



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 REPORT-
PART I**

(Use this form to document routes and circumstances of a hazardous chemical exposure incident.)

PART I-TO BE FILLED OUT BY EXPOSED EMPLOYEE

WHAT PART(S) OF YOUR BODY WAS EXPOSED?	ESTIMATE THE SIZE OR THE AREA OF YOU BODY THAT WAS EXPOSED?
HOW LONG DID THE EXPOSURE LAST?	
IS MATERIAL SAFETY DATA SHEET FOR CHEMICALS IN USE ATTACHED TO THIS REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NOTE SIGNS AND SYMPTOMS DEVELOPED, IF ANY:	
ARE SIGNS AND SYMPTOMS DEVELOPED DOCUMENTED ON MSDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS EXPOSURE MONITORING DATA AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYEE'S 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.



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HAZARDOUS CHEMICAL EXPOSURE INCIDENT REPORT-
PART II

(Use this form to document routes and circumstances of a hazardous chemical exposure incident.)

PART III-TO BE FILLED OUT BY SCHOOL ADMINISTRATOR/CHEMICAL HYGIENE OFFICER

Form with fields for: RECORD NUMBER, DATE COMPLETED, EMPLOYEE NAME, HOME TELEPHONE, OTHER CONTACT NUMBER, WORK SITE NAME/ LOCATION, WORK SITE DOE CODE#, WORK TELEPHONE, IS A COMPREHENSIVE ACCIDENT REPORT..., IS AN SH 900 AND RELATED DOCUMENTS..., COMPLETED COPY FORWARDED TO: (Regional Representative or New York City Department Of Education).

CHEMICAL HYGIENE OFFICER'S SIGNATURE

PRINCIPAL'S SIGNATURE:

DATE

DATE

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**HAZARDOUS CHEMICAL EXPOSURE INCIDENT REPORT-
PART III**

(Use this form to document routes and circumstances of a hazardous chemical exposure incident.)

PART III-TO BE FILLED OUT BY EXPOSED EMPLOYEE'S MEDICAL CARE PROVIDER

ANSWER ALL QUESTIONS. BE SPECIFIC. PLEASE PRINT.	
RECORD NUMBER _____ - _____ - _____ - _____ / _____ (BUILDING CODE #-YY-MM-DD/CASE #) EX: (123K-04-09-01/01)	DATE COMPLETED:
EXPOSED EMPLOYEE NAME:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
HOME TELEPHONE:	OTHER CONTACT NUMBER:
WORK SITE NAME/ LOCATION:	
WORK SITE DOE CODE # (EXAMPLE 555K):	WORK TELEPHONE:
NAME/TITLE/ AFFILIATION:	
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 NAME

DATE

MEDICAL CARE PROVIDER SIGNATURE'S

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