**All personnel are required to complete this questionnaire. This Risk Assessment Questionnaire is designed to provide FAU with the information about occupational exposure and risks associated with the position identified in Section 3. All employees enrolled in the program will require in-person evaluation by** [**CareSpot**](https://www.fau.edu/ehs/documents/carespotlocation.pdf)**.**

**This Questionnaire must be completed between the employee/student and the PI/supervisor.**

**After Sections 1, 2, and 3 are completed, the INDIVIDUAL and SUPERVISOR MUST SIGN THE QUESTIONNAIRE.**

***Submission Instructions****: This form along with other required forms (as indicated below)****MUST****be presented to the medical provider during the in-person visit. Once all forms are completed (and signed), contact your preferred* [*CareSpot*](https://www.fau.edu/ehs/documents/carespotlocation.pdf) *location and schedule your appointment. For questions about this process, you may contact the FAU Research Safety Officer at* [*brustr@fau.edu*](mailto:brustr@fau.edu) *.*

All personal health and medical information collected by FAU is confidential.

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| --- |
| **Section 1: Type of Medical Service Requested** |
| Scientific Diver ([Requires completed supplemental Diving Examination Forms](https://www.fau.edu/ehs/safety/diving-boating-safety-forms/)) |
| Research Animal Contact (Direct/Indirect) ([Requires completed supplemental submission of Animal Contact Form in BioRAFT](https://www.fau.edu/ehs/safety/medicalmonitoringprogram/)) |
| Hazardous Materials Worker (EHS Personnel Only) |
| Hearing Conservation |
| Respiratory Protection [(Requires completed supplemental Respiratory Protection Questionnaire](https://www.fau.edu/ehs/safety/forms/respform1.pdf)) |
| Bloodborne Pathogens |
| Other (Specify): |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2: Personal Information** | | | | | | | | |
| Name: | | Male | | Female | Date of Birth: | | | Today’s Date: |
| Department: | | | Position Title: | | | Campus:  Boca  Jupiter  Davie  HBOI  Ft. Lauderdale  Dania Beach  Other  Specify: | | |
| Home Phone: | Email address: | | | | | | Supervisor: | |
| Position Description: (check all that apply) | | | | | | | | |
| Principal Investigator | Researcher | | | | | | Veterinary | |
| Animal Care Tech | EH&S | | | | | | Student | |
| Staff | Post-doc | | | | | | Faculty | |
| Facilities Staff | PD | | | | | | Other Specify: | |
| Brief Job Description. Include all hazardous work that may be subject to medical surveillance: | | | | | | | | |

| **Section 3. Occupational Exposure to Hazards** | | | | |
| --- | --- | --- | --- | --- |
| 1. Are you or will you be working with any agent from the following hazardous groups? (Check all that apply) | | | | |
| Recombinant/synthetic nucleic acids (DNA/RNA) | Infectious agents | | Human or nonhuman primate cells/tissues/fluids | |
| Biological Toxins or Venoms | Viral Vectors | | Formaldehyde | |
| Carcinogens | Acutely Toxic Chemicals | | Reproductive Toxins | |
| Radioactive Materials | Lasers | | Nanomaterials | |
| Hazardous Materials | Asbestos | |  | |
| Please list all substances that fall into the above categories: | | | | |
| 1. Will you be required to use a respirator for any part of your job?   If yes, please review the FAU Respiratory Protection Program here: <https://www.fau.edu/ehs/policies-and-procedures/ehs04-respiratory-protection.pdf>.  What work is being performed that requires the use of a respirator? Please be specific:  **Check Type or Types of Respirator(s) to be used:**  Open-circuit SCBA  Closed Circuit SCBA respirator  Supplied-air respirator  Air-purifying (nonpowered)  Powered Air-purifying  Filtering Facepiece (N-95) or higher  **Check Level of Work Effort:**  Light  Moderate  Heavy  Strenuous  **Check Extent of Usage:**  Daily  > Once per week  Rarely or emergency only  Hours worn per day: | | Yes | | No |
| 1. Will your work involve scientific diving? If yes, please review the FAU Scientific Diving Safety Program here: <https://www.fau.edu/ehs/info/scientificdiver/> | | Yes | | No |
| 1. Will your work involve exposure to loud noises? | | Yes | | No |
| 1. Will your work involve contact (direct or indirect) with animals?   If yes, you are required to enroll in the Animal Research Medical Monitoring Program (<https://www.fau.edu/ehs/safety/medicalmonitoringprogram/>). Please identify the animal species below:  **Rodents:**  Mice  Rat  Other:  **Others:**  Marine mammals  Birds  Dogs  Fish  Reptile/Amphibian  Rabbits  Cats  Raccoons  Non-human primates  Other (list): | | Yes | | No |
| 1. Will you require access to restricted areas such as laboratories that use biological hazards, animals or radiation?   If yes, please specify: | | Yes | | No |
| 1. Will your work potentially involve contact with hazardous materials, including asbestos?   If yes, please specify: | | Yes | | No |
| 1. Will the work you perform include fieldwork? | | Yes | | No |

Signature from the employee and supervisor or PI is **required** to ensure this form accurately describes the applicant’s job and workplace environment. This form **must** have both signatures before scheduling an appointment with SHS.

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Employee/Applicant Name Employee/Applicant Signature Date

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Supervisor/Manager/PI Name Supervisor/Manager/PI Signature Date