*Occupational Health and Safety in  
the Care and Use of Research Animals*

Hazard Evaluation Survey Instructions

Use this Hazard Evaluation Survey for initial enrollment, change of status, or for annual review in the UAA *Occupational Health and Safety in the Care and Use of Research Animals* Program. This Program applies only to individuals working within UAA animal facilities or working directly with animals in other settings.

**Complete this survey with your supervisor (facility or program supervisors and principal investigators may complete this survey on their own).**

To complete the electronic version (MS Word) of this survey, you may single click the checkboxes to place an X in them. For writing text, simply click on the gray box and start typing. Please payattention to the word limits – the form will not let you exceed a certain number of characters! If you have similar descriptions for multiple individuals, you may cut and paste blocks of text from one form to another.

**Include completed form in your IRBNet package and also email the completed form to:** [**uaa\_iacuc\_coord@alaska.edu**](mailto:uaa_iacuc_coord@alaska.edu)**, subject line: IACUC OHSP Enrollment.**

**Forms are reviewed weekly, so please submit forms by noon on Fridays in order to hear back the following week.**

This form is used to perform a health and safety risk assessment based on your animal contact, environmental hazards, and exposure to potentially hazardous agents. This information will be reviewed by UAA Environmental Health & Safety, Risk Management Services/Emergency Management (EHSRMS/EM) and, if necessary, a contract Health Care Provider. You will be notified if you need to complete the confidential medical questionnaire for review by the University’s Health Care Provider or if you need a medical examination. The medical questionnaire, if required, is a confidential document retained in your medical record for review only by the contract Health Care Provider.

***Signatures:*** No signatures are required for this Hazard Evaluation Form. However, once the review is complete you will be required to acknowledge in writing that you have reviewed and understand all safety issues and use of personal protective equipment applicable to your work.

Questions: For assistance with these forms, please contact the UAA IACUC Coordinator at 907-786-0917.

*Occupational Health and Safety in  
the Care and Use of Research Animals*

Hazard Evaluation Survey

|  |  |  |  |
| --- | --- | --- | --- |
| This is for: | Initial Enrollment | Change of Status | Annual Review |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: (Last) | | | | (First) | | | | (MI) | | Date: (M/D/YY) |
| Job Title: | | | | | | Institute/Department: | | | | |
| University Mailing Address: | | | | | | | | | | |
| Work Phone: | | | Home Phone: | | | | | | Fax: | |
| e-mail: | | | | | | | | | | |
| Your supervisor/PI name and phone: | | | | | | | | | | |
| * leave blank if you are completing this form without input from a supervisor/principle investigator | | | | | | | | | | |
| Are you? | Faculty | Staff | | | Student | | Visitor | | Other (please indicate): | |
|  | | | | | | | | | | |
| **Where will you be working with animals (field, building, room, water, etc.)?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **If known, list the current IRBNet Project numbers for the IACUC Research Protocol(s) and SOP(s) you will be working under.** | | | | | | | | | | |

Animal Related Job Duties

**1. Animal Species** *[List all types of animals contacted at work. You may indicate major groups if more practical (e.g. waterfowl, passerines, wild rodents, lemmings, voles, salmonids, etc.) Estimate contact hrs/week (a range like 1-8 is acceptable) and indicate if this is for a specific term or continuing. Please indicate any special characteristics about the animals that might make them particularly dangerous or whether or not animals are habituated. If more space is needed you may attach an additional table with your submission.]*

|  |  |  |  |
| --- | --- | --- | --- |
| **Species or Groups** | **Special Characteristics** | **Contact Hours per week** | **Time Frame**  *(if not specified it is considered to be all year)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Do you have frequent contact with animals outside work**?  No  Yes, please specify:

**2. Biohazard Agents** *[In 100 words or less, list all biohazardous agents the participant will come in contact with. This includes infectious agents, any activity involving recombinant DNA, any contact with toxins, etc.]*

**3. Chemical Agents** *[In 100 words or less, list all hazardous chemical agents participant will come in contact with. This includes caustic or dangerous cleaning products.]*

**4. Radioactive Agents** *[In 100 words or less, list all agents participant will come in contact with.]*

**5. Equipment Use** *[In 100 words or less, list all motorized vehicles, power tools or equipment participant may use in the course of your work at UAA. Examples include ATVs, snowmachines, tractors, hydraulic chutes, powers saws, band saw, etc.]*

**Please Provide a Brief Job or Task Description** *[maximum 250 words*

**Supervisor/Participant’s Health & Safety Assessment** *[In 250 words or less, provide your own assessment of the potential hazards and list any necessary training, orientation, risk-specific preventive measures, personal protective equipment that is needed.]*