

Hazmat Periodic Questionnaire

Name: _____ SSN: _____

Date: _____ Company: _____

Job description: _____

Years in this position: _____

Date of birth: _____ Gender: Male Female

MEDICAL HISTORY

Allergies:

- None
- Penicillin
- Sulfa
- Iodine
- Codeine
- Erythromycin
- Pollens (hayfever)
- Animal dander
- Other:

Medications: (name of medication and reason) None

Surgeries/Hospitalizations (since last HAZMAT exam): None

Do you have any of the following currently or since the last HAZMAT exam:

LUNG, PULMONARY

Asthma, wheeze

Abnormal shortness of breath with activities or work

Chronic bronchitis, emphysema

Coughed up blood

Other lung disease (TB, asbestosis, silicosis, list:

_____)

Chest surgery or injury

Collapsed lung

HEART, VASCULAR

Chest pain



Experience dizziness or blackouts
Heart attack
High blood pressure
Seizures, fainting, stroke
Rheumatic fever
Other heart problems
Blood abnormalities
Bleeding problems
Blood cancer (lymphoma, leukemia, etc.)
Anemia type:
Blood transfusions

GASTROINTESTINAL

Difficulty swallowing
Jaundice/liver disease (hepatitis, cirrhosis, liver cancer, etc)
Bleeding from stomach or intestines (not hemorrhoids)
Stomach or intestinal ulcers
Stomach problems (type: _____)
Intestinal problems (type: _____)

URINARY, KIDNEY, BLADDER, PROSTATE

Bladder disease/problems
Kidney disease/problems
Prostate problems (infection, enlargement, cancer)
Blood in urine

NEUROLOGIC, SPECIAL SENSES (EARS, EYES, SMELL, etc)

Seizures, fainting, stroke
Epilepsy (or fits, seizures, convulsions)
Frequent headaches
Migraines
Extreme difficulty with your hearing
Ruptured ear drum
Tinnitus or ringing in the ear(s)
Wear glasses contacts
Visual problems not corrected with lenses
Cataracts
Glaucoma
Color blindness
If you wear contacts, have you worn them for 30 days without problems
Need to wear prescription glasses in a respirator
Hoarseness / change in voice

ENDOCRINE

Diabetes, insulin-dependent non-insulin-dependent
Thyroid problems
Reproductive problems

MUSCULOSKELETAL

Loss of sensation or strength
Back problems
Joint injury or pain
Arthritis: Rheumatoid Degenerative Other:
Muscle or bone cancers or tumors

SKIN

Chloracne
Skin cancers
Psoriasis, seborrhea, severe acne
Sensitivity to sunlight
Re-current rashes

OTHER

Problems related to heat stress.
Epilepsy (or fits, seizures, convulsions)
Night sweats or fever
Recent weight gain/loss
Depression
Other illness (cancer, TB)
Recent abnormal laboratory tests
History of alcohol or drug problems
Tobacco use:

- Never
 Current, _____ packs/cigars per day for _____ years
 Prior, _____ packs/cigars per day for _____ years, year quit: _____

Smokeless

Alcohol Use

- Never
 Current, _____ drinks* per week for _____ years
 Prior, _____ drinks* per week, year quit: _____

*(1 "drink" = 1 beer, 4 oz glass of wine, or 1 _ oz liquor)

Have you been exposed to any of the following since your last HAZMAT evaluation (either on or off the job):

(if Yes: X= using protective equipment, ✓ = without protective equipment/protective equipment not needed)

Yes No

- Acrylonitrile
- Arsenic
- Antimony
- Asbestos
- Benzene
- Beryllium
- Cadmium
- Carbamate
- Pesticides (aldicarb Baygon, Zectran)
- Carbon disulfide
- Carbon tetrachloride
- Chloroform
- Chlorine
- Chromium
- Coal
- Coke ovens
- Cutting oils, coolants
- Cyanide
- Degreasing/plating
- Dust/nuisance dust
- Engine exhausts
- Epoxy resins, adhesives
- Excessive noise
- Fiberglass
- Fluorides (including hydrogen fluoride)
- Formaldehyde
- Galvanizing

Yes No

- Hydrogen sulfide
- Isocyanates (TDI, MDI)
- Lead
- Methylene chloride
- Mercury
- Nickel
- Nitrogen oxides/sulfur dioxide
- Paints/solvents
- Organochlorine pesticides

