



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Workplace Assessment of Potential for Exposure to Hazardous Materials

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DELAWARE HEALTH AND SOCIAL SERVICES **Division of Public Health**

The Office of Occupational Health

*Delaware Health and Social Services
Division of Public Health, Health Systems Protection*

The Division of Public Health has recently established an Office of Occupational Health. The mission of this new office is to act as a resource to employers in their efforts to minimize exposure to hazardous materials in the workplace in order to improve the workplace environment for the benefit of all Delawareans. The Office of Occupational Health provides confidential education and consultation services - at no charge - for public sector employers and employees, including State of Delaware departments and agencies.

For All Public Sector Employers, the Office of Occupational Health:

- Performs worksite hazard analysis and environmental testing
- Makes recommendations for hazard prevention and control
- Provides safety and health training and educational materials to promote employee safety in order to minimize their risk of exposure to carcinogenic materials

For All Employers and the General Public, the Office of Occupational Health:

- Provides workplace safety & environmental hazard-reduction information and methodologies for all employers, employees, and the general public.
- Oversees both the Delaware Healthy Homes website as well as the new Occupational Health web pages that reside on the State of Delaware website. These web pages are important communication tools for both employers, employees, and the general public.
- Coordinates the Healthy Homes/Healthy Workplace multi-media campaign designed to educate all Delaware employers and the general public about possible exposures to cancer causing substances in their indoor environment and ways to reduce their risk.
- Manages a multi-media campaign designed to raise public awareness of Delaware's "Worker Right-to-Know" law, which states that all Delaware employers need to provide their employees with access to information regarding hazardous chemicals they may be exposed to at work.

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FACILITY INFORMATION SHEET

Survey Date: ___ / ___ / ___

Surveyor ID: _____

Facility ID: _____

NAICS/SIC Codes: _____

Size: Small / Medium / Large

Status: Private / Public

Facility Information

Facility Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Contact: _____ Phone: _____ Email: _____

Part I – Management Interview

A. General Facility Information

A1.	What is your major activity?	Comment		
A2.	What are your chief products, services, lines of trades, etc?	Comment		
A3.	Approximately how many years has this facility been involved in this activity		Years	
A4.	How many shifts do you have at the present time?		Shifts	
A5.	How many hours per shift		Hours	
A6.	How many employees are in the work areas (production areas) as opposed to the administrative or other similar areas?		Employees	
A6a.	Does the work environment appear to be overcrowded for its intended use?	Yes	No	Comment
A7.	Is the facility certified under industry or federal standard (i.e. VPP, ISO)	Yes	No	Comment
A7a.	If so, Which ones?			Comment
A8.	Is there a designated lunch room/area	Yes	No	Comment

B. Industrial Hygiene and Safety Practices

B1.	Do you provide the following medical surveillance on a periodic basis to those individuals who may be in contact with hazardous substances?	Yes	No	Comment
B2.	Do you employ a full or part time individual(s) responsible for the prevention of occupational injuries or illness (Site Safety Officer)?	Yes	No	Comment
B3.	Do you have a written Health & Safety Plan in place?	Yes	No	Comment
B4.	Is radioactive material stored on site?	Yes	No	Comment
B5.	Is radioactive material used on site?	Yes	No	Comment
B6.	Is the use of X-rays a part of your service or production?	Yes	No	Comment
B7.	Has your facility received industrial hygiene/safety consulting services?	Yes	No	Comment
B7a.	If so, How often?	Daily	Weekly	Monthly
B8.	Do you have a program under which you regularly or periodically monitor for the presence of fumes, gases, mists, dusts, or vapors?	Yes	No	Comment
B9.	Has any monitoring/testing exceeded any federal, state, or local regulations or recommendations?	Yes	No	Comment
B10.	Does this facility re-circulate exhaust air from any process or plant area?	Yes	No	Comment

