



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:

Agent	Yes	No	Frequency of Exposure	Exposure Duration/Quantity
Noise				
Temperature Extremes				
Radiation				
Infectious Agents				
Hazardous Chemicals				

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: _____

EHS Representative Signature: _____

Date: _____