

**LABORATORY ANIMAL RESEARCH CENTER (LARC)
OCCUPATIONAL HEALTH AND SAFETY PROGRAM
ENROLLMENT FORM**

Revised 10/20/04

If you have any questions, contact the LARC office at 797-1886. You may not begin working with live animals in the LARC until your enrollment form is completed. Participation is required under the Health Research Extension Act of 1985, Public Law 99-158. You will not go through the LARC security door except for training and then you must be accompanied at all times by an approved LARC person (i.e. someone who has access through the security door) until you are approved.

PART I - GENERAL INFORMATION

Complete Name: _____

4 Digit Door Code: _____ **Date:** _____ **Email:** _____

Position: _____ **Principle Investigator:** _____
(employee, graduate student, etc.)

Emergency Contact Name & Phone: _____

Brief description of job duties: _____

Medical History: (Provide information which you feel may put you at risk while working in the facility, include unusual susceptibilities to infection, allergies, and back problems. You may want to consult with your physician as you fill out your brief medical history.)

Work History with Animals: (List species, type of work, and length of each employment associated with animals.)

Current Immunization Status: (List all relevant vaccinations. A tetanus vaccination within the last 5 years is required for all LARC personnel and users.)

Signature Employee, Graduate student, etc.

Date

Part II - RISK ASSESSMENT

Complete this section with the Principal Investigator of the study(ies) you will be working with.
Click on Y for Yes; N for No

ANIMAL RISK

Bites, Scratch, Kick, etc.: Y N; If yes - what species _____

Allergies: Y N; If yes - what species _____

Zoonosis: Y N; If yes - what species and diseases _____

Venom: Y N; If yes - what specific species _____

RADIATION/CHEMICAL/BIOLOGICAL RISKS (Including LARC Labs and Animals)

Radiation: Y N; If yes - what specific type _____

Radiation Waste: Y N; If yes - what kind of item _____

Chemical: Y N; If yes - what specific type _____

Unknown Chemical: Y N _____

Chemical Waste: Y N; If yes - what kind of item _____

Chemical Cleaning Agents: Y N; If yes - what specific item _____

Flammables: Y N; If yes - what type _____

Specific Biological Agents including Bloodborne Pathogens: Y N; If yes - what type _____

Sharps: Y N; If yes - what type _____

ERGONOMICS RISKS

Lifting: Y N; If yes - Maximum weight _____

Bending/Twisting: Y N _____

Repetitive Motion: Y N; If yes, how much time per day _____

Moving Large Equipment (cage racks, bio-hoods, etc.): Y N _____

Material Handling (cages, wire tops, water bottles, etc.): Y N _____

ENVIRONMENTAL RISKS

Heat (autoclave, steam, hot water): Y N _____

Electricity: Y N _____

Intense noise: Y N _____

Wet floor surfaces: Y N _____

Ultraviolet lights or lasers: Y N _____

Airborne dust (bedding area etc): Y N _____

Hot/cold work area (washroom/animal room): Y N; If yes, how much time per day _____

DISCLAIMER: A good faith effort has been made to identify and address the potential risks associated with working in this facility. However, there may be other health/safety risks or circumstances which are unforeseen or unforeseeable. By signing this document the individual acknowledges this and assumes full responsibility for those risks or circumstance which are unforeseen and/or unforeseeable.

Principal Investigator Signature

Date

Signature Employee, Graduate student, etc.

Date

PART III - PROTECTION PLAN

Complete this section with your PI. Indicate the plan of action to address each risk indicated in Part II. This section may be reviewed by the Environmental Health and Safety office.

ANIMAL RISKS: (If yes to any question, attendance at Lab Animal Safety Training Seminar may be required).

RADIATION/CHEMICAL and BIOLOGICAL RISKS: (If yes to any question, attendance at training courses may be required).

COURSE	YES/NO
LARC-Lab Animal Safety Training	
LARC-Control Substance Training	
EHS-Bloodborne Pathogens (Initial)	
EHS-Bloodborne Pathogens (Refresher)	
EHS-BSL-2, BSL-3	
EHS-Laboratory Safety (Initial)	
EHS-Laboratory Safety (Refresher)	
EHS-Overview of Select Agent Rules Training	
EHS-Respiratory Protection (Initial)	
EHS-Respiratory Protection (Refresher)	
EHS-Radiation Safety	
EHS-Select Agent Training	
SOP #63-BSL-2 (Initial)	
SOP #63-BSL-2 (Refresher)	
SOP #47-BSL-3 (Initial)	
SOP #47-BSL-3 (Refresher)	
SOP #65-SARS (Initial)	
SOP #65-SARS (Refresher)	

ERGONOMIC RISKS: (If yes to any question, attendance at Lab Animal Safety Training Seminar may be required).

ENVIRONMENTAL RISKS: (If yes to any question, attendance at Lab Animal Safety Training Seminar may be required).

OTHER RISKS:

Signature Employee, Graduate student, etc.

Date

Signature Principal Investigator

Date