

ANIMAL HANDLER RISK ASSESSMENT FORM

Name (Last, First, MI)	Email Address
PI/Supervisor	Department

INSTRUCTIONS:

- 1) This form must be completed with black or blue pen only.
- 2) The Risk Assessment must be completed PRIOR to animal use and any time your change or add species. If you add a species, complete the Risk Assessment form listing ALL animals contacted, not just the new species.
- 3) **Female Personnel:** If you are pregnant or become pregnant while at GWU, certain precautions may need to be taken during your pregnancy if you work with animals, biohazardous materials or chemical agents. *It is recommended that you discuss your pregnancy and your work environment with your personal care physician or Occupational Health Care Professional as early as possible in case precautions need to be instituted.*

Part A: Risk Assessment for Animal Contact

I. Animal/Tissue Activity (Check all that apply)

- No direct contact: observes animals in cages/pens or enters animal facility
- Does not conduct procedures on live animals but handles “unfixed” animal tissues and body fluids
- Handles, restrains, collects specimens from or administers substances to live animals
- Performs invasive procedures such as surgery and necropsy

II. Exposure to Animals/Tissues/Body Fluids (Check all that apply)

- | | | | |
|-------------------------------------|-----------------------------------|---|-------------------------------|
| <input type="checkbox"/> Amphibians | <input type="checkbox"/> Birds | <input type="checkbox"/> Chickens | <input type="checkbox"/> Dogs |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Hamsters | <input type="checkbox"/> Mice | <input type="checkbox"/> Pigs |
| <input type="checkbox"/> Rabbits | <input type="checkbox"/> Rats | <input type="checkbox"/> Non-human Primates | |
- Wild caught Rodents (Specify) _____ Other (Specify) _____

III. Risk Assessment Working With Laboratory Animals

Provide the following for each agent you are exposed to in conjunction with animal studies.

	Yes	No	If yes, please specify
a. Infectious Agents/r-DNA technologies	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Chemical Carcinogen	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Anti-neoplastic Agents	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor Signature: _____ **Date:** _____