

Reproductive Hazard Identification Checklist

This checklist is to be completed by the employer for each job assignment in the workplace. In the case of temporary workers, the checklist should be completed by the host employer, or collaboratively with the staffing agency, and included in the agency contract prior to placement of employees in the position. The completed checklist should also be shared with employees assigned to the job as part of their health and safety training. Employees should share the checklist with their healthcare provider, who can use the information to evaluate the need for any work restrictions or accommodations.

Employer Facility: _____ Staffing Agency: _____

Job Title: _____ Person Completing the Checklist: _____

CHEMICAL REPRODUCTIVE TOXICANTS

Are any of the following hazardous chemicals that are known to be reproductive toxicants used or produced in the workplace? Check all that apply. Note that this list includes reproductive toxicants most commonly found in the workplace, but is not a comprehensive list of all reproductive toxicants. All chemicals in use in the facility should be evaluated for their potential reproductive toxicity.

Acetaldehyde	Dinitro-octyl phenol	2-Methoxy-ethyl acetate
Acrylamide	Dinitro-toluene (DNT)	Methyl alcohol
Acrylic acid	Di-sec-octyl-phthalate	Methyl chloride
Aflatoxins	Diphenylamine	Methylene chloride
Aniline	Dithane	N-methyl-2-pyrrolidone
Arsenic	Endosulfan	Nitrobenzene
Atrazine	Estradiol	Nicotine
Benzene	Epichlorohydrin	Nickel carbonyl
Benzo(a)pyrene	Ethanol	Nitrous oxide
Bisphenol A	2-Ethoxyl ethanol	Phenol
1,3-Butadiene	2-Ethoxyethylacetate	Polychlorinated biphenyls
1-Bromopropane	Ethyl thiourea	Polybrominated biphenyls propylene
Cadmium	2-Ethylhexanol	Propylene glycol monomethyl ether acetate
Carbaryl	Formaldehyde	Propylene oxide
Carbon disulfide	Formamide	Styrene
Carbon monoxide	Glycol ethers	Systhane (fungicide)
Chromic acid	Halothane	TOK (herbicide)
Chloroform	Hexachlorobenzene	Toluene
Chloroprene	Hexafluoroacetone	Trichloroethylene
Di (2-ethyl hexyl) phthalate (DEHP)	Hydrazine(s)	Vinyl chloride
Dibromo-chloropropane (DBCP)	Iodoacetic acid	Xylene
Dibutyl phthalate (DBP)	Karathane (fungicide)	Other:
Dieldrin	Lead compounds	Other:
N,N-dimethylacetamide	Mercury compounds	Other:
Dimethylformamide (DMF)	2-Methoxyethanol	Other:
Dimethyl sulfoxide (DMSO)		



Where can employees access Safety Data Sheets (SDSs) for these and other chemicals?	
Describe the controls that are in place for minimizing exposure to any chemicals that are checked on the previous page:	

