Laboratory Animal Research
Risk Assessment Questionnaire

Part A: Personal Data

Preferred name: ____________________________  Gender: __________  Age: __________

Email: ________________________________  Telephone: ________________________________

Mailing address: __________________________________________________________

Building and number of the room in which you will primarily interact with animals: __________

For students: Provide evidence of current tetanus vaccination to your supervisor; complete Parts B, C, D, E, F; have your supervisor sign below; then complete Parts G and H.

Name of your faculty or staff supervisor (if you are a student): ________________________________

Signature of supervisor: __________________________________ Date signed ____________________

Signature of supervisor above certifies receipt of evidence of a current tetanus vaccination and agreement with the accuracy of the information provided in Part B, Part C1, Part D, Part E, and Part F.

Your signature certifies that the information you provided is accurate and that you will update it promptly.

Your signature: __________________________ Date signed __________________________

Part B: Your interaction with the animals. Check one of the following:

_______ I only enter rooms in which animals are kept. I do not handle animals, their tissues or body fluids, or animal products. (If you checked this, please skip to part E.)

-OR-

_______ I enter rooms in which animals are kept and observe procedures being performed by my supervisor or, with my supervisor’s permission, by students named on an approved protocol, but I do not handle animals, their tissues, or body fluids. (If you checked this, please skip to Part D.)

-OR-

_______ I am involved with animal research or maintenance. (If you checked this, please complete the rest of this section.)
Indicate the animal / tissue / body fluids used or handled by you by checking the appropriate entries (check all that apply):

<table>
<thead>
<tr>
<th></th>
<th>Animal</th>
<th>Tissue</th>
<th>Body Fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodents:</td>
<td>______</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td>Amphibians:</td>
<td>______</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td>Other:</td>
<td>______</td>
<td>______</td>
<td>_____</td>
</tr>
</tbody>
</table>

If you checked “Animal” for any of the above, please complete part C. Otherwise, skip to part D.

**Part C: Animal allergy risk factors you should know:**

- If you work continually with animals, you are three times more likely to develop allergies and asthma than a person who does not work with animals.
- If you are allergic to grass, ragweed, house dust, or domestic animals such as cats and dogs, you are more likely to develop allergies to laboratory animals. Using a special filtered mask known as a respirator may decrease your risk of developing an animal allergy.
- Surgical-type masks are probably not effective in reducing your exposure to allergens.
- Respiratory protection is available to all students, staff, and faculty.
- If you would like more information about lab animal allergy, please contact your primary care physician if you are faculty/staff, Healthcare Provider in Haverford’s Health Services (610-896-1089) if you are a Haverford student or Healthcare Provider at Bryn Mawr’s Health Center (526-7360) if you are a Bryn Mawr student.

**C1.** Which of the following best describes your average exposure time to live animals in the research facility:

- ___More than 10 hours per week
- ___2-10 hours per week
- ___Less than 2 hours per week
- ___I do not have weekly contact. My contact is less than 4 hours per month.
- ___I do not have monthly contact. My contact is a few times per year.

**C2.** Do you have current exposure to animals outside the research facility (e.g. house pets, additional employment)?

**C3.** Did you work with animals prior to working in our research facility?

**C4.** Do you currently or have you ever experienced any of the following symptoms when in contact with animals (check all that apply):

- ___Watery or itchy eyes
- ___Runny or stuffy nose
- ___Sneezing spells
- ___Skin rashses or hives
- ___Wheezing, chest tightness, shortness of breath
C5. Do you experience any of the above symptoms when you are exposed to research animals in the research facility? Yes  No
If “yes,” please list the animal and the symptoms experienced:

C6. Do you have a known allergy to any animals (pet, research, or other)? Yes  No
If “yes,” please list the animal(s) and the symptoms you experience when exposed to them:

Part D: Exposure to hazardous agents.
IMPORTANT: For each of the following, please respond “yes” only if you use the agent in rooms where live animals are housed, handled, or experimented with. If you are working under the supervision of a faculty member doing animal research at Haverford or the Rodent Facility Manager, please check with your supervisor that you have listed all of the hazardous agents to which you are exposed.

