

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?
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)?
If yes, complete section IV.
 - c. Non-human primate tissues, blood, pathogens?
 - d. Research animals, animal tissues, bedding?
If yes, complete section V

- e. Wild rodents, small mammals, fish, reptiles, amphibians, birds? [] []
If yes, complete section V
- f. Respirators? [] []
If yes, enrollment in the FIU Respirator Use Program is required.
- g. Hearing protection? [] []
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

Agent(s)	Type	Biosafety Level (if applicable)	Level of Exposure				
			0	1	2	3	4

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				
		0	1	2	3	4

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