

OCCUPATIONAL HEALTH PROGRAM FOR ANIMAL RELATED ACTIVITIES

(to be completed by McGill staff and students)

Activities involving the care and use of animals in research and teaching present particular health risks not normally encountered in other activities. The magnitude of the risk is dependent on the animal species and type of contact. To address the health risks which may result from working with animals, or working with animals in animal care activities McGill University has instituted for its faculty, staff and students an *Occupational Health Program* for animal related activities. This *Program* is a prevention program related to occupational diseases, as well as diseases and incidents involving animals. Participation in this *Program* is mandatory for personnel in contact with Non Human Primates. It is voluntary for personnel in contact with other animal species.

PARTICIPANT INFORMATION:

Name (Last, First)

McGill ID

Department

Faculty

Title (Dr., Mr., Ms. Etc)

Classification (PI, PDF, Grad., tech, etc)

Legend: PI principal investigator

PDF post doctoral fellow

GRAD graduate student

TECH technician

UG undergraduate student

Email address

Telephone (local)

Supervisor information

Principal investigator or Supervisor

Email

I hereby confirm that I have reviewed the *Occupational Health Program* posted on the University's website at <http://www.mcgill.ca/ehs/laboratory/ohs> and have been informed and understand the risks associated with working with animals.

Description of Animal –related activities

a) I am engaged in the animal care or experimentation of Non Human Primates.

Yes _____ No _____

If Yes Participation in the *Program* is mandatory.

b) I am engaged in the animal care or experimentation of the following other species:

Animal species: _____

I am engaged in the following type of animal contact:

Type of contact:

Direct: handle live animals, unpreserved tissues or body fluids, animal cages or accessories, animal waste or carcasses

Indirect: work in areas where animals are used or housed

Participation in the *Program* is voluntary for personnel NOT working with Non Human Primates.

Please confirm decision below and sign document.

I hereby agree to :

(initials)___ **PARTICIPATE in the *Occupational Health Program* by completing and mailing this form to: *Environmental Health and Safety Office, 3610 McTavish 4th floor, Attn: Kathryn Wiens. If non-student = the OHP Administrator will call me; if a student, I will call the McGill Student Health Services Clinic (main campus = 514-398-6017, Macdonald Campus = 514-398-7992) for an appointment. If working with Non-Human Primates, I consent to the OHP Nurse communicating with the OHP Administrator regarding my clearance to work with this species.***

or

(initials)___ **choose to NOT PARTICIPATE in the *Occupational Health Program* after consulting with my supervisor. I understand that I may, at anytime, change my decision and decide to participate.**

Signature

Date (dd-mm-yyyy)