

Risk Assessment Survey Form

**OCCUPATIONAL HEALTH PROGRAM FOR ANIMAL CAREGIVERS AND USERS
RISK ASSESSMENT SURVEY FORM (2003)**

Individuals who must complete this survey are as follows: Check the applicable job category

- 1. Veterinarians
- 2. Animal Care and Surgical Technicians
- 3. Veterinary Laboratory Technicians
- 4. Animal Care Veterinarians, Technicians or Researchers or Support Staff with known exposure to BIOHAZARDOUS agents or harmful chemicals used in animal research
- 5. Research Support Staff with Substantial Animal or Animal Tissue and Fluid Contact
- 6. Research Support Staff Who Use Random-Source Cats or Dogs
- 7. Facilities Management Staff who regularly service/repair animal housing space or HVAC units

If you have checked any of the job categories above you should complete this survey: Information provided is confidential and will be used by health care occupational specialists to evaluate past and current on-the-job health risks and to provide eligible personnel with an appropriate occupational health program that promotes occupational health and safety. The form is also designed to identify areas of our safety training program that require additional instructional support.

Questionnaire

Last Name	First Name	College	Department
Campus Mailing Address (Bldg and Room):	Work Phone	Work Fax	Email

1. Animal Contact: Identify the species of animal (or animal tissue and fluid exposure) that you work/worked with (check all that apply below) and indicate years of contact:

Check Species and indicate if contact is on-the-job and/or off-the-job (pet, etc.), past and/or current:							Indicate period (yrs) of on-the-job or off-the-job contact with species.	
a. Species	current	past	Tissues or fluid only	on-the-job	off-the-job	on-the-job	off-the-job	
<input type="checkbox"/> Mice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Guinea pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Hamsters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Gerbils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Ferrets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Amphibians (specify species?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Reptiles (specify species?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Birds (specify species?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Other (specify species?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Other (specify species?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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b. Have you previously or recently been bitten or scratched by an animal? Yes <input type="checkbox"/> No <input type="checkbox"/>
If your response to 2.b. is 'Yes' indicate when the incident occurred and what measures were taken to treat the injury?
If your response to 2.b. is 'Yes' indicate work practice measures that have been taken to reduce such injuries?
c. Have you previously or recently had an accidental needle stick or cut? Yes <input type="checkbox"/> No <input type="checkbox"/>
If your response to 2.c. is 'Yes' when and what measures did you take to treat the injury?
If your response to 2.c. is 'Yes' indicate work practice measures that have been taken to reduce such injuries?
d. Do you perform or assist in surgery or necropsy procedures on a regular basis? Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Biohazardous Agents: Indicate below any infectious or biohazardous agents you work(ed) with and the period during which you worked or were exposed to agent(s).

Species	Period during which you work(ed) with agent(s):
<input type="checkbox"/> Viruses (specify ?)	
<input type="checkbox"/> Bacteria (specify ?)	
<input type="checkbox"/> Rickettsia (specify ?)	
<input type="checkbox"/> Pathogenic fungi (specify ?)	
<input type="checkbox"/> Parasites (specify ?)	
<input type="checkbox"/> Replication competent rDNA (specify ?)	
<input type="checkbox"/> Other (specify ?)	
<input type="checkbox"/> Human blood/ cells/tissue (specify?)	

3. Chemicals and Drugs

a. Do you work with hazardous chemicals or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>
If your response to 3.a. is 'Yes' have you had any recent or previous accidental exposure or injury?
If your response to 3.a. is 'Yes' what measure did you take to treat the injury?
Are you familiar with/have access to Material Safety Data Sheets for the Chemicals\Drugs you use? Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Allergy:

a. Are you allergic or think that you are allergic to the animals with which you have\have had contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
If your response to 4.a. is 'Yes' to which species of animal are you allergic?
If your response to 4.a. is 'Yes' what makes you think that you are allergic to the species indicated under 2.a.?
b. Do you routinely use latex gloves when you work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you allergic or suspect you are allergic to latex? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Are you aware of any other allergy? Yes <input type="checkbox"/> No <input type="checkbox"/>
If your response to 4.c. is 'Yes' indicate other known or suspected allergies below:

