

**TEMPLE UNIVERSITY, HOSPITAL AND HEALTH SYSTEM
HAZARDOUS OPERATION SURVEILLANCE PROGRAM**

Name: _____ School/College/Hospital: _____ Department: _____

Building: _____ Room #: _____ Phone #: _____ email: _____

Please provide responses to the following questions by placing the check mark when applicable.

1. Please identify the type of work you do (Please select all that apply)
 Research Clinical Teaching Others (Please specify) _____

2. Do you or your staff work with hazardous materials? No Yes (please check mark applicable options below)
 Radioactive
 Hazardous chemicals
 Biohazardous agents (virus, bacteria, fungi, rickettsiae and toxins)
 Human, primate or animal fluid, tissue or cell line
 Chemotherapeutic agents
 Controlled substances

3. Do you or your staff have training in the following?
 Radioactive
 Hazard Communication
 Biosafety
 Airborne pathogens
 Annual Bloodborne Pathogens
 Chemical Hygiene

4. Have you or your staff been fit tested for respirator use? Yes No

5. Is a medical surveillance program in place for you and your staff? Yes No

6. What type(s) or class of hood(s) do you have for your work?
 Radioactive Chemical Biosafety Cabinet Class I Biosafety Cabinet Class II
 Biosafety Cabinet Class III

7. Hood (s) is (are) certified; Annual Semiannual

8. Do you or your staff ship or transfer any of the following?
 Radioactive,
 Hazardous chemicals
 Biohazards agents
 Human, primate or animal fluid, tissue or cell line
 Chemotherapy
 Controlled substances
 Hazardous materials (dry ice, pressurized cylinder, mercury, etc)

9. Have you or your staff, who are responsible for packaging, transferring or shipping, had "dangerous goods shipment" training? Yes No

10. If yes, please provide a copy of training certificate for each individual within your unit who is responsible for packaging, shipping or transferring dangerous goods.

11. Specify if hazardous waste is produced?
 Radioactive, Method of Disposal: _____
 Hazardous chemicals Method of Disposal: _____
 Biohazardous agents Method of Disposal: _____
 Human, primate or animal fluid, tissue or cell line, Method of Disposal: _____
 Chemotherapy Method of Disposal: _____
 Controlled substances Method of Disposal: _____

Signature: _____ Date: _____

Please fax (215) 707-1600 or e-mail (devastey@mail.temple.edu) the completed form to EHRS attention: Joan deVastey.
If you have any questions please call Joan deVastey at (215) 707-0106