



Albert Einstein College of Medicine

Health and Safety Assessment Form

Name and Contact:		Email Address:	
Date and Time of Exam:		Job Title and iCIMS Requisition #:	
Hiring Manager Name and Contact:		Department and Subdivision/Program:	
Administrator Name and Contact:		Building:	Room:
Pre-requisite for Pre-employment Physical*			
Pre-requisite for Pre-employment Physical*		Animal Handler	
Will this person work in a laboratory?	Yes ___ No ___	Will this person work with animals?	Yes ___ No ___
Will this person be at risk for occupational exposure to tuberculosis?	Yes ___ No ___	Monkeys	<input type="checkbox"/>
If yes, is risk routine or high?	Routine ___ High ___	Sheep	<input type="checkbox"/>
Will the level of occupational exposure to tuberculosis require the use of a respirator?	Yes ___ No ___	Dogs	<input type="checkbox"/>
Will this person be at risk of occupational exposure to blood borne pathogens?	Yes ___ No ___	Rodents	<input type="checkbox"/>
Radiation/Radioactive Materials	Yes ___ No ___	Cats	<input type="checkbox"/>
		Other (Please specify):	
OSHA Regulated/Infectious Agents			
Will this person be at risk of occupational exposure to the following regulated/infectious agents?			
Asbestos	Yes ___ No ___	4-Aminodiphenyl	Yes ___ No ___
Alpha-naphthylamine	Yes ___ No ___	4-dimethylaminoazobenzene	Yes ___ No ___
Arsenic, inorganic compounds	Yes ___ No ___	4-Nitrobiphenyl	Yes ___ No ___
Benzene	Yes ___ No ___	3,3'-dichlorobenzidine	Yes ___ No ___
Benzidine	Yes ___ No ___	Methyl chloromethyl ether	Yes ___ No ___
b-naphthylamine	Yes ___ No ___	N-Nitrosodimethylamine	Yes ___ No ___
Bis-Chloromethyl ether	Yes ___ No ___	1,2-dibromo-3-chloropropane	Yes ___ No ___
Ethyleneimine	Yes ___ No ___	2-acetylaminofluorene	Yes ___ No ___
Ethylene Oxide	Yes ___ No ___	Zika	Yes ___ No ___
Formaldehyde	Yes ___ No ___	Other Hazardous Chemicals (Please Specify):	
All other infectious agents (Please specify):			

By submitting this form, the mentor/hiring manager ensures that the above information is correct and accurate.

Hiring Manager: _____ Date: _____

If applicable, see the [Minors Working in Laboratories Policy, HR-POL-2018-029](#), and related forms.