

### 1.0 Survey Instructions

***Thank you for taking part in this survey. Your time and input are both very much appreciated.***

#### **SURVEY PURPOSE AND CONTEXT:**

To gather data from CEMB laboratory staff for use in the branch's laboratory risk assessment efforts. The goal is to ensure that laboratory staff - the subject matter experts - have the opportunity to engage in lab risk assessment activities.

- All data gathered will be consolidated before use and will remain anonymous
- This survey is not mandatory, but if you choose to help - please read carefully and answer questions thoughtfully.

#### **SURVEY INSTRUCTIONS:**

**To move between pages**, click on the "Previous" or "Next" buttons at the bottom of the page

**To answer matrix questions,**

Read each question carefully

Read the row option carefully

Click on the circle or square in the column(s) representing an appropriate answer

Repeat the above steps for all row options

**To answer text questions,**

Read each question carefully

Note any character limitations

Type your answer in the box below the question

**To scroll to next question**, use scroll bar at the right of screen or use page up and page down keys.

**To complete and submit your survey**, click on the "Submit Survey" button at the bottom of the last page

**To exit the survey**, click on the "Exit this survey" button in the upper right corner of the page

**Click Next to start the survey...**

**If you have questions or concerns please contact Shannon Keckler at 404-639-7728 or [hbq0@cdc.gov](mailto:hbq0@cdc.gov)**

### 1.1 Regulatory Requirement Identification

**Which of the following apply to any of your CEMB laboratory work? (select all that apply)**

- 1 - Experiments involving recombinant or synthetic nucleic acids (IBC)
- 2 - Experiments involving animals (IACUC)
- 3 - Experiments involving the transfer of biological materials out of BSL-3 and BSL-4 labs (LSRB)
- 4 - Experiments involving humans (IRB)
- 5 - Experiments that generate knowledge, information, and products etc. that represent Dual Use Research of Concern (IBB)
- 6 - Experiments conducted in a CLIA-registered lab (CLIA)
- None of these apply to any of my work

**If you need more information please refer to the links below**

1. Institutional Biosafety Committee (IBC), NIH Guidelines, [NIH Guidelines](#)
2. Institutional Animal Care and Use Committee (IACUC), USDA Animal Welfare Act. [ACUPO Website](#)
3. Lab Safety Review Board (LSRB), [LSRB Website](#)
4. Institutional Review Board (IRB), [IRB Website](#)
5. Institutional Biosecurity Board (IBB), Oversight of Dual Use Research of Concern, [IBB Website](#)
6. Clinical Laboratories Improvements Amendments (CLIA), [CDC CLIA Website](#)

## CEMB Lab Risk Survey

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### **1.1.1 Regulatory Compliance Likelihood Assessment**

For each of the types of experiments below, how many of the protocols you work on are approved by one of the following review boards: \*IBC, IACUC, LSRB, IRB, IBB or CLIA? (select single best answer)

	All	Some	Most	None	I Don't Know	N/A
1 - Experiments involving recombinant or synthetic nucleic acids (IBC)	<input type="radio"/>					
2 - Experiments involving animals (IACUC)	<input type="radio"/>					
3 - Experiments involving the transfer of biological materials out of BSL-3 and BSL-4 labs (LSRB)	<input type="radio"/>					
4 - Experiments involving humans (IRB)	<input type="radio"/>					
5 - Experiments that generate knowledge, information, and products etc... that represent Dual Use Research of Concern (IBB)	<input type="radio"/>					
6 - Experiments conducted in a CLIA-registered lab (CLIA)	<input type="radio"/>					

If you need more information please refer to the links below

1. Institutional Biosafety Committee (IBC). NIH Guidelines, [NIH Guidelines](#)
2. Institutional Animal Care and Use Committee (IACUC), USDA Animal Welfare Act. [ACUPO Website](#)
3. Lab Safety Review Board (LSRB), [LSRB Website](#)
4. Institutional Review Board (IRB), [IRB Website](#)
5. Institutional Biosecurity Board (IBB), Oversight of Dual Use Research of Concern, [IBB Website](#)
6. Clinical Laboratories Improvements Amendments (CLIA), [CDC CLIA Website](#)

