|  |
| --- |
| **Instructions:** * *The Biosafety Office will use this form to conduct a risk assessment and the results will be mailed to the Principal Investigator indicated in the table below.*
* *Use this form to indicate current or future potential exposures due work with animals, biological and infectious material.*
* *Due to the sensitive nature of this form, you may choose to hand deliver them to the Biosafety Office at 490 10th Street, 3rd Floor or IBB Building, 1st Floor Lobby, Reception Desk. Forms may also be emailed to* *biosafety@ehs.gatech.edu**.*
* *Contact the Biosafety Officer or Assistant Biosafety Officer with any questions:* *biosafety@ehs.gatech.edu* *or 404-894-6120 (BSO)/404-894-6119 (ABSO).*
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name:** |  | **First Name:** |  |
| GT ID#: |       | Department: |       |
| Principal Investigator: |       | Phone #: |       |
| Email Address: |       | Questionnaire Date: |       |

|  |
| --- |
| **Section I – Work with Live Animals**  |
|  | **Are you currently working or planning to work with live animals?** | [ ]  Yes *– specify below* | [ ]  No *– skip Section I, continue to Section II* |
|  | *Species* | *Activities (mark all that apply)* | *Is the animal transgenic or genetically modified?* | *Do you have a history of allergies to this animal species?* | *Brief description of work to be performed:* |
|       | [ ]  Surgery/Necropsy[ ]  Hands on work with animal[ ]  No direct contact, observation only | [ ]  Yes[ ]  No | [ ]  Yes\*[ ]  No\*Describe:       |       |
|       | [ ]  Surgery/Necropsy[ ]  Hands on work with animal[ ]  No direct contact, observation only | [ ]  Yes[ ]  No | [ ]  Yes\*[ ]  No\*Describe:       |       |
|       | [ ]  Surgery/Necropsy[ ]  Hands on work with animal[ ]  No direct contact, observation only | [ ]  Yes[ ]  No | [ ]  Yes\*[ ]  No\*Describe:       |       |
|       | [ ]  Surgery/Necropsy[ ]  Hands on work with animal[ ]  No direct contact, observation only | [ ]  Yes[ ]  No | [ ]  Yes\*[ ]  No\*Describe:       |       |
|       | [ ]  Surgery/Necropsy[ ]  Hands on work with animal[ ]  No direct contact, observation only | [ ]  Yes[ ]  No | [ ]  Yes\*[ ]  No\*Describe:       |       |
|       | [ ]  Surgery/Necropsy[ ]  Hands on work with animal[ ]  No direct contact, observation only | [ ]  Yes[ ]  No | [ ]  Yes\*[ ]  No\*Describe:       |       |
| **Section II – Work with Biological / Infectious Material**  |
|  | **Are you currently working or planning to work with biological and/or infectious material?** | [ ]  Yes *– answer all questions in Section II* | [ ]  No *– skip to Section II, continue to Section III* |
|  | Do you currently work or plan to work with microorganisms?  | [ ]  Yes *– specify below* | [ ]  No *– skip to Question 4* |
|  | *Type*  | *List examples (i.e., E. coli, Influenza Virus)* |
|  |       |
|  |       |
|  |       |
|  |       |
|  | Do you currently work or plan to work with human source material?  | [ ]  Yes *– specify below* | [ ]  No *– skip to Question 5* |
|  | *Type* | *List examples (i.e., HEK 293T cells, epidermal tissue, feces, saliva)* |
|  |       |
|  |       |
|  |       |
|  |       |
|  | Do you currently work or plan to work with animal source material?  | [ ]  Yes *– specify below* | [ ]  No *– skip to Question 6* |
|  | *Type* | *Animal Species* | *List examples (i.e., BHK cells, epidermal tissue, feces, saliva)* |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  | Do you currently work or plan to work with plants? | [ ]  Yes *– specify below* | [ ]  No *– skip to Question 7* |
|  | *List species:*       |
|  | Do you currently work or plan to work with biological toxins? | [ ]  Yes *– specify below* | [ ]  No *– skip to Question 8* |
|  | *List biological toxins:*       |
|  | Do you currently work or plan to work with recombinant and/or synthetic nucleic acid molecules? | [ ]  Yes *– specify below* | [ ]  No *– skip to Section III* |
|  | *List recombinant and/or synthetic nucleic acid molecules:*       |
| **Section III – Other**  |
|  | If you answered “No” to question 1 and 2 above, list all of your duties related to the lab research environment:       |
|  | Do you expect to need to wear respiratory protection in your laboratory? | [ ]  Yes  | [ ]  No  |

***Disclaimer: Certain medical conditions may increase potential risk of health problems when working with animals and/or biological materials. These conditions could include but are not limited to allergies and/or animal dander, asthma, heart valve disease, and immunosuppression.***

|  |  |  |
| --- | --- | --- |
| *Signature* |  | *Date* |