Occupational Health Department

**STYRENE**

**Program Elements FY12**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | Comments/%Compliance |
| 1 | Occupational history, 5100/15, completed/ current |  |  |   |
| 2 | Is the PC Matrix # 189 in the medical record (MR) and complete |  |  |  BASELINE, ANNUAL  |
| 3 | PFT completed meeting NIOSH criteria |  |  |   |
| 4 | 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. |  |  |   |
| 5 | 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 |
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| Date | Last Name | Last 4SSN | 1 | 2 | 3 | 4 | 5 |
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Validated by/Program Manager Signature Date