

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

Do you have sneezing spells, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, or shortness of breath after working with ~~hazardous animals or their cages/housing?~~ Yes No

If yes please answer the following:

<p>How frequently do you wash your hands after handling animals/animal products?</p>	<p>Do you have household pets? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list:</p>
--	---

Airborne Exposure and Respirator Use

<p>Are you wearing a respirator? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, what type of respirator are you using? <input type="checkbox"/> Dust mask <input type="checkbox"/> Surgical mask <input type="checkbox"/> Particulate (N95, R95) <input type="checkbox"/> Air Purifying Full Face <input type="checkbox"/> Powered air purifying <input type="checkbox"/> Air Purifying Half Mask <input type="checkbox"/> Self-Contained Breathing Apparatus</p>

<p>Do you have any known work restrictions/limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>

<p>Do you have any additional health/safety concerns?</p>

<p><input type="checkbox"/> I certify that to the best of my knowledge the information I provided on this form is true and accurate</p>	
<p>Signature:</p>	<p>Date:</p>

Occupational Specialist Review (internal use only)

<p>Document Reviewed By:</p>	
<p>Signature:</p>	<p>Date:</p>
<p>Comments:</p>	

Turn in completed form to Environmental Health and Safety