 Risk Assessment Form for

MSU’s Animal and Biological Occupational Health and Safety Program

**Purpose**: The purpose of this form is to assess your risk from infectious disease and other preventable, job-related problems. You are at some risk because you work with bacteria, viruses, recombinant or synthetic nucleic acids (r/sNA), bloodborne pathogens, animals, their tissues or waste products. This form needs to be completed on an annual basis in its entirety by all persons involved in BLS2 biological agents, r/sNA, blood borne pathogens, animal contact, care, and/or research.

**Expectations**: You and your supervisor are asked to complete this form and send it to Mrs. Johnna Pedersen (Office of Research Administration, 836-3737) coordinator of MSU’s Occupational Health and Safety Program. The primary investigator/supervisor is to fill out Sections 1-6 with employee, sign and send to student/participant to continue to fill out Section 7. Once the form is completed and signed, it can be scanned and emailed (JohnnaPedersen@MissouriState.edu), or sent via campus mail (ORA, Carr 405) to Mrs. Pedersen.

Students will receive an email upon receipt of the form and further instructions will be made at that time, such as an appointment with Dr. Filip Garrett M.D. at Magers Health and Wellness Center (836-4000). This form may be shared with Dr. Garrett and Dr. Michael Stafford D.V.M. Completion into OHSP can take up to 6 weeks, working on research or with animals cannot begin until completion into the program.

If an injury occurs, please visit the Human Resources, Workers’ Compensation page at <https://www.missouristate.edu/Human/workers-compensation.htm> . All bites, needle sticks, minor and major injuries should be reported to a PI/Supervisor.

**Section 1: Employee or participant information**

Name: Click or tap here to enter text. Telephone #: Click or tap here to enter text.

Job title: Click or tap here to enter text. M#: Click or tap here to enter text.

Email Address: Click or tap here to enter text. Date of Birth: Click or tap here to enter text.

Participant Status:  Faculty  Staff  Undergraduate Student  Graduate Student  Volunteer  Visiting Scientist  Other: Click or tap here to enter text.

Have you completed the required training at [www.citiprogram.org](http://www.citiprogram.org) YES NO

**Section 2: Principal Investigator/Supervisor Information**

P.I. Name: Click or tap here to enter text. Telephone #: Click or tap here to enter text.

Email: Click or tap here to enter text. Department: Click or tap here to enter text.

**Section 3: Must be filled out by P.I./Supervisor of employee**

1. Facility/location(s) where participant will be working (bldg. room/lab#):Click or tap here to enter text.
2. Protocol number(s) working under if applicable. Click or tap here to enter text . Or  general husbandry/ feed crew.
3. Does the participant work require exposure to or use of:
   1. Human- blood, blood products, tissues, or waste? YES NO
   2. BSL2 infectious agents? YES NO
   3. Recombinant or synthetic nucleic acids? YES NO
   4. Hazardous agents (chemicals, radioactive, controlled substances)? YES NO

If yes, fill out section 4.

* 1. Research animals, animal tissues, bedding? YES NO

mice rats rabbits pigs

* 1. Farms animals, animal tissues, bedding? YES NO

horses  cattle  donkey  sheep  pigs  poultry

* 1. Wild caught animals in the vivarium? YES NO
  2. Wild animals in the field? YES NO

* 1. Check all that apply from g. & h. :

Amphibians  Birds  Fish  Bats  Wild rodents/small mammals  Non-Venomous reptiles  Venomous reptiles

* 1. Other animals or hazards not mentioned above. Click or tap here to enter text.

**Section 4: Work with Hazardous or Physical Agents Filled out by P.I./Supervisor**

Check all that apply:

Lifting 50+ lbs  Lasers  Electricity  Pressure vessels  Biological agents

UV exposure  Radiation  Sharps  Loud noise  Chemical agents

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

Level 2 – Handles agent without use of sharps

Level 3 – Handles/administers agents in animals

Level 4 – Handles agents with use of sharps

List chemical agents, controlled substances, biological agents, pesticides, etc. below.

|  |  |  |
| --- | --- | --- |
| Agent(s) | Type (Chemical, controlled, pesticide, or BSL if applicable) | Level of Contact  0 1 2 3 4 |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |

**Section 5: Animal contact filled out by P.I./Supervisor**

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:** Indentify the level of exposure for each animal listed for the participant named above.

Level 0 – Has no animal contact (includes observational studies)

Level 1 – No direct animal contact, but enters areas where research animals are used

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

|  |  |  |
| --- | --- | --- |
| Animal(s) | Biosafety level (if applicable) | Level of Contact  0 1 2 3 4 |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |

**SECTION 6: 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).

\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_ \_ Click or tap to enter a date. \_\_ **P.I./SUPERVISOR SIGNATURE DATE**

**Section 7: Health Questions to be filled out by the participant/employee**

1. \*\*Month and Year of last flu vaccination. Click or tap here to enter text.
2. \*\*Year of last tetanus vaccination. Click or tap here to enter text.
3. \*\* Year of Hepatitis B series. Click or tap here to enter text.

(Applicable to bloodborne pathogens)

1. \*\* Year of rabies vaccination & titer (if applicable). Click or tap here to enter text.

\*\*Must be filled out and proof of vaccination maybe asked for.

1. Are you allergic to animals? Yes No

List Click or tap here to enter text.

1. Do you have other known allergies? Yes No

List Click or tap here to enter text.

1. Do you carry an EpiPen? Yes No
2. Do you carry and inhaler due to asthma for allergies? Yes No
3. Do you have a chronic medical condition or an immune compromising

medical condition which could suppress your immune system Yes No

(cancer, diabetes, M.S., R.A., alcoholism, renal disease, etc.)?

1. Have you recently taken any medications, which might suppress your

immune system (prednisone, cortisone, chemotherapy, anti- Yes No rejection, methotrexate, etc.)?

1. Do you have any skin problems related to work (reactions to latex

or detergents, dry/cracked skin, rashes, etc.) Yes No

1. Do you have any health or workplace concerns not covered by the

questionnaire that you feel may affect your occupational health and

would like to confidentially discuss with the Occupational Health Yes No

Consulting Physician?

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.

\_\_Click or tap here to enter text.\_\_\_\_\_ \_Click or tap to enter a date.\_\_\_

**PARTICIPANT/EMPLOYEE SIGNATURE DATE**

**Section 8: Certification from Office of Research Administration**

This form must be signed by a representative of the Office of Research Administration

\_Click or tap here to enter text.\_\_\_\_\_ \_Click or tap to enter a date.\_\_ **ORA REPRESENTATIVE SIGNATURE DATE**

Medical suggestions:

Office of Research Administration agrees to pay for charges pertaining to the Medical risk assessment. Call Johnna Pedersen 417-836-3737 with questions. Animal Research F03000 072023 73418 061