

**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**

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

**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.	
<b>a. Species</b>	<b>current</b>	<b>past</b>	<b>Tissues or fluid only</b>	<b>on-the-job</b>	<b>off-the-job</b>	<b>on-the-job</b>	<b>off-the-job</b>	
<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:

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d. Are you aware of any allergic reactions to any chemicals with which you work\have worked? Yes  No

If your response to 4.d. is 'Yes' to which chemical(s) are you or think you are allergic?

**5. Miscellaneous**

**a. Repetitive Motion:** Do you perform repetitive motion while working such as sweeping, mopping, pushing, pulling, wiping, lifting or other similar duty? Yes  No

If your response to 5.a. is 'Yes' indicate if you have/had recent musculoskeletal injury. Yes  No

If your response to is 'Yes' how has your injury been treated and how have you changed work practices to prevent or reduce the chance of musculoskeletal injury?

**b. Thermal Injury:** Do you use any equipment such as a washer or autoclave or other apparatus that operates at high temperature or that may cause burns from heat or steam? Yes  No

Have you ever been injured by such equipment? Yes  No

If your response to is 'Yes' to thermal injury how have you changed work practices to prevent or reduce the chance of thermal injury?

**c. Electrical Hazards:**

Have you ever suffered an electrical injury while working? Yes  No

If your response to is 'Yes' to electrical injury how have you changed work practices to prevent or reduce the chance of such injury?

**d. Noise**

Are you exposed to loud noise in the course of performing your job? Yes  No

Do you work with an unshielded sonicator? Yes  No

Do you work with dogs or swine? Yes  No  If so when was your last hearing test?

Have you ever been told by a physician that you have hearing loss? Yes  No

If you work with loud noise what preventive measures do you take to protect your hearing?

I have completed this form to the best of my knowledge:

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date