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

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| **Harmful biological agents** |
| **What harmful biological agents may be present in the workplace?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Genus/species** | **Risk group** | **Transmission** | **Effect on humans** | **Preventive measure** |
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 |
| **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 vaccinationIs 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.