Occupational Health Department

NMRTC Bremerton and Branch Health Clinics

(PSNS/Bangor/Everett)

**MANGANESE OXIDE FUMES**

**Program Elements FY2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | Comments/%Compliance |
| 1 | Occupational history, Data Grid 5100/15, completed/current |  |  |   |
| 2 | MMO form (210) complete and in the EHF (including demographic data), note charted in Genesis |  |  |   |
| 3 | Chest x-ray obtained and in record |  |  | Baseline ONLY |
| 4 | PFT completed meeting NIOSH criteria |  |  | Baseline ONLY |
| 5 | Communication to worker/ supervisor/safety whether worker is cleared/not cleared by medical |  |  | Via PWO, or 5100/1 form, or medical scheduler’s tool, MMO completed/signed by provider |

**Records screened for compliance**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of review | Pt. Init. | Last 4 SSN | 1 | 2 | 3 | 4 | 5 | Comments (write on back PRN) |
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Validated by/Program Manager Signature Date