Occupational Health Department

**METHYLENE CHLORIDE**

**Program Elements FY12**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | Comments/%Compliance |
| 1 | Occupational history, 5100/15, completed/ current |  |  |  |
| 2 | Is the PC Matrix # 168 in the medical record (MR) and complete |  |  | Updated annually for each worker See frequency below |
| 3 | An appropriate exam was completed per the PC Matrix |  |  | Baseline, termination  Physical exams <45 q 3 yrs; ≥ 45 annually |
| 4 | Correct lab tests are ordered for examination as required in PC Matrix |  |  | Based on frequency noted above |
| 5 | Abnormal tests are appropriately followed-up, appropriate f/u in most instances is giving a copy of the abnormal test to worker to take to his/her PMD |  |  |  |
| 6 | Baseline EKG completed |  |  | PFT may also be required as Baseline |
| 7 | Communication to worker/ supervisor/safety whether worker is cleared/not cleared by medical |  |  |  |

Records screened for compliance

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| Date | Last Name | Last 4SSN | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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| Date | Last Name | Last 4SSN | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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Validated by/Program Manager Signature Date