Checklist/example – download

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| --- | --- | --- | --- |
| **Definition of the work area** | | | |
| 1. Description of the tasks carried out by the employee, the number and qualifications of persons.   ………………………………………………………………………………………  ………………………………………………………………………………………   1. What typical activities are performed by the employee?   ………………………………………………………………………………………  ………………………………………………………………………………………   1. How often are activities performed:    1. involving exposure to harmful biological agents   ………………………………………………………………………………………  ………………………………………………………………………………………   1. How long can exposure last:    1. to harmful biological agents   ………………………………………………………………………………………  ……………………………………………………………………………………… | | | |
| **Harmful biological agents** | | | |
| **What harmful biological agents may be present in the workplace?**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Genus/species** | **Risk group** | **Transmission** | **Effect on humans** | **Preventive measure** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | |
| **Information on harmful biological agents** | **Yes** | **No** | **Notes** |
| Are there any risk group 2 agents present? |  |  |  |
| Are there any risk group 3 agents present? |  |  |  |
| Can the agents present enter the body through direct contact (prick, cut)? |  |  |  |
| Can the agents present enter the body through the oral route? |  |  |  |
| Can the agents present enter the body on dust particulates or droplets? |  |  |  |
| Do the biological agents present have an allergenic potential? |  |  |  |
| Do the biological agents present have a toxic potential? |  |  |  |
| Do the biological agents present pose a particular risk to, for example, pregnant women or young people? |  |  |  |
| Is there any contact with potentially infectious material other than those listed above? |  |  |  |
| Are activities involving multiple manual steps being performed? |  |  |  |
| Is there a possibility of getting cut? |  |  |  |
| Are activities with bioaerosol formation being performed? |  |  |  |
| Have measurements of biological agents ever been taken? |  |  |  |
| Have there been any illnesses related to activities involving exposure to biological agents? |  |  |  |
| **Applicable protective measures** | | | |
| **Technical measures** | | | |
| Is protective clothing (apron, protective suit) used at work? |  |  |  |
| Is hand protection (gloves) provided? |  |  |  |
| Is eye protection provided? |  |  |  |
| Is respiratory protection provided? |  |  |  |
| Is work footwear used? |  |  |  |
| Is a portable eyewash station provided? |  |  |  |
| Are soaps and/or balms with antifungal agents used preventively? |  |  |  |
| **Organizational measures** | | | |
| Preventive vaccination  Is there any control and supervision on the preventive vaccination? |  |  |  |
| Are employees informed about the possibility of vaccination? |  |  |  |
| Is a record of preventive examinations maintained? |  |  |  |
| Is an absolute ban on eating and drinking at the workplace observed? |  |  |  |
| Do employees have the option to separate work and private/casual clothing? |  |  |  |
| Are there periodic trainings for employees? |  |  |  |
| Is staff trained to recognize the pictograms on the packaging of cleaning and disinfecting products? |  |  |  |

For laboratories working with microorganisms from risk groups 3 and/or 4, the Integrated European Checklist for Laboratory Biorisk Management in Handling of High Consequence Risk Group 3 and 4 Agents [ECL\_Biorisk.pdf (rki.eu)](https://www.emerge.rki.eu/Emerge/EN/Content/Topics/Rules/ECL_Biorisk.pdf?__blob=publicationFile) can be used.