



ANNUAL CHECK-IN FORM/OCCUPATIONAL HEALTH AND SAFETY PROGRAM

Name: _____ Date: _____

PLEASE PRINT (Last, First, Middle initial)

Are you an OSU employee? _____ If not, please explain: _____

Title: _____ Supervisor: _____

Email: _____ Department: _____

Work Phone # _____ Work Address _____

Date of Birth: _____ Gender: Male Female CWID # : _____

Have you had an occupational exposure that has not been reported? Yes No

Have you experienced any health issues that may be due to your work? Yes No

Have there been any changes to your health status? Yes No

Have you received any vaccination or titers for your work during the last year? Yes No

If yes, list the vaccine/titer and dates: _____

Please check all of the following that apply to you (this is to ensure that your enrollment status has not changed):

- I work with potentially hazardous chemicals
- I work with biohazardous agents: BSL1 BSL2 BSL3
- I work with genetically engineered materials
- I have Security Risk Assessment clearance for the select agent and toxin program: **(check all that apply)**
 - I work directly with select agents and/or toxins that are infectious/toxic to humans
 - I work directly with select agents and/or toxins that are non-infectious/toxic to humans
 - I enter spaces where work is performed with select agents and/or toxins that are infectious/toxic to humans
 - I handle select agent and/or toxin packages
 - I do not enter spaces where select agent and/or toxin work is performed
- I work with radioactive materials or X-ray machines
- I work with compounds whose safety is unknown
- I work with animals: ABSL1 ABSL2 ABSL3 **(check all that apply)**

Amphibians, reptiles, fish	Nonhuman primates
Birds	Rodents, Rabbits
Cattle, Horses, Pigs	Sheep, Goats
Dogs, Cats, Ferrets	Wildlife/Other _____

List IACUC/IBC protocols you are working under (*If known*). **List** chemical hazards, biohazards or radioisotopes you use.

Employee Signature

Supervisor Signature