

Institutional Animal Care and Use Committee

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<https://www.research.ucsb.edu/animal-subjects/about>

## Occupational Health and Safety Evaluation Instructions

This is a three part form: (1) Animal Job Exposure, (2) Animal Use Risk Assessment, and (3) Confidential Medical History.

### Instructions for Submitting the form:

1. Download a copy of this form Contact your PI or lab manager to set-up a time to review the (1) Animal Job Exposure and (2) Animal Use Risk Assessment sections.
2. In consultation with your PI or lab manager, review and complete the (1) Animal Job Exposure and (2) Animal Use Risk Assessment sections.

**\*\*\*Note this section should be completed on your own\*\*\***

3. Complete the (3) Confidential Medical History section. Attach additional sheets as necessary for any medical conditions that were not captured on this form.
4. Mail the form directly to the Occupational Health and Safety Physician at Sansum Clinic for Occupational Medicine:

Mailing Address: Cardy Romero, MD  
Sansum Clinic UCSB OHS Physician  
101 South Patterson Ave.  
Santa Barbara, CA 93111

**\*\*\*Note the IACUC cannot accept electronic versions of this form. Forms must be in a sealed envelope\*\*\***

### Instructions following review by the Occupational Health and Safety Physician:

1. There are four possible review outcomes by the Physician: (1) Cleared for Participation, (2) Cleared for Participation with Recommendations, (3) Not Cleared and (4) Required Physical Examination. If you received a clearance notice that includes follow-up items, such as a recommendation, these items **must be resolved** before receiving final clearance for working with animals.
2. If you are (1) Cleared for Participation, you and your PI will be notified by the IACUC Coordinator.
3. If you are (2) Cleared for Participation with Recommendations, the IACUC Coordinator will contact you and your PI regarding these recommendations. Most common recommendations include immunizations (e.g., tetanus) or enrollment in the EH&S Respiratory Protection Program:
  - If a vaccination is recommended, a vaccination verification/waiver form will be sent to the animal user and PI. This form **MUST** be completed and returned to the IACUC Coordinator before the animal user can be cleared for participation.
  - If enrolling in the Respirator Protection Program is recommended, the IACUC Coordinator will put the animal user in contact with the personnel administering the program.
4. If you are (3) Not Cleared, contact the IACUC Coordinator.
5. If you (4) Require a Physical Examination before clearance, you may obtain a physical examination from your primary care physician (or physician of choice) or schedule an appointment with the Occupational Health and Safety Physician.

**\*\*\*Note the IACUC Office does not reimburse for physical exams or recommended vaccinations\*\*\***

Once all requirements (including training) are completed, the IACUC Coordinator will send the animal user and PI an email confirming they are cleared to work with animals.

## Occupational Health and Safety Job Exposure

**\*\*\*IMPORTANT: Place a copy of the completed form in an envelope, seal it, and mail it directly to Sansum Clinic. Be sure all information is written legibly and consult with your PI where indicated\*\*\***

**\*\*\*DO NOT submit a copy of this form to the IACUC Office\*\*\***

**Instructions: For PC users, double-click twice on the checkboxes, then change the default value to “checked” and hit “ok”.**

### Participant Information

Name (Last, First):		Phone:	
Address:		E-mail:	
City:	State:	Zip Code:	Gender:
Birth Date:	Age:	Participant Status (e.g., PI, un'grad, ARC Staff):	

### Protocol Information

List the numbers of all protocols you will be working on and the corresponding PI name(s):

#### Animal Use Location(s):

- ☐ On-campus vivarium or animal holding facility  
☐ Fieldwork, specify location(s):

#### Species Used (check all that apply):

- ☐ Mice ☐ Fish ☐ Birds  
☐ Rats ☐ Reptiles ☐ Amphibians  
☐ Wild animal (s), specify species/taxa:  
☐ Other laboratory animal(s), specify species/taxa:

### Job Exposure Description

Indicate which procedures will be performed on animals and with what frequency: **Never, Monthly, Weekly, Daily**. This section should be completed with guidance from your PI.

Husbandry:	Blood/Tissue Collection:	Euthanasia:
Anesthesia:	Injections:	Hazard Administration:
Surgery:	Trapping Wildlife:	Animal Transport:

Behavioral Testing:	Tagging Wildlife:	Noninvasive Sampling:
Other (describe):		

### Animal Use Risk Assessment

The information in this section should correspond to the hazard questions on the approved animal protocol(s). It should be completed with guidance from your PI.

