

CONFIDENTIAL

The purpose of this form is to identify workplace exposure hazards that may pose a reproductive health risk.

Reproductive Hazard Assessment Form

Name: _____		Net ID: _____	Campus Phone: _____
Are you: Faculty Staff Student - Undergrad Grad Other _____ (please circle)			
Campus Address: _____		Department: _____	
		Building Code: _____	
<p align="center">Chemicals</p> <p>List the chemicals or commercial chemical products (including farm chemicals, pesticides, veterinary drugs, etc.) you use on a regular basis:</p>	PI/Supervisor: _____		Net ID: _____
	Engineering Controls: <input type="checkbox"/> Fume Hood <input type="checkbox"/> Biosafety Cabinet <input type="checkbox"/> Other _____		
	Personal Protective Equipment (PPE) Used:		
	<p align="center">Biohazards</p> <ul style="list-style-type: none"> • Are you exposed to infectious agents? • Biohazardous agents or their byproducts? • Research, Teaching or Clinic Animals? 		
Ionizing Radiation – I would like to sign a “Declaration of Pregnancy” due to my work with ionizing radiation <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you engage in any strenuous physical labor (heavy lifting, prolonged standing, etc.), work in a very hot environment or any extreme conditions? (If so, please describe)			
Concerns: Please identify any areas of concern other than previously described:			

USE ADDITIONAL SHEET, IF NECESSARY

Signature _____
(Faculty/Staff/Student)

Date _____

-FOR EH&S USE ONLY

Reviewed by _____
Scheduled Lab Visit? NO YES

Date _____
Date _____

Notes:

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