

**The purpose of this voluntary questionnaire is to help identify:**

* + **If any chemical, biological, or radiological reproductive hazards are present in your work area**
  + **The extent of any potential exposures**
  + **Control methods to prevent or minimize exposure**
  + **Information and training.**

**EH&S will conduct a site hazard assessment of your work area with you to assist in the completion of this Reproductive Hazard Questionnaire.**

**Return the completed (employee portion) questionnaire to EH&S:**

**E-mail: occhlth@uci.edu**

**OR**

**Mail: Occupational Health Manager**

**Environmental Health & Safety**

**4600 Health Sciences Road**

**ZOT Code2725**

**949-824-6200**

**949-824-1325 fax**

**UC Irvine Reproductive Hazard Questionnaire**

**Appendix A**

# Appendix A. Reproductive Hazard Questionnaire

|  |  |  |
| --- | --- | --- |
| Date | Name | UCI ID# |
| Dept. | Phone | E-mail |
| Supervisor | Phone | E-mail |
| Laboratory Location: | | |

1. Agents used at work – Continue on a separate page if needed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| List Materials currently used or expect to use during a pre-conception period or pregnancy. | Frequency and Duration of use (once/day for two hours etc.) | Physical State (solid, liquid, gas) | The quantity used per each use, in-unit of time (e.g., 10 ml per wk) | Protective equipment (gloves, respirator, etc.) | Controls used  (fume hood, glove box, other local exhaust, radiation barrier, job rotation, etc.)  Ventilation systems available to you. | Tasks – Describe how the material will be used. |
| Chemical Agents: | | | | | | |
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| Biological Agents (and Biosafety level): | | | | | | |
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| Radiation: | | | | | | |
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1. Questions about chemicals:
2. Do other people in your area use the same chemicals? If yes, how many other people?

1. Are any of these chemicals heated? If yes, to what temperature? Which ones?

1. Can you smell or taste any chemical fumes or vapors where you work? If yes, which ones?
2. Do you feel sick when you work with any of the chemicals and feel better at other times?
3. Do any of the chemicals you work with get on your skin? If yes, which ones?

1. Do you have any specific health or safety concerns about your work? If so, describe:
2. Have you disclosed your pregnancy or intent to conceive to your direct supervisor or in cases of laboratory course, your faculty/professor/TA?  Yes No
3. Have you shared any information about the type of work or research you conduct to your treating physician:  Yes No

If yes, do you have medical restrictions?

1. Do you work in the vivarium with live animals or animal tissues?  Yes No, if yes, have you updated your LAOHP Form online?  Yes  No
2. Do you store or consume food or beverages in your workplace?

Yes  No

1. What type of personal protective equipment do you wear while working?

|  |  |  |
| --- | --- | --- |
| Eye/Face Protection | Foot Protection | Head Protection |
| Safety glasses with side shields  Laser safety glasses  Safety goggles  Face shield  Welder’s helmet/ face shield | **Safety shoes/ boots**  **Toe caps**  **Metatarsal guards**  **Rubber boots** | Hard hat  Hearing protection – earplugs, earmuffs |
| Body Protection | Hand Protection/Gloves | |
| Fall restraint/fall protection  Rubber apron  Disposable Tyvek lab coat/coveralls  A lab coat or coveralls  Welding leather sleeve guards  Nomex Coveralls  Other: | Leather  Natural rubber  Cotton (coated/not coated)  Nitrile  Heat resistant  Neoprene  Chemical resistant  Butyl rubber  Latex  Other (PVC, PVA, Viton)  Cryogenic  Anti-vibration  Cut resistant (e.g., Kevlar)  Other: | |
| Respirator Protection | | |
| Filtering Facepiece respirator (N, P or R)  Air-purifying respirator  Supplied airline  Half facepiece  Self-contained breathing apparatus (SCBA)  Full facepiece  Escape-only air pack  PAPR unit | APR Chemical Cartridge/Filter Types:  Multi-gas/OV  AG/Acid Gas  OV/Organic Vapor  OV/AG  P-100  Ammonia | |

1. Have you had any spills or unintentional exposures recently? If so, describe:

1. Describe your work environment:

1. If in a laboratory environment, how much of your time do you spend doing:

a) Work on a bench \_\_     \_\_%

b) Work in a fume hood\_\_\_     \_\_%

C) Office work \_     \_\_\_\_%

D) Other \_     \_\_\_\_%

1. Are other people working in the same room as you?  Yes No
2. Describe the physical demands of your work:

|  |  |  |
| --- | --- | --- |
|  | Duration & Frequency | Description |
| Lifting |  |  |
| Bending/Twisting |  |  |
| Sitting |  |  |
| Standing |  |  |

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Person Completing Form Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EH&S to Complete Below Line\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exposure Control Recommendations:

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EH&S Specialist Signature Date

\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title