

PI's- Creating a Risk Assessment

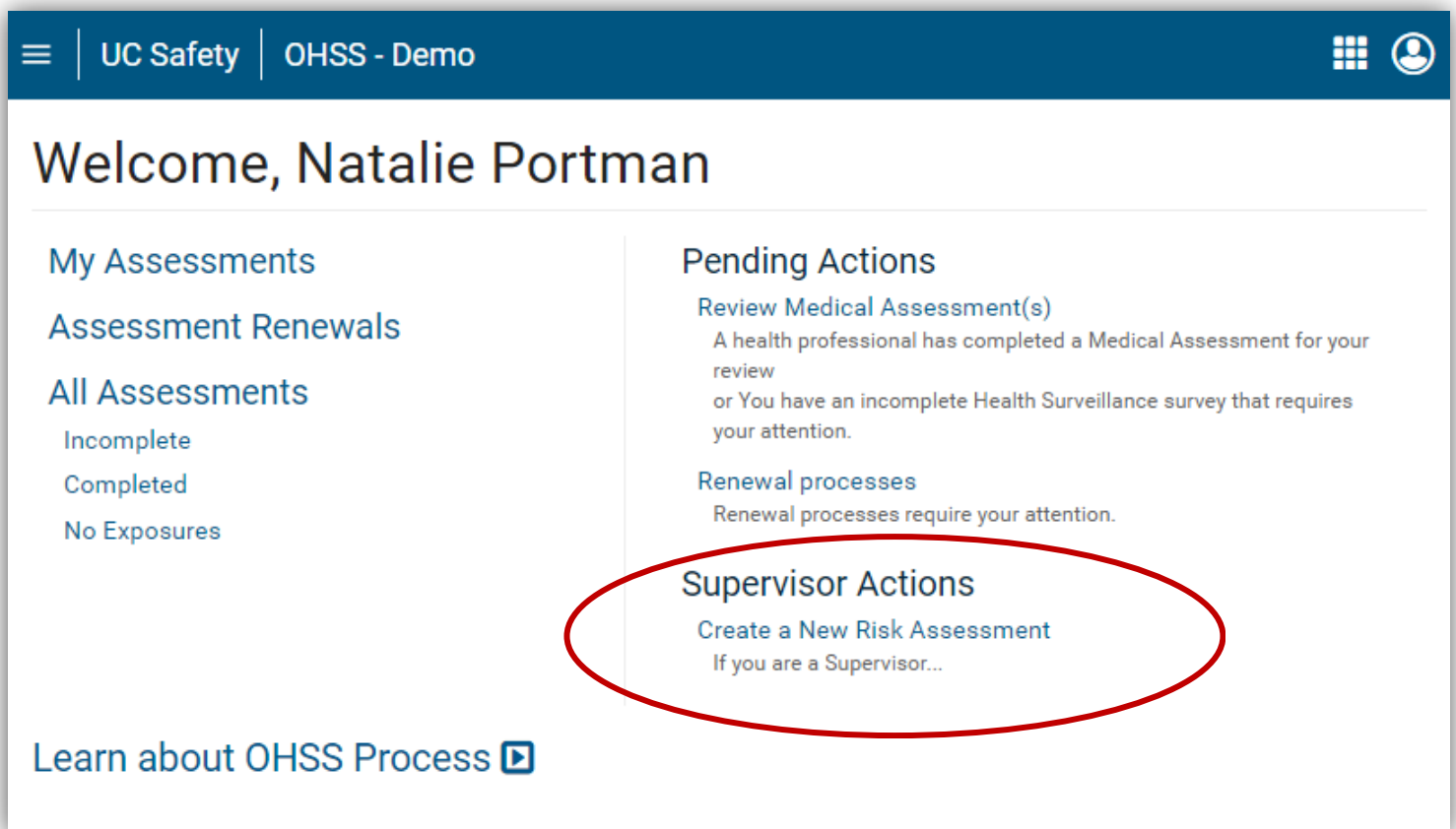
Creating and Submitting a Risk Assessment

PIs are responsible for initiating Risk Assessments for new employees, researchers, or participants. There are two methods to create a Risk Assessment:

1. **Create from Scratch**
2. **Copy an Existing Assessment**
 - o If multiple participants are performing the same research, the **Copy Assessment** feature allows PIs to efficiently duplicate and customize Risk Assessments.

Steps to Create a Risk Assessment from Scratch

1. Go to <https://app.riskandsafety.com/>. Click on **Apps tab**.
2. Under **Supervisor Actions**, select **Create a New Risk Assessment**.



UC Safety | OHSS - Demo

Welcome, Natalie Portman

My Assessments

Assessment Renewals

All Assessments

- Incomplete
- Completed
- No Exposures

Pending Actions

Review Medical Assessment(s)
A health professional has completed a Medical Assessment for your review
or You have an incomplete Health Surveillance survey that requires your attention.

Renewal processes
Renewal processes require your attention.

Supervisor Actions
Create a New Risk Assessment
If you are a Supervisor...

