|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | Date: | |
|  | | | | | | | Name: | |
| **Exposure, Injury, and Dosimetry Tracking Form** | | | | | | | | |
| **For Activities Performed the Month of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or between:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **1.** During this reporting period, did you work at a job site where oil, hazardous chemicals, radiation, biohazards, or other sources of exposure were or may have been present?  Yes  No  If Yes, please provide details for each trip: | | | | | | | | |
| **Site**  (name, location, ID) | **Dates**  **Present**  **on Site** | **Exposure Sources**  (chemical, physical, biological, ergonomic) | **Exposure**  (# of days, hours per day, exposure level, if known) | **Level(s) of PPE**  **Used** | **EPA TLD**  **(dosimeter)**  **Worn?** | **Symptoms from Exposure** | | **Job Duties** |
|  |  |  |  |  | Yes  No |  | |  |
|  |  |  |  |  | Yes  No |  | |  |
|  |  |  |  |  | Yes  No |  | |  |
|  |  |  |  |  | Yes  No |  | |  |
| **2.** Did you receive an on-the-job significant exposure (chemical, physical, biological, ergonomic) during this reporting period?  Yes  No  Unknown  If Yes, indicate date of exposure \_\_\_/\_\_\_/\_\_\_\_. Notify your supervisor to complete and file the *OSHA & EPA 301 Injury, Illness and Near Miss Report*. Complete [Form CA-1](http://www.dol.gov/owcp/regs/compliance/ca-1.pdf) or [Forms CA-2](http://www.dol.gov/owcp/regs/compliance/ca-2.pdf) and [CA-35](http://www.dol.gov/owcp/regs/compliance/ca-35.pdf) within 24 hours of the incident (or date you realized illness, if applicable, was caused/aggravated by employment) and submit to your supervisor. | | | | | | | | |
|  | | | | | | | | |
| **3.** Were you injured on the job or did you experience a job-related illness this reporting period?  Yes  No  Unknown  If Yes, indicate date of injury/illness \_\_\_/\_\_\_/\_\_\_\_. Notify your supervisor to complete and file the *OSHA & EPA 301 Injury, Illness and Near Miss Report*. Complete [Form CA-1](http://www.dol.gov/owcp/regs/compliance/ca-1.pdf) or [Forms CA-2](http://www.dol.gov/owcp/regs/compliance/ca-2.pdf) and [CA-35](http://www.dol.gov/owcp/regs/compliance/ca-35.pdf) within 24 hours of the incident (or date you realized illness, if applicable, was caused/aggravated by employment) and submit to your supervisor. | | | | | | | | |
|  | | | | | | | | |
| 4. Did your electronic personal dosimeter alarm sound at any time while wearing it?  Yes  No  If Yes, complete the Individual Radiation Exposure Record located at <http://www.epaosc.net/radresources> | | | | | | | | |
| Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name) (Signature)  *[Supervisors: Forward a completed copy of this form to the local SHEMP Manager (or another designated person) at least quarterly.]* | | | | | | | | |