## CEMB Lab Risk Survey

### 2.0 Pathogen-Associated Hazard Identification

**\* Do you perform lab work with any microorganism(s) that can cause disease?**

- Yes, I work with at least one pathogenic microorganism
- No, I only work with nonpathogenic microorganisms
- No, I do not work with any microorganisms

## CEMB Lab Risk Survey

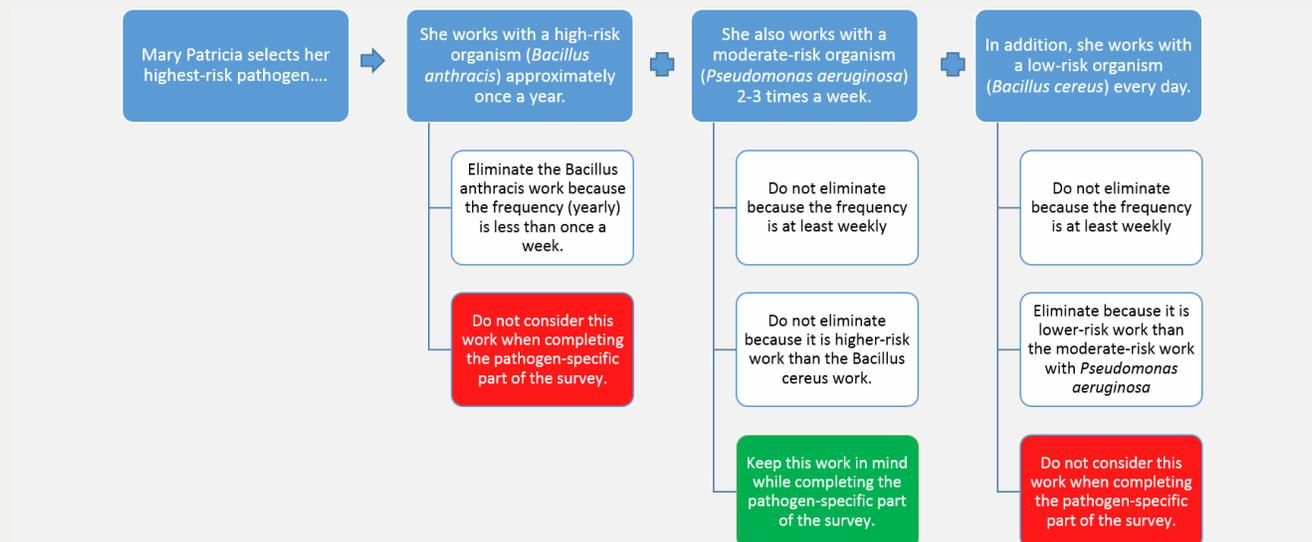
### 2.1 Survey Instructions

This survey is designed to capture data about the highest risk pathogens you work with at least weekly. Once the survey has identified the **highest-risk pathogen group that you work with at least weekly** consider only this group while completing the first part of the survey (even if you do higher-risk work less frequently or lower-risk work more frequently).

If you work with microorganisms from a high-risk group(s), you will be asked which high-risk pathogens and what frequency. If the frequency is at least weekly, when you click "next" you will be taken to the survey. Please complete the survey using the high-risk group of pathogens you work with.

If you do not work with microorganisms from a high-risk group - or you work with them less than weekly, the survey will direct you to the moderate-risk groups and, if necessary, other lower-risk microorganisms until you have identified the highest risk group that you work with at least weekly. Use that group for the survey.

**Click next to continue with survey...**



If you need more information please call Shannon Keckler at 404-639-7728 or email at [hbq0@cdc.gov](mailto:hbq0@cdc.gov)

## CEMB Lab Risk Survey

### 2.1.1 High-Risk Pathogen Hazard Identification

Do you work with microorganisms from any of the following high-risk groups? (select all that apply)

- Select Agents (SA)** (namely *Bacillus anthracis*, *Brucella abortus*, *Brucella melitensis*, *Brucella suis*, *Burkholderia mallei*, *Burkholderia pseudomallei*, *Clostridium baratii*, *Clostridium botulinum*, *Clostridium butyricum*, *Coxiella burnetii*, *Francisella tularensis*, *Mycoplasma mycoides*, *Peronosclerospora philippinensis*, *Phoma glycinicola*, *Ralstonia solanacearum*, *Rathayibacter toxicus*, *Rickettsia prowazekii*, *Rickettsia rickettsia*, *Sclerophthora rayssiae*, *Synchytrium endobioticum*, *Xanthomonas oryzae*, *Xylella fastidiosa*, *Yersinia pestis*)
- Top LAI-associated Microorganisms (LAI)** (namely Non-Select Agent *Brucella spp.*, *Campylobacter spp.*, *Clostridium difficile*, *Mycobacterium tuberculosis*, *Neisseria meningitides*, *Shigella spp.*, *Salmonella spp.*)
- I do not work with any of the microorganisms on this page.

