

Occupational Health Risk Assessment Questionnaire

Purpose: This form is provided to Principal Investigators (PI) or Supervisors for the purpose of identifying specific work exposures and potential health hazards in the work environment. This form is used in conjunction with the Medical Surveillance Questionnaire for participants with research animal contact to determine what health and safety services or recommendations are appropriate for the individual to work safely with research animals.

Instructions: The PI or Supervisor must complete this form for each individual under their supervision with research animal contact. Both the PI and employee/student must sign the completed Appendix B. The completed form, along with the UND Medical Surveillance Questionnaire form, should be routed to the Office of Safety via email or in person by the participant. The Office of Safety will forward both forms to Altru Occupational Health (Employer Health Solutions).

SECTION A: EMPLOYEE OR STUDENT (PARTICIPANT) INFORMATION:

Participant Name

Job Title

Email

UND ID#:

Work Phone:

Date of Orientation to Animal Research:

Home Institution: UND Other, specify:

NOTE for non-UND participants: Submit this completed form and attach your home institution medical clearance for research animal contact to Altru Occupational Health (Employer Health Solutions). If a home institution medical clearance is not available, complete the UND Medical Surveillance Questionnaire form and attach.

Participant Status (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> UND Faculty | <input type="checkbox"/> Visiting Scientist |
| <input type="checkbox"/> UND Staff | <input type="checkbox"/> Affiliate |
| <input type="checkbox"/> UND Registered Volunteer | <input type="checkbox"/> Non-Paid Undergraduate Student |
| <input type="checkbox"/> UND Paid Undergraduate Student | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> UND Paid Graduate Student | |

SECTION B: PRINCIPAL INVESTIGATOR/SUPERVISOR INFORMATION:

PI/Supervisor Name:

Job Title:

Email:

Telephone:

Dept:

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SECTION C: MUST BE COMPLETED BY PI/SUPERVISOR OF EMPLOYEE OR STUDENT:

	Yes	No
Is animal husbandry an essential part of the participants' duties?	<input type="checkbox"/>	<input type="checkbox"/>
Will the participant's work involve potential contact with any of the following:		
• Human blood, tissues or cells administered to or present in animals? Please list (specific type):	<input type="checkbox"/>	<input type="checkbox"/>
• Infectious agents in animals? (Including but not limited to viruses, bacteria, fungi, protozoa or parasites) Please list (specific type):	<input type="checkbox"/>	<input type="checkbox"/>
• Other biological material in animals? Please list:	<input type="checkbox"/>	<input type="checkbox"/>
• Non-fixed lung or lymph node tissue from non-human primates?	<input type="checkbox"/>	<input type="checkbox"/>
• Pregnant mammals (rodents excluded)?	<input type="checkbox"/>	<input type="checkbox"/>
• Wildlife?	<input type="checkbox"/>	<input type="checkbox"/>
• Will you be involved in any fieldwork? Briefly describe to include location:	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a known zoonotic disease(s) associated with these animal(s)? (i.e. Hantavirus, Rabies, Avian Influenza, etc.) Please list:	<input type="checkbox"/>	<input type="checkbox"/>
• Venomous animals?	<input type="checkbox"/>	<input type="checkbox"/>
• Radiation/Radioisotopes? Please list:	<input type="checkbox"/>	<input type="checkbox"/>
• Toxins? Please list:	<input type="checkbox"/>	<input type="checkbox"/>
• Chemicals, including anesthetic gases, in animals? (i.e. Carcinogens, Mutagens, Toxins, etc.) Please list:	<input type="checkbox"/>	<input type="checkbox"/>

Species Contact: Identify all levels of exposure for each species or tissue for the participant named above and check the appropriate column[s]. Check "0" if no direct or indirect contact. Check non-human primate (NHP), if handling NHP tissues or if participant works in an area where NHP or NHP tissues are housed or handled.

Level 0 - No animal contact.

Level 1 - No direct contact but enters areas where research animals are used.

Level 2 - Does not handle on live animals but handles "unfixed" animal tissues & fluids.

Level 3 - Handle, restrain, collect specimens or administers substances to live animals.

Level 4 - Perform invasive procedures such as surgery, necropsy.

SPECIES	LEVEL OF EXPOSURE					SPECIES	LEVEL OF EXPOSURE				
	0	1	2	3	4		0	1	2	3	4
Amphibians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ferrets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rabbit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIES	LEVEL OF EXPOSURE				
	0	1	2	3	4
Guinea Pig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIES	LEVEL OF EXPOSURE				
	0	1	2	3	4
Reptile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wild Rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List specific animal(s) species approved in the protocol(s):

Physical Hazards (Check all that apply)

- Low/reduced light
- Grinding/chipping operation
- Outdoor field collections
- Lifting 50 lbs. or more
- Slip, trip, fall hazards (i.e. water, mud, etc.)
- Ultrasound equipment
- High pressure temp/pressure equipment
- Excessive noise over 85 decibels
- Extreme temperature/humidity
- N/A – Not applicable

SECTION D: SUPERVISOR CERTIFICATION:

By signature, I certify that the information provided is accurate to the best of my knowledge.

PI/Supervisor Signature:

Date:

By signature, I acknowledge and agree with all of the above.

Employee/Student Signature:

Date: