

APPENDIX B: *Please complete this appendix, along with Appendix C (Medical Surveillance Questionnaire). To maintain confidentiality, bring this form in a sealed envelope when you meet with Office of Safety. The forms can also be mailed to the Office of Safety, Stop 9031. Office of Safety will mail or will give all forms to – Altru Occupational Health & Medicine, 1300 S. Columbia Rd. Grand Forks, ND 58201.*

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. Office of Safety will mail both forms together to Altru Occupational Health & Medicine 1300 S. Columbia Rd. Grand Forks, ND 58201. To maintain confidentiality, bring this form in a sealed envelope when you meet with Office of Safety.

SECTION A: EMPLOYEE OR STUDENT (PARTICIPANT) INFORMATION

Participant Name: _____ **Job Title:** _____

Email Address: _____ **Date of Orientation to Animal Research:** _____

UND ID#: _____ **Work Telephone:** _____

Participant Home Institution: **UND** **Other, specify:** _____

NOTE for non-UND participants: Submit the completed Appendix B and attach your home institution medical clearance for research animal contact. Send to Altru Occupational Health & Medicine. If a medical clearance appendix is attached, you do not need to complete Appendix C. If medical clearance documentation is not attached, you must complete the Appendix C (medical history).
Participant Status (check all that apply):

- | | |
|--------------------------------|--|
| UND Faculty | Visiting Scientist |
| UND Staff | Affiliate |
| UND Registered Volunteer | Non-Paid Undergraduate Student |
| UND-Paid Undergraduate Student | UND-Paid Graduate Student |
| UND-Paid Graduate Student | Other (specify if UND-paid assignment or not): |

SECTION B: PRINCIPAL INVESTIGATOR/SUPERVISOR INFORMATION.

PI/Supervisor Name: _____ **Job Title:** _____

Email Address: _____ **Telephone:** _____ **Dept:** _____

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

YES NO

Is animal husbandry an essential part of the participants duties?

Will the participant’s animal work involve potential contact with:

- Human blood, tissues or cells administered to or present in animals?

Please list (specific type): _____

- Infectious agents in animals? (Including but not limited to virus, bacteria, fungi, protozoa or parasites)

Please list (names of specific agents): _____

- Biosafety level 2 (BSL-2) agents in animals?

Please list: _____

- Non-fixed lung or lymph node tissue from non-human primates

- Pregnant mammals (rodents excluded)

- Wild-caught mammals or wild-caught birds

- Venomous animals

- Chemicals, including anesthetic gases, in animals. If yes, list: _____

- Will you be involved in any off-site animal work (e.g., field work)?

Species Contact: Identify all levels of exposure for each species or tissue for the participant named above and check the appropriate column[s]. Check “0” if no direct or indirect contact. **Check Non-Human primate (NHP), if handling NHP tissue or if participant works in an area where NHP or NHP tissues are housed or handled.**

Level 0 - No animal contact.

Level 1 - No direct contact, but enters area where research animals are used.

Level 2 - Does not conduct procedures on live animals but handles “unfixed” animal tissues and fluids.

Level 3 - Handles, restrains, collection of specimens or administers substances to live animals.

Level 4 - Performs invasive procedures such as surgery, necropsy.

SPECIES	LEVEL OF EXPOSURE					SPECIES	LEVEL OF EXPOSURE				
	0	1	2	3	4		0	1	2	3	4
Amphibian						Marine Mammal					
Birds						Mice					
Cat						Horse					
Cattle						Poultry					
Dog						Non-Human Primate					
Ferret						Rabbit					
Fish						Rat					

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LEVEL OF EXPOSURE					LEVEL OF EXPOSURE						
SPECIES	0	1	2	3	4	SPECIES	0	1	2	3	4
Goat						Reptile					
Guinea Pig						Sheep					
Hamster						Wild Rabbit/Mice/Rat					
Other						List: _____					

SECTION D: SUPERVISOR CERTIFICATION

By signature, I certify that the information provided is accurate to the best of my knowledge.

