APPENDIX B: Please complete this appendix, along with Appendix C (Medical Surveillance Questionnaire). To maintain confidentiality, bring this form in a sealed envelope or mail to the Office of Safety, Stop 9031. The Office of Safety will mail or give all forms to – Altru Occupational Health (Employer Health Solutions) for proper review.

University of North Dakota Office of Safety Occupational Health Risk Assessment Questionnaire (Initial Assessment Form)

Purpose: This appendix is provided to Principal Investigators (PI) or Supervisors for the purpose of identifying specific work exposures and potential health hazards in the work environment. This appendix is used in conjunction with the Medical Surveillance Questionnaire (Appendix C) for participants with Research Animal Contact to determine what health and safety services or recommendations are appropriate for the individual to work safely with research animals.

Instructions: The PI or Supervisor must complete Appendix B for each individual under their supervision with research animal contact. Both the PI and employee/student must sign the completed Appendix B. The completed Appendix B should be given to the participant to bring with the completed Appendix C to the Office of Safety. The Office of Safety will mail/give both forms together to Altru Occupational Health (Employer Health Solutions).

To maintain confidentiality, bring/mail this form in a sealed envelope to the Office of Safety, Stop 9031.

SECTION A: EMPLOYEE OR STUDENT (PARTICIPANT) INFORMATION

Participant Name:	Job Title:							
Email Address:	UND ID#:							
Work Telephone:	Date of Orientation to Animal Research:							
Home Institution: UND Other,	specify:							
for research animal contact. Send to Alti	ne completed Appendix B and attach your home institution medical clearance or Occupational Health (Employer Health Solutions). If a medical clearance omplete Appendix C. If medical clearance documentation is not attached, you story).							
Participant Status (check all that apply UND Faculty): Visiting Scientist							
UND Staff	Affiliate							
UND Registered Volunteer	Non-Paid Undergraduate Student							
UND-Paid Undergraduate Student	Other (specify if UND-paid assignment or not):							
UND-Paid Graduate Student								
SECTION B: PRINCIPAL INVESTIGATOR	SUPERVISOR INFORMATION.							
PI/Supervisor Name:	Job Title:							
Email Address:	Telephone: Dept:							

APPENDIX B: Please complete this appendix, along with Appendix C (Medical Surveillance Questionnaire). To maintain confidentiality, bring this form in a sealed envelope or mail to the Office of Safety, Stop 9031. The Office of Safety will mail or give all forms to – Altru Occupational Health (Employer Health Solutions) for proper review.

SECTION C: MUST BE COMPLETED BY PI/SUPERVISOR OF EMPLOYEE OR STUDENT

Yes No

ls animal husbandr	y an essential	part of th	e participants c	luties?
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Is anima	husbandr	y an	ess	enti	al pa	rt of	the parti	icipants duties?							-
Will the p	articipant's	anim	ıal w	ork/	invol	ve pot	tential cor	ntact with any of	the following?:	:					
•	Human b	lood,	, tiss	sues	or ce	lls adr	ministered	d to or present in	animals?						
	Р	lease	e list	(sp	ecific	type):	:								
•	Infectious	s age	nts	in ar	nimal	s?									
	(1	nclud	ling	but r	ot lin	nited to	o virus, bad	cteria, fungi, protoz	oa or parasites)						
	Р	lease	e list	(sp	ecific	type):	:								
•	Other bio	logic	al n	nate	rial in	anim	als?								
	Р	lease	e list	::											
•	Non-fixed l	lung	or ly	/mpl	n nod	e tissu	ue from n	on-human primat	es?						
•	Pregnant n	namr	mals	(roc	lents	exclud	led)?								
•	Wildlife?														
•	Will you be				•										
	Briefly des	cribe	to i	nclu	de lo	cation	າ:								
•	Is there a k	now	n zo	ono	tic di	sease((s) associa	ated with these ar	 nimal(s)?						
	(i.e. Hanta	Virus	s, Ra	bies	, Avi	an Infl	luenza, et	c.) Please list:							
•	Venomous	anin	nals	?											
•	Radiation/ Ple														
•	Toxins? Ple	ase I	list:												
•	Chemicals,	inclu	udin	g an	esthe	etic ga	isses, in ai	nimals? (i.e. Carci	nogens, Mutag	gens, 1	Γoxin	s, 			
appropria	ite column[s	i]. Ch i t wo	eck rks	"0"	if no	direct	or indired	h species or tissu ct contact. Check r NHP tissues are	Non-Human p	rimat	e (Nł				
				t en	ers a	rea w	here rese	arch animals are	used						
			•					but handles "unfi		SLIES	and f	luids			
			•					administers subs				iaias	•		
	erforms inv														
· ·			•		POSU		67	, r-7-		LEV	EL O	F EXI	POSL	JRE	
SPECIES		0	1	2	3	4		SPECIE	S	0	1	2	3	4	
Amphibia	n							Cat							
Birds								Dog							

APPENDIX B: Please complete this appendix, along with Appendix C (Medical Surveillance Questionnaire). To maintain confidentiality, bring this form in a sealed envelope or mail to the Office of Safety, Stop 9031. The Office of Safety will mail or give all forms to – Altru Occupational Health (Employer Health Solutions) for proper review.

LEVEL OF EXPOSURE					LEVEL OF EXPOSURE							
SPECIES	0	1	2	3	4	SPECIES		0	1	2	3	4
Ferret						Poultry						
Fish						Rabbit						
Goat						Rat						
Guinea Pig			Reptile									
Hamster				Sheep								
Mice				Wild Rodents								
Non-Human Primate						Wildlife						
List animal(s) species appr	rove	d in	the p	roto	col(s):							

If "0" selected for all applicable animals, Appendix C <u>does not need</u> to be submitted. If future work duties result in the level of exposure moving to a "1" or higher, Appendix C is required.

Physical Hazards (Check all that apply)

Excessive noise over 85 decibels

(e.g. communication within two (2) feet requires shouting)

Lifting 50 lbs. or more

Extreme temperature/humidity

Outdoor field collections

Slip, trip, fall hazards (i.e. water, mud, etc.)

Low/reduced light

Ultrasound equipment

Grinding/chipping operation

High pressure temperature/pressure equipment

N/A - Not applicable

SECTION D: SUPERVISOR CERTIFICATION

By signature, I certify that the information provided is accurate to the be	est of my knowledge.
PI/Supervisor Signature:	_ Date:
By signature, I acknowledge and agree with all of the above.	
Employee/Student Signature:	_ Date: