**Animal Exposure Occupational Health Program**

**Risk Assessment**

**Individual Information:**

**First Name:** **Last Name:**

**Email:**       **Cell/Contact Phone:**

**Supervisor:** **Office Phone:**

**Department:**  **Building:**

**Campus:**  **West Lafayette**  **Northwest**  **Fort Wayne**

**Job Title:**

**Classification:**

**Faculty**  **Staff**  **Graduate Staff/Student** **Undergraduate Staff/Student**

**Volunteer/Visiting Professional**  **Other:**

**Animal Exposure (please check all that apply):**

#### I am in **DIRECT CONTACT** with animals or animal by-products:

I am workingon an approved animal use protocol and will be handling animals.

Principle Investigator:

IACUC PROTOCOL #

I am working with human specimens or biohazards in conjunction with animal studies.

Principle Investigator: ­­­­­­­­­­­­­­­­­­­­­­

IBC PROTOCOL #

I am involved in veterinary care or animal husbandry

I work with animal carcasses, tissues, or specimens (non-fixed)

I am **NOT** in Direct Contact with animals:

I work in a facility where animals are located

**Participation and medical evaluation required** **for individuals that:**Work with wildlife species (e.g., bats, raccoons, wild mice, etc.)Require the use of a N-95 or other respiratory protectionUse species (e.g., sheep, dogs, cats, horses, cattle, etc.) where vaccinations are required(e.g., tetanus, rabies, etc.)

**Job Task Description and/or Animal Related Exposure Performing your Duties:**

**Animal Species:** Please mark all species that you may have exposure to in your work area:

Dogs

Cats

Pigs

Sheep

Goats

Cattle

Horses

Rodents (**mice, rats, gerbils, hamsters**)

Rabbits

Chinchilla

Birds **(wild caught)**

Birds **(poultry)**

Reptiles/Amphibians

Fish

Wild mammals - please list all species:

**Other animal contact:**

##### Personal Protective Equipment

##### Undergraduates MUST complete this section with their PI or supervisor.

Gloves (list type of gloves)

Outerwear (lab coat, disposable gown, tyvek suit)

N-95 respirator (Fit testing required by REM)

Half mask or full-face respirator (Fit testing required by REM)

Eye protection (safety glasses, goggles, face shield)

Shoe Covers (list type)

Hair Covers (list type)

Hearing Protection

**Slip/Trip/Fall Hazard**

**1** Will employee be carrying large, heavy, or bulky material while walking? **Yes  No**

**2** Will employee be walking on wet surfaces? **Yes**  **No**

**3** Will employee be walking on uneven surfaces? **Yes**  **No**

**Ladder Fall Hazard**

**4** Will employee carry items up a ladder for storage? **Yes**  **No**

**Pinch/Smash/Roll-Over Hazard**

**5** Will employee be pushing a cart through door opening? **Yes**  **No**

**6** Will employee be pulling large / heavy carts? **Yes**  **No**

**Loud Noise Hazard**

**7** Will employee be exposed to dogs or swine? **Yes**  **No**

**8** Will employee be using noisy equipment? **Yes**  **No**

**9** Has your work area been checked for noise levels? **Yes  No**

**Thermal Hazard**

**10** Will employee use a cage washer which operates at high temperatures? **Yes**  **No**

**11** Will employee use an autoclave that operates at high temperatures? **Yes**  **No**

**Electrical Hazard**

**12** Will employee work in wet conditions (e.g., washing floors or

walls) with electrical equipment or unprotected outlets? **Yes**  **No**

**13** Will employee work in a room with aquariums using electrical

equipment? **Yes**  **No**

**14** Will employees perform electrical work (operate circuit breakers,

change fuses or outlets)? **Yes**  **No**

**Ergonomic Hazards**

**15** Will employee be standing or walking more than 2/3 of workday? **Yes  No**

**16** Will employee be reaching: overhead, or horizontally? **Yes  No**

**17** Will employee be bending, kneeling and/or twisting? **Yes  No**

**18** Will employee be grasping? **Yes  No**

**19** Will employee manipulate fingers repetitively use arms and hands? **Yes  No**

**20** Will employee be pushing and/or pulling equipment? **Yes  No**

**21** Will employee be carrying materials or equipment? **Yes  No**

**22** Will employee be lifting? If YES, Please, indicate below. **Yes  No**

1 - 20 lbs.

21 - 50 lbs.

Over 51 lbs.

**Kicks/Bites/Scratches**

**23** Are the safe guards taken to prevent kicks/bites/scratches   
(e.g., resistant gloves, muzzle, proper stall)? **Yes  No**

**Personal Hygiene**

**24** Will employee be wearing designated work clothes? **Yes  No**

**25** Does your facility have its own laundry equipment? **Yes  No**

**Allergies, Medical and Other Concerns**

**26** Are you allergic to any animals? **Yes  No**  If yes, please list all animals that cause allergy symptoms:

**27** Do you have problems with your immune system (immunosuppressed),

have asthma, or any other respiratory issue? **Yes  No**

**28** Do you have any 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)? **Yes  No**

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

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

**Please sign and email the form with the** [**DocuSign Add-on for Microsoft Word**](https://appsource.microsoft.com/en-us/product/office/wa104218065?tab=overview)**.**

**Employees should send the signed document to their supervisor**

**Supervisors should send the signed document to aeohp@purdue.edu**