



University Occupational Health Program

Initial Risk Assessment Questionnaire

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 FAU Student Health Services.

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 **MUST** be submitted to Student Health Services (SHS). Please go to www.fau.edu/shs/occ-health-intake to upload this form and complete additional forms required by SHS. Within 2 business days of submission, you will be contacted by SHS to schedule an appointment. For questions about this process, you may contact the FAU Biosafety Officer (BSO@fau.edu).

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

Section 1: Type of Medical Service Requested	
<input type="checkbox"/>	Scientific Diver (Requires completed supplemental Diving Examination Forms)
<input type="checkbox"/>	Research Animal Contact (Direct/Indirect) (Requires completed supplemental submission of Animal Contact Form in BioRAFT)
<input type="checkbox"/>	Hazardous Materials Worker (EHS Personnel Only)
<input type="checkbox"/>	Hearing Conservation
<input type="checkbox"/>	Respiratory Protection (Requires completed supplemental Respiratory Protection Questionnaire)
<input type="checkbox"/>	Bloodborne Pathogens
<input type="checkbox"/>	Other (Specify):

Section 2: Personal Information			
Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: Today's Date:
Department:	Position Title:	Campus: <input type="checkbox"/> Boca <input type="checkbox"/> Jupiter <input type="checkbox"/> Davie <input type="checkbox"/> HBOI <input type="checkbox"/> Ft. Lauderdale <input type="checkbox"/> Dania Beach <input type="checkbox"/> Other Specify:	
Home Phone:	Email address:	Supervisor:	
Position Description: (check all that apply)			
<input type="checkbox"/> Principal Investigator	<input type="checkbox"/> Researcher	<input type="checkbox"/> Veterinary	
<input type="checkbox"/> Animal Care Tech	<input type="checkbox"/> EH&S	<input type="checkbox"/> Student	
<input type="checkbox"/> Staff	<input type="checkbox"/> Post-doc	<input type="checkbox"/> Faculty	
<input type="checkbox"/> Facilities Staff	<input type="checkbox"/> PD	<input type="checkbox"/> 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)		
<input type="checkbox"/> Recombinant/synthetic nucleic acids (DNA/RNA)	<input type="checkbox"/> Infectious agents	<input type="checkbox"/> Human or nonhuman primate cells/tissues/fluids
<input type="checkbox"/> Biological Toxins or Venoms	<input type="checkbox"/> Viral Vectors	<input type="checkbox"/> Formaldehyde
<input type="checkbox"/> Carcinogens	<input type="checkbox"/> Acutely Toxic Chemicals	<input type="checkbox"/> Reproductive Toxins
<input type="checkbox"/> Radioactive Materials	<input type="checkbox"/> Lasers	<input type="checkbox"/> Nanomaterials



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Section 3. Occupational Exposure to Hazards		
<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Asbestos	
Please list all substances that fall into the above categories:		
2. 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 .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Will your work involve scientific diving? If yes, please review the FAU Scientific Diving Safety Program here: https://www.fau.edu/ehs/info/scientificdiver/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Will your work involve exposure to loud noises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. 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: <input type="checkbox"/> Mice <input type="checkbox"/> Rat <input type="checkbox"/> Other: Others: <input type="checkbox"/> Marine mammals <input type="checkbox"/> Birds <input type="checkbox"/> Dogs <input type="checkbox"/> Fish <input type="checkbox"/> Reptiles/Amphibians <input type="checkbox"/> Pigs <input type="checkbox"/> Cats <input type="checkbox"/> Octopuses <input type="checkbox"/> Non-human primates <input type="checkbox"/> Other (list):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. Will you require access to restricted areas such as laboratories that use biological hazards, animals or radiation? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Will your work potentially involve contact with hazardous materials, including asbestos? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

Employee/Applicant Name	Employee/Applicant Signature	Date
Supervisor/Manager/PI Name	Supervisor/Manager/PI Signature	Date