B11.	Are there areas in this facility in which personal protection devices or equipment are required or recommended?	Yes	No	Comment
B12.	Has someone been designated to see to it that personal protective devices and equipment are serviced and maintained?	Yes	No	Comment
B13.	Do you have a program under which you regularly or periodically conduct safety inspections of this facility?	Yes	No	Comment
B14.	Do you have a regularly scheduled formal safety training program for your employees?	Yes	No	Comment
B15.	May I see the latest summary of Occupational Injuries and Illness Form (OSHA Form 300)?	Yes	No	Comment
B15a.	Occupational Injuries			
	Number of deaths		Cases	
	Number of injuries with lost workday		Cases	
	Number of injuries without lost workdays		Cases	
B15b.	Occupational Illness			
	Skin diseases or disorders		Cases	
	Dust diseases of the lungs		Cases	
	Respiratory conditions due to toxic agents		Cases	
	Poisoning (systemic effects of toxic materials)		Cases	
	Disorders due to physical Agents		Cases	
	Disorders associated with repeated trauma		Cases	
	Deaths		Cases	
	Number of illness with lost workdays		Cases	
	Number of illness without lost workdays		Cases	

Part II – Facility Walk-Through

The purpose of Part II of the Workplace Assessment is to record potential exposures observed by the surveyor.

The occupational titles, duration of exposure, engineering and administrative controls and personal protective equipment used are recorded.

In addition, the purpose of the walk-through is to identify and record any potential exposures to specific hazardous substances and/or carcinogens known to be used in the specific industry being surveyed.

Part II – Facility Walk-Through

A. General Facility Information

A1.	Are there hazardous substances used on site? If yes, List in Toxic Substance Inventory Sheet	Yes	No	
A2.	Do you store hazardous substances on site? If yes, List in Toxic Substance Inventory Sheet	Yes	No	
A2a.	How much is used on an annual basis?			
A3.	How many employees are in contact with these hazardous substances?		Employees	
A4.	Typical duration of contact/exposure during the work day (hours)?		Hours	
A5.	Typical number of days of the week exposed to hazardous chemicals?		Days	
A6.	Are visible emissions present during the production process?	Yes	No	Comment
A7.	Is an indirect observed exposure to a hazardous substance present?	Yes	No	Comment
A8.	Ventilation controls in operations (local exhaust, fume hoods, etc)?	Yes	No	Comment
A8a.	Is Personal Protective Equipment used by Employees?	Yes	No	Comment
A8b.	Respirators?	Yes	No	Comment
A8c.	Gloves?	Yes	No	Comment
A9.	Overalls/Suits?	Yes	No	Comment
A9a.	Are Proper OSHA sign/labels present throughout the facility?	Yes	No	Comment
A10.	Are hazard signs offered in an alternate language (ie. Spanish)	Yes	No	Comment
A11.	Proper storage of wastes/materials?	Yes	No	Comment
A12.	Is there a visible presence of mold growth within the facility?	Yes	No	Comment

B. Office Environments

B1.	Does proper HVAC ventilation appear to be present?	Yes	No	Comment
B2.	Are photocopiers/printers near employee desks/offices?	Yes	No	Comment
B3.	Do employees routinely complain of odors, dizziness, headaches, etc?	Yes	No	Comment
B4.	Is the office cleaned on a regular basis by company employees?	Yes	No	Comment
B5.	Is the office cleaned on a regular basis by an outside contractor?	Yes	No	Comment

C. Medical Environments

C1.	Are general anesthesia (gas) used? List type in table.	Yes	No	Comment
C2.	Are biological hazards present (i.e. blood, human wastes)?	Yes	No	Comment
C2a.	If biological hazards are present, are they properly stored, labeled, disposed?	Yes	No	Comment
C3.	How frequently are areas/rooms cleaned or disinfected? List in Table.	Daily	Weekly	Comment
C4.	Is glutaraldehyde used for sterilization?	Yes	No	Comment
C5.	Are there significant odors present following cleanings?	Yes	No	Comment
C6.	Is personal hygiene being practiced?	Yes	No	Comment

