

## OHSP Form 4 - Annual Reassessment

Our records indicate that you are enrolled in the K-State Occupational Health and Safety Program. There is an annual requirement for reassessment of hazards and risks for animal care and use activities. Please complete this form and return it to the University Research Compliance Office (URCO) at [comply@ksu.edu](mailto:comply@ksu.edu). As indicated on this form, if you have a change in occupational risks using animals in the past year you will also need to complete OHSP Form #5 and email or send to Via Christi Occupational Health Services (information below and also on Form #5).

Date: \_\_\_\_\_ Protocol Number (if appropriate): \_\_\_\_\_  Faculty  Staff  Student

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor/ PI (required): \_\_\_\_\_

Position/Title: \_\_\_\_\_  Male  Female

1. I am still involved in occupational activities associated with the animal care and use program:  
 YES- if yes, complete the rest of the form and return to the URCO  
 NO - If no, sign the form and return it to the URCO and your file will be deactivated in the OHSP database
2. To the best of my knowledge, my occupation risks using animals have remained the same during the past year:  
 YES  
 NO – If no, please complete OHSP Form #5 - Health Risk Reassessment Follow-up
  - a. List **ALL** species of animals you work with at KSU: \_\_\_\_\_  
Has this list changed  YES If yes, please complete OHSP Form #5 - Health Risk Reassessment Follow-up  
 NO
4. Describe your work with animals (i.e. feed & water, perform surgery, clean cages, restrain animals, etc.): \_\_\_\_\_
5. Do you work in a high noise area/building?  NO  YES Area or Building: \_\_\_\_\_
  - a. If yes, are you enrolled in a hearing conservation program?  NO  YES
6. Will you work with wild animals?  NO  YES If yes, what species? \_\_\_\_\_
7. Do you work with sick animals?  NO  YES If yes, explain: \_\_\_\_\_
8. Have you had a **tetanus vaccination** in the last 10 years?  
 NO If no, please complete OHSP Form #5 - Health Risk Reassessment Follow-up  
 YES if yes, approximate date: \_\_\_\_\_
9. Have you had the 3 shot pre-exposure series or the 5 shot post-exposure rabies vaccination?  NO  YES
  - a. If yes, approximate date: \_\_\_\_\_
  - b. Have you had an antibody titer run?  NO  YES if yes, approximate date: \_\_\_\_\_ Titer: \_\_\_\_\_
10. Have you had a change in your **personal health status** during the last year that might affect your level of risk in working with animals? Examples might include pregnancy, chronic illness, development of allergies, etc.  
 NO  YES If yes, please complete OHSP Form #5 - Health Risk Reassessment Follow-up

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- If you have a change in health status that might affect your occupational risk with animals, it is your responsibility to fill out OHSP Form #5 and send it to Via Christi Occupational Health Service, [francis.koopman@ascension.org](mailto:francis.koopman@ascension.org) 315 Seth Child Rd 66502, phone: 785-776-2813, Fax: 785-776-2851
- If you are injured or become ill working with animals, it is your responsibility to inform your supervisor and take appropriate action.

**Please return this form to: University Research Compliance Office, 203 Fairchild Hall, Manhattan KS 66506-1103, 785-532-3224, [comply@ksu.edu](mailto:comply@ksu.edu)**