



THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN, *Chancellor*

DIVISION OF HUMAN RESOURCES
OFFICE OF OCCUPATIONAL SAFETY & HEALTH (OOSH)
65 Court Street -Room 706
Brooklyn, New York 11201

CONFIDENTIAL

Hazardous Chemical Exposure Incident Follow-Up Record - PART B

Use this form to record medical evaluation follow-up Report.

PART A--TO BE COMPLETED BY EXPOSED EMPLOYEE

RECORD NUMBER _____ - _____ - _____ - _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)	
NAME OF EXPOSED EMPLOYEE: _____	DATE COMPLETED: _____
WORK NAME/ LOCATION: _____	
JOB TITLE AT TIME OF EXPOSURE: _____	
DATE OF EXPOSURE: _____	TIME OF EXPOSURE: _____
DATE OF FOLLOW-UP APPOINTMENT _____	
REASON FOR FOLLOW-UP _____	

EMPLOYEE'S SIGNATURE

PRINCIPAL'S SIGNATURE

DATE

DATE

COMPLETED COPY FORWARDED TO REGIONAL REPRESENTATIVE

COMPLETED COPY FORWARDED TO: OFFICE OF OCCUPATIONAL SAFETY AND HEALTH

65 COURT STREET-ROOM 706
BROOKLYN, NY 11201
PHONE: (718) 935-2319
FAX: (718) 935-4682

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.



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PART B-- TO BE COMPLETED EXPOSED EMPLOYEE'S MEDICAL CARE PROVIDER

EXPOSED EMPLOYEE FOLLOW-UP	
RECORD NUMBER _____ - _____ - _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)	
NAME/AFFILIATION:	
EMPLOYEE HEALTH FILE REVIEWED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE
MEDICAL CARE PROVIDER FINDINGS & OBSERVATIONS	
MEDICAL CARE PROVIDER'S NAME:	MEDICAL CARE PROVIDER'S PHONE NUMBER:
MEDICAL CARE PROVIDER'S SIGNATURE:	DATE:

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