

# 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 completes 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:

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

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### 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)

	RBL / BSL-3		Research Laboratory
	Teaching Lab		Animal Care Facility
	Office/Admin		Clinical Labs
	Hospital / Nursing School		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:

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

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## SECTION 2.0 RISK ASSESSMENT

### SECTION 2.1 EXPOSURE 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		Voles
	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

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	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.

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Employee/Applicant Name (print)

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Employee/Applicant Signature

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Date

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Supervisor/Manager/PI Name (print)

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Supervisor/Manager/PI Signature

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Date