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When complete, send a copy of this Form to EH&S (biosafety@ucsc.edu or mail to "EH&S Trailer"). Then mail or fax this Form, along with Forms B and C, to - SCOMC, 610 Frederick Street, Santa Cruz, CA 95062, fax (510) 653-5210.



Animal Contact Risk Assessment Questionnaire

Purpose: This form is provided to Principal Investigators (P.I.) or Supervisors for the purpose of conducting occupational health risk assessment for participants in animal-related research. This form is used in conjunction with the Medical History Questionnaire (Form B) to help address the safety of UCSC research activities and enable participants with research animal contact to fulfill required medical surveillance obligations.

Instructions: The P.I. or Supervisor must review this form for each individual with research animal contact. Both the P.I. and the Participant must sign this form. The participant will provide this completed and signed form to EH&S, and to SCOMC along with completed Forms B and C.

Please include information on all current and reasonably anticipated IACUC protocols for this participant.

SECTION A: Participant Information

Participant Name: _____ Job Title: _____

E-mail Address: _____ Phone: _____

Department: _____

Participant Status (check all that apply):

Faculty	Non-Senate Academic Staff	Graduate Student	Volunteer
Staff	Undergraduate Student	Visiting Scientist	Other:

SECTION B: Principal Investigator/Supervisor Information

P.I./Supervisor Name: _____ Job Title: _____

E-mail Address: _____ Phone: _____

Department: _____

Supervisor Status (check all that apply):

Faculty	Non-Senate Academic Staff	Staff	Other:
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SECTION C: Exposure Assessment

Yes No

Is animal husbandry (e.g., cage changing, cleaning, feeding, etc.) an essential part of the participant's duties?

Does the participant have contact with:

- Human blood, tissues, or cells used in animal-related work?
- Blood, fluids, or tissues from non-human primates?
- Infectious agents used in animal-related work?

Please list:

Does the participant work with wild-caught animals?

Please list:

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Species Contact: Identify the level of work-related exposure for each species or tissue for the participant named above and check the appropriate column. **Notify EH&S if your level of exposure increases or if you begin working with additional animal species.**

- Level 0** - No animal contact.
- Level 1** - No direct contact, but enters animal facility.
- Level 2** - Does not conduct procedures on live animals but handles "unfixed" animal tissues and fluids.
- Level 3** - Handles, restrains, collects specimens or administers substances to live animals.
- Level 4** - Performs invasive procedures such as surgery, necropsy.

Level of Exposure						Level of Exposure					
Species	0	1	2	3	4	Species	0	1	2	3	4
Amphibian						Marine Mammal					
Birds						Mice					
Cat						Poultry					
Cattle						Primate					
Dog						Rabbit					
Fish						Rat					
Goat						Reptile					
Guinea Pig						Sheep					
Hamster						Swine					
Horse						Other					

List:

SECTION D: Supervisor Certification

By signature, I certify that the information provided on this form is accurate to the best of my knowledge. I will notify EH&S if the participant's level of exposure increases or if the participant begins working with additional animal species.

P.I./SUPERVISOR SIGNATURE

DATE

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

PARTICIPANT SIGNATURE

DATE

**NOTE: Print 2 Copies of This Form
1 to EH&S - 1 to SCOMC**

Form A: Animal Contact Risk Assessment Questionnaire
 Form B: Animal Contact Medical History Questionnaire
 Form C: Animal Contact Occupational Medical Surveillance