Learn about OHSS Process 

Steps to Complete a Risk Assessment Form

1. **Search for the Participant:**
 - o Enter the participant's **last name first** (the entire last name is required).
 - o A list of names will appear as you type. For best results, use the full name in the format: **Last Name, First Name**.
2. **Select the Participant:**
 - o Choose the appropriate participant from the list.
 - o If the participant does not appear, have them log in to OHSS at <https://app.riskandsafety.com/>. This step captures their identity information, enabling the system to recognize them. Once logged in, the participant will gain access to the system.
3. **Complete the Risk Assessment Form:**
 - o After selecting the participant, they will be prompted to fill out the Risk Assessment form.
 - o **Important:** You will have **30 minutes** to complete the form. Unsaved data will be lost if not submitted within this timeframe. This requirement is in place to ensure the form remains compliant with HIPAA regulations.
4. **Fill Out All Sections:**
 - o The form contains **nine sections**, which must all be completed before submission.
 - o The sections include:
 - Participant Status
 - Animal Contact
 - Biological Agents
 - Exposures
 - Physical Agents
 - Chemical Agents
 - Animal Exposures
 - Bloodborne Pathogens Exposure Control
 - General Safety
5. **Submit the Form:**

Participant Status

Risk Assessment Form

Supervisor: 

Participant: 

Please enter the PI's Name:

(optional) If you are not a PI

Search by Last Name, First Name

Participant Status (check all that apply):

- | | |
|---|---|
| ☐ Faculty | ☐ Staff |
| ☐ Visiting Scientist | ☐ Affiliate |
| ☐ Senate Academic Staff | ☐ Non-Senate Academic Staff |
| ☐ Registered Volunteer | ☐ Non-Registered Volunteer |
| ☐ Paid Undergraduate Student | ☐ Non-Paid Undergraduate Student |
| ☐ Paid Graduate Student | ☐ Non-Paid Graduate Student |
| ☐ Other-Paid Assignment | ☐ Other-Non Paid Assignment |
| ☐ Post-doc | |

Animal Contact

Exposure

No Contact

No direct contact, but enters animal facility or has indirect contact

Does not conduct procedures on live animals but handles "unfixed" animal tissues and fluids

Handles, restrains, collection of specimens or administers substances to live animals or "unfixed" tissue

Performs invasive procedures such as surgery, necropsy

Animal Contact, Entry into Animal Facilities, or work with Unfixed Animal Blood, Body Fluids, Tissues, or Cell Lines:

☒ Yes ☐ No

Identify the level of exposure for each species for the participant named above and check the appropriate column.

Does this project involve any field research? ☐ Yes ☐ No

Species	Exposure	Field Caught
Amphibian	No Contact	☐
Bats	No Contact	☐
Bird	No Contact	☐
Cat	No Contact	☐
Cattle	No Contact	☐
Fish	No Contact	☐
Guinea Pig	No Contact	☐
Hamster	No Contact	☐
Mice	No Contact	☐
Poultry	No Contact	☐
Rabbit	No Contact	☐
Rat	No Contact	☐
Reptile	No Contact	☐
Other	No Contact	☐
Multiple or unknown exposures	No Contact	☐

Exposure Description ⓘ :

Please describe exposure

Please describe Exposure – If you are administering substances, please list them here.

Biological Agents

Note: The PI may select the question mark symbol (?) for additional examples pertaining to the section questions.

Biological Agents:

☒ Yes ☐ No

Enter your Biological Use Authorization (BUA) number/IBC Number here, if not applicable, put N/A:

☐ I have not yet applied for a BUA, but I plan to apply during the month/year:

(choose the 1st of the applicable month)

Is the person named in this risk assessment also an authorized user on your BUA?

☐ Yes ☐ No ☐ N/A (answer N/A if you do not yet have a BUA #)

Human blood, tissues, body fluid, cells or cell lines? (?)

☐ Yes ☐ No

If Yes, please specify material

Viral vectors? (?)

☐ Yes ☐ No

If Yes, what vector(s) are you working with?

Oncogenes? (?)

☐ Yes ☐ No

If Yes, please specify

Toxin genesis? (?)

☐ Yes ☐ No

If Yes, please specify

Recombinant DNA/RNA, transgenic animals? (?)

☐ Yes ☐ No

If Yes, please specify

Large scale (>10 liter) Recombinant DNA production? (?)

☐ Yes ☐ No

If Yes, please specify gene in agent culture volumes

Biological Safety Level 1 containment with agents?

☐ Yes ☐ No

If Yes, please specify

Biological Safety Level 2 containment with agents?

☐ Yes ☐ No

If Yes, please specify

Biological Safety Level 3 containment with agents?

☐ Yes ☐ No

If Yes, please specify

Plant or non-zoonotic animal infectious agents? (?)