D. Construction/Utility Environments

D1.	Is compressed gas used? If so, what type? List in Table.	Yes	No	Comment
D2.	Are asbestos-containing materials ever handled?	Yes	No	Comment
D3.	Exposure to potential Lead-Based Paint?	Yes	No	Comment
D4.	Is there an exposure to PCBs (ie. Light Ballast, electrical Transformers)?	Yes	No	Comment
D5.	Is there an exposure to heavy metal, besides lead (As, Ba, Cd, Cr, Hg, Se, Ag)?	Yes	No	Comment
D6.	Are diesel generators used?	Yes	No	Comment
D7.	Is (airborne/surface) dust visibly present during normal operations?	Yes	No	Comment
D8.	Is there an active use of spray applicants?	Yes	No	Comment
D9.	Are you aware of the new OSHA standard for Chromium and is it being followed?	Yes	No	Comment
D10.	Is personal hygiene being practiced?	Yes	No	Comment

E. Agricultural Environments

E1.	Are pesticides applied/stored properly?	Yes	No	Comment
E2.	Dust hazards from feed, soil, livestock, etc?	Yes	No	Comment
E3.	Biological hazards from feces, feathers, livestock, etc?	Yes	No	Comment
E4.	Is there an active use of spray applicants?	Yes	No	Comment
E5.	Is personal hygiene being practiced?	Yes	No	Comment

WORKPLACE ASSESSMENT

PART IV – QA/QC DOCUMENTATION

Survey Date: ___ / ___ / ___

Surveyor ID: _____

Facility ID: _____

NAICS/SIC Codes: _____

1. Disposition of Survey
 - a. Completed
 - b. Partially Completed
 - c. Refused to be Surveyed

2. Did management personnel prohibit you from surveying any areas of the facility?
 - a. Yes
 - b. No

3. Were you accompanied by someone from the facility when you performed Part II of the survey?
 - a. Yes
 - b. No

4. What questions of the survey were not answered?
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.

5. Was a brief exit interview performed with the point of contact at the facility?
 - a. Yes
 - b. No

Inspector _____

Project Manager _____

WORKPLACE ASSESSMENT

PART III – SOC CODE CHECKLIST

SOC CODE	PRESENT <i>(YES/NO)</i>	EXPOSURE <i>(INFERRED/OBSERVED)</i>	SUBSTANCE (s) LIST CHEMICAL(s)
11-0000 Management Occupations			
13-0000 Business and Financial Operations Occupations			
15-0000 Computer and Mathematical Occupations			
17-0000 Architecture and Engineering Occupations			
19-0000 Life, Physical, and Social Science Occupations			
21-0000 Community and Social Services Occupations			
23-0000 Legal Occupations			
25-0000 Education, Training, and Library Occupations			
27-0000 Arts, Design, Entertainment, Sports, and Media Occupations			
29-0000 Healthcare Practitioners and Technical Occupations			
31-0000 Healthcare Support Occupations			
33-0000 Protective Service Occupations			
35-0000 Food Preparation and Serving Related Occupations			
37-0000 Building and Grounds Cleaning and Maintenance Occupations			
39-0000 Personal Care and Service Occupations			
41-0000 Sales and Related Occupations			
43-0000 Office and Administrative Support Occupations			
45-0000 Farming, Fishing, and Forestry Occupations			
47-0000 Construction and Extraction Occupations			
49-0000 Installation, Maintenance, and Repair Occupations			
51-0000 Production Occupations			
53-0000 Transportation and Material Moving Occupations			
55-0000 Military Specific Occupations			
11-0000 Management Occupations			

13-0000 Business and Financial Operations Occupations			
15-0000 Computer and Mathematical Occupations			
17-0000 Architecture and Engineering Occupations			
19-0000 Life, Physical, and Social Science Occupations			
21-0000 Community and Social Services Occupations			
23-0000 Legal Occupations			

1. Paper filter (PF), Powered Air purifying Respirator (PAPR), Half-faced (HF – HEPA(H), Organic O), Supplied Air (SA), None (N)