

APPENDIX B EMPLOYEE

University Police & Safety Office, 231-7759

NDSU Occupational Health and Safety Program for Animal Care & Use

HAZARD & RISK ASSESSMENT

This form is completed for the purpose of conducting an occupational health risk assessment for the participant. This form will be used in conjunction with the Health Assessment Questionnaire to evaluate for appropriate medical surveillance.

Completion of this form for each individual involved in our animal care and use program **is required by the principal investigator, supervisor, or department chair** in order to aid in determining appropriate training courses and necessary health precautions to minimize the potential for animal-related health risks to NDSU employees and students assigned to animal facilities and projects. This form needs to be completed only one time for each individual under their supervision unless one or more of the following has changed: the duration of animal exposure, the type of activity, the type of animal and/or a change in the individuals, health status. A faculty principal investigator may complete their own risk assessment.

Faculty/Staff/Student Name: _____ E-mail Address: _____

Department: _____

Phone: _____

Nature of Work/Job Title: _____

PI Assessment of Potential Work-Related Health/Safety Issues

All Animals to be encountered according to the following designations:

- Level 0** No animal contact
- Level 1** No direct contact, but enters animal facility
- Level 2** Does not conduct procedures on live animals but handles “unfixed” animal tissues and fluids
- Level 3** Handles, restrains, collection of specimens or administers substances to live animals.
- Level 4** Performs invasive procedures such as surgery, necropsy

- | | | |
|-----------------|---------------------|----------------------------|
| _____ Amphibian | _____ Goat | _____ Primate |
| _____ Birds | _____ Guinea Pig | _____ Rabbit |
| _____ Cat | _____ Hamster | _____ Rat |
| _____ Camelid | _____ Horse | _____ Reptile/Fish |
| _____ Cattle | _____ Marine Mammal | _____ Sheep |
| _____ Dog | _____ Mice | _____ Wild Rabbit/Mice/Rat |
| _____ Ferret | _____ Swine | _____ Other – list |
| _____ Gerbil | _____ Poultry | |

Will work involve direct contact with any of the following?

- | | | |
|--------------------------------------|-----|----|
| 1. Biological Agents | | |
| a. Recombinant DNA | Yes | No |
| b. Infectious Agents | Yes | No |
| 2. Human Blood, Tissues, or Cells | Yes | No |
| 3. Physical Agents | | |
| a. Caustic, Flammables or cryoagents | Yes | No |
| b. Noise | Yes | No |
| c. Radiation | Yes | No |
| d. Radioisotopes | Yes | No |
| e. Extreme environmental conditions | Yes | No |
| f. Lasers | Yes | No |
| 4. Chemical Agents | | |
| a. Anesthetic gases | Yes | No |
| b. Drugs/Chemotherapeutic agents | Yes | No |
| c. Heavy metals | Yes | No |

PI/Supervisor's determination of special preventative measures or actions to be taken for this individual's animal-related work.

1. Training courses
 - ☐ Baseline Safety Training
 - ☐ IACUC Training
 - ☐ Occupational Health & Safety Program
 - ☐ Chemical/Lab Safety Training
 - ☐ Radiation Safety Training
 - ☐ Laser Safety Training
 - ☐ Exposure Control Plan
 - ☐ Chemical Hygiene
 - ☐ Other Protocol Specific Procedures
2. Health Assessment, immunizations/vaccinations
3. Personal protective equipment like gloves, clothing, respirators, etc.
4. Avoiding contact with certain species, etc.

List other:

By signature, I certify that the information provided is accurate, that I have provided the participant in Section A with the NDSU plan on the Animal Care and Use Occupational Health Program, and that I have provided necessary training on the items detailed in that program and as specified in this form.

PI, Supervisor, or Dept. Chair Name (*please print*)

Signature of PI, Supervisor, or Dept. Chair

Date

Provide copy to employee and Safety Office (fax-231-6739) – then send individual to the Safety Office to complete the Health Assessment Form.

Copy to the Employee and retain a copy within your departmental employee files