

**APPENDIX E: OCCUPATIONAL HEALTH PLAN**  
*for use by those who care for or use animals, their tissues or fluids*  
**ANNUAL NOTIFICATION**

**I. CURRENT MEMBER(S) OF THE LABORATORY ENROLLED IN THE UND OCCUPATIONAL HEALTH PLAN**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

*These laboratory members are currently in the Office of Safety database for your laboratory. The Office of Safety must be notified of any changes to this list. Please utilize **section II and III** of this form to delete/add members from your laboratory to the UND Occupational Health Plan. Email the signed form to the Office of Safety [[UND.safety@UND.edu](mailto:UND.safety@UND.edu)]*

**II. THE FOLLOWING MEMBER(S) OF THE LABORATORY NEED TO BE REMOVED FROM THE UND OCCUPATIONAL HEALTH PLAN**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**III. THE FOLLOWING MEMBER(S) OF THE LABORATORY NEED TO BE ADDED TO THE UND OCCUPATIONAL HEALTH PLAN**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**PRINCIPAL INVESTIGATOR NAME/LAB SUPERVISOR NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_