D1. Biosafety: I use infectious agents, recombinant vectors, or toxins: Yes  No
If “yes,” please list agent and indicate frequency of use (several times per day, week, month, or year):
1. Agent: __________________________ Frequency of use: several times per ________
2. Agent: __________________________ Frequency of use: several times per ________
3. Agent: __________________________ Frequency of use: several times per ________
4. Agent: __________________________ Frequency of use: several times per ________

D2. Chemotherapy agents: I use antineoplastic agents (chemotherapy agents): Yes  No
If “yes,” please list agent and indicate frequency of use (several times per day, week, month, or year):
1. Agent: __________________________ Frequency of use: several times per ________
2. Agent: __________________________ Frequency of use: several times per ________
3. Agent: __________________________ Frequency of use: several times per ________
4. Agent: __________________________ Frequency of use: several times per ________

D3. Other hazardous chemicals: I use hazardous chemicals other than antineoplastic agents: Yes  No
If “yes,” please list chemical and indicate frequency of use (several times per day, week, month, or year):
1. Chemical: __________________________ Frequency of use: several times per ________
2. Chemical: __________________________ Frequency of use: several times per ________
3. Chemical: __________________________ Frequency of use: several times per ________
4. Chemical: __________________________ Frequency of use: several times per ________
D4. Other hazards:
List other hazards in your workplace and frequency of exposure (several times per day, week, month, or year):

1. Hazard: __________________________________ Frequency of exposure: several times per __________
2. Hazard: __________________________________ Frequency of exposure: several times per __________
3. Hazard: __________________________________ Frequency of exposure: several times per __________
4. Hazard: __________________________________ Frequency of exposure: several times per __________

Part E: Personal protective equipment
I use the following protective equipment in rooms where live animals are housed, handled, or experimented with (check all that applies):
___ Disposable gown ___ Respirator (Type: _______ Have you been fit tested? Yes No)
___ Disposable shoe coverings ___ Eye protection ___ Gloves
___ Hearing protection ___ Surgical mask ___ with or ___ without face shield

Part F: Immunizations
F1. I have had a tetanus vaccine within the last 10 years: Yes No
If yes, please give the date of your most recent vaccine: _______

Part G:
G1. Do you have any questions or concerns regarding your work with animals that you would like to discuss with a nurse practitioner? Yes No
G2. Please add any remarks you feel are relevant.

Part H: Medical History (This information is confidential, so please fill it out in private.)
H1: Do you have any of the following health considerations? (Check all that apply)
___ Asthma or other chronic respiratory disease
___ Skin conditions such as eczema, psoriasis, dermatitis
___ Allergic skin reaction such as hives, rash, itches. (Explain: _____________________________)
___ Known or suspected allergies to chemicals, latex, food, or environment (explain: _____________)
___ Chronic health conditions such as diabetes (explain: _____________________________)
___ Kidney or liver disease
___ Valvular heart disease
___ History of spleen problems or absence of spleen
___ Pregnant or planning to become pregnant
___ Immune system deficiency or other limitation to your ability to fight off disease or infection; for example, cancer, lupus, organ transplant, HIV infection, chronic infections (list:________________________)
___ Current medication or treatment that may suppress your immune system; for example, high-dose steroids, prednisone, cancer therapy or radiation therapy (list: ________________________)
Please deliver your completed form to your primary care provider if you are a faculty or staff member. If you are a student, please deliver your form to Healthcare Provider in Haverford’s Health Services or Healthcare Provider in Bryn Mawr’s Health Center for evaluation. That medical professional will let the chair of Haverford’s Animal Care and Use Committee (Rebecca Compton, rcompton@haverford.edu) know whether you are:

1. Medically eligible to perform the stated activities without restriction
2. Medically eligible to perform the stated activities with additional requirements (e.g. respiratory protection or vaccination), or
3. Deemed medically ineligible to perform the stated activities

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