

Appendix 29-C

Occupational Exposures of Reproductive Concern*

To be completed by the supervisor, with the assistance of Safety or Occupational Health as needed.

Date: ___/___/___

Worker: _____ Command/shop: _____

Job Duties: _____

Supervisor: _____ Phone number: _____

Check all that are appropriate:

Workplace: ___ shipboard ___ shop ___ office ___ outdoors ___ other _____

Personal protective equipment used: ___ respirator ___ gloves
___ protective clothing

Job activities/conditions:

- ___ if pregnant, worker expected to be transferred to another job or command.
- ___ jumping ___ climbing ___ working at heights ___ crawling
- ___ heavy pushing/pulling ___ prolonged standing for ___ hours/day
- ___ shift or night work ___ work in hot environment
- ___ heavy/repetitive lifting of ___ lbs (weight) ___/hour (frequency)

Specify the amount and duration of exposure for the hazards listed on the NAVY ENVIRONMENTAL HEALTH CENTER'S REPRODUCTIVE HAZARDS LISTS.** Include Industrial Hygiene sampling data if available. _____

Prepared by: _____ Title: _____

Worker Comments (including other work, home or hobby exposures):

*Taken from Reference 29-7
** Also listed in Appendix 29-A