

Occupational Exposures of Reproductive or Developmental Concern - Supervisor's Statement

To be completed by the supervisor for any worker with concerns regarding workplace reproductive or developmental hazards. This form should then be forwarded to appropriate medical personnel such as Occupational Medicine, OB/GYN, etc. Please attach material safety data sheets (MSDS) for any substances to which this worker is exposed.

PLEASE PRINT

Worker's Name SSN - -

Last *First* *M.I.*

Rank/Rate/Job Code Date

Day *Month* *Year*

Supervisor

Supervisor's Telephone *Worker's Telephone*

Command/Shop

Job Duties (not job title)

Check all boxes that apply

Workplace: Shipboard Shop Office Outdoors
 Other (describe)

Is the worker exposed to:

Chemical Agents

- Inorganic chemicals
- Organic solvents and fuels
- Metals - lead, cadmium, mercury, etc. (specify below)
- Pesticides (specify below)
- Pharmaceuticals/drugs (specify below)
- Other hazards (specify below)

Physical Agents

- Ionizing radiation
- Microwave and other RF radiation
- "Noise" (Intense sound)
- Thermal stress (heat or cold)
- Vibration
- Other hazards (specify below)

Biological Agents

- Bacteria Animal danders
- Fungi Endotoxins
- Viruses Enzymes and other proteins
- Protozoa Other hazards (specify below)

Physical Conditions

- Irregular or shift
- Strenuous work
- Other hazards (specify below)

Specify agents or conditions here

Personal Protective Equipment required:
 None Hearing protection Gloves
 Protective clothing Respirator

Is the worker in a medical surveillance program?
 No Yes Don't know

Are there Industrial Hygiene sampling data for the involved worker?
 No Yes

Did the Industrial Hygiene survey reveal reproductive or developmental hazards?
 No Yes (specify)

Has a detailed evaluation of the worksite(s) and/or process(s) with which the worker is involved been performed?
 No Yes

Is the worker required to work shifts? No Yes

If yes, which one(s)?

Has the worksite had an Industrial Hygiene survey in the last two years?

No Yes

Day *Month* *Year*

Has the worker reported an occupational illness or injury in the last year?
 No Yes (specify)

Supervisor's Signature