

## Employee Health and Safety Questionnaire

**Purpose and Uses:** EHS is requesting this information so that we can determine the training you must receive.

Please see the web site for more information (<http://www.ehs.umaryland.edu/osh/orientation.cfm>).

**EHS will contact you periodically to remind you of required training.**

**Instructions:** Please check all relevant boxes in questions 1 through 3 below.

If you are unsure if your job responsibilities involve exposure to hazardous materials, generating chemical waste, or shipping hazardous materials, please contact your supervisor and/or EHS at 410.706.3490.

This form should be returned to Human Resource Services along with your payroll information.

Date:	_____	eUMB Employee ID #:	_____
		OR	
Name:	_____	Social Security #:	_____
	FIRST MI LAST		
Job Title:	_____	Department:	_____
School/Unit:	_____	Phone #:	_____
Building:	_____	Authorized User's Name ( <i>Radiation Workers ONLY</i> ):	_____
Room #:	_____		_____
E-Mail Address:	_____		

1. Do your job duties involve the use of:

- Chemicals       Research Animals       Ionizing Radiation (radioactive material, x-rays)  
 Microorganisms; recombinant DNA, human body fluids, tissues, blood, cell or tissue cultures  
 Non-ionizing Radiation (Laser, EM producing devices, Microwave - not used for cooking)  
 An Irradiator containing radioactive material (Not at University of Maryland Medical System - UMMS)

2. In the performance of your job do you work with or operate:

- An University car or truck       Industrial truck (Forklift, Power Pallet Jack)

3. Do you ship infectious substances, diagnostic specimens,  
or hazardous materials?

- YES       NO       NOT SURE

**RETURN THIS FORM TO YOUR DEPARTMENT PAYROLL REPRESENTATIVE WHEN COMPLETED**