



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

### Working with animals, their cages, or bedding

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

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