

**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?	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, complete section IV.		
c. Non-human primate tissues, blood, pathogens?	<input type="checkbox"/>	<input type="checkbox"/>
d. Research animals, animal tissues, bedding?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, complete section V		
e. Wild rodents, small mammals?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, complete section V		
f. Respirators?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, enrollment in the FIU Respirator Use Program is required.		
g. Hearing protection?	<input type="checkbox"/>	<input type="checkbox"/>
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**

Agent(s)	Type	Biosafety Level	Level of Exposure				
			1	2	3	4	5

**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

Animal(s)	Biosafety Level	Level of Exposure				
		1	2	3	4	5

**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)