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