If you need more information please refer to the links and references below

- HHS and USDA Select Agents and Toxins, 7CFR Part 331, 9 CFR Part 121, and 42 CFR Part 73, Retrieved from [Select Agent Listing](#)
- Singh, K. 2009. *Laboratory-Acquired Infections*. Robert A. Weinstein, Section Editor Clin Infect Dis. (2009) 49 (1):142-147.

## CEMB Lab Risk Survey

### 2.1.1.1 High-Risk Pathogen Likelihood Assessment

How frequently do you work with microorganisms from the high-risk groups (SA, LAI)? (select the best answer)

- Never                      Yearly                      Monthly                      Weekly                      Daily
- 

## CEMB Lab Risk Survey

## 2.1.2 Moderate-Risk Pathogen Identification

Do you work with microorganisms from any of the following moderate-risk groups? (select all that apply)

- Top HAI-associated Microorganisms (HAI)** (namely *Candida spp.*, *Coagulase-Negative Staphylococcus spp.*, *Escherichia coli*, *Enterobacter spp.*, *Enterococcus spp.*, *Klebsiella oxytoca*, *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, *Staphylococcus aureus*, *Streptococcus spp.*)
- Top Food-Borne Microorganisms (FB)** (namely *Clostridium perfringens*, *Cryptosporidium parvum*, *Cyclospora cayetanensis*, *Listeria monocytogenes*, *Toxoplasma gondii*, *Vibrio spp.*, *Yersinia enterocolitica*)
- I do not work with any of the microorganisms on this page.

If you need more information please refer to the links and references below

- Magill, SS, Edwards, JR, Bamberg, W et al. 2014. *Multistate Point-Prevalence Survey of Health Care–Associated Infections*. N Engl J Med March 27, 2014; 370:1198-1208
- Batz, MB, Hoffmann S, and Morris JG. 2011. *Ranking the Risks*. Robert Wood Johnson Foundation Report. January 1, 2011.

## CEMB Lab Risk Survey

### 2.1.2.1 Moderate-Risk Pathogen Likelihood Assessment

How frequently do you work with microorganisms from the moderate-risk groups (HAI or FB)? (select the best answer)

- Never                      Yearly                      Monthly                      Weekly                      Daily
- 

## CEMB Lab Risk Survey

### 2.1.3 Lower-Risk Pathogen Hazard Identification

**Do you work with microorganisms from any of the following lower-risk pathogen groups? (select all that apply)**

- Other Actinomycetes and Related Bacteria** (e.g. *Actinobacter*, *Corynebacterium*, *Non-tuberculous Mycobacterium (NTM) spp.*)
- Other Endospore-forming Bacteria** (e.g. *non-SA Bacillus*, *non-SA, HAI or FB Clostridium spp.*)
- Other Enteric Bacteria** (e.g. *Bacterioides*, *Citrobacter*, *non-HAI or FB Escherichia*, *non-HAI Enterobacteriaceae*, *Erwinia spp.*, *Lactobacillus*, *non-FB Listeria*, *Morganella*, *Prevotella*, *Peptostreptococcus*, *Proteus*, *Serratia*, *non-SA or FB Yersinia*)
- Other Gram-Negative Rods** (e.g. *Agrobacterium*, *Bordetella*, *non-SA Burkholderia*, *non-SA Francisella*, *Haemophilus*, *Helicobacter*, *non-HAI Klebsiella*, *Legionella*, *non-LAI Neisseria*, *Pasturella*, *non-HAI Pseudomonas*, *Stenotrophomonas spp.*, *non-SA Xanthomonas*)
- Other Molds** (e.g. *Aspergillus*, *Blastomyces*, *Coccidioides spp.*, *Histoplasma*, *Mucormycetes*)
- Other Obligate Intracellular Microorganisms** (e.g. *Chlamydia*, *non-FB Cryptosporidium*, *non-FB Cyclospora*, *Ehrlichia spp.*, *non-SA Rickettsia*, *Non-FB Toxoplasma*)
- Other Spirochetes/Spirilla** (e.g. *Borrelia*, *Leptospira spp.*, *Treponema*)
- Other Yeasts** (e.g. *Cryptococcus*, *Pneumocystis spp.*)

If you work with a pathogenic organism that has not been listed in the survey, please specify the microorganism(s) that you work with here.

