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

After completing Appendix B, please make an appointment with the Safety Office (231-7759) to finalize your application. Both Appendix B and Appendix D must be complete prior to this appointment. Do not fax these forms or put them in campus mail as they contain your protected health information.

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