RISK ASSESSMENT FORM FOR HAZARDOUS AGENTS AND ANIMAL CONTACT

Instructions: This form is to be completed by the Principal Investigator (P.I.) or supervisor along with the employee/participant for the purpose of conducting occupational health risk assessment for the participant’s assignment. This form is used in conjunction with the medical history to make an accurate assessment of the participant’s ability to safely work in areas with hazardous agents or physical hazards. FIU EH&S will evaluate the information on this form and recommend appropriate protective measures or medical evaluation.

If applicable, the appropriate medical history questionnaire is to be completed PRIOR to starting work in the designated area and periodically to assess ongoing risks and fitness for duty. Additional evaluations may be required by a medical provider depending upon your responses.

SECTION I: Employee or affiliate (participant) information
Name: ___________________________ Tel. #: ______________________
Job Title: _________________________ Panther ID #: __________________
Email address: _____________________
Participant Status:
[ ] Faculty [ ] Staff [ ] Graduate Student [ ] Volunteer
[ ] Visiting Scientist [ ] Undergraduate Student [ ] Other: ________________

SECTION II: Principal Investigator/Supervisor Information
P.I./Supervisor Name: ______________________ Job Title: ______________________
Email address: _________________________ Telephone: ______________________
Department: ____________________________

NOTE: If employee or participant will conduct work in area(s) not under the responsibility of the P.I./supervisor listed above, please provide the responsible individual’s contact information below:
Facility/Area Supervisor: ______________________ Job Title: ______________________
Telephone: ______________________
Dept: __________________________

SECTION III: Must be completed by P.I./Supervisor of employee or affiliate
1. Facility/location where participant will be working (bldg room/lab#): __________
2. Does the participant work require exposure to or use of: YES NO
   a. Human blood, blood products, OPIM, tissues, or cell lines? [ ] [ ]
      If yes, completion of the Hepatitis B Vaccination Registration form or Hepatitis B Vaccination Declination Statement is required.
   b. Hazardous agents (chemical, biological, radioactive, nanoparticle, controlled substances)? [ ] [ ]
      If yes, complete section IV.
   c. Non-human primate tissues, blood, pathogens? [ ] [ ]
   d. Research animals, animal tissues, bedding? [ ] [ ]
      If yes, complete section V
   e. Wild rodents, small mammals? [ ] [ ]
      If yes, complete section V
   f. Respirators? [ ] [ ]
      If yes, enrollment in the FIU Respirator Use Program is required.
   g. Hearing protection? [ ] [ ]
      If yes, enrollment in the FIU Hearing Protection Program is required.
SECTION IV: Work with Hazardous or Physical Agents
Select all agents that will be handled or may be present in the area (even if the participant will not be handling directly):

NOTE: If not handling or working with agents in the area, check here [ ] NA

[ ] Biological agents [ ] Chemicals [ ] Controlled Substances
[ ] Ionizing Radiation [ ] Nanomaterials [ ] Non-Ionizing Radiation
[ ] Noise [ ] Thermal Stress [ ] Ergonomic

Total number of hours in an average week working in the area with agents:
[ ] Less than 3 hours/week
[ ] 3-10 hrs/week
[ ] 11-24 hrs/week
[ ] 25 hrs or more/week
[ ] Occasional/Irregular/Non-scheduled (i.e. maintenance, inspections)

Level of Contact: Identify the level of exposure for each agent listed for the participant named above.
Level 0 – Will not enter area where this agent is used or present
Level 1 – No direct contact with agent, but enters area where agent is used or present (i.e. EH&S personnel, Facilities personnel, University Police)
Level 2 – Handles agent without use of sharps*
Level 3 – Handles/administers agents in animals*
Level 4 – Handles agents with use of sharps*

* Levels 2-4 require completion of the Medical Questionnaire for Biological/Chemical Agents

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<thead>
<tr>
<th>Agent(s)</th>
<th>Type</th>
<th>Biosafety Level</th>
<th>Level of Exposure</th>
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SECTION V: Work with Animals
Total number of animal contact hours in an average week:
[ ] Less than 3 hours/week
[ ] 3-10 hrs/week
[ ] 11-24 hrs/week
[ ] 25 hrs or more/week
[ ] Occasional/Irregular/Non-scheduled (i.e. maintenance, inspections)

Level of Contact: Identify the level of exposure for each animal listed for the participant named above.
Level 0 – Has no animal contact (includes observation studies)
Level 1 – No direct animal contact, but enters areas where research animals are used (IACUC inspectors, EH&S personnel, Facilities personnel, University Police)
Level 2 – Does not conduct procedures on live animals, but handles “unfixed” tissues and fluids*
Level 3 – Handles, restrains, collects specimens, or administers substances to live animals*
Level 4 – Performs invasive procedures such as surgery or necropsy*
*Levels 2-4 requires completion of the FIU Medical Questionnaire for Animal Contact

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<th>Animal(s)</th>
<th>Biosafety Level</th>
<th>Level of Exposure</th>
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SECTION VI: Supervisor Certification
By signature, I certify that the information provided is accurate to the best of my knowledge. They employee/participant has been notified of the risks and symptoms associated with exposure to the designated agent(s).

__________________________
P.I./SUPERVISOR SIGNATURE

DATE

If applicable:

__________________________
AREA/FACILITY SUPERVISOR

DATE

By this signature, I acknowledge and agree with all the information above. I have been notified of the risks and symptoms associated with exposure to the designated agent

__________________________
PARTICIPANT SIGNATURE

DATE
SECTION VII: EH&S RECOMMENDATIONS ONLY
Select one:
[ ] Hazardous Agents  [ ] Hazardous Agents and Animal Contact  [ ] Animal Contact

Personal Protective Equipment (PPE) and Engineering Controls:
The following PPE are required in the area (check all that apply):
[ ] Gloves   [ ] Goggles/Safety Glasses   [ ] Lab Coat   [ ] Shoe Covers
[ ] Respirator, type: ___________   [ ] Biosafety Cabinet   [ ] Chemical Fume Hood
[ ] Glove box   [ ] LEV pick-up

Vaccine and Test Requirements (check all that apply):
[ ] Hepatitis B   [ ] Tetanus   [ ] Allergen testing
[ ] Medical Clearance for Respirator Use   [ ] HIV test   [ ] Rabies
[ ] TB Screening   [ ] Serum Banking   [ ] Respirator Fit Test
[ ] Medical Clearance for Animal Contact
If you have met the vaccine or testing requirements AND provided documentation, check here [ ]

Training Requirements
The following training courses are require completion PRIOR to working with this material
[ ] Lab Safety Awareness   [ ] Hazard Communication   [ ] Fire Safety
[ ] Blood-borne Pathogens   [ ] Biomedical Waste Management   [ ] Safe Use of Fume Hoods
[ ] Animal Care Safety   [ ] CITI Biosafety   [ ] Respiratory Protection

Date Received: ______________
[ ] Clearance Approved, comments:
[ ] Clearance Pending, comments:

Copy  Supervisor
Copy  EH&S
Copy  Medical Provider (if applicable)