

University of Pittsburgh

Initial Exposure Risk Form 2026

THIS FORM MUST BE COMPLETED BY THE HIRING MANAGER OR SUPERVISOR AND IS REQUIRED TO CREATE AN ACCOUNT FOR THE EMPLOYEE OR STUDENT.

Submit this completed Initial Exposure Risk form via one of the following below:

1. FAX: 412-647-5051

eFax is available for Pitt faculty and staff through Pitt's eFax Service.

2. Hand-deliver to: MyHealth@Work – Pitt Employee Health Services

Location: 3708 Fifth Avenue, Medical Arts Building, Suite 505, Pittsburgh, PA 15213

Hours: 7:00 AM through 3:30 PM, Monday through Friday.

Do NOT send the completed form via campus mail or email. Sending personal health information through email is not HIPAA compliant.

SECTION 1 OCCUPATIONAL EXPOSURE

SECTION 1.1 JOB INFORMATION

Employee Legal First and Last Name: _____

Gender: Male ☐ Female ☐ Date of Birth: _____

Employee Email: _____ Department: _____

Employee ID Number (EIN): _____

(Pitt employee number can be found on Pitt pay slip or on Employee IDs issued after 10/2021)

PI/Supervisor Name: _____ PI/Supervisor Phone: _____

PI/Supervisor Email: _____

Employee Position:

<input type="checkbox"/>	Animal Caretaker / Technician	<input type="checkbox"/>	Facilities (HVAC, painter, etc.)
<input type="checkbox"/>	Laboratorian / Research Associate	<input type="checkbox"/>	Post Doc / Fellow
<input type="checkbox"/>	Principal Investigator	<input type="checkbox"/>	Office / Administrator
<input type="checkbox"/>	Environmental Health and Safety	<input type="checkbox"/>	Student
<input type="checkbox"/>	IACUC Member	<input type="checkbox"/>	Summer or Short-Term Student only
<input type="checkbox"/>	Veterinary	<input type="checkbox"/>	CMU Student
<input type="checkbox"/>	Pitt Police / Security	<input type="checkbox"/>	Visitor
<input type="checkbox"/>	Custodial Services	<input type="checkbox"/>	Volunteer

University of Pittsburgh

Initial Exposure Risk Form 2026

SECTION 1.2 WORKPLACE ENVIRONMENT

Indicate the workplace type(s) below that the position requires work or access to: (Check all that apply, if Other, please specify)

<input type="checkbox"/>	RBL / BSL-3	<input type="checkbox"/>	Research Laboratory
<input type="checkbox"/>	Teaching Lab	<input type="checkbox"/>	Animal Care Facility
<input type="checkbox"/>	Office/Admin	<input type="checkbox"/>	Clinical Labs
<input type="checkbox"/>	Hospital / Nursing School	<input type="checkbox"/>	Access to all workplaces (EH&S, Facilities)
Other:			

Does this position require access to restricted areas such as laboratories that use biological hazards or animal research laboratories in any of the workplaces identified above:

☐ Yes ☐ No

If YES, identify the HIGHEST biosafety level where access is required:

☐ BSL 1 ☐ BSL 2 ☐ BSL 3 ☐ All Levels

**If any workplace boxes were checked in section 1.2, continue to section 1.3.
If not, proceed directly to section 3.0: Medical Health History**

SECTION 1.3 RESPIRATOR USE

Does this position require that you wear a respirator (does not include surgical masks)?

☐ Yes ☐ No

SECTION 1.4 EXPOSURE TYPES (Check all that apply)

Please indicate whether this position requires work, contact or access to the following research materials or subjects by checking the applicable boxes below:

<input type="checkbox"/>	Animals	<input type="checkbox"/>	Biological
<input type="checkbox"/>	Radiation or radioactive materials	<input type="checkbox"/>	Chemicals or toxins
<input type="checkbox"/>	Human Fluids, tissue, blood or cell lines	<input type="checkbox"/>	MPTP
<input type="checkbox"/>	Teratogenic / Carcinogenic agents	<input type="checkbox"/>	Animal fluids, tissue, or cell line
<input type="checkbox"/>	Physical (laser, noise, UV, liquid N2)	<input type="checkbox"/>	Patients
Other:			

University of Pittsburgh

Initial Exposure Risk Form 2026

SECTION 2.0 RISK ASSESSMENT

SECTION 2.1 EXPOSTURE TO ANIMALS

Does this position require contact with animals? ☐ Yes ☐ No

If YES, identify the highest level and type(s) of animal species below:

☐ ABSL 1 ☐ ABSL 2 ☐ ABSL 3 ☐ All levels

☐ No contact with animals, but required for protocol

RODENTS:

	Gerbil		Guinea Pig		Hamster
	Mice		Mole Rats		Voies
	Other				

NON-RODENT:

	Goat		Pig		Sheep (M/F)
	Farm Animals		Dogs		Fish
	Reptile/Amphibian		Non-Human Primates		Rabbits
	Cats		Macaque (Rhesus/Cynomolgus)		Ferrets
	Birds		Marmoset (Squirrel)		Wild Mammals/Field Work
	Tissue Handler Only		Other:		

SECTION 2.2 EXPOSURE TO INFECTIOUS AGENTS

Does this position require work with known infectious agents? ☐ Yes ☐ No

If YES, please identify the type(s) of infectious agents below:

	AAV Virus		Eastern Equine Encephalitis		Mycobacterium-Other
	Adenovirus		Francisella Tularemia		Orthopox Viruses (mpox)
	Anthrax		Hepatitis A		Plasmodium Falciparum
	Avian Flu		Hepatitis B		Rabies
	Botulinum		Hepatitis C		Retrovirus

University of Pittsburgh

Initial Exposure Risk Form 2026

	Brucella		HIV		Rift Valley Fever Virus
	Burkholderia Cepacia		Human Retrovirus		Salmonella
	Burkholderia Mallei		Influenza Viruses		SARS
	Burkholderia Pseudomallei		Japanese Encephalitis		Toxoplasma Gondii
	Chikungunya		Lenti Virus		Vaccinia
	Chlamydia Pneumoniae		Malaria		West Nile Virus
	Dengue		Measles		Yellow Fever Virus (Plague)
	Eastern Equine Encephalitis		Mycobacterium		Yersinia Pestis (Plague)
Other:					

Signatures from the employee and supervisor or PI is required to ensure this form accurately describes the applicant's job and workplace environment. This form must have both signatures before being seen by a University health provider.

Employee/Applicant Name (print)	Employee/Applicant Signature	Date

Supervisor/Manager/PI Name (print)	Supervisor/Manager/PI Signature	Date