



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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Diabetes</div> <div style="width: 33%;"><input type="checkbox"/> Measles</div> <div style="width: 33%;"><input type="checkbox"/> Seizure Disorder</div> <div style="width: 33%;"><input type="checkbox"/> Skin Rashes</div> <div style="width: 33%;"><input type="checkbox"/> Measles vaccine</div> <div style="width: 33%;"><input type="checkbox"/> Glove Allergies/ Rash</div> <div style="width: 33%;"><input type="checkbox"/> Allergies (pollen, food, animals, etc)</div> <div style="width: 33%;"><input type="checkbox"/> Muscle or Bone issues</div> <div style="width: 33%;"><input type="checkbox"/> Latex allergy diagnosis</div> <div style="width: 33%;"><input type="checkbox"/> Hernia/herniated disc</div> <div style="width: 33%;"><input type="checkbox"/> Asthma</div> <div style="width: 33%;"><input type="checkbox"/> Repeated Diarrhea</div> <div style="width: 33%;"><input type="checkbox"/> Hearing problems</div> <div style="width: 33%;"><input type="checkbox"/> Drug/alcohol dependence</div> <div style="width: 33%;"><input type="checkbox"/> Rabies vaccine</div> <div style="width: 33%;"><input type="checkbox"/> Immune system suppression</div> </div> 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 per week 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: \_\_\_\_\_

\_\_\_\_\_

How frequently do you wash your hands after handling animals/animal products?

☐ Never ☐ Sometimes ☐ Always

Do you have household pets? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

### Airborne Exposure and Respirator Use

Have you ever been fit tested for a respirator to wear while working with lab animals? ☐ Yes ☐ No

Do you currently use a respirator for allergens and/or hazard protection? ☐ Yes ☐ No

If yes, what type of respirator are you using? ☐ Dust mask ☐ Surgical mask ☐ Particulate (N95, R95) ☐ Air Purifying Full Face

☐ Powered air purifying ☐ Air Purifying Half Mask ☐ Self-Contained Breathing Apparatus ☐ Other \_\_\_\_\_

Do you have any known work restrictions/limitations? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Do you have any additional health/safety concerns? \_\_\_\_\_

☐ I certify that to the best of my knowledge the information I provided on this form is true and accurate

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Occupational Specialist Review (internal use only)

Document Reviewed By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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