Do the animals used in this protocol pose a special (e.g., venomous, or aggressive animals) health risk to humans? If “Yes”, then describe the hazard and how it will be mitigated.

☐ Yes ☐ No

Do any of the animal husbandry procedures in this protocol (refer to question #7 in the protocol) pose an occupational exposure risk to laboratory animal allergens? If “Yes”, then describe the hazard and how it will be mitigated or reference your AFSHP/SOP.

☐ Yes ☐ No

Do any of your animal procedures require the handling and use of infectious microorganisms that need safety procedures or precautions of Biosafety Level 2 or higher? If “Yes”, then identify the pathogen(s).

☐ Yes ☐ No

Do any of your animal procedures require the administration of viral vectors that need safety procedures or precautions of Biosafety Level 2 or higher? If “Yes”, then identify the viral vector(s).

☐ Yes ☐ No

Do any of your animal procedures require the administration or transplantation of tissues, cells, or biological fluids into animals? If “Yes”, then identify the biological material and its origin (human or animal).

☐ Yes ☐ No

Do any of your animal procedures require the use of chemical hazards (Yes or No)? If there are any hazardous drugs or compounds listed in Table 12, then the answer must be “Yes”. List where the hazardous chemical(s) will be used (i.e., vivarium, lab, or field setting).

☐ Yes ☐ No

Do any of your animal procedures require the use of radioactive materials (Yes or No)? If “Yes”, then identify the radioisotope and where it will be used (i.e., vivarium or lab).

☐ Yes ☐ No

Do any of your animal procedures require the use of anesthetic gas (i.e., isoflurane)? If “Yes”, then identify the anesthetic gas and where it will be used (i.e., vivarium, lab, or field setting).

☐ Yes ☐ No

Do any of your animal procedures require the use other hazards (i.e., LASER)? If “Yes”, then identify the hazard and where it will be used (i.e., vivarium or lab).

☐ Yes ☐ No

Do you work with animals in the field or outdoor environments? If “Yes”, then identify the relevant zoonotic or endemic diseases and associated safety issues that apply to your use of animals in the field.

☐ Yes ☐ No

If you are traveling outside the United States, have you consulted with a Travel Doctor?

☐ Yes ☐ No

## Confidential Medical History

\*\*\*All medical information will be kept confidential\*\*\*

Fill out the information below and attach additional sheets as necessary for any medical conditions that were not captured on this form.

### Allergy History:

Have you experienced any of the following symptoms within the past year?

- ☐ Chronic allergies (food, pollen, dust, animal dander, etc.) ☐ Itchy, irritated eyes  
☐ Chronic cough ☐ Asthma ☐ Hay fever ☐ Skin rash ☐ Eczema

### Known Allergies (check all that apply):

- ☐ No known allergies  
☐ Mice ☐ Cats ☐ Dogs ☐ Birds ☐ Guinea Pigs ☐ Rabbits ☐ Hamsters ☐ Primates  
☐ Rats ☐ Cattle/Horses ☐ Swine ☐ Sheep/Goats ☐ Bees ☐ Shellfish ☐ Dust  
☐ Trees/Wood ☐ Plants/Grasses ☐ Metals ☐ Latex ☐ Penicillin  
☐ Other (specify):

List any allergies to medications below:

Have you previously had allergic reactions to any laboratory animals?

- ☐ Yes ☐ No

If "yes", list the specific animals you reacted to:

Do you have asthma?

- ☐ Yes ☐ No

If "yes" what medications do you use for asthma?

Have you ever used or been required to have an EpiPen?

- ☐ Yes ☐ No

If "yes" please explain why:

Do you have any medical concerns about contact with laboratory animals?

- ☐ Yes ☐ No

If "yes" please explain what your medical concerns are:

### Immunizations

If over 10 years or unknown, a Tetanus Booster is strongly recommended.

Tetanus Booster: ☐ Within 10 years ☐ Over 10 years

If working with warm-blooded wild animals, a Rabies Vaccination is strongly recommended.

Rabies Vaccine: ☐ Within 3 years ☐ Over 3 years ☐ N/A

**Other Medical Information:**

Do you have any existing medical conditions (e.g., diabetes, hypertension, serious lung, heart, renal, or liver disease)?

☐ No

☐ Yes (explain):

Are you currently taking any medications:

☐ No

☐ Yes (list):

Do you have any immune system deficiencies that would limit your ability to fight off disease?

☐ No

☐ Yes (explain):

For women, are you pregnant or planning to become pregnant within the next year?

☐ Yes

☐ No