PI/Supervisor Signature: _____ Date: _____

By signature, I acknowledge and agree with all of the above.

Employee/Student Signature: _____ Date: _____

For questions, contact UND Office of Safety at 701-777-3341.

APPENDIX C: Please complete this form, along with Appendix B (Occupational Health Risk Assessment Questionnaire). To maintain confidentiality, bring this form in a sealed envelope when you meet with Office of Safety. The forms can also be mailed to the Office of Safety, Stop 9031. Office of Safety will mail or will give all forms to – Altru Occupational Health & Medicine, 1300 S. Columbia Rd. Grand Forks, ND 58201.

University of North Dakota Office of Safety Medical Surveillance Questionnaire

INSTRUCTIONS: Employees/Students working with research animals or entering vivaria are required to complete this questionnaire to identify applicable health and safety recommendations. The purpose of the following questions is to determine if you have any special health needs to work safely with animals. A common health risk includes allergies or respiratory sensitivities, which may be caused or aggravated by work around animals. Chronic health conditions, pregnancy, or immune system deficiencies may increase risk of infection from animals (zoonotic disease) or infectious agents used in animals. Chemical exposure from treated animals may also present additional risks during pregnancy or for certain respiratory or chronic health disorders. Based on your answers, medical recommendations will be provided to reduce risk of undesirable health effects and may include wearing additional personal protective equipment or modifying work procedures. In some cases, further medical evaluation may be indicated at Altru Occupational Health & Medicine. To maintain your confidentiality, your PI/supervisor must not look at or review your answers. This form will be reviewed by a health care professional and kept in your confidential medical record at Altru.

Employee/Student Name: _____ Date of Birth: _____

Employee/Student ID#: _____ Male Female UND Department: _____

Local Address: _____

Local Phone: _____ Job Title: _____

Supervisor: _____ Species to be handled: _____

UND OCCUPATIONAL HEALTH QUESTIONNAIRE (Your PI/Supervisor should not see this page)

1. Date of last Tetanus vaccine booster: _____
2. If you will be working with human blood/tissues/cells/cell lines in animals, have you received a Hepatitis B vaccination series? Yes No If yes: a) List year of vaccination: _____
 a. If post-vaccination titer was done, list date: _____ Titer result: _____ Not done _____
3. Do you have any of the following medical conditions?

Allergy and Respiratory System Health History			
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma or other chronic respiratory disease.		Skin conditions such as eczema, psoriasis, dermatitis.	
<input type="checkbox"/>	<input type="checkbox"/>	Allergic skin reactions such as hives, rash, itching. If yes, explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Known or suspected animal allergies. Circle any animal-related reaction(s): runny/stuffy nose, itching eyes, sneezing, coughing, wheezing, chest tightness, shortness of breath, hives, skin rash, throat swelling. If yes, list animal(s): _____	
<input type="checkbox"/>	<input type="checkbox"/>	Known or suspected allergies to chemicals, latex, food, or environment. If yes, please list: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently using respiratory protection or mask?	
<input type="checkbox"/>	<input type="checkbox"/>	If yes, have you been fit-tested? List type of respirator/mask you are using: _____	
Immune/Metabolic System Health History		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic health conditions such as diabetes		Kidney or liver disease	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valvular heart disease		History of spleen problems or absence of spleen	
<input type="checkbox"/>	<input type="checkbox"/>	Pregnant or planning to become pregnant	
<input type="checkbox"/>	<input type="checkbox"/>	Immune system deficiencies or other limitations to your ability to fight off disease or infection (for example: cancer, lupus, organ transplant, HIV infection, chronic infections). If yes, please list: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Current medication or treatment that may suppress your immune system (for example: high-dose steroids, prednisone, cancer therapy, radiation therapy). If yes, please list: _____	

By signature, I certify that the information provided is accurate to the best of my knowledge.

Employee/Student Signature: _____ Date: _____

For questions, contact UND Office of Safety at 701-777-3341.