

Risk Assessment Survey Form

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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

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| 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:

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| 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 or 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