**University of Southern Maine (USM) Occupational Health and Safety Program Animal Use Questionnaire**

Each year, the Office of Research Integrity and Outreach (ORIO) will be distributing a questionnaire to individuals that work directly and repeatedly with animals or animal tissues. The questionnaire is part of USM’s Occupational Health Program. Individuals must complete one of the attached forms and return it to ORIO as soon as possible.

The *Animal Use Questionnaire* (AUQ) will help ORIO identify any special needs or requirements you may have in order to do your studies or job safely and to further reduce the risks of illness or injury. This questionnaire and each annual follow-up will also help ORIO track any occupational health related issues that may happen over time as a result of working in or near animals at USM. Specifically, the questionnaire is designed to assess your risk for developing animal allergies or contracting an animal-based disease (zoonotic infection).

USM will only use the information you provide for official Occupational Health Program functions. The questionnaire will not become part of your employment or academic record, be shared with Human Resources, be used in employment decisions, or be shared with your supervisor

This information on the questionnaire will be kept confidential and your privacy rights protected to the fullest extent permitted by law. Please note that this information is not governed by The Health Insurance Portability and Accountability Act of 1996 Privacy and Security Rules (HIPAA), because University Counsel has determined that USM is not a HIPAA covered entity. However, USM will take all reasonable steps to maintain the confidentiality of your information. Specifically, completed survey forms shall be kept secured in the ORIO office and ORIO staff have access to that office. University Health Services will also review the submitted questionnaire.

If you need any special equipment, immunizations, etc., ORIO will contact you to make the necessary arrangements. This information may be used in cases of public health emergencies if you need emergency medical treatment or as allowed by law. If your supervisor or the animal facility manager needs to be notified of any special requirements, they will only be told of the requirements (for example if you need a respirator) and not the reason for it.

Please complete the form that applies to you. Make sure to use your campus ID number. For faculty and staff, this is the “emplid” number found in Peoplesoft and/or MaineStreet when you go to enter time or check on your leave status or pay history. Students should use the appropriate ID used for all USM transactions. **After you have completed one of the forms, you may mail the form in a sealed envelope** [**addressed to ORIO or contact usmorio@maine.edu for a secure upload link.**](mailto:addressedtoORIOorcontactusmorio@maine.eduforasecureuploadlink) **Please do not give your completed form to anyone else to mail for you. Doing so allows others to view confidential information.**

***Mail to:* Office of Research Integrity and Outreach PO Box 9300, 126 Bedford Street**

**Portland, ME 04104**

There are two (2) forms to choose from:

1. Initial/Pre-Placement Animal Use Questionnaire (AUQ) – Use if you will have direct and repeated contact with animals or the animal facility, and if this is your first time filling out the Occupational Health Questionnaire.
2. Annual AUQ: for those individuals who have direct and repeated contact with animals or the animal facility, and who have previously completed an initial AFQ form.

If you have questions, comments, or concerns regarding this questionnaire please contact:

[**usmorio@maine.edu**](mailto:usmorio@maine.edu)

**USM’s Occupational Health Program Initial Animal Use Questionnaire**

**For Individuals with Direct and Repeated Animal Contact**

**Instructions:** Please fill out this form if you will have direct and repeated contact with animals AND if you have never filled out an Animal Use Questionnaire before. If you have already filled out this initial Animal Use Questionnaire in a previous year, please ONLY complete and return the Annual Animal Use Questionnaire form located on page 6 of this document; **do not submit both forms.**

Name: USM ID:

Supervisor: Date:

Department: For 12 month period ending, December 31st

Campus contact # Note: Please return within 30 days of receipt. Thank you

## Email address:

Please note that the information you provide USM as part of this questionnaire will be used for USM’s Occupational Health Program. Information may also be used in cases of public health emergencies or if emergency medical treatment is necessary. These questionnaires will be filed with the USM’s University Environmental Health and Safety office.

## General Information

1. Job Title
2. Number of

Years employed

1. Time in present

Position

1. Brief description

Of duties

1. Have you worked with any animals? □ No □ Yes If yes, what animal and with what frequency?

**Animal Work With Describe Frequency & Duration of No Yes Contact**

Rats □ □

Mice □ □

Frogs □ □

Fish □ □

Other □ □

## Are you allergic to any animals? □ No □ Yes

If yes, what animal?

1. Do you have animals at home? □ No□ Yes If yes, what animal and for how long?

1-2 years 2-3 years 3-4 years over 4 years

Dogs □ □ □ □

Cat □ □ □ □

Other (Type)

## □ □ □ □

1. Have you or do you currently use any of the following items when working with animals?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Eye protection | □ No |  | □ Yes |  |
| Mask/Respirator |  | □ No |  | □ Yes |
| Gloves |  | □ No |  | □ Yes |
| Protective Clothing |  | □ No |  | □ Yes |

1. Please check all symptoms that apply to you in the list below, and give the year of onset:

Symptom No Yes Date of Symptoms present at

Onset Home Work On All

Cough (persistent) □ □

## □

Dizziness □ □

## □

Fainting □ □

## □

Blurred or blurry vision □ □

## □

Shortness of breath □ □

## □

Wheezing □ □

## □

Chest Tightness □ □

## □

Asthma □ □

## □

Nasal congestion (persistent) □ □

## □

Runny nose (persistent) □ □

## □

Vacation the time

## □ □ □

□ □ □

□ □ □

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|  |  |  |
| --- | --- | --- |
| Sneezing (persistent) | □ □ | □ □ □ |
| □ |  |  |
| Itchy eyes | □ □ | □ □ □ |
| □ |  |  |
| Hay fever | □ □ | □ □ □ |
| □ |  |  |
| Frequent colds | □ □ | □ □ □ |

