University of Michigan Reproductive Hazard Evaluation Form

This questionnaire is for men and women who frequently use chemicals or may be exposed to other hazardous conditions at work that may be reproductive hazards.

Name: ___________________________  Department: ___________________________

Address: ___________________________  Phone Number: ___________________________

Job duties with potential exposure(s) of concern: ____________________________________________

1. Please indicate which of the following agents you may be exposed to while performing the job duties with potential exposure(s) of concern:

<table>
<thead>
<tr>
<th>Agent</th>
<th>Yes</th>
<th>No</th>
<th>Frequency of exposure?</th>
<th>Exposure duration or quantity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noise</td>
<td></td>
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<tr>
<td>Temperature Extremes</td>
<td></td>
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<tr>
<td>Radiation</td>
<td></td>
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<tr>
<td>Infectious Agents</td>
<td></td>
<td></td>
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<tr>
<td>Hazardous chemicals</td>
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</tr>
</tbody>
</table>

Please list the infectious agents, hazardous chemicals or radiation sources you may be exposed to, if applicable:

________________________________________________________________________

________________________________________________________________________

2. Indicate the type of VENTILATION used while performing the job duties with potential exposure(s) of concern:

_____ Fume hood or other local exhaust system

_____ General mechanical ventilation (building heating/ventilation/air-conditioning system)

_____ Natural ventilation (outside air through windows or doors)

_____ Other (describe) __________________________________________

3. Please describe the types of PERSONAL PROTECTIVE EQUIPMENT (PPE) you use while performing the job duties with potential exposure(s) of concern (PPE may include eye/face/hearing protection, gloves, respirator, lab coat, etc.):

________________________________________________________________________

________________________________________________________________________

4. Additional Concerns or Comments:

________________________________________________________________________

OSEH Representative Signature: ___________________________________________ Date: ___________

Rev. 4/5/02