Occupational Health Department

NMRTC Bremerton and Branch Health Clinics

(PSNS/Bangor/Everett)

**SILICA**

**Program Elements FY2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | Comments/%Compliance |
| 1 | Occupational history, Data Grid 5100/15, completed/current |  |  |  |
| 2 | Is MMO form (187) in the EHF and complete (including demographics), note charted in MHS Genesis |  |  | Periodicity is every 3 years |
| 3 | Appropriate lab work ordered with results posted in record **(UA)** |  |  |  |
| 4 | Chest X-ray complete, including B-reader NAVMED 6260/7 form in EHF |  |  | Required baseline and every 3 years **(If worker also in current asbestos, most recent B-reader date is acceptable for both programs).** |
| 5 | PFT completed per NIOSH standards |  |  | Every 3 years |
| 6 | Tuberculosis screening/test done |  |  | Screening form baseline and every 3 yrs. TST/Quant Gold baseline. If exposure history > 25 years = annual screening form and TST/Quant Gold. |
| 7 | Abnormal tests/labs are appropriately followed-up |  |  | Abnormal test/lab given to worker to take to PMD, or letter sent to PMD |
| 8 | Communication to worker/ supervisor/safety whether worker is qualled/not qualled |  |  | Via 2 separate PWO’s, or 5100/1 form, or medical scheduler’s tool, MMO completed and signed by provider |

**Records screened for compliance**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date on review | Pt. Init. | Last 4SSN | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Comments (use back of form PRN) |
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Validated by/Program Manager Signature Date