

University of Pittsburgh  
**Initial Exposure Risk Form 2024**

**THIS FORM IS TO BE COMPLETED BY EMPLOYEE OR STUDENT WITH THE ASSISTANCE OF THE  
HIRING MANAGER OR SUPERVISOR.**

Submit this completed Initial Exposure Risk Form via one of the following below.

**1. FAX: 412-647-5051**

eFax is available for Pitt faculty and staff through [Pitt's eFax Service](#).

**2. Hand-deliver to: MyHealth@Work - Pitt Employee Health Services**

**Location:** 3708 Fifth Avenue, Medical Arts Building, Suite 505, Pittsburgh, PA 15213

**Hours** 7:00 AM through 3:30 PM, Monday through Friday.

**Do NOT send the completed form via campus mail or email. Sending personal health  
information through email is not HIPAA compliant.**

**Section 1.0: Occupational Exposure**

**Section 1.1: Job Information**

Employee Name: \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

Sex: M  F  Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Dept \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Employee ID Number (EIN) \_\_\_\_\_

*Pitt Employee ID Number can be found on Pitt Payslips or on Employee Pitt IDs issued after 10/2021.*

Social Security# \_\_\_\_\_

Building \_\_\_\_\_ Room # \_\_\_\_\_

PI/Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

PI/Supervisor email address \_\_\_\_\_

# University of Pittsburgh

## Initial Exposure Risk Form 2024

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Animal Caretaker/Technician | <input type="checkbox"/> Laboratorian/Research Associate          | <input type="checkbox"/> Visitor   |
| <input type="checkbox"/> Principal Investigator      | <input type="checkbox"/> Researcher                               | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> IACUC Member                | <input type="checkbox"/> Environmental Health and Safety          |                                    |
| <input type="checkbox"/> Pitt Police/Security        | <input type="checkbox"/> Veterinary                               |                                    |
| <input type="checkbox"/> Custodial Services          | <input type="checkbox"/> Facilities (HVAC, painter etc.)          |                                    |
| <input type="checkbox"/> Post doc/fellow             | <input type="checkbox"/> Office/Administrator                     |                                    |
| <input type="checkbox"/> Student                     | <input type="checkbox"/> Summer or Short Term Student <b>only</b> |                                    |
| <input type="checkbox"/> CMU Student                 |   |                                    |

### Section 1.2: Workplace Environmental (check all that apply)

Indicate the Workplace type(s) below that the position requires work or access to.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> RBL/BSL-3       | <input type="checkbox"/> Research Laboratory                                    | <input type="checkbox"/> Animal Care Facility    |
| <input type="checkbox"/> Teaching Lab    | <input type="checkbox"/> Access to all workplaces (EH&S, Facilities Management) |  |
| <input type="checkbox"/> Office/Adminin. | <input type="checkbox"/> Clinical labs  | <input type="checkbox"/> Hospital/Nursing School |
| <input type="checkbox"/> Other: _____    |   |  |

Yes  No Does this position require access to restricted areas such as laboratories that use biological hazards or animal research laboratories in any of the workplaces identified above?  
If 'YES', identify the highest biosafety level where access is required.

- |                                |                                |                                |                                     |
|--------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> BSL 1 | <input type="checkbox"/> BSL 2 | <input type="checkbox"/> BSL 3 | <input type="checkbox"/> All Levels |
|--------------------------------|--------------------------------|--------------------------------|-------------------------------------|

<p><b>If any workplace boxes were checked in Section 1.2, continue to Section 1.3.</b> <b>If not, proceed directly to Part B, Section 3.0: Medical Health History.</b></p>
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### Section 1.3: Respirator Use

Yes  No Does this position require that you wear a respirator (does not include surgical masks)?

# University of Pittsburgh

## Initial Exposure Risk Form 2024

### Section 1.4: Exposure Types (Check all that apply)

Please indicate whether this position requires work, contact or access to the following research materials or subjects by checking the applicable boxes below.

