

**Animal Exposure Occupational Health Program**  
**Risk Assessment: Direct Animal Contact**

**Individual Information:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell/contact Phone:** \_\_\_\_\_

☐ Male ☐ Female ☐ Faculty ☐ Staff ☐ Graduate Staff/student ☐ Undergraduate Student  
☐ Volunteer / Visiting Professional ☐ Other: \_\_\_\_\_

**Supervisor/PI Information: (This must be completed by direct supervisor/PI)**

**Supervisor/PI:** \_\_\_\_\_ **WL Main Campus** ☐

**Department:** \_\_\_\_\_ **Calumet Campus:** ☐

**Building:** \_\_\_\_\_ **IPFW Campus:** ☐

**Office Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Animal Use/Exposure**

- ☐ I am working on an approved animal use protocol and will be handling animals.  
☐ I will be working in animal **biohazard areas**. **IBC PROTOCOL #** \_\_\_\_\_  
☐ I am involved in veterinary care or animal husbandry.  
☐ I am working with **human specimens** (cells, body fluids, etc.) in conjunction with animal studies. **IBC PROTOCOL #** \_\_\_\_\_  
**Principal Investigator** \_\_\_\_\_  
☐ I handle animals as part of a research/teaching assignment.  
☐ I work with animal carcasses, tissues, or specimens (non-fixed).  
☐ Other animal contact: \_\_\_\_\_

**Animal Species:** Please mark all species that you will have direct exposure to in your work or research:

- ☐ Dogs  
☐ Cats  
☐ Pigs  
☐ Sheep/Goats  
☐ Cattle  
☐ Horses

- ☐ Rodents (**mice, rats, gerbils, hamsters**)
- ☐ Rabbits/Chinchilla/Guinea pig (**please circle**)
- ☐ Birds (**wild caught**)
- ☐ Birds (**poultry**)
- ☐ Reptiles/Amphibians
- ☐ Fish
- ☐ Wild mammals (**please list all species**) (\_\_\_\_\_)
- ☐ Other animal contact: \_\_\_\_\_

**Physical Health Hazards:** **(IF YOU ARE AN UNDERGRADUATE: This must be completed by direct supervisor/PI)**

**ROCC/Medical Review Required for protocols that:**

- Work with wildlife species (e.g., bats, raccoons, wild mice, etc.)
- Require the use of a N-95 or other respiratory protection
- Use species (e.g., sheep, dogs, cats, horses, cattle, etc.) where vaccinations are required (e.g., tetanus, rabies, etc.)

**Job Task Description and Animal Related Duties - Describe your exposure performing your duties with animals:**

**Personal Protective Equipment: (IF UNDERGRADUATE: this section must be completed by student and supervisor)**

When working with animals or animal body fluids or tissues what of the following personal protective equipment is used?

- ☐ Gloves (list type of gloves) \_\_\_\_\_
- ☐ Outerwear \_\_\_\_\_
- ☐ N-95 or other filtered face piece \_\_\_\_\_ (Fit testing required by REM)
- ☐ Full- half mask Respirator: (If YES: Have you been given respirator use training?) ☐ Yes ☐ NO
- ☐ Goggle/Face Shield \_\_\_\_\_
- ☐ Shoe Covers \_\_\_\_\_
- ☐ Hair Covers \_\_\_\_\_
- ☐ Hearing Protection: (Has your work area been checked for noise levels?) ☐ Yes ☐ NO

**Physical Hazard Questionnaire**

**Environmental Allergies/Asthma/Skin Problems** Yes ☐ No ☐

**1** Are you allergic to any animals? If YES, please list all animals that cause symptoms:

Animal list and any Comments:

\_\_\_\_\_

**2.** Do you have problems with your immune system (immunosuppressed), have asthma or any other type of skin problems related to chemical exposure or environmental material other than animals? Yes ☐ No ☐

**Comments:**

Additional Personal Health Concerns: If you have health or workplace concerns not covered by this questionnaire that would affect your occupational health and would like to confidentially discuss them with the occupational health medical personnel at the Regional Occupational Care Center (ROCC), please indicate by marking yes. Yes ☐ No ☐

<b><i>Slip/Trip/Fall Hazard</i></b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>1</b> Will employee be carrying large, heavy, or bulky material while walking?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> Will employee be walking on wet surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Will employee be walking on uneven surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	

<b><i>Ladder Fall Hazard</i></b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>4</b> Will employee carry items up a ladder for storage?	<input type="checkbox"/>	<input type="checkbox"/>	

<b><i>Pinch/Smash/Roll-Over Hazard</i></b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>5</b> Will employee be pushing a cart through door opening?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Will employee be pulling large / heavy carts?	<input type="checkbox"/>	<input type="checkbox"/>	

<b><i>Loud Noise Hazard</i></b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>7</b> Will employee work with dogs or swine?	<input type="checkbox"/>	<input type="checkbox"/>	

<b><i>Thermal Hazard</i></b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>9</b> Will employee use equipment (cage washer or autoclave) that operates at high temperature? (Please circle one or both if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	

<b><i>Electrical Hazard</i></b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>10</b> Will employee work in wet conditions (e.g. washing floors or walls) with electrical equipment or unprotected outlets?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Will employee work in a room with aquariums using Electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	

<b><i>Ergonomic Hazards</i></b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>13</b> Will employee be standing or walking more than 2/3 of workday?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>14</b> Will employee be reaching: overhead, or horizontally?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>15</b> Will employee be bending, kneeling and/or twisting?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>16</b> Will employee be grasping?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>17</b> Will employee manipulate fingers repetitively use arms and hands?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>18</b> Will employee be pushing and/or pulling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>19</b> Will employee be carrying materials or equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>20</b> Will employee be lifting? If YES: Please indicate below.	<input type="checkbox"/>	<input type="checkbox"/>	
1 - 20 lbs. <input type="checkbox"/>			
21 - 50 lbs. <input type="checkbox"/>			
Over 51 lbs. <input type="checkbox"/>			

<b><i>Kicks/Bites/Scratches</i></b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>26</b> Are the safe guards taken to prevent kicks/bites/scratches (e.g. resistant gloves, muzzle, proper stall)?	<input type="checkbox"/>	<input type="checkbox"/>	

<b><i>Personal Hygiene</i></b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>27</b> Will employee be wearing special work clothes?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>28</b> Does your facility has own laundry equipment?	<input type="checkbox"/>	<input type="checkbox"/>	

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After completing this form, save the PDF file and send as an email attachment addressed to [aeohp@purdue.edu](mailto:aeohp@purdue.edu). If you have any problems or questions, please contact Carol Oteham at 765-496-1334.