

PI's- Creating a Risk Assessment

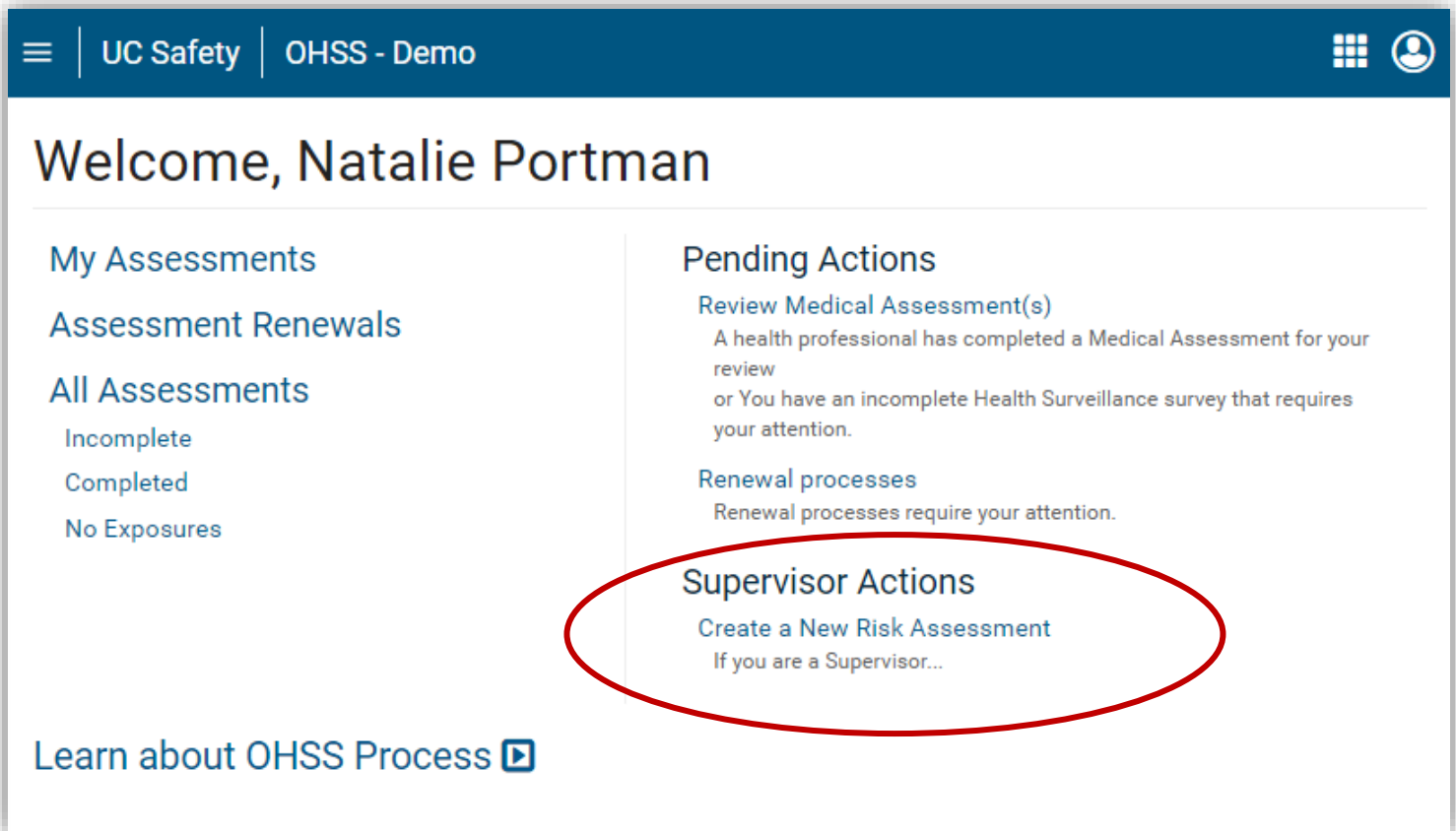
Creating and Submitting a Risk Assessment

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**
 - 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 your homepage.
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:**
 - Enter the participant's **last name first** (the entire last name is required).
 - 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:**
 - Choose the appropriate participant from the list.
 - If the participant does not appear, have them log in to OHSS at <https://ehs.ucop.edu/uksafety>. 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:**
 - After selecting the participant, they will be prompted to fill out the Risk Assessment form.
 - **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:**
 - The form contains **nine sections**, which must all be completed before submission.
 - 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):