**If you need more information please refer to the links and references below**

- Murray, P. 1996. *ASM Pocket Guide to Clinical Microbiology*
- Todar, K. *Todar's Online Textbook of Bacteriology*. Retrieved from [Textbook](#).

## CEMB Lab Risk Survey

### 2.1.3.1 Lower-Risk Pathogen Likelihood Assessment

**How frequently do you work with microorganisms from each of the lower-risk pathogen groups? (select all that apply)**

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Never                 | Yearly                | Monthly               | Weekly                | Daily                 |
| <input type="radio"/> |

## CEMB Lab Risk Survey

### 2.1.4 Identification of Nonpathogenic Organisms

If you do not work with any pathogens on at least a weekly basis, please specify the nonpathogenic microorganism(s) that you work with.

If you need more information please refer to the links and references below

- Murray, P. 1996. *ASM Pocket Guide to Clinical Microbiology*
- Todar, K. *Todar's Online Textbook of Bacteriology*. Retrieved from [Textbook](#)

## CEMB Lab Risk Survey

### 2.1.4.1 Frequency of Work with Nonpathogenic Organisms

How frequently do you work with nonpathogenic microorganisms? (select the best answer)

Never

Yearly

Monthly

Weekly

Daily

## CEMB Lab Risk Survey

### 3.0 Survey Instructions

\*While completing the next sections of the survey, please use the last selected pathogen group (highest-risk pathogen that you work with at least weekly) to define the scope of your work.

Click Next to continue the survey...

If you need more information please contact Shannon Keckler at 404-639-7728 or by email at [hbq0@cdc.gov](mailto:hbq0@cdc.gov)

## CEMB Lab Risk Survey

### 3.1 Pathogen-Associated Risk Mitigation Assessment

Which of the following safety controls do you use to protect yourself from the pathogen you work with? (select all that apply)

- Administrative Controls** (CEMB QMS Protocols/Training)
- Body/Clothes PPE** (gown/lab coat/coverall/appropriate footwear)
- Engineering Controls** (Biosafety Cabinet/Fume Hood/Glove Box/Chamber)
- Eye/Face PPE** (goggles/face shield/safety glasses)
- Hand PPE** (latex gloves/nitrile gloves/bite-proof gloves)
- Medical Surveillance** (Required Vaccination/Medical Clearance/Baseline Serum)
- Respiratory PPE** (Surgical mask/N95 mask/PAPR)
- No PPE Required**
- Please list any controls you use that are not listed above.

If you need more information please refer to the links and references below

- World Health Organization. 2004. *Laboratory Biosafety Manual*. 3rd edition. ISBN 92 4 154650 6 [WHO Text](#)
- Occupational Safety and Health Administration. 2011. *Laboratory Safety Guidance*. U.S. Department of Labor OSHA 3404-11R [OSHA Text](#)
- National Research Council (US) Committee on Prudent Practices in the Laboratory. 2011. *Prudent Practices in the Laboratory: Handling and Management of Chemical Hazards: Chapter 4, Evaluating Hazards and Assessing Risks in the Laboratory*. Available from: [NRC Text](#)
- Centers for Disease Control and Prevention. 2009. *Biosafety in Microbiological and Biomedical Laboratories 5th Edition*. HHS Publication No. (CDC) 21-1112 [BMBL Text](#)

## CEMB Lab Risk Survey

### 3.2 Equipment Hazard Identification, Likelihood and Risk Mitigation Assessment

For any of the following **equipment-related hazards that are relevant to your work\***; select the best description from the dropdown menu in each column (if you do not use a piece of equipment please leave it blank).

