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| Institutt for medisinske basalfag, Seksjon for komparativ medisin | |

# HSE DECLARATION AND RISK ASSESSMENT FOR ANIMAL EXPERIMENTS

**All users in a FOTS project must read SOP “14-02 Requirements for starting an experiment at KPM and KPMe” (**[**https://www.med.uio.no/imb/tjenester/komparativ-medisin/**](https://www.med.uio.no/imb/tjenester/komparativ-medisin/)**) before an experiment is started. A meeting before commencement of experiment is mandatory.**

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| **INFORMATION ON RESPONSIBLE REASERCHER** | |
| Name |  |
| Institution |  |
| Work address |  |
| e-mail address |  |
| Phone |  |
| Alternative contact person |  |
| Invoice address (incl. Department number, project number): |  |
| Employed at UiO | YES NO |
| Student at UiO | YES NO |
| Is the applicant aware of the recommendation tetanus vaccine? | YES NO |
| Is the applicant aware of the allergy problems when working with animals and opportunity to test the allergy by the occupational health service (BHT)? | YES NO |
| **INFORMATION ABOUT EXPERIMENT** | |
| FOTS id |  |
| Names of co-workers who will participate in the experiment in KPM |  |
| **INFORMATION ON TECHNICAL ASSISTANCE**  *The staff of KPM performs the daily care of the animals in the ordinary working hours and during weekends and holidays. All other assistance must be arranged separately. A separate form that provides details and timing of such assistance needs to be submitted to KPM (*[*komparativ@basalmed.uio.no*](mailto:komparativ@basalmed.uio.no)*).*  *Assistance involving overtime beyond normal working hours and extra work for the person on duty during weekends will be charged to the project.* | |
| Will technical assistance be needed? | YES\* NO  \* The form for technical assistance needs to be filled out and returned in due time to KPM |
| **INFORMATION ON BIOLOGIC, CHEMICAL OR OTHER HARMFUL SUBSTANCES AND METHODS** | |
| **CHEMICALS/DRUGS** | |
| Are any chemicals or drugs used in the experiment? | YES\* NO  \* The Safety Data Sheet (SDS) for the product must be submitted to KPM |
| What is/are the name of the chemical(s)? |  |
| Is the product classified as hazardous? | YES\* NO  \* A risk assessment must be completed and provided to KPM. |
| Will carcinogenic or mutagenic substance be used? | YES\* NO  \* A risk assessment must be completed and provided to KPM. |
| Will hazardous substances be added to feed or water? | YES\* NO  \* A Standard Operating Procedure (SOP) must be submitted to KPM. The animals must be housed in DU-008A (tox room) and an SOP must be tailored to KPM |
| Is there a required quarantine time for animals treated with the substance? | YES\* NO  \* A Standard Operating Procedure (SOP) must be submitted to KPM. The animals must be housed in DU-008A (tox room) and an SOP must be tailored to KPM |
| How will the chemical/drug be used? Give a short description. |  |
| Are there protective measures involved? If yes, what are the protective measures (personal protective equipment (PPE) etc.)? Is a specific type of face mask required? |  |
| Will the substance be handled by the staff at KPM? | YES\* NO  \*If the substance is hazardous, the researcher is responsible for supplying KPM with an SOP and give the staff the necessary training in safe handling and adequate protective measures. An SOP must be tailored to KPM. |
| Will the substance be stored at KPM? | YES\* NO  \*The chemical(s) must be added to correct location at KPM in Chemical Manager (Eco Online) |
| Are there any specific requirements for storage? If yes, what are the requirements for storage? |  |
| Is the substance stored in its original container at KPM? | YES NO\*  \* It is required that the container is marked with product name, hazard symbol, responsible researcher’s name and date. |
| Are there any specific requirements for waste management? If yes, what are the requirements? |  |
| **EXPERIMENTS INVOLVING X-RAYS** |  |
| Will the experiment involve use of X-rays? | YES \* NO  \* A risk assessment must be completed and provided to KPM. |
| **RADIOACTIVE EXPERIMENTS**  All work with isotopes must take place in the PET/CT lab and be coordinated with NMS (Syklotronsenteret) and KPM. |  |
| Are radioactive materials used or will there be any exposure to radioactivity in the project? | YES \* NO  \*Extensive risk assessment must be completed and assessment and SDS must be submitted to KPM. |
| Briefly describe the use of the isotope in the experiment. |  |
| Radiation source |  |
| Volume |  |
| Radioactivity (α – β – γ) |  |
| Half life |  |
| Protective measures |  |
| Waste management |  |
| **INFECTION EXPERIMENTS** |  |
| Will infectious microorganisms (animal- or human pathogens) be implanted/injected in animals? | YES\* NO  \* SDS must be submitted to KPM and an evaluation will be made based on the risks involved. |
| Is the microorganism zoonotic? | YES NO |
| Will the organism be stored at KPM? | YES NO |
| Give a short description of the safety measures. |  |
| What are the requirements for waste management? |  |
| **IMPLANTATION/INJECTION OF TISSUE OR OTHER BIOLOGICAL MATERIAL** | |
| Will tissue, cells or other biological material be implanted or injected in the animals? | YES NO |
| Is the biological material of human origin? | YES NO |
| Is the biological material of animal origin or has the material been passed in animals or animal cells? | YES NO |
| Where will the biological material stored before and after testing? |  |
| Provide information on laboratory and type of test that have been performed. The test results must be submitted to KPM ([komparativ@basalmed.uio.no](mailto:komparativ@basalmed.uio.no)). |  |
| **OTHER POTENTIAL HEALTH HAZARDS** | |
| Are there any other potential hazards not stated in this form? If yes, what are the hazards? |  |
| Describe and list the necessary protective measures. |  |
| **PLACE, DATO, SIGNATURE** | |
| The responsible researcher | Designated veterinarian |

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FOTS: SPECIES:

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| **PROCEDURE** | **NUMBER OF ANIMALS** | **REPEATED PROCEDURE?** | **DESIRED DATES** |
| Intravenous injection (IV) |  | YES\* NO  \* How many times?/how often? . |  |
| Intraperitoneal injection (IP) |  | YES\* NO  \* How many times?/how often? . |  |
| Subcutaneous injection (SC) |  | YES\* NO  \* How many times?/how often? . |  |
| Blood samples |  | YES\* NO  \* How many times?/how often? . |  |
| Plug check |  | YES\* NO  \* How many times?/how often? . |  |
| Autopsy |  | YES\* NO  \* How many times?/how often? . |  |
| Organ harvesting |  | YES\* NO  \* How many times?/how often? . |  |
| Microbiological sampling |  | YES\* NO  \* How many times?/how often? . |  |
| Other: |  | YES\* NO  \* How many times?/how often? . |  |