

Health and Safety Assessment Form

| Name and Contact: Date and Time of Exam: Hiring Manager Name and Contact: | | Email Address: Job Title and iCIMS Requisition #: Department and Subdivision/Program: | | | | | |
|--|----------------------|---|----------|---------------------------------|--|-----------|-------|
| | | | | Administrator Name and Contact: | | Building: | Room: |
| | | | | | | | |
| Pre-requisite for Pre-employment Physical* | | Animal Handler | | | | | |
| Will this person work in a laboratory? | Yes No | _ Will this person work with animals? | Yes No | | | | |
| Will this person be at risk for occupation exposure to tuberculosis? | al Yes No | _ Monkeys | | | | | |
| If yes, is risk routine or high? | Routine High | Sheep | | | | | |
| Will the level of occupational exposure to tuberculosis require the use of a respirator | | _ Dogs | | | | | |
| Will this person be at risk of occupationa exposure to blood borne pathogens? | 1 Yes No | _ Rodents | | | | | |
| Radiation/Radioactive Materials | Yes No | _ Cats | | | | | |
| | | Other (Please specify): | | | | | |
| | OSHA Regula | ted/Infectious Agents | | | | | |
| Will this person be at risk of occupationa | l exposure to the fo | llowing regulated/infectious agents? | | | | | |
| Asbestos | Yes No | 4-Aminodiphenyl | Yes No | | | | |
| Alpha-naphthylamine | Yes No | 4-dimethylaminoazobenzene | Yes No | | | | |
| Arsenic, inorganic compounds | Yes No | 4-Nitrobiphenyl | Yes No | | | | |
| Benzene | Yes No | 3,3'-dichlorobenzidine | Yes No | | | | |
| Benzidine | Yes No | Methyl chloromethyl ether | Yes No | | | | |
| b-napthylamine | Yes No | N-Nitrosodimethylamine | Yes No | | | | |
| Bis-Chloromethyl ether | Yes No | 1,2-dibromo-3-chloropropane | Yes No | | | | |
| Ethyleneimine | Yes No | 2-acetylaminofluorene | Yes No | | | | |
| Ethylene Oxide | Yes No | Zika | Yes No | | | | |
| Formaldehyde | Yes No | Other Hazardous Chemicals (Please Specify): | | | | | |
| All other infectious agents (Please specif | y): | | | | | | |
| By submitting this form, the mentor/hiring | - | Date: | ccurate. | | | | |
| Fannlicable, see the Minors Working in L | aboratories Policy I | HR-POL-2018-029 and related forms | | | | | |