



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:<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Have you developed any of the following conditions since your last health review:<br><input type="checkbox"/> Hay Fever <input type="checkbox"/> Asthma <input type="checkbox"/> Allergic Skin Problems<br><input type="checkbox"/> Immune System suppression <input type="checkbox"/> Other _____ |
| Do you now or have you ever had any of the following:<br><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: _____<br>_____<br>_____  |
| I work in a setting where animals are used. <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>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:

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