PART I - RISK ASSESSMENT FORM FOR BIOLOGICAL AGENTS

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 research facilities and laboratories. The FIU Biosafety Officer 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 research facility/lab 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 (core areas, animal care facilities, other research areas) 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. Pathogenic organisms (viral, bacterial, fungal, or parasitic)?  [   ] [   ]
      If yes, complete section IV.
   c. Non-human primate tissues, blood, pathogens?  [   ] [   ]
   d. Research animals, animal tissues, bedding?  [   ] [   ]
      If yes, complete of 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.
SECTION IV: Work with Pathogenic Agents

List all agents (biological, infectious, toxins) that will be handled:

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

List all agents (biological, infectious, toxins) that may be present in the area (even if the participant will not be handling directly):

Total number of hours in an average week working in lab/facility 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
Level 1 – No direct contact with agent, but enters area where agent is used (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 and 4 require completion of the Medical Questionnaire for Biological Agents

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<tr>
<th>Agent(s)</th>
<th>Type</th>
<th>Biosafety Level</th>
<th>Level of Exposure</th>
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**Personal Protective Equipment (PPE) and Safety Equipment:**
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

**Vaccine and Test Requirements (check all that apply):**
[ ] Hepatitis B  [ ] Tetanus  [ ] Allergen testing
[ ] Medical Clearance for Respirator Use  [ ] HIV test  [ ] Others: _______________

If you have met the vaccine or testing requirements **AND** provided documentation, check here [ ]

**Training Requirements**
Participant has successfully completed safety training and task-specific training as required by federal and university policies.
[ ] Yes, attach documentation
[ ] No, **ALL TRAINING MUST BE COMPLETED PRIOR TO START OF WORK**
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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Vaccines and Tests Required:
- Tetanus (required for all), date: ___________
- Rabies (required for contact with unvaccinated carnivores), date: ___________
- TB screening (required for contact with non-human primates), date: _______
- Serum Banking (required for contact with non-human primates, alligator blood, wild birds, goat/sheep/cattle, and cats), date: _______

Personal Protective Equipment (PPE) and Containment:
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

Training Requirements
Participant has successfully completed safety training and task-specific training as required by federal and university policies.
- [ ] Yes, attach documentation
- [ ] No, ALL TRAINING MUST BE COMPLETED PRIOR TO START OF WORK
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 ONLY  
Date Received: _____________
[  ] Clearance Approved, comments:
[  ] Clearance Pending, comments:

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