



# Hazard Evaluation Form

Missouri State University

## Occupational Health & Safety Program (OHSP) For Animal Care Workers

This form is to be completed by the employee's supervisor and attached to the Animal Worker History Form

**Check One:**    **Initial Review (Complete full form)**

**Annual Review (Complete fields is bold print)**

Employee Name \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Department \_\_\_\_\_ Today's Date \_\_\_\_\_

Employee's Supervisor \_\_\_\_\_ Supervisor Phone \_\_\_\_\_

Employee is (check one):

Faculty      Staff      Student      Visitor      Other (specify) \_\_\_\_\_

List building(s) and rooms where employee will work with animals:

Are there any medical treatments and/or tests (e.g., immunizations; titer determinations; etc.) the supervisor requires for the employee working in this position?      Yes      No      If Yes, please list these below:

Will employee be working with human blood or tissue?      Yes      No

**(Annual Review Only)**

Have there been any changes in animal related duties in the past year?      Yes      No      (If yes, complete remainder of form)

**ANIMAL RELATED JOB DUTIES** (including work with animal tissues or fluids). Please list:

Species With Which Employee Will Work	Approximate Contact Hours Per Week	Chemical, Radioactive, or Biohazardous Agents Used While Working With Animals or Animal Tissues/Fluids

Provide a brief description of the employee's work tasks using animals or animal tissues/fluids:

*Note: You may send an attachment if the space provided is inadequate.*

Provide an estimation of the potential risks that are associated with the work tasks listed above.

*Note: Both health risks (e.g., exposure to allergens or anesthetic gases; disease risks; hazardous chemicals; biohazards; radiation; etc.) and safety risks (e.g., bites; scratches; stepping on; etc.) should be considered.*