

Submit form via fax to 806-742-3895 or scan and email to ehs.lab.safety@ttu.edu.
For questions, call 806-742-3876, Environmental Health & Safety, Administrative Support Center, Rm 122.

INITIAL INVESTIGATION OF POSSIBLE OVEREXPOSURE

(To be completed by PI/Lab Supervisor/Departmental Representative)

Date of incident: _____ Date of interview: _____

Name of Person: _____ Telephone No.: _____

Department: _____ Immediate Supervisor _____

Name of Chemical(s) in use: _____

If available, attach relevant MSDS to this report.

Time and Date of Incident : _____

Length of exposure (hour/minutes): _____ Amount of Chemical involved in ounces: _____

Control measures used at time of incident: _____

Laboratory Hood or Splash Shield: _____

Personal Protective Equipment: ____ Gloves ____ Goggles ____ Face Shield ____ Lab coat ____ Other

Description of Incident _____

Witnesses: _____

Location of injuries or sites of contact, e.g. eyes, skin: _____

Additional Information: _____

Signs and symptoms developed:

_____ Eye irritation _____ Taste _____ Breath odor _____ Nausea _____ Vomiting

_____ Headache _____ Dizziness _____ Shortness of breath _____ Chest pain

_____ Pale skin _____ Skin irritation _____ Rash _____ Blistering _____ Tingling

Other _____

Elapsed time for signs and symptoms to develop: _____

Are signs and symptoms same as indicated on MSDS? _____ Yes _____ No If No, specify below.

Monitoring Equipment Used: _____ PID _____ Detector tubes _____ Mercury Meter _____ Miran 1BX

Additional Comments: _____

Name of Investigator

Signature

Date

NOTE: This information will be provided to the examining physician.

PHYSICIAN'S WRITTEN OPINION FOR MEDICAL CONSULTATION

(To be completed by Attending Physician)

Physician's Name: _____ Employee Name: _____

Company: _____ Date of Visit: _____

Description of incident: _____

Result of medical examination*: _____

* This written opinion shall not reveal specific findings of diagnosis unrelated to occupational exposure.

Medical examination revealed employee to be at an increased risk as a result of exposure to a hazardous chemical in the workplace: _____

Recommended medical follow up: _____

Comments: _____

The above referenced employee has been informed by me of the results of this consultation and related medical condition that may require further examination or treatment.

Physicians Signature

Date