(\*Remember - consider only the work you do with the highest-risk pathogens you work with at least weekly)

	Frequency of Usage	Likelihood of Error (User or Equipment)	Likelihood of User Injury or Exposure (if Error Occurs)
Needles/Sharps	<input type="text"/>	<input type="text"/>	<input type="text"/>
Centrifuges	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ultracentrifuges	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anaerobic Jars/Chambers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Desiccators	<input type="text"/>	<input type="text"/>	<input type="text"/>
Homogenizers/Tissue Grinders	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sonicators/Ultrasonic Cleaners	<input type="text"/>	<input type="text"/>	<input type="text"/>
Culture Stirrers/Shakers/Agitators	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lyophilizers/Freeze-dryers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incubators	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electrical Equipment/Rechargeable Batteries	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refrigerators/-20C Freezers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vacuums/Speedvac	<input type="text"/>	<input type="text"/>	<input type="text"/>
Glass	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water Baths	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wrenches/Pliers/Box Cutters/Screwdrivers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Very Loud Noises/Equipment/Alarms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Radioisotopes	<input type="text"/>	<input type="text"/>	<input type="text"/>
UV Lamps/Lasers/Microwaves/Infrared	<input type="text"/>	<input type="text"/>	<input type="text"/>
Autoclaves/Sterilizers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Compressed Gases	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Frequency of Usage	Likelihood of Error (User or Equipment)	Likelihood of User Injury or Exposure (if Error Occurs)
Dry Ice/-70C Freezer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vortexers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment with Sharp Edges or Pinch Points	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oven/Hot Plate	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you work with a piece of equipment that is not listed in this survey please add it here.

**If you need more information please refer to the links and references below**

- World Health Organization. 2004. *Laboratory Biosafety Manual*. 3rd edition. ISBN 92 4 154650 6 [WHO Text](#)
- Occupational Safety and Health Administration. 2011. *Laboratory Safety Guidance*. U.S. Department of Labor OSHA 3404-11R [OSHA Text](#)
- National Research Council (US) Committee on Prudent Practices in the Laboratory. 2011. *Prudent Practices in the Laboratory: Handling and Management of Chemical Hazards: Chapter 4, Evaluating Hazards and Assessing Risks in the Laboratory*. Available from: [NRC Text](#)
- Centers for Disease Control and Prevention. 2009. *Biosafety in Microbiological and Biomedical Laboratories 5th Edition*. HHS Publication No. (CDC) 21-1112 [BMBL Text](#)

## CEMB Lab Risk Survey

### 3.2 Process Control Hazard Identification and Likelihood Assessment

**What percentage of your lab work is covered by a written procedure? (select one answer)**

75-100%

50-74%

25-49%

0-24%

Are there processes you know of for which a written procedure is needed? (If so, specify the process and suggest an expert in that process) (maximum 300 characters)

**What percentage of these written procedures have been entered into the CEMB QMS document control system? (select one answer)**

75-100%

50-74%

25-49%

0-24%

Are there written procedures that are not in the QMS system that you are aware of? (If so, specify the process and suggest an expert for that process) (maximum 300 characters)

## CEMB Lab Risk Survey

### *3.3 Laboratory Activities Hazard Identification, Likelihood and Risk Mitigation Assessment*

For any activity that you perform in your lab work\*, select the best description from the dropdown menu in each column (if you do not perform an activity please leave it blank).

(\*Remember - consider only the work you do with the highest-risk pathogens you work with at least weekly)

	Frequency of Performance	Likelihood of Error (User or Equipment or Protocol)	Likelihood of User Injury or Exposure (if Error Occurs)
Handling of Unidentified Isolates	<input type="text"/>	<input type="text"/>	<input type="text"/>
Handling of Primary Human/Animal Samples	<input type="text"/>	<input type="text"/>	<input type="text"/>
Activities Requiring Injections	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aerosol Producing Activities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Activities with Potential of Explosion or Fire	<input type="text"/>	<input type="text"/>	<input type="text"/>
Activities Involving Extreme Temperatures	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repetitive Motion Activities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Activities Requiring Mechanical Work	<input type="text"/>	<input type="text"/>	<input type="text"/>
Activities Using Volumes of Cultures >500ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
Activities with Potential for Spills or Splashes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Receipt of Packages and Sample Acquisition	<input type="text"/>	<input type="text"/>	<input type="text"/>
Activities Involving Hazardous Chemicals	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transfer or Shipment of Infectious Microorganisms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inactivation of Infectious Microorganisms	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there is an activity that you perform that might impact safety and is not listed in this survey please list it here.

