

Protocol Risk Assessment Form
Texas A&M University - Commerce Institutional Animal Care and Use Committee (IACUC)

The information requested in this questionnaire will be used only to determine the level of risk in regard to working with research and teaching animals at A&M-Commerce.

- Animal Care Facility (ACF)**
 Wildlife Field Study

- Farm** _____
 Other _____

You may use one of the following options to return your completed form:

- Via campus mail: Office of Compliance Gee library #225 Attn: Glenda Denton
- Via postal mail: A&M-Commerce, Attn: Glenda Denton Compliance Office Gee #225, P.O. Box 3011, Commerce, TX 75429

Date: _____ Project Title: _____

Principal Investigator:

Last Name: _____ First Name: _____

Email: _____

Department: _____

Project duration of project/duties involving animals: _____

Signature: _____ Date: _____

What kind of animal contact will you have in your affiliation with A&M-Commerce? (Check all that apply)

- No direct contact (visitor, Facilities Services, Campus Police, etc.)
 Less than 8 hours a week of direct animal contact.
 More than 8 hours a week direct animal contact.

What species of animals will you be exposed to in your affiliation with A&M-Commerce?

(This includes direct contact with animals, animal tissues and/or waste, and animal enclosures.)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Lab Mice or Rats | <input type="checkbox"/> Lab Zebra Fish | <input type="checkbox"/> Lab Turtles |
| <input type="checkbox"/> Lab Axolotl | <input type="checkbox"/> Lab Snakes | <input type="checkbox"/> Farm Goats |
| <input type="checkbox"/> Farm Cattle | <input type="checkbox"/> Farm Horses | <input type="checkbox"/> Farm Swine |
| <input type="checkbox"/> Farm Chickens | <input type="checkbox"/> Other _____ | |

Are you working with infectious agents in animals? Yes No

- Laboratory Animals:** inoculating animals with infectious agents. List agents: _____
- Wildlife Species:** Working directly with species that may be infected with zoonotic agents (those infectious to humans: e.g., Hantavirus, West Nile Virus, rabies, etc.)

Additional Work-Related Health and Safety Information:

Does your work involve any of the following?

- | | Yes | No |
|--|--------------------------|--------------------------|
| Heavy Lifting | <input type="checkbox"/> | <input type="checkbox"/> |
| Loud noise(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| High concentration
Of particles (dust, feed) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other work-related health &
Safety concerns/comments. | <input type="checkbox"/> | <input type="checkbox"/> |