| **Section 2b**  | **Hazard Assessment Questionnaire** |
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| **Form 4** |
| **MEDICAL OR EMERGENCY SERVICES** | [ ]  **N/A** | [ ]  **YES** | [ ]  **NO** |
| Does your employee(s) perform any of the following tasks: |
| 1 | Radiation, laser operations, etc.  | [ ]  YES | [ ]  NO |
| 2 | Dental and/or health care services, etc.  | [ ]  YES | [ ]  NO |
| 3 | Potentially administer CPR or provide first aid in secluded areas or manage/ supervise anyone conducting such work.  | [ ]  YES | [ ]  NO |
| 4 | Need to block or filter employees’ airborne droplets from others or tasks?   | [ ]  YES | [ ]  NO |
| 5 | Police or Rescue Services.  | [ ]  YES | [ ]  NO |
| 6 | Employee exposed to hazardous material, agent, or product at or above state/federal permissible exposure limit (PEL)?   | [ ]  YES | [ ]  NO |
| 7 | Large spill cleanup: spill is too large or complex to clean up with standard spill kit.  | [ ]  YES | [ ]  NO |
| 8 | Responds to and conducts biohazardous spill cleanup.  | [ ]  YES | [ ]  NO |
| 9 | Other (*specify*):  | [ ]  YES | [ ]  NO |
| 10 | Other (*specify*):  | [ ]  YES | [ ]  NO |
| **Additional Comments:**  |
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