

## 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:

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

**Airborne Exposure and Respirator Use**

<input type="checkbox"/> I am not wearing a respirator. <input type="checkbox"/> Yes <input type="checkbox"/> No. 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

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

Do you have any additional health/safety concerns?

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

**Occupational Specialist Review (internal use only)**

Document Reviewed By:	
Signature:	Date:
Comments:	

Turn in completed form to Environmental Health and Safety