**If you need more information please refer to the links and references below**

- World Health Organization. 2004. *Laboratory Biosafety Manual*. 3rd edition. ISBN 92 4 154650 6 [WHO Text](#)
- Occupational Safety and Health Administration. 2011. *Laboratory Safety Guidance*. U.S. Department of Labor OSHA 3404-11R [OSHA Text](#)
- National Research Council (US) Committee on Prudent Practices in the Laboratory. 2011. *Prudent Practices in the Laboratory: Handling and Management of Chemical Hazards: Chapter 4, Evaluating Hazards and Assessing Risks in the Laboratory*. Available from: [NRC Text](#)
- Centers for Disease Control and Prevention. 2009. *Biosafety in Microbiological and Biomedical Laboratories 5th Edition*. HHS Publication No. (CDC) 21-1112 [BMBL Text](#)

## CEMB Lab Risk Survey

### 4.0 Survey Instructions

**For the remainder of the survey, please consider ALL of your CEMB lab work regardless of microorganism, equipment or activity.**

**If you have questions or need more information please contact Shannon Keckler at 404-639-7728 or by email [hbq0@cdc.gov](mailto:hbq0@cdc.gov)**

## CEMB Lab Risk Survey

### 4.1 Behavioral Hazard Identification and Likelihood Assessment

**How frequently do you feel that all CEMB Lab Staff adhere to CEMB procedures? (select one answer)**

Always  
(100%)

Mostly  
(60-99%)

About half of the time  
(40-59%)

Seldom  
(1-39%)

Never  
(0%)

**How often have you encountered the following in CEMB labs? (select one answer per row)**

	Yearly	Monthly	Weekly	Daily
Insufficient resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insufficient procedures/training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional risky behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inattention to safety or quality of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being overworked/rushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faulty/misused equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Misusing/failing to use PPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disorganized/crowded lab spaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foreseeable accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unreported injuries/exposures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contamination of lab spaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility/building issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there other administrative, management or facility issues not listed above that could impact safety in CEMB labs ? (if so specify those here)

**How likely is it that any CEMB Lab Staff would report a safety lapse having the following consequences? (select one answer per row)**

	Absolutely would report (100%)	Most likely (70-99%)	It could go either way (30-69%)	Doubtful (1-29%)	Would not report (0%)
Results in probable human exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results in possible human exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results in probable agent release	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results in possible agent release	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results in major injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results in minor injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results in no chance of injury, exposure or release (is a near-miss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CEMB Lab Risk Survey**

**4.2 Work Culture Hazard Identification and Likelihood Assessment**

**For each of the following organizational groups, what priority do you feel the group gives lab safety when making decisions about how to perform work in the laboratory? (select one answer per row)**

	Who is this group?	Safety is a top priority	Safety is low priority	Safety is not considered
You and your fellow lab mates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CEMB leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DHQP leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NCEZID leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Committees (Lab Safety, IBC, IRB, IACUC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office of the Associate Director for Laboratory Science and Safety (OADLSS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lab Quality Management Program (LQMP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Safety and Health Compliance Office (ESHCO) "Safety"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engineering, Maintenance, and Operations Services Office (EMOSO) "Facilities"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office of Safety, Security and Asset Management (OSSAM) "Security"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office of the Associate Director for Science (OADS) "ADS and ADLS"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Select Agent Program (SAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office of the Director (OD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use the box below if you would like to opine about what you think are the greatest threats to good safety practices in the CEMB lab or the CDC, or if you would like to comment on anything relevant to lab safety (maximum 2000 characters)

How frequently do you receive guidance about safety from any source? (select one answer)

Daily

Weekly

Monthly

Yearly

Never

How do you feel about the frequency of guidance you receive about safety from any source? (select one answer)

Too Much

Just Right

Too Little

## CEMB Lab Risk Survey

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***Congratulations!!***

**Thank you for your input and time!!**

**To go back to any questions click on "Previous" button.**

**To submit survey click on "Submit Survey" button.**

**If you have questions or need more information contact Shannon Keckler at 404-639-7728 or by**

email at [hbq0@cdc.gov](mailto:hbq0@cdc.gov)