

Hazardous Chemical Exposure Incident Report

INSTRUCTIONS: Use the forms in this package to document routes and circumstances of a hazardous chemical exposure incident.

Hazardous Chemical Exposure Incident Report		
NAME OF FORM	PAGE	ACTION
Part 1	1 – 2	1. Completed by employee 2. Employee receives a copy
Part 2	3	1. Completed by Site Safety Officer/Chemical Hygiene Officer 2. Employee receives a copy
Part 3	4	1. Completed by Exposed Employee' s Medical Care Provider
Part 3 A	5	1. Completed by the Exposed Employee to record Medical Evaluation follow up.
Part 3B	6	1. Completed by the Exposed Employee's Medical Care Provider to record Medical Evaluation Follow-up

Hazardous Chemical Exposure Incident Report Part 1

Please print all information

DEMOGRAPHICS					
Date:	Region:	District:			
School Code (E.g. 123K):	Work Facility Name:	Work Telephone:			
Employee's Last Name:			Employee's First Name:		
Date of Birth:			Social Security #"		
Home Telephone #:			Other contact #		
EXPOSURE INCIDENT					
Date of Exposure:			Time of Exposure: <input type="checkbox"/> AM <input type="checkbox"/> PM		
Where Did The Incident Take Place?					
Nature Of The Incident:					
What Tasks Were You Performing When The Exposure Took Place?					
List chemical(s), amount and concentration in Use:					
Chemical Name	Amt.	Conc.	Chemical Name	Amt.	Conc.
1.			2.		
3.			4.		
CONTROLS MEASURES					
Provide details about control Measure in use at the time of exposure (i.e. Fume Hood)					
PERSONAL PROTECTIVE EQUIPMENT - PPE					
Were you wearing Personal Protective Equipment (PPE)			If YES, Describe what type:		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Did the PPE Fail?			If YES, Describe how:		
<input type="checkbox"/> YES <input type="checkbox"/> NO					

INCIDENT EXPOSURE	
What Part(s) of your Body was Exposed?	Estimate the Size or Area of your Body that was Exposed
How Long Did The Exposure Last?	
Is a Material Safety Data Sheet attached to this Report? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNS AND SYMPTOMS	
Are signs and symptoms present? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, list them below:	
1.	2.
3.	4.
5.	6.
Are the signs and symptoms those documented on the MSDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is Exposure monitoring data available? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employee Signature

Principal's Signature

Date

Date

As stipulated and in accordance with 29 CFR 1910.20, the Occupational Exposure to Hazardous Chemicals in Laboratories standard 29 CFR 1910.1450, form and related documentation will be kept on file by the New York City Department of Education for the length of employment and 30 years. This form and related documentation will remain confidential. Personal identifying information will be released with your consent only.



Department of Education

Joel Klein
Chancellor

Confidential

Completed by
Site Safety Officer/Chemical Hygiene Officer

Hazardous Chemical Exposure Incident Report

Part 2

Please Print All Information

DEMOGRAPHICS		
Date:	Region:	District:
School Code (E.g. 123K):	Work Facility Name:	Work Telephone:
Employee's Last Name:		Employee's First Name:
Date of Birth:	Social Security #"	Home Telephone #:
REPORTING		
Is A Comprehensive Accident Report Detailing This Incident On file?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is An SH 900 and Related Documents Detailing this Incident On File?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		
SUBMIT COMPLETED COPY TO:		
ISC Safety and Health Liaison (enter name and address)	New York City Department of Education Office of Occupational Safety and Health 65 Court Street, Room 706 Brooklyn, NY 11201 Tel: 718-935-2319 Fax: 718-935-4682	

Site Safety Officer/Chemical Hygiene Officer's Signature

Principal's Signature

Date

Date

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Hazardous Chemical Exposure Incident Report

Part 3

EXPOSED EMPLOYEE	
Employee's Last Name:	Employee's First Name:
Date of Birth:	Social Security #:
Work Site Name:	Work Telephone:
MEDICAL CARE PROVIDER	
Health Care Professional Name:	Title:
Office Location:	
Telephone:	Fax Number:
MEDICAL CARE PROVIDER'S REPORT	
Did You Treat The Patient/Employee Directly? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Specify Treatment Regimen:	
Other Pertinent Information:	

 Medical Care Provider's Signature

 Date

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Hazardous Chemical Exposure Incident Report

Part 3 A

Date:	Region:	District:
School Code (E.g. 123K):	Work Facility Name:	Work Telephone:
Employee's Last Name:		Employee's First Name:
Job Title at Time of Exposure:		Time of Exposure:"
Date of Follow-up Appointment:		Reason for Follow-Up:
SUBMIT COMPLETED COPY TO:		
ISC Safety and Health Liaison (enter name and address)		New York City Department of Education Office of Occupational Safety and Health 65 Court Street, Room 706 Brooklyn, NY 11201 Tel: 718-935-2319 Fax: 718-935-4682

Employee Signature

Principal's Signature

Date

Date

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Hazardous Chemical Exposure Incident Report Part 3 B

MEDICAL CARE PROVIDER	
Health Care Professional Name:	Title:
Office Location:	
Telephone:	Fax Number:
MEDICAL CARE PROVIDER'S REPORT	
Employee Health File Reviewed <input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Medical Care Provider's Findings & Observations	
Other Pertinent Information:	
SUBMIT COMPLETED COPY TO:	
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Medical Care Provider's Signature

Date

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