). In addition, it must be operating under modern zoological practices and philosophies, and meet or exceed current AZA professional standards.

It takes approximately six months from the time an application is submitted until the Commission holds a hearing and makes its decision. If an application is tabled, it could take up to twelve additional months before the Commission takes final action, and an additional inspection is required.

The application process begins with the submission, at an established deadline, of a completed questionnaire/application. The questionnaire/application is accompanied by a variety of supporting materials and is submitted in quintuplicate. An on-site inspection will occur approximately one to three months after submission of materials. At the conclusion of the inspection, the institution will be presented with a list of items that must be addressed to be considered in compliance with standards. The inspection is followed by a hearing before the Accreditation Commission, scheduled at its next meeting. At that time, the institution’s case will be discussed. In making its determination whether to grant, table, or deny accreditation or certification, the Commission will consider information contained in the application materials, the inspection and complete report and recommendation of the Visiting Committee, the response by the institution to the List of Concerns, the interview with the facility’s senior management at the hearing, and any additional verified information it has received from sources. The Commission’s decision will be based on what exists at the time of the inspection and final
review—not on future plans.
The Commission will then take one of the following actions:

A. **Grant Accreditation/Certification:** The Commission will grant accreditation/certification when it is reasonably satisfied that the applicant meets the requirements of an accredited institution or certified related facility. The Commission may, however, request progress reports on any items it wishes the institution to address, require an interim or special inspection, and revisit the decision as often as necessary to assure itself that the institution continues to meet all conditions and requirements of accreditation/certification during the five-year accreditation/certification period.

B. **Table Accreditation/Certification:** The Commission may table an applicant’s materials and accreditation/certification if it determines that certain conditions must be met, or additional information submitted, before the facility can be considered as meeting AZA standards. The institution is given one year to continue to address the concerns and, in addition, the Commission must believe that the institution is capable of addressing the concerns within one year. A follow-up inspection is required prior to the institution's final hearing which takes place in one year. At that hearing, tabling is no longer an option; the Accreditation Commission must vote to grant or deny accreditation/certification.

C. **Deny Accreditation/Certification:** The Commission will deny accreditation/certification when an institution does not meet the standards and, in its opinion, would require in excess of one year to successfully do so. Institutions denied accreditation/certification may reapply one year after the date of denial. Submission of a new application and materials shall be necessary.

A detailed explanation of this process is available in the booklets entitled “Guide To Accreditation of Zoological Parks and Aquariums” and “Guide To Certification of Related Facilities”.

C. **LONG TERM EXPECTATIONS**

Accreditation or certification is mandatory for an institution to maintain membership in AZA. Similarly, membership and participation in AZA must be maintained as a condition of accreditation and certification. All institutions must process at least once every five years and are subject to any new or higher standards, policies, guidelines, or resolutions adopted by the Association of Zoos & Aquariums as they are adopted. Even though a facility may have been accredited/certified previously, there is no guarantee that accreditation/certification will be granted during subsequent inspections. Standards are subject to continuous review and enhancement. Once accredited/certified, a facility is expected to continuously advance its professional operation and constantly maintain, or surpass, all professional standards. [See also “Preamble” pages 17 – 18.]

D. **BENEFITS OF ACCREDITATION/CERTIFICATION**

AZA accreditation/certification is a publicly recognized badge signifying excellence in, and commitment to, animal management and welfare, veterinary care, ethics, physical facilities, staffing, conservation, education, safety and security, finance, and supportive bodies. Conversely, denial of accreditation/certification should lead to improvements in identified areas and increased cooperation from supportive bodies.

Accreditation and certification, no matter what field, are most important as an assurance to the public
that an organization, institution, or program meets or exceeds the standards established by its profession. Overall, benefits include:

- Development of public confidence by means of a thorough, impartial, measured, and documented audit that establishes whether an institution meets or exceeds the current professional standards and best practices established by AZA
- Publicly recognized badge signifying excellence in, and commitment to, animal welfare and husbandry, veterinary care, ethics, physical facilities, staffing, conservation, education, safety and security, finance, and supportive bodies
- Improvements in identified areas and a concurrent increase in cooperation and support from governing bodies and other organizations
- An indicator to private organizations, foundations, and governmental agencies in connection with contributions, grants, contracts, funding, permitting, and other areas
- Exempts institutions from certain government requirements [primarily at the state level];
- Promotes professional recognition by the top zoological parks and aquariums in the U.S. that current professional standards are being met
- Promotes excellence within the institution by setting in motion continuous self-evaluation in light of ever-rising zoological and aquarium standards and best practices
- Helps distinguish institutions from “roadside collections” and the like
- Provides staff an invaluable opportunity to learn from other institutions and professional experts
- Fosters staff and community pride
- Significantly improves the ability to attract and retain a high quality, professional staff
- Membership in AZA
  - Access to animals from other AZA-accredited/certified facilities for loan and/or breeding
  - Participation in all Species Survival Plans
  - Information and knowledge exchange (access to top experts and colleagues within the zoological and aquarium professions)
  - Access to AZA’s resource center
  - Reciprocity with public membership of other AZA-accredited/certified facilities