# Environmental Health and Safety

## Occupational Health Hazard Questionnaire

<table>
<thead>
<tr>
<th>Date:</th>
<th>New: ☐</th>
<th>Renewal: ☐</th>
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</thead>
</table>

**Principal Investigator(s):**

**Phone:**

**Email:**

**Department:**

**Location:** Campus (specify other)

**IACUC Protocol Number:**

**IACUC Protocol Title:**

**Tasks Involving Animals:**

**Species:**

**Number of People Working w/Animals**

- ☐ Human Tissue
- ☐ Human Cell Lines
- ☐ Bloodborne Pathogens
- ☐ Sharps
- ☐ Infectious Agents
- ☐ Toxic Agents:

**Personal Protective Equipment**

**Type:**

**Fixing Tissues**

**Agent:**

**Chemical Agents:**

**Type:**

**Procedures for safe needle/sharps use and disposal:**

Yes: ☐  No: ☐

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