- |  |  |
|--|--|
| <input type="checkbox"/> Animals                                   | <input type="checkbox"/> Biological Agents                   |
| <input type="checkbox"/> Radiation or radioactive materials        | <input type="checkbox"/> Chemicals or toxins                 |
| <input type="checkbox"/> Human Fluids, Tissue, Blood or cell lines | <input type="checkbox"/> MPTP                                |
| <input type="checkbox"/> Teratogenic/Carcinogenic agents           | <input type="checkbox"/> Animal fluids, tissue, or cell line |
| <input type="checkbox"/> Physical (Laser, noise, UV, Liquid N2)    | <input type="checkbox"/> Patients                            |
| <input type="checkbox"/> Other (indicate other type here)          |  |

Comment \_\_\_\_\_

### Section 2.0 Risk Assessment

#### Section 2.1: Exposure to Animals

- Yes  No Does this position require contact with animals?  
If YES, identify the highest level and types) of animal species below:

- ABSL 1       A BSL 2       ABSL 3       All Levels  
 No contact with animals, but required for Protocol

#### Rodents:

- |                                    |                                     |                                  |
|------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Gerbil    | <input type="checkbox"/> Guinea pig | <input type="checkbox"/> Hamster |
| <input type="checkbox"/> Mice      | <input type="checkbox"/> Rat        | <input type="checkbox"/> Voles   |
| <input type="checkbox"/> Mole rats | <input type="checkbox"/> Other      |                                  |

#### Non-Rodent:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Goat              | <input type="checkbox"/> Pig                          | <input type="checkbox"/> Sheep (M/F)              |
| <input type="checkbox"/> Farm Animals      | <input type="checkbox"/> Dogs                         | <input type="checkbox"/> Fish                     |
| <input type="checkbox"/> Reptile/Amphibian | <input type="checkbox"/> Non-Human Primates           | <input type="checkbox"/> Rabbits                  |
| <input type="checkbox"/> Cats              | <input type="checkbox"/> Macaque (Rhesus/Cynomogolus) | <input type="checkbox"/> Ferrets                  |
| <input type="checkbox"/> Birds             | <input type="checkbox"/> Marmoset (Squirrel)          | <input type="checkbox"/> Wild Mammals/ Field Work |
|  | <input type="checkbox"/> Tissue Handler-Only          |   |

Other \_\_\_\_\_

# University of Pittsburgh

## Initial Exposure Risk Form 2024

### Section 2.2: Exposure to Infectious Agents

Yes  No Does this position require work with known infectious agents?

If YES, please identify the type(s) of infectious agents below:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> AAV virus                   | <input type="checkbox"/> Eastern Equine Encephalitis  | <input type="checkbox"/> Orthopox viruses (Monkey pox) |
| <input type="checkbox"/> Adenovirus                  | <input type="checkbox"/> Francisella Tularemia        | <input type="checkbox"/> Rabies                        |
| <input type="checkbox"/> Anthrax                     | <input type="checkbox"/> Hepatitis A                  | <input type="checkbox"/> Plasmodium falciparum         |
| <input type="checkbox"/> Avian Flu                   | <input type="checkbox"/> Hepatitis B                  | <input type="checkbox"/> Rabies                        |
| <input type="checkbox"/> Botulinum                   | <input type="checkbox"/> Hepatitis C                  | <input type="checkbox"/> Retrovirus                    |
| <input type="checkbox"/> Brucella                    | <input type="checkbox"/> HIV                          | <input type="checkbox"/> Rift Valley Fever Virus       |
| <input type="checkbox"/> Burkholderia Cepacia        | <input type="checkbox"/> Human Retroviruses           | <input type="checkbox"/> Salmonella                    |
| <input type="checkbox"/> Burkholderia Mallei         | <input type="checkbox"/> Influenza Viruses            | <input type="checkbox"/> SARS                          |
| <input type="checkbox"/> Burkholderia Pseudomallei   | <input type="checkbox"/> Japanese Encephalitis        | <input type="checkbox"/> Toxoplasma Gondi              |
| <input type="checkbox"/> Chikungunya                 | <input type="checkbox"/> Lenti virus                  | <input type="checkbox"/> Vaccinia                      |
| <input type="checkbox"/> Chlamydia Pneumoniae        | <input type="checkbox"/> Malaria                      | <input type="checkbox"/> West Nile Virus               |
| <input type="checkbox"/> Chlamydia Trachomatis       | <input type="checkbox"/> Measles                      | <input type="checkbox"/> Yellow Fever Virus            |
| <input type="checkbox"/> Dengue                      | <input type="checkbox"/> Mycobacterium TBs            | <input type="checkbox"/> Yersinia Pestis (Plague)      |
| <input type="checkbox"/> Eastern Equine Encephalitis | <input type="checkbox"/> Mycobacterium - Other: _____ |  |

Signature from the employee and supervisor or PI is **required** to ensure Part A accurately describes the applicant's job and workplace environment. This form **must** have both signatures before being seen by a University Health provider.

\_\_\_\_\_  
Employee/Applicant Name

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Manager/PI

\_\_\_\_\_  
Supervisor/ Manager/ PI

\_\_\_\_\_  
Date