**Valdosta State University**

**Institutional Animal Care and Use Program**

**Animal Worker Occupational Safety and Health Information Form**

Valdosta State University requires individuals who work with vertebrate animals to participate in a safety and health protection program prior to beginning work with vertebrate animals. All Animal Workers must be informed of known health and safety risks, trained in safety protections or practices, and provided with appropriate Personal Protective Equipment (PPE). All Animal Workers must agree to observe health and safety protections and timely report any illness or injury. Some Animal Workers must also participate in a health screening program. See the Animal Worker Health Screening Form to determine if you are required to participate in screening and what health care provider you should use.

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| **This section to be completed by the Principal Investigator/Project Director for self or other Animal Worker** |
| **Animal Worker Name:**       | **ID (870) No:**        | **Dept:**       |
| **Supervisor:**       | [ ]  Full-Time Employee | [ ]  Part-Time Employee | [ ]  Grad Student | [ ]  Undergrad Student |
| **Type of Vertebrate Animal(s) (common name[s]):**       |
| [ ]  Warm Blooded | [ ]  Field Research  | Anticipated Animal Use Start Date:  |       |
| [ ]  Cold Blooded Vertebrate | [ ]  Animal Facility  |  |  |
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| **Known or potential health or safety risks related to the species or the activities to be performed:**       |
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| **Health and safety protections or practices that will be required while working with these species:**       |
|  |  |  |  |  |  |
|  | *PI/PD Signature* |  | *Date* |  |  |

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| **This section to be read and signed by the ANIMAL WORKER** |
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| **PI/PD: I am aware of potential health and safety risks associated with my research/work assignment. I am knowledgeable of, and have been instructed as necessary about, appropriate health and safety protections and I agree to practice such protections. In the event of illness or injury, I will notify my supervisor immediately and will seek medical attention as necessary.** **Other Animal Workers: My work/research assignment has been explained to me. Potential health and safety risks of this assignment have been explained to me. I have been instructed about health and safety protections that are required, and I agree to comply with these requirements. I agree that I will report any illness or injury to my supervisor immediately, and I will seek medical attention as necessary.**  |
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|  | *Animal Worker Signature* |  | *Date* |  |  |  |

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| **INSTRUCTIONS:** |
| **If you are not required to have a health screening:**Make two copies of this form. Send the original to the Office of Sponsored Programs & Research Administration (OSPRA). Give one copy to your supervisor and keep the other copy for yourself. **If you are required to have a health screening:**1. Make three copies of this form. Send the original to the Office of Sponsored Programs & Research Administration (OSPRA). Give one copy to your supervisor. Take one copy to your scheduled health screening. Keep the remaining copy for yourself. 2. Call your health care provider (Student Health Services at 229-333-5886 for students) to schedule a health screening appointment. If you are a student being screened at Student Health Services, be sure to mention that you need an “Animal Worker Health Screening.” Non-student employees are not eligible for services at the Student Health Center. 3. Before your screening appointment, download an [*Animal Worker Health Screening Questionnaire*](http://www.valdosta.edu/academics/graduate-school/research/office-of-sponsored-programs-research-administration/health-and-safety-info-and-forms.php) from the OSPRA website and complete it. **Important Note:** The Health Screening Questionnaire asks about Private Health Information (PHI) and should remain **confidential**. Do **not** give the Health Screening Questionnaire to your supervisor or anyone other than your health care provider.)5. Take your completed Health Screening Questionnaire and a copy of this form with you to the screening appointment for review by your health care provider.  |
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