Cornell University

Animal Users Health and Safety Program

Instructions for Completing the Risk Assessment Form

General Information

1. Cornell's Animal Users Health and Safety Program (AUHSP) covers faculty, staff, students, visiting scholars, contractors and volunteers who have direct or indirect exposure to Cornell-owned vertebrate research and training animals. Program requirements are based on the type and frequency of exposure to animals, animal tissues, and/or time spent in an animal care facility (e.g., working, visiting, doing maintenance work).

2. Environmental Health and Safety (EH&S) coordinates the Risk Assessment Program by working in partnership with professionals from the Center for Animal Resources and Education (CARE) and Gannett Health Services (Gannett).

3. Completion of the Risk Assessment Form is required for research staff listed in low-risk animal protocols; IACUC members; Cornell employees not directly working with animals, but working in laboratories where animals are used; Cornell University employees who, as part of their normal job duties (e.g. Custodial Staff, Building Maintenance staff, Cornell Shops), work in buildings that have animal holding facilities or animal procedure rooms; and outside contractors and volunteers working in animal care facilities. Review of Risk Assessment Forms will be conducted every three years. Individuals should contact EH&S if any changes occur in exposures or medical status before the next scheduled review.

4. A Medical Evaluation Form is required for research staff listed on moderate and high-risk animal protocols and for individuals listed in item three above who may have increased health risks.

Form Completion and Routing

1. Complete the Risk Assessment Form (RAF), and sign the form.

2. Submit the completed RAF form to: EH&S, 395 Pine Tree Road, Suite 210, c/o OHS Program

3. The EH&S reviewer will process the form, determine whether additional information such as completion of a Medical Evaluation Form is required, and will contact you to review outcome.

4. Gannett's Occupational Medicine Program will provide and process all Medical Evaluation Forms, determine whether medical clearance is approved, or request additional information.

Note: Failure to complete this form, a Medical Evaluation Form if required, or required training related to Cornell's Animal Users Health and Safety Program (AUHSP) may impact an individual's ability to access/use Cornell's animal facilities.

Additional Information

For your convenience, additional AUHSP information can be obtained for the following Web pages:

- Environmental Health and Safety http://www.ehs.cornell.edu
- Center for Animal Resources and Education http://www.research.cornell.edu/care/
- Gannett Health Services http://www.gannett.cornell.edu/
- Animal Users Health and Safety Program http://www.ehs.cornell.edu/AUHSP/index.htm
- Institutional Animal Care and Use Committee http://www.research.cornell.edu/iacuc/

Please contact Environmental Health and Safety (EH&S) with any questions at 255-8200

CORNELL UNIVERSITY

Animal Users Health and Safety Program

Risk Assessment Form

INSTRUCTIONS: Please complete all sections of this form that apply, sign form, and return to EH&S, 395 Pine Tree Road, Suite 210.

Name (Last, First, M.I.)	Job Title	Principal Investigator (PI) or Supervisor
Department/Major _____ College or Unit _____	Work Phone (____) ____- _____	PI or Supervisor Phone and E-mail (____) ____- _____ _____@cornell.edu
Campus address	E-mail address _____@cornell.edu	Today's Date ____ /___/___ University ID # _____

A. 1. **Participant status:** ❑ Faculty ❑ Staff ❑ Graduate Student ❑ Undergraduate Student ❑ Other _____

2. **Briefly describe your position as it relates to your potential exposure to animals:** _____

_____

3. **Facilities where your animal related work is performed:** _____

4. **Are you on an approved animal care and use protocol?** ❑ Yes ❑ No

B. **Animal /Tissues/Body Fluids to Which You Might Be Exposed**

Please identify the level of exposure for any animals that apply to your status:

Level 1 – Enter into building where animals are housed, but do not enter animal use area (e.g. room where animals are used or housed)

Level 2 – Enter animal use area (e.g. room where animals are used or housed), but no direct contact

Level 3 – Handle "unfixed" animal tissues and fluids, but do not conduct procedures on live animals

Level 4 – Provide food and water, clean cages, handle, restrain, collect specimens, provide veterinary care, or administer substances to live animals

Level	1	2	3	4	Level	1	2	3	4
Mice, rats, guinea pigs, rabbits, rodents					Woodchucks				
Wild rodents					Wild-caught birds				
Cats, dogs					Poultry				
Goats, cattle					Reptiles				
Sheep					Amphibians (e.g. frog, salamander, etc.)				
Horses, pigs					Fish				
Wild-caught mammals					Other (specify): _____				

❑ **None of the above apply, go to section F, sign and send the form to EH&S, 395 Pine Tree Road, Suite 210.**

C. **Health Information: Certain health problems or concerns can increase the health risk associated with animal care/use. To protect the confidentiality of your personal health information, please check only one box below as a response to the group of questions. If you answer "yes" to the group of questions, Gannett will contact you for more specific information.**

Do you have ANY of the following?

❑ Yes ❑ No

Environmental allergies, asthma, or chronic skin problems

Current pregnancy or anticipate pregnancy in the next year (females only)

Chronic disease such as cancer, lupus, rheumatoid arthritis, HIV

Work-related injury or illness in the past 12 months

D. **Tetanus immunization every 10 years is required for animal caretakers and recommended for others. If you have not had a tetanus booster in the past 10 years, you should obtain one at Gannett Health Services (call 255-6960 for appointment) or through your primary health care provider.**

E. **Additional Work-Related Health and Safety Information:**

Does your work involve ANY of the following?

❑ Heavy lifting (more than 50 lbs.) ❑ Loud noise(s)

❑ High concentration of particulates (dust, feed) ❑ Other work-related health and safety concerns/comments: _____

For an on-site assessment and/or training about these hazards please contact EH&S at 255-8200

F. **Acknowledgement (Please check only one box, sign, and date prior to submission)**

❑ **I have answered the questions on this form truthfully and to the best of my knowledge.**

❑ **I decline the completion of this form.** ***Note: Failure to complete this form, a Medical Evaluation Form if required, or required training related to Cornell's Animal Users Health and Safety Program (AUHSP) will impact an individual's ability to access/use Cornell's animal facilities.***

_____ ___/___/___

Signature **Date**

FOR EH&S USE ONLY

❑ Risk assessment satisfactory ❑ Refer to Gannett OMP

Recommendations for employee: ❑ Complete AUHSP Awareness orientation ❑ Other: _____

Reviewing EH&S Specialist: _____ Date ____/____/____