- | | |
|---|---|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Visiting Scientist | <input type="checkbox"/> Affiliate |
| <input type="checkbox"/> Senate Academic Staff | <input type="checkbox"/> Non-Senate Academic Staff |
| <input type="checkbox"/> Registered Volunteer | <input type="checkbox"/> Non-Registered Volunteer |
| <input type="checkbox"/> Paid Undergraduate Student | <input type="checkbox"/> Non-Paid Undergraduate Student |
| <input type="checkbox"/> Paid Graduate Student | <input type="checkbox"/> Non-Paid Graduate Student |
| <input type="checkbox"/> Other-Paid Assignment | <input type="checkbox"/> Other-Non Paid Assignment |
| <input type="checkbox"/> Post-doc | |

Exposure

Animal Contact

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	<input type="checkbox"/>
Bats	No Contact	<input type="checkbox"/>
Bird	No Contact	<input type="checkbox"/>
Cat	No Contact	<input type="checkbox"/>
Cattle	No Contact	<input type="checkbox"/>
Fish	No Contact	<input type="checkbox"/>
Guinea Pig	No Contact	<input type="checkbox"/>
Hamster	No Contact	<input type="checkbox"/>
Mice	No Contact	<input type="checkbox"/>
Poultry	No Contact	<input type="checkbox"/>
Rabbit	No Contact	<input type="checkbox"/>
Rat	No Contact	<input type="checkbox"/>
Reptile	No Contact	<input type="checkbox"/>
Other	No Contact	<input type="checkbox"/>
Multiple or unknown exposures	No Contact	<input type="checkbox"/>

Exposure Description ⓘ :

Please describe exposure

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

Biological Agents

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, please specify (lentivirus, adenovirus, etc.)

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

Exposures

Exposures:		<input checked="" type="radio"/> Yes <input type="radio"/> No
Respirator needed?	<input type="radio"/> Yes <input type="radio"/> No	
Case in which respirator is needed:	<input type="text"/>	
Respirator types:	<input type="checkbox"/> Dust Mask <input type="checkbox"/> N-95 <input type="checkbox"/> Surgical Mask <input type="checkbox"/> 1/2 Face <input type="checkbox"/> Full Face <input type="checkbox"/> PAPR	
Personal Protective Equipment:	<input type="checkbox"/> Gloves Nitrile <input type="checkbox"/> Latex <input type="checkbox"/> Lab Coats <input type="checkbox"/> Overalls <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shields <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Other: <input type="text"/>	
Extreme environmental conditions (e.g. high/low temperatures)?	<input type="radio"/> Yes <input type="radio"/> No	
Training on how to stay safe in extreme environmental conditions (e.g., high/low temperatures)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

Physical Agents

Physical Agents:		<input checked="" type="radio"/> Yes <input type="radio"/> No
Caustic, flammables, or cryoagents?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Radiation producing machines?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Radioisotopes?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Lasers?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Noise > 85 dBA over an 8 hour period?	<input type="radio"/> Yes <input type="radio"/> No	
Hearing Conservation program?	<input type="radio"/> Yes <input type="radio"/> No	
Alfalfa/Hay?	<input type="radio"/> Yes <input type="radio"/> No	
Extreme dust?	<input type="radio"/> Yes <input type="radio"/> No	

Chemical Agents

Chemical Agents:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Anesthetic gases?	<input type="radio"/> Yes <input type="radio"/> No <input type="text" value="If Yes, please specify"/>
Drugs / Chemotherapeutic agents?	<input type="radio"/> Yes <input type="radio"/> No <input type="text" value="If Yes, please specify"/>
Heavy Metals?	<input type="radio"/> Yes <input type="radio"/> No <input type="text" value="If Yes, please specify"/>
Carcinogen (IARC)?	<input type="radio"/> Yes <input type="radio"/> No <input type="text" value="If Yes, please specify"/>
Mutagen?	<input type="radio"/> Yes <input type="radio"/> No <input type="text" value="If Yes, please specify"/>
MRI Equipment?	<input type="radio"/> Yes <input type="radio"/> No

Animal Exposures

Animal Exposure:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Were animal-related illness/injury discussed?	<input type="radio"/> Yes <input type="radio"/> No
Were zoonotic diseases discussed?	<input type="radio"/> Yes <input type="radio"/> No
Were animal allergies discussed?	<input type="radio"/> Yes <input type="radio"/> No

Blood Borne Pathogens Exposure Control

Blood Borne Pathogens Exposure Control:	<input checked="" type="radio"/> Yes <input type="radio"/> N/A
Was blood borne pathogen safety discussed?	<input type="radio"/> Yes <input type="radio"/> No
Was Hepatitis B vaccine offered?	<input type="radio"/> Yes <input type="radio"/> No
Is there a Declination form on file if the employee doesn't want to participate in the program?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No
Is post exposure prophylaxis (PEP) maintained onsite?	<input type="radio"/> Yes <input type="radio"/> 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