



Environmental Health and Safety

Animal Research and Facility Exposure Assessment Form

Name:	Phone Number:	Date:
Social Security Number:		Bear Number:
Job Description/Title:		Department:
<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Graduate Student <input type="checkbox"/> Work Study <input type="checkbox"/> Student <input type="checkbox"/> Visitor/Contractor <input type="checkbox"/> Other non-UNC		
Email Address:		
PI/Supervisor Name:	PI/Supervisor Phone Number:	

Animal contact is defined as contact with animals, their unfixed tissues, fluids, wastes, equipment used in caring for animals or frequent entry into an animal facility (i.e. caging, anesthesia, biosafety, cage washing)

I will be working with animals, cages, or bedding. Yes No

I will be working in facilities where animals are housed but I will not handle animals, cages, or bedding. This includes those doing walk through inspections, those providing housekeeping, and those providing maintenance and repairs. Yes No

Have you previously completed this health review: <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you developed any of the following conditions since your last health review: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Asthma <input type="checkbox"/> Allergic Skin Problems <input type="checkbox"/> Immune System suppression <input type="checkbox"/> Other _____
Do you now or have you ever had any of the following: <input type="checkbox"/> Diabetes <input type="checkbox"/> Measles <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Skin Rashes <input type="checkbox"/> Measles vaccine <input type="checkbox"/> Glove Allergies/ Rash <input type="checkbox"/> Allergies (pollen, food, animals, etc) <input type="checkbox"/> Muscle or Bone issues <input type="checkbox"/> Latex allergy diagnosis <input type="checkbox"/> Hernia/herniated disc <input type="checkbox"/> Asthma <input type="checkbox"/> Repeated Diarrhea <input type="checkbox"/> Hearing problems <input type="checkbox"/> Drug/alcohol dependence <input type="checkbox"/> Rabies vaccine <input type="checkbox"/> Immune system suppression Explain: _____	Describe: _____ _____ _____
I work in a setting where animals are used. <input type="checkbox"/> Yes <input type="checkbox"/> No The animals which may be in my work area are: _____	How many hours <u>per week</u> do you typically have contact with these animals? _____

Do you have sneezing spells, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, or shortness of breath after working with laboratory animals or their cages/bedding? Yes No

If yes please answer the following:

When did the symptoms begin? _____

Are the symptoms worse than one year ago? Yes No

Are you taking medications to control symptoms? If yes, please list: _____

What causes your symptoms? Please list: _____

In general, how frequently are you bothered by the following symptoms related to work/exposure to animals or their cages or bedding?

Skin rash or hives	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Watery, itchy eyes	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Runny or stuffy nose	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Sneezing spells	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Frequent cough	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Wheezing in chest	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Shortness of breath	<input type="checkbox"/> Not troubled	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily

When working with animals, how often do you wear the following PPE?

Gloves	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
Gown	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
Surgical Mask	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
Respirator	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
Goggles/glasses	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
Face shield	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always

Does wearing PPE eliminate your allergy symptoms?

Yes No

If no, please explain: _____

Have you ever been evaluated for animal related health problems? Yes No

If yes, please explain: _____

<p>How frequently do you wash your hands after handling animals/animal products?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always</p>	<p>Do you have household pets? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list: _____ _____</p>
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Airborne Exposure and Respirator Use

<p>Have you ever been fit tested for a respirator to wear while working with lab animals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you currently use a respirator for allergens and/or hazard protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of respirator are you using? <input type="checkbox"/> Dust mask <input type="checkbox"/> Surgical mask <input type="checkbox"/> Particulate (N95, R95) <input type="checkbox"/> Air Purifying Full Face <input type="checkbox"/> Powered air purifying <input type="checkbox"/> Air Purifying Half Mask <input type="checkbox"/> Self-Contained Breathing Apparatus <input type="checkbox"/> Other _____</p>

<p>Do you have any known work restrictions/limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain: _____ _____</p>
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<p>Do you have any additional health/safety concerns? _____ _____</p>

<p><input type="checkbox"/> I certify that to the best of my knowledge the information I provided on this form is true and accurate</p>	
<p>Signature: _____</p>	<p>Date: _____</p>

Occupational Specialist Review (internal use only)

<p>Document Reviewed By:</p>	
<p>Signature: _____</p>	<p>Date: _____</p>
<p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Turn in completed form to Environmental Health and Safety
 Parsons Hall, 501 20th Street, Campus Box 57, Greeley, CO 80639