

 CITY OF TUCSON	City of Tucson	Page 1 of 3
	Central Safety Services	
	Number: H-003	Effective Date:
	Subject:	January 1, 1997
	Reporting Employee Exposure to a Chemical Substance	Reviewed/ Revised: January 1, 2013

1.0 PURPOSE

This procedure describes the process for documenting claims of accidental chemical exposure to a substance for which an employee requests documentation. A substance is defined as a chemical, physical or biological agent (i.e., gas, vapor, particulates, etc.)

2.0 SCOPE

Employee chemical exposure to substances should be documented and become part of the employee's Occupational Medical file.

The policies and procedures contained in this section are intended to assist in identifying and complying with OSHA Standards. In all cases where there is a difference between specific OSHA standards and the Reporting Employee Claims of Exposure policies set forth in this chapter, the stricter of the two shall apply.

3.0 DEFINITIONS

None

4.0 RESPONSIBILITIES

The Safety Manager shall be responsible for the administration of this procedure.

5.0 EDUCATION AND TRAINING

1. Central Safety Services shall provide training and education in the form of an OSHA Annual Refresher containing a component of Hazard Communication and Material Safety Data Sheets (MSDS).

6.0 GENERAL

A. Chemical Exposure

1. Any employee who is exposed, or who believes that they have been exposed to a chemical substance should report the incident to his or her supervisor. The Supervisor shall provide the employee with the form found in Appendix A, to be completed by the employee. The form shall be completed within two (2) working days and returned to the department Safety Representative. If the substance is known and a Material Safety Data Sheet is available, attach a copy of the MSDS to the form when submitted.

Subject: Reporting Employee Exposure to a Chemical Substance	Number: H-003	Rev. January 1, 2013	Effective Date: January 1, 1997	Page 2 of 3
--	------------------	-------------------------	------------------------------------	----------------

2. All other exposures to substances, such as physical or biological agents, should follow the reporting procedures using the form provided in Appendix A.
3. Depending upon the chemical exposure, the employee may elect or be required to submit to examination by medical personnel for review and/or treatment of the chemical exposure. A copy of the Exposure Form (Appendix A) *and* the MSDS shall be presented to the treating physician. *In some cases*, a Supervisor's Report of Injury Form (SRI-100) may also be required if an injury *accompanies* the exposure. The employee shall be required to receive medical clearance prior to returning to work, and may be subject to a Fit for Duty examination performed by the City Physician.

B. Notification

1. Upon notification by an employee of a claimed chemical exposure, the Supervisor shall notify the department Safety Representative and shall consult with Central Safety Services. The Supervisor and the Safety Representative should inspect the area of the reported incident and shall take appropriate action to identify and abate any hazardous condition.
2. Samples may be taken as required and if appropriate, air monitoring will be performed by the city of Tucson Industrial Hygienist.

C. Reports

1. The original, completed Employee Report of Chemical Exposure shall be placed in the employee's departmental personnel file and a copy given to the employee. Such a report shall not be considered an admission by the City that the employee has in fact had the claimed exposure or that claimed exposure constitutes a health risk.

Subject: Reporting Employee Exposure to a Chemical Substance	Number: H-003	Rev. January 1, 2013	Effective Date: January 1, 1997	Page 3 of 3
--	------------------	-------------------------	------------------------------------	----------------

APPENDIX A

Employee Exposure to Chemical Substance			
Name		Employee No.	
Department			
Location of Exposure			
Date/Time Reported			
Date/Time of Incident			
Employee Description of Chemical Exposure (to be completed by employee):			
Employee's Signature			
Samples Taken	Yes	No	
Results Attached	Yes	No	
MSDS Attached	Yes	No	
Supervisor's Signature			
Print Name and Date			
Supervisor signature indicates permission for Physician Evaluation			
THIS IS AN EMPLOYEE'S REPORT OF A CLAIMED EXPOSURE; IT DOES NOT CONSTITUTE AN ADMISSION BY THE CITY THAT SUCH EXPOSURE OCCURRED			