



**SCHEDULE 8: RISK ASSESSMENT**

Use of Hazardous Material in the Animal Use Protocol

Safety and Health Disclosure for Safety Office Review

**Section B2 : Risk Assessment - Chemical**

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

1.	Name of Chemical:	
2.	Dosage per animal (mg/kg):  Concentration(mg/ml):  Frequency of administration:  Duration of exposure:  Duration of Care:	
3.	Administration route	<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:
4.	Hazard class (refer section 3 and 11 of MSDS of the chemical agent, <a href="http://ccinfoweb.ccohs.ca/msds/search.html">http://ccinfoweb.ccohs.ca/msds/search.html</a> )  (For more information on the toxicity of a particular substance, search on CHEMINFO and refer to Section 12 (Toxicological Information) - <a href="http://ccinfoweb.ccohs.ca/cheminfo/search.html">http://ccinfoweb.ccohs.ca/cheminfo/search.html</a> ).	<input type="checkbox"/> Carcinogen <input type="checkbox"/> Mutagen <input type="checkbox"/> Reproductive Toxin <input type="checkbox"/> Highly toxic (LD<50 mg/kg) <input type="checkbox"/> Other, specify:



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5.	Secondary hazards of the agent and/or its metabolites shed or sloughed by the animal.	
6.	Biological Half-life or period of shedding	
7.	Excretion Route	<input type="checkbox"/> Urine <input type="checkbox"/> Skin <input type="checkbox"/> Expired air <input type="checkbox"/> Feces <input type="checkbox"/> None will be released <input type="checkbox"/> Other, specify:
	Rate:	<input type="checkbox"/> Percent Excreted: <input type="checkbox"/> Not excreted
8.	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

**B2(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



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		<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: <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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**B2(b). Waste Disposal Procedures**

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

**B2(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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**B2(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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