|  |  |
| --- | --- |
| The University of Mississippi | |
| OHSP Risk Inventory | |
|  | |
| **Use of this form:** 1. New Investigators, Research Staff (including students), Animal Care Staff must complete this  Inventory prior to working with animals.  2. Should risk-related conditions change, a new inventory should be completed. | |
|  | |
| **Participant’s name:** Click here to enter text. | **Participant’s email:** Click here to enter text. |
| **Protocol Number/s:** Click here to enter text. | **Principal Investigator:** Click here to enter text. |
| **Species to be used:** Click here to enter text. | **Today’s Date:** Click to enter a date. |
|  | |
| **A. INSTRUCTIONS** | |
| * Before you complete this form, read [Section D](#SectionD) and the asthma and allergy information posted at <http://www.research.olemiss.edu/iacuc/guidance/safety/allergy> | |
| * Risks you identify below are those you anticipate encountering in an animal facility or in a wild area. If you should encounter additional risks not checked or named on the form, submit a revised form. | |
| * Complete each relevant section below and describe anticipated risks related to your work with animals (not in vitro studies). You may need to ask your PI for assistance. **Submit the completed Risk Inventory online at** [**https://app.smartsheet.com/b/form/6eb59ccfaa7d430fb94621e66e771293**](https://app.smartsheet.com/b/form/6eb59ccfaa7d430fb94621e66e771293) * You will need to meet with the Attending Veterinarian, Dr. Fyke, to review your form for accuracy. Dr. Fyke will contact you shortly after you submit your form to schedule a meeting. * Next, complete the Occupational Health Evaluation Form and follow the directions to schedule an appointment with Health Services. You must bring both sets of forms to your appointment! | |
|  | |
| NATURE OF EXPOSURE | |

|  |  |  |
| --- | --- | --- |
| **Type of Animal User (Primarily):**  (**check one**) | **Animal Environment:**  **(check all that apply)** | **Animal Exposure Anticipated:** |
| Animal Care Staff | Animal Facility | 8hrs+ per week |
| PI (Principal Investigator) | Classroom | 3-7hrs per week |
| Research Staff | Lab | Less than 3hrs per week |
| Graduate Student | Field study | Other: Click here to enter text. |
| Undergraduate Student | Other: Click here to enter text. |  |
| IACUC Member |  |  |
| Other: Click here to enter text. |  |  |

|  |
| --- |
| SPECIFIC RISK CATEGORIES WHILE WORKING WITH ANIMALS |

1. **Animal Hazards Exposure (For example: bite, scratch, zoonosis potential, venom, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Specific Hazard** | **Exposure Risk** | **Exposure Route** | **Additional Information (e.g. zoonotic disease)** |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |

1. **Animal Product Hazards Exposure (For example: Feces/urine, blood, fresh carcass, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Specific Hazard** | **Exposure Risk** | **Exposure Route** | **Additional Information** |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |

1. **Biological Hazards in Animal Areas (For example: viruses, bacteria, yeasts, molds, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Specific Hazard** | **Exposure Risk** | **Exposure Route** | **Additional Information (e.g. BSL level)** |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |

1. **Chemical Exposure in Animal Areas (For example: Anesthetic gases, controlled drugs, toxins, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Specific Hazard** | **Exposure Risk** | **Exposure Route** | **Additional Information (e.g. chemical class)** |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |

1. **Physical Hazards in Animal Areas (For example: Repetitive motion, noise, reduced light level, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Specific Hazard** | **Exposure Risk** | **Exposure Route** | **Additional Information** |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |

1. **Radiation Exposure in Animal Areas (For Example: Nuclide, Laser, X-ray, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazards** | **Exposure Risk** | **Exposure Route** | **Additional Information (e.g. class)** |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Choose an item. | Choose an item. | Click here to enter text. |

|  |
| --- |
| **D. ASTHMA AND ALLERGY IN THE ANIMAL FACILITY** |
| To All Personnel with Access or Pass-Through Access to the Animal Facilities: Faculty, Principal Investigators, Graduate Students, Research Assistants, Technicians, Facilities Management staff who have access to the animal facilities and ALL personnel who have pass-through access may be at risk of developing allergies or suffer from an asthma attack as a result of exposure to laboratory animals. To inform you about the health hazards and risks we ask that you read the materials posted at <http://www.research.olemiss.edu/iacuc/guidance/safety/allergy>. PIs are strongly encouraged to inform project personnel, graduate students, research assistants, technicians, and students participating in animal research projects about these materials.  Sign and date in the space below. Keep a copy for your records.  ------------------------------------------------------------------------------------------------------------------------------------------  I acknowledge that I have read the asthma and allergy materials and understand the risks of developing asthma or allergies associated with exposure to laboratory animals, laboratory animal feed, or laboratory animal bedding.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (please print) Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature |

**ATTENDING VETERINARIAN USE ONLY**

Assessment and Recommendations

Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_