**Risk Assessment**

**Occupational Health and Safety Program**

| * A Risk Inventory form must be completed by the Principal Investigator for all laboratories used in an animal study before an Animal Study Protocol can be approved by the University Committee on Animal Care. * The completed and signed form must be *hand delivered* in a sealed envelope to the DLAR Office Rm 4-02, VA Bldg 119, Attn: Marvin Bowe. * This form will be reviewed in strict confidence by the Occupational Health physician for determination of risk exposure of personnel working with the animals in your laboratory. * Annual updates are required. |
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| **PI name:** | | **Phone:** |
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| **Department:** | **email:** | |
| **Animal Study Protocol Number(s):** | | |

# Instructions

Review each listing below and check those situations applicable to your laboratories where animals are used. This information will be reviewed by an occupational health professional to determine the occupational health risk of personnel working in your laboratories.

# Nature of Exposure

List all animal species approved in your protocol(s):

1. Specific Risk Categories **(*check all statements that apply to your laboratory(ies) and Animal Study Protocol(s)* )** 
   1. **Animal hazards exposure (check all that apply)**

Bite tendency moderate to high (e.g. dogs, cats, rodents, pigs, wild mammals)

Scratch tendency high (e.g. cats, rabbits, wild mammals, catfish, raptors)

Allergy potential high (e.g. rats, mice, guinea pigs, horses, cats, birds)

Venomous potential high (e.g. certain reptiles)

Kicking, butting, compression potential high (e.g. horses, cattle, swine, sheep, goats)

Zoonotic disease potential high (e.g. cats, random source dogs, pregnant sheep, wild animals)

Not applicable

* 1. **Animal product hazard exposure (check all that apply)**

Aerosolized (while cleaning animal areas) animal waste

Feces

Urine

Blood

Fresh carcass or tissue

Not applicable

* 1. **Radiation exposure (check all that apply)**

Research nuclides/radioactive materials; list materials:

X-ray only

Lasers; list class:

Other; list:

Not applicable

* 1. **Biological hazard (to humans and/or to other animals) exposure (check all that apply)**

Categories:  rDNA work that comes under NIH Guidelines (i.e. requires Biosafety approval)

Describe:

BL-1 organism; list agent(s):

BL-2 organism; list agent(s):

BL-3 organism; list agent(s):

* 1. **Chemical/laboratory exposure (check all that apply)**

Anesthetic gases

Compressed gases in tanks

Controlled drugs; list drugs:

Toxic materials

Carcinogens (e.g. formaldehyde, aflatoxins, benzene, ethylene oxide); list:

Mutagens/teratogens (e.g. cyclophosphamide, thalidomide, lead, murcery); list

Other toxic material; list:

Flammables

Solvents (e.g. acetone, diethyl ether, methyl alcohol); list:

Solids (e.g. naphthalene, nitrocellulose, paraformaldehyde); list:

Corrosives

Acids (e.g. acetic, nitric, sulfuric); list:

Bases (e.g. ammonium hydroxide, potassium hydroxide, sodium hydroxide); list:

Other caustics; list:

Reactives (e.g. alkali metals, magnesium nitride, picric acid); list:

* 1. **Physical hazards (check all that apply)**

Hypodermic needles and sharps

Repetitive motion

Excessive noise, over 85 decibels (e.g. communication within 2 feet requires shouting)

Lifting (e.g. expected to lift or move 50 lbs or more as part of the job)

Extreme temperature or humidity

Outdoor field collections

Slip/trip hazard (e.g. standing in water, working on slippery floors)

Low/reduced light levels

Ladders used (e.g. climbing ladders)

High pressure/temperature devices used

Ultrasound used

Electrical devices used

Grinding or chipping operation

Not applicable

This form must be submitted to the Occupational Health Office, via the DLAR (for logging compliance), Campus Box 70418, before the University Committee on Animal Care will approve your Animal Study Protocol. In the Animal Study Protocol form you will be asked to enter the date when this form was submitted.

| PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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