



THE UNIVERSITY OF  
WINNIPEG

**SCHEDULE 8: RISK ASSESSMENT**  
Use of Hazardous Material in the Animal Use Protocol  
Safety and Health Disclosure for Safety Office Review

**Section B1 : Risk Assessment - Radioisotopes**

Complete the form below for each radioisotope used in the protocol.

1.	Name of Isotope:	
2.	Dosage (activity) per animal ( $\mu$ ci):  Duration of Exposure:  Duration of Care:  <b>Frequency of administration:</b>	
3.	Half –life - Physical:  Biological or period of shedding :	
4.	Administration Route(s):	<b>Injection:</b> <input type="checkbox"/> Intravenous <input type="checkbox"/> Intramuscular <input type="checkbox"/> Intraperitoneal <input type="checkbox"/> Subcutaneous <b>Other:</b> <input type="checkbox"/> Intranasal <input type="checkbox"/> Intrarectal <input type="checkbox"/> Intravaginal <input type="checkbox"/> Oral <input type="checkbox"/> Oral gavage <input type="checkbox"/> Transdermal <input type="checkbox"/> Inhalation <input type="checkbox"/> Other , specify:
5.	Type of Radiation	<input type="checkbox"/> Alpha <input type="checkbox"/> Beta <input type="checkbox"/> Gamma
6.	Excretion Route (s):	<input type="checkbox"/> Urine <input type="checkbox"/> Skin <input type="checkbox"/> Expired air <input type="checkbox"/> Feces <input type="checkbox"/> Other, specify:



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	Rate:	<input type="checkbox"/> Percent Excreted: <input type="checkbox"/> Not excreted
7.	Likely route(s) of worker exposure to the agent	<input type="checkbox"/> Ingestion <input type="checkbox"/> Absorption (skin/eyes/mucus membrane) <input type="checkbox"/> Inhalation <input type="checkbox"/> Puncture/scratch/bite
8.	Have you been issued an internal permit by the Radiation Safety Officer to use this isotope?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**B1(a) Hazard Control methods**

1.	What Animal Biosafety level (ABSL) is required for this work?	<input type="checkbox"/> ABSL-1 (little or no biohazard) <input type="checkbox"/> ABSL-2 <input type="checkbox"/> ABSL-2 with ABSL-3 practices
2.	<b>Substitution:</b> can this hazardous agent be replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<b>Isolation:</b> can this hazardous agent be isolated?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Explain:
4.	<b>Engineering controls:</b> what mechanical systems protect workers?	<input type="checkbox"/> Fume hood <input type="checkbox"/> Biosafety cabinet <input type="checkbox"/> Ventilated Lab Bench <input type="checkbox"/> Micro-isolator cages <input type="checkbox"/> Other, specify:  <input type="checkbox"/> Not Applicable
5.	<b>Administrative controls:</b>	
	Have you supplied MSDSs? If none are currently available you must write them. The Safety Office can assist.	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Not Applicable
	Is there an immunization standard in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Explain:




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		<input type="checkbox"/> If yes, please list:  <input type="checkbox"/> Not Applicable
	Have you attached Post Exposure protocols and Emergency Response procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Explain:
6.	What Personal Protective Equipment is required for this work? Universal Precaution Personal Protective Equipment is the minimum recommended for lab animal work for protection against lab animal allergens.	<input type="checkbox"/> Universal precaution PPE: <input type="checkbox"/> Disposable gloves – type: <input type="checkbox"/> Lab coat <input type="checkbox"/> N95 respirator  Additional requirements: <input type="checkbox"/> Safety glasses <input type="checkbox"/> Splash goggles <input type="checkbox"/> Surgical scrubs <input type="checkbox"/> Face shield <input type="checkbox"/> Corrosive resistant gloves, apron <input type="checkbox"/> Cryo gloves, apron <input type="checkbox"/> Half and full face respirator <input type="checkbox"/> Back fastening gown <input type="checkbox"/> Hearing protection <input type="checkbox"/> Laser eyewear <input type="checkbox"/> Other, specify:
<p><b>Please note:</b> in order to wear a respirator the person must be fit-tested and trained by a qualified individual. Contact the Safety Office at 204-786-9894 or by email <a href="mailto:safety@uwinnipeg.ca">safety@uwinnipeg.ca</a> for more information.</p>		

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**B1(b). Waste Disposal Procedures**

Describe waste disposal collection, storage and disposal procedures for this agent.

**B1(c) Safety Training: To be completed for each agent administered to animals.**

1.	Do you have documented safety training for all personnel involved? <ul style="list-style-type: none"> <li>- WHMIS</li> <li>- Lab Safety Training– Safety Responsibilities, Lab Ventilation and Lab Equipment, Emergency Response, Chemical/Biological Spill Cleanup</li> <li>- Radiation Safety Training</li> <li>- Biosafety training</li> <li>- Animal Biosafety Level Two training</li> <li>- Lab Animal Allergens and Zoonosis training</li> <li>- Other, Specify:</li> </ul>	<input type="checkbox"/> Yes – attach copies <input type="checkbox"/> No – Explain:
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**B1(d) – Animal Carcass Disposal Procedures: To be completed for each agent administered to animals.**

1..	Should carcasses be specially handled?	<input type="checkbox"/> Yes-describe precautions: <input type="checkbox"/> Not necessary
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