□

Hives □ □

## □

Skin rash □ □

## □

Swelling of eyes or lips □ □

## □

Eczema □ □

## □

□ □ □

□ □ □

□ □ □

□ □ □

Comments

## Do you have any allergies? □ No □ Yes If yes, to what?

|  |  |  |
| --- | --- | --- |
| □ Ragweed | □ Grass | □ Trees □ Mold □ Dust |
| □ Latex | □ Cat | □ Dog □ Mouse □ Other |

1. Have you ever received allergy (desensitization/immunotherapy) shots?

□ No □ Yes

1. If you have asthma:
   1. When did your asthma start (year)
   2. Are you currently taking any medicine (prescription or over the counter) to control your asthma? □ No □ Yes If yes, please list:
2. In the last 4 months have you had any surgeries or taken any medications that:

* Lower your body’s immune system
* Increases/decreases your heart rate
* Alters your normal breathing pattern

## If yes to any of the above, has your Doctor cleared to return to work and/or to work with animals? □ No □ Yes

1. Do any of your blood relatives have asthma or allergies? □ No □ Yes

(Signature) (Date)

(Print name)

## Completion of this form is required by the terms of USM’s Assurance Number A3468- 01, on file with the Office of Laboratory Animal Welfare (OLAW), a division of the United States Public Health Service (PHS), a division of the Department of Health and Human Services. Compliance with the terms of the Assurance is required under the PHS Policy on Humane Care and Use of Laboratory Animals, revised August 2002, and the following federal statutes:

The Act of August 24, 1966 (PL 89-544), commonly known as the Laboratory Animal Welfare Act, as amended by the Act of December 24, 1970 (PL 91-579), the Animal Welfare Act of 1970; the Act of April 22, 1976 (PL 94-279), the Animal Welfare Act Amendments of 1976; and the Food Security Act of December 23, 1985 (PL 99-198), the Animal Welfare Act Amendments of 1985, and the Public Health Service Act (PHS Act) mandated by the Health Research Extension Act of 1985 (PL 99-158).

**USM’s Occupational Health Program ANNUAL Animal Use Questionnaire**

**For Individuals That Have Filled Out the Initial AUQ in a Previous Year**

**Instructions:** Please fill out this form if you will have direct and repeated contact with animals AND if you have previously filled out the initial Animal Use Questionnaire (see page 2 of this document). If you have filled out the initial Animal Use Questionnaire in a previous year, please ONLY complete and return this form; **do not submit both forms.**

Name: USM ID:

Supervisor: Date:

Department: For 12 month period ending, August 30

Campus contact # Email address:

Note: Please return within 30 days of receipt. Thank you

Please note that the information you provide USM as part of this questionnaire will be used for USM’s Occupational Health Program. Information may also be used in cases of public health emergencies or if emergency medical treatment is necessary. These questionnaires will be filed with the USM’s University Environmental Health and Safety office.

## General Information

### Job Title

1. Number of

Years employed

1. Time in present

Position

1. Brief description

Of duties

1. Please check types of animals you work with

**Animal Work With Describe Frequency & Duration of No Yes Contact**

Rats □ □

Mice □ □

Frogs □ □

Fish □ □

Other: Other:

## □ □

□ □

### Are you allergic to any animals? □ No □ Yes

If yes, what animal(s)?

1. Do you have animals at home? □ No □ Yes

If yes, what animal?

1. Are you currently using respiratory protection when working with animals? □ No

□ Yes

* 1. If yes, what kind of respirator
  2. When do you use it? (State species, room number, and activity)
  3. Do you feel the respirator is useful? □ No □ Yes

1. Since your last evaluation/questionnaire have you experienced or have:

Symptom No Yes Date of Symptoms present at

Onset Home Work On

|  |  |  |
| --- | --- | --- |
| All | Vacation | the time |
| □ □ | □ □ | □ |
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Cough (persistent)

## □

Dizziness

## □

Fainting

## □

Blurred or blurry vision

## □

Shortness of breath

## □

Wheezing

## □

Chest Tightness

## □

Asthma

## □

Nasal congestion (persistent)

## □

Runny nose (persistent)

## □

Sneezing (persistent)

## □

Itchy eyes

## □

Hay fever

## □

Frequent colds

## □

Hives

## □

Skin rash

## □

Swelling of eyes or lips □ □

## □

Eczema □ □

## □

Comments

### If you have asthma:

* 1. When did your asthma start (year)

□ □ □

□ □ □

* 1. Are you currently taking any medicine (prescription or over the counter) to control your asthma? □ No □ Yes If yes, please list:

1. In the last 4 months have you had any surgeries or taken any medications that:

* Lower your body’s immune system
* Increases/decreases your heart rate
* Alters your normal breathing pattern

### If yes to any of the above, has your Doctor cleared you to return to work and/or to work with animals? □ No □ Yes

(Signature) (Date)

(Print name)