a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Workplace Health Services
Occupational & Preventive Health Unit
Phone: 604-827-4713
Fax: 604-827-4588
Email: whs.info@ubc.ca

Risk Assessment Form

Instructions: Please complete this form in its entirety and bring it to your scheduled appointment at the Occupational & Preventive Health Unit. The supervisor, PI or person in charge of safety and orientation in your workplace must sign off on the form on Page 3 to indicate all exposure information is correct. For telephone appointments, please submit your completed form prior to your First Assessment appointment by email (**whs.info@ubc.ca**) or fax (604-827-4588). If you have not already done so, please contact the Occupational & Preventive Health Unit to schedule a First Assessment appointment by email (**whs.info@ubc.ca**) or phone (604-827-4713).

EMPLOYEE INFORMATION:		
SURNAME, GIVEN		UBC EMPLOYEE NUMBER
BIRTHDATE (MM/DD/YYYY)	GENDER	JOB POSITION
EMPLOYMENT START DATE	DEPARTMENT and LOCATION (Building and Lab/Room)	
MSP # (Care Card)	EMAIL ADDRESS	
WORK PHONE	HOME ADDRESS	
HOME PHONE	CITY	POSTAL CODE
MANAGER/SUPERVISOR INFORMATION:		
SUPERVISOR NAME		WORK PHONE
EMAIL ADDRESS		POSITION
DEPARTMENT and LOCATION (Building and Lab/Room)		

PART I: JOB DESCRIPTION

Please give a brief summary of your job description. You may attach a summarized job description in place of composing text here. Please be specific.

PART II: EXPOSURES

A.) CONTAINMENT LEVEL

Please check the applicable containment level of your lab.

CL1	☐	CL2	☐	CL2 – Modified	☐	CL3	☐	Other (specify)	☐

B.) HOSPITAL SITES

Does your work require you to enter or work within a hospital facility?	☐ YES	☐ NO
If YES, do you have direct patient contact?	☐ YES	☐ NO

C.)SPECIES EXPOSURE

Level A - No animal contact.
Level B - No direct contact, but enters animal facility.
Level C - Does not conduct procedures on live animals but handles "unfixed" animal tissues and fluids.
Level D - Handles, restrains, collects specimens or administers substances to live animals.
Level E - Performs invasive procedures such as surgery, necropsy.

SPECIES	LEVEL OF EXPOSURE				
	A	B	C	D	E
Cat	☐	☐	☐	☐	☐
Mouse	☐	☐	☐	☐	☐
Non-Human Primate (apes, monkeys)	☐	☐	☐	☐	☐
Rat	☐	☐	☐	☐	☐
Wild Animals (possible rabies infected)	☐	☐	☐	☐	☐
Other (specify):		☐	☐	☐	☐
Other (specify):		☐	☐	☐	☐

Total Number of Hours Exposed to Animals Per Week	_____Hours

C.) BIOLOGICAL EXPOSURE

Recombinant DNA	☐ YES	☐ NO
Human Blood, Tissue, or Cell Lines	☐ YES	☐ NO
Human Feces or Urine	☐ YES	☐ NO
Infectious Agents	☐ YES	☐ NO

If YES to "Infectious Agents", please specify:

Tuberculosis	☐ YES	☐ NO
Hepatitis A	☐ YES	☐ NO
Hepatitis B	☐ YES	☐ NO
Influenza	☐ YES	☐ NO
Other (specify):	☐ YES	☐ NO
Other (specify):	☐ YES	☐ NO

D.) CHEMICAL EXPOSURE

Are you concerned about any of your chemical exposures in the workplace?	☐ YES	☐ NO

If YES, please specify the chemical(s) you may be concerned about:

E.) PHYSCIAL EXPOSURE

Noise that requires you to wear hearing protection	YES	NO
Noise that requires you to have annual audiometric testing	YES	NO
Sharps	YES	NO
Are you concerned about any other the physical exposures in your workplace?	YES	NO

If YES, please specify the physical exposures you may be concerned about:

PART III: RESPIRATORY PROTECTION

Are you required to wear any type of fit-tested respiratory protection (including N95's)?	YES	NO

If YES, please continue; if NO, proceed to PART IV

Do you wear a respirator due to animal exposure?	YES	NO
Do you wear a respirator due to biological exposures?	YES	NO
Do you wear a respirator due to chemical exposures?	YES	NO
Do you wear a respirator due to dust exposure?	YES	NO
Other: (specify)	YES	NO

Date of last Respirator Fit Test (mm/dd/yyyy):	

PART IV: EMPLOYEE AND SUPERVISOR CERTIFICATION

*****Please ensure your supervisor has signed off on this form prior to submission.*****

By signature, I hereby certify that the information provided is accurate.

Employee Name (print)	
Employee Signature	
Date	

Supervisor Name (print)	
Supervisor Signature	
Date	

OPTIONAL –*Where the Supervisor does not meet the criteria (signing authority) outlined in the Instructions on Page 1 (is not responsible for your orientation and safety in your workplace), please have the appropriate person sign here. Depending on your workplace, this may be the PI, Safety Coordinator, or Administrator.*

Other: Job Position	
Other: Name (print)	
Other: Signature	
Date	