

Initial Animal Exposure Program Occupational Health and Safety Questionnaire
NON-OSU EMPLOYEES ONLY

Part I—Sections A-C are to be completed by the Supervisor/Principal Investigator (PI); **Section D-E** by **Non-OSU employee**. Supervisors /PI’s need to complete this form for all NON OSU Employees under their supervision. Supervisors /PI’s who are non-OSU employees must also individually complete this form.

Part I: Animal Contact Review Questionnaire

Section A: Participant Information	
Name:	OSU ID # (if applicable):
E-mail address:	Date:
Department:	Date of Birth:
Work address:	Job Title:
Project name:	Cell phone#:
Supervisor/PI name and phone #:	
Supervisor/PI email address:	

1. Species Contact: Identify the level of exposure for each species for the participant named above and checkmark the appropriate column.

Section B: Must be completed by supervisor of participant									
Level I No direct contact but enters animal facility.									
Level II Does not conduct procedures on live animals but handles “unfixed” animal tissues and fluids.									
Level III Minor exposures (handles, restrains, collects specimens or administer substances to live animals).									
Level IV Major exposures (performs invasive procedures such as surgery, necropsy).									
Species	Level of Exposure				Species	Level of Exposure			
	I	II	III	IV		I	II	III	IV
Amphibian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marine Mammal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rabbit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camelid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reptile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guinea Pig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Of the group(s) selected above, will any be encountered in the wild? Yes No

If so, please indicate which group(s):

2. Education and Training:

Yes No The [Animal Handler Safety Training](#) has been viewed and documented (Required)

Yes No The **supervisor** or instructor (for courses) has provided detailed safety information for the specific type of animal or animal source material to be used in the work. This training has been documented by the supervisor (Required).

Briefly list below any additional training or education pertinent to the proposed work:

3. For live animals indicated under section B.1, identify any animals that are involved with or receive any of the following:

- A) Recombinant Nucleic Acids No Yes
- B) Infectious Agents No Yes → specific agent: _____
- D) Human Cell Lines No Yes
- E) Hazardous Chemicals No Yes → specific agent: _____
- F) Radiation/Radioisotopes No Yes → specific agent: _____
- G) Lasers No Yes → laser type: _____
- H) Toxins No Yes → specific agent: _____

Specific training for all items identified in this section has been completed. No Yes

SECTION C: Supervisor/PI Certification

By signature, I certify that the information provided is accurate, that I have provided the participant named in Section A with the OSU policy on Animal Exposure Occupational Health and Safety Program, and that I have provided necessary training on the items detailed in that policy and as specified on this form. I have provided the appropriate personal protective equipment to the participant at no charge.

Printed Supervisor/PI Name: _____

Signature: _____

Date: _____

SECTION D: Participant Certification

By signature, I certify that I have received the training documented on this form. I have received the appropriate personal protective equipment and have reviewed the OSU policy on Animal Exposure Occupational Health and Safety Program.

Printed Participant Name: _____

Signature: _____

Date: _____

SUPERVISOR/PI STOP HERE: PARTICIPANT FILLS OUT PART E.

Section E: Signature of Non-OSU Employee

I have been informed that due to my occupational exposure to animals, I may be at risk of acquiring a zoonotic, allergic or animal related disease. I should contact my primary care provider for any concerns. Though not required, I am aware that an up-to-date tetanus booster is highly advisable when working with or around animals.

If at any time I become an OSU employee and continue to be involved in animal handling I will need to enroll in the OSU Animal Exposure surveillance program which provides early detection, diagnosis and treatment of animal related illnesses.

The [Animal Handler Safety Training](#) has been viewed and documented (Required)

Printed Name of Participant

Signature of Participant

Date