

## OCCUPATIONAL HEALTH PROGRAM (OHP) FOR ANIMAL RELATED ACTIVITIES

(to be completed by McGill staff and students)

Activities involving the care and use of animals in research and teaching present particular health risks not normally encountered in other activities. The magnitude of the risk is dependent on the animal species and type of contact. To address the health risks which may result from working with animals, or working with animals in animal care activities McGill University has instituted for its faculty, staff and students an *Occupational Health Program (OHP)* for animal related activities. This *Program* is a prevention program related to occupational diseases, as well as diseases and incidents involving animals. Participation in this *Program* is mandatory for personnel in contact with Non-Human Primates. It is voluntary for personnel in contact with other animal species.

PARTICIPANT INFORMATION	
LAST NAME	FIRST NAME
MCGILL ID	CLASSIFICATION (PI, PDF, Grad, Tech, UG, etc.)
DEPARTMENT	FACULTY
PARTICIPANT EMAIL	TELEPHONE
PRINCIPAL INVESTIGATOR OR SUPERVISOR	SUPERVISOR EMAIL

I hereby confirm that I have reviewed the *Occupational Health Program (OHP)* posted on the University's website at <http://www.mcgill.ca/ehs/laboratory/ohs> and have been informed and understand the risks associated with working with animals.

DESCRIPTION OF ANIMAL RELATED ACTIVITIES	
I am engaged in the animal care of experimentation of Non-Human Primates. If YES, participation in the <i>Program</i> is mandatory. <input type="checkbox"/> Marmosets <input type="checkbox"/> Macaques	<input type="checkbox"/> YES <input type="checkbox"/> NO
I am engaged in the animal care of experimentation of the other following species:	
I am engaged in the following type of contact: <input type="checkbox"/> <b>Direct:</b> handle live animals, unpreserved tissues or body fluids, animal cages or accessories, animal waste or carcasses <input type="checkbox"/> <b>Indirect:</b> work in areas where animals are used or house <input type="checkbox"/> <b>CL3 Facility:</b> work in the level 3 facility in the Goodman Cancer Centre	

*I hereby agree to:*

**PARTICIPATE** (please initial) \_\_\_\_\_ in the *Occupational Health Program (OHP)* by completing and mailing this form to: *Environmental Health and Safety Office*, 3610 McTavish 4<sup>th</sup> floor, Attn: OHP Clinic; or by email at [ehs@mcgill.ca](mailto:ehs@mcgill.ca).

- The OHP Administrator will contact me by email or call me to arrange an appointment.
- If working with Non-Human Primates, I consent to the OHP Nurse communicating with the OHP Administrator regarding my clearance to work with this species.

**OR**

**NOT PARTICIPATE** (please initial) \_\_\_\_\_ in the *Occupational Health Program (OHP)* after consulting with my supervisor. I understand that I may, at any time, change my decision and decide to participate.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (dd-mm-yyyy)*