Reproductive and Developmental Health Hazard Questionnaire¹

Name	Date
Phone	E-mail
Dept.	Supervisor

A. Agents used at work – Contin	ue on separate paş	ge if needed		
List materials you are currently	Frequency and	Physical	Quantity used	Protective Equipment (Bench
using or anticipate that you	Duration of use	State	per use, in unit	
might use during pre-	(once/ day for	(solid,	of time (e.g.,	Respirator, etc.)
conception period or pregnancy	two hrs, etc.)	liquid, gas)	10 ml per wk)	
Chemical Agents:				
Biologic Agents:				
biologic rigents.				
Radiation or Noise:				
	•	•		

¹ Adopted from: "<u>Reproductive Hazards of the Workplace</u>" Frazier, Linda & Hage, Marvin. 1998.

Return to: EH&S Occupational Health & Safety – MC 8007 Contact EH&S at 723-0448 for additional information ealth or safety concerns about your work? If so,

B. Do you have any specific health or safety concerns about your work? If so, describe:								
C. Do you store or consume food or beverages in your workplace?								
D. What type of personal protective equipment do you wear while working?								
☐ Gloves	☐ Gloves ☐ Respirator							
Lab Coat/ A	pron	tection						
☐ Dust Mask		☐ Other (list)						
E. Have you had any spills or unintentional exposures recently? If so, describe:								
F. Laboratory Environm	ent: (if applicable)							
(1) How much of your time do you spend doing:			Bench work %)			
			Office work		· •			
(2) Are other people working in the same lab room as you?			□ yes	□ no				
(3) Does your hood have enough room in it?			□ yes	□ no				
(4) Describe how chemicals are stored in your lab:								
•								
G. Describe the physical demands of your work: Duration & Frequency Description								
Lifting:	Duration & Frequence	zy	Desci	трион				
Bending/Twisting:								
Sitting:								
Standing:								