☐ Yes ☐ No

If Yes, please specify



Please provide the following information regarding the animals you work with:

Are the animals humanized?	☐ Yes ☐ No	If yes, what have they been reconstituted with to make them humanized?
Are the animals a potential source of a zoonotic infectious agent? (e.g. wild caught animals can carry diseases that can be transmitted to humans)	☐ Yes ☐ No	If yes, please specify the zoonotic agent
Are you infecting the animals with a human infectious agent?	☐ Yes ☐ No	If yes, please specify the agent(s)

Exposures

Exposures:	☒ Yes ☐ No
Respirator needed?	☐ Yes ☐ No
What type of respirator is required for this activity?	
Respirator types:	☐ Dust Mask ☐ Surgical Mask ☐ N-95 ☐ 1/2 Face ☐ Full Face ☐ PAPR
Personal Protective Equipment:	☐ Latex ☐ Lab Coats ☐ Overalls ☐ Goggles ☐ Face Shields ☐ Hearing Protection
	☐ Other:
Extreme environmental conditions? (e.g., heat, remote locations far from medical care.)	☐ Yes ☐ No
Training on how to stay safe in extreme environmental conditions (e.g., high/low temperatures)?	☐ Yes ☐ No ☐ N/A

Physical Agents

Physical Agents:	☒ Yes ☐ No	
Caustic, flammables, or cryoagents?	☐ Yes ☐ No	If Yes, please specify
Radiation producing machines?	☐ Yes ☐ No	If Yes, please specify
Radioisotopes?	☐ Yes ☐ No	If Yes, please specify
Lasers?	☐ Yes ☐ No	If Yes, please specify
Noise > 85 dBA over an 8 hour period?	☐ Yes ☐ No	
Hearing Conservation program?	☐ Yes ☐ No	
Alfalfa/Hay?	☐ Yes ☐ No	
Extreme dust?	☐ Yes ☐ No	
Do you work with ladders?	☐ Yes ☐ No	

Chemical Agents

Chemical Agents:	☒ Yes ☐ No	
Anesthetic gases?	☐ Yes ☐ No	If Yes, please specify
Drugs / Chemotherapeutic agents?	☐ Yes ☐ No	If Yes, please specify
Heavy Metals?	☐ Yes ☐ No	If Yes, please specify
Carcinogen (IARC)?	☐ Yes ☐ No	If Yes, please specify
Mutagen?	☐ Yes ☐ No	If Yes, please specify
Reproductive Disruptors (e.g., RU486)	☐ Yes ☐ No	If yes, please specify
MRI Equipment?	☐ Yes ☐ No	If yes, please specify



Animal Exposures

Animal Exposure:	☒ Yes ☐ No
Were lab animal-related illness/injury discussed?	☐ Yes ☐ No
Were zoonotic diseases discussed?	☐ Yes ☐ No
Were lab animal allergies discussed?	☐ Yes ☐ No

Blood Borne Pathogens Exposure Control

Blood Borne Pathogens Exposure Control:	☒ Yes ☐ N/A
Was blood borne pathogen safety discussed?	☐ Yes ☐ No
If applicable, has bloodborne pathogen safety been discussed with you, and is your annual training current and on file?	☐ Yes ☐ No ☐ N/A
Was Hepatitis B vaccine offered?	☐ Yes ☐ No
Is there a Declination form on file if the employee doesn't want to participate in the program?	☐ Yes ☐ No ☐ N/A
Do you know that an employee can receive the Hepatitis B vaccine through Occupational Health Services if they have work exposure to human blood, blood products, body fluids, excreta, cell, cell lines, or tissues?	☐ Yes ☐ No
Is post exposure prophylaxis (PEP) available or offered in the event of exposure?	☐ Yes ☐ No

General Safety

General Safety

- Were safe work practices discussed? ☐ Yes ☐ No
- Has the employee been trained how to report an animal bite or needle stick? ☐ Yes ☐ No ☐ N/A
- Has the employee been informed of their right and obligation to file a report of injury through Workers Compensation and be seen in Occupational Health free of charge? ☐ Yes ☐ No
- This position requires routine lifting of: ☐ under 20 lbs ☐ 20 - 50 lbs ☐ over 50 lbs ☐ N/A
- This position requires the operation of moving machinery: ☐ Yes ☐ No

- ☐ After completing all sections of the form, the PI must electronically sign by selecting the **“Supervisor’s Signature”** checkbox. This action confirms that the information provided is accurate.
- ☐ It is important to note that, for this program, the supervisor responsible for signing timesheets may not have comprehensive knowledge of the IACUC protocol, compliance requirements for institutional, state, and federal regulations (e.g., IACUC, USDA, and NIH guidelines), or a full understanding of all potential risks a participant might face. **For this reason, the PI will assume the role of the supervisor for the animal protocol.**

Supervisor Certification

The Supervisor is responsible for providing training.

Should the risk to the participant change (addition of new species, biological agents, etc.) a new Risk Assessment form must be submitted.

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

Supervisor Name:  Supervisor Signature: ☒ Date: 09/19/2024

Create Risk Assessment

Cancel

1. The PI must click the **Create Risk Assessment** button to finalize the process.

Create Risk Assessment