



CSUF Animal Handler Job Duty Form

Name: _____ CWID: _____

Email: _____ Phone Number: _____

Position: _____ Department: _____

PI/Supervisor Name: _____

PI/Supervisor Phone Number: _____

*This form is to be filled out by PI/Supervisor and will be reviewed by the EHS Office and University's contracted Occupational Health Provider.

Type and degree of animal contact expected	Potential risk level (check all that apply):
No direct contact with animals or animal tissue	<input type="checkbox"/> No risk
Fish, amphibians, or reptiles: <i>low</i> risk of injury, zoonotic disease (salmonellosis, mycobacteriosis, vibriosis) and <i>low</i> potential for allergies	<input type="checkbox"/> Low Risk
Laboratory rats, mice, rabbits, guinea pigs, hamsters, gerbils, birds, and swine: <i>mild</i> risk of injury, zoonotic disease (salmonellosis, chlamydia [psittacosis], lymphocytic choriomeningitis, gastrointestinal parasites), but <i>significant</i> potential for allergies	<input type="checkbox"/> Mild Risk
Dogs, cats, sheep, cattle, goats, bats, and wild rodents: <i>moderate</i> risk of injury, zoonotic disease (rabies, Q fever, hanta virus, ectoparasitic, bacterial, and fungal infections), and <i>significant</i> potential for allergies	<input type="checkbox"/> Moderate Risk
Non-human primates: <i>marked</i> risk of injury, zoonotic disease (herpes B, tuberculosis, viral hepatitis, bacterial infections), gastrointestinal parasites, and <i>some</i> potential for allergies	<input type="checkbox"/> Marked Risk
Other poisonous or venomous organisms	<input type="checkbox"/> Marked Risk

Y N 1. In the lab or field setting, will the person be in contact with laboratory or wild animals?
 List the species of animal(s): _____
 Exposure time to animal(s) per week: _____

2. Provide brief description of animal handling activities:

Y N 3. Will the person work with animals that have been administered carcinogens, toxic substances, radioactive materials or infectious agents, or that are naturally toxic or venomous?
 List what type: _____

Y N 4. Does the job require the person to lift more than 20 lbs. on a frequent basis?
 Describe lifting activities: _____

Y N 5. Does the job require the person to wear Personal Protective Equipment?
 List what type(s): _____