(DDT, Aldrin, Chlordane,
Dieldrin, Endrin, Lindane)

- Organophosphate pesticides
(Diazinon, Dichlorovos,
Dimethoate, Trichlorfon,
Malathion, Methyl parathion,
Parathion)
- Petroleum products/fuels
- Phenols/phenol-like resins
- Phosgene
- Polychlorinated biphenyls
- Radioactive materials
- Silica/nonasbestos substitutes
- Toluene
- Toxic waste
- Trichlorethylene
- Vinyl chloride
- Welding, soldering fumes
- Xylene
- Zinc
- Other - specify/describe

Have you had overexposure to any chemical or physical agents (noise, radiation, heat, etc.) since your last HAZMAT evaluation? No Yes, please describe:

What type(s) of Personal Protective Equipment do you routinely use when dealing with hazardous materials?

- Level A
- Level B
- Level C
- Level D
- Respirator
- Full face, negative pressure
- Half-face, negative pressure
- PAPR
- SCBA
- Particle/dust
- TB
- Other
- Hearing protection
- Muffs
- Plugs
- Both

Level A. To be selected when the greatest level of skin, respiratory, and eye protection is required. The following constitute Level A equipment; it may be used as appropriate:

- (i) Positive pressure, full-facepiece self-contained breathing apparatus (SCBA), or positive pressure supplied-air respirator with escape SCBA, approved by the National Institute for Occupational Safety and Health (NIOSH).
- (ii) Totally-encapsulating chemical-protective suit.

- (iii) Coveralls.*
 - (iv) Long underwear.*
 - (v) Gloves, outer, chemical-resistant.
 - (vi) Gloves, inner, chemical-resistant.
 - (vii) Boots, chemical-resistant steel toe and shank.
 - (viii) Hard hat (under suit).*
 - (ix) Disposable protective suit, gloves, and boots. (Depending on suit construction, may be worn over totally-encapsulating suit.)
- *Optional, as applicable.

Level B. The highest level of respiratory protection is necessary but a lesser level of skin protection is needed.

The following constitute Level B equipment; it may be used as appropriate:

- (i) Positive pressure, full-facepiece self-contained breathing apparatus (SCBA), or positive pressure supplied-air respirator with escape SCBA (NIOSH approved).
 - (ii) Hooded chemical-resistant clothing (overalls and long-sleeved jacket, coveralls, one or two-piece chemical-splash suit, disposable chemical-resistant overalls).
 - (iii) Coveralls.*
 - (iv) Gloves, outer, chemical-resistant.
 - (v) Gloves, inner, chemical-resistant.
 - (vi) Boots, outer, chemical-resistant steel toe and shank.
 - (vii) Boot-covers, outer, chemical-resistant (disposable).*
 - (viii) Hard hat.
 - (ix) Face shield.*
- *Optional, as applicable.

Level C. The concentration(s) and type(s) of airborne substance(s) is known and the criteria for using air purifying respirators are met. The following constitute Level C equipment; it may be used as appropriate.

- (i) Full-face or half-mask, air purifying respirators (NIOSH approved).
 - (ii) Hooded chemical-resistant clothing (overalls; two-piece chemical-splash suit; disposable chemical resistant overalls).
 - (iii) Coveralls.*
 - (iv) Gloves, outer, chemical-resistant.
 - (v) Gloves, inner, chemical-resistant.
 - (vi) Boots (outer), chemical-resistant steel toe and shank.*
 - (vii) Boot-covers, outer, chemical-resistant (disposable).*
 - (viii) Hard hat.
 - (ix) Escape mask.*
 - (x) Face shield.*
- *Optional, as applicable.

Level D. A work uniform affording minimal protection: Used for nuisance contamination only. The following

constitute Level D equipment; it may be used as appropriate.

- (i) Coveralls.
 - (ii) Gloves.*
 - (iii) Boots/shoes, chemical-resistant steel toe and shank.
 - (iv) Boots, outer, chemical-resistant (disposable).*
 - (v) Safety glasses or chemical splash goggles.*
 - (vi) Hard hat.
 - (vii) Escape mask.*
 - (viii) Face shield.*
- *Optional, as applicable.

Employee Signature: _____ Date: _____

Medical Personnel Signature: _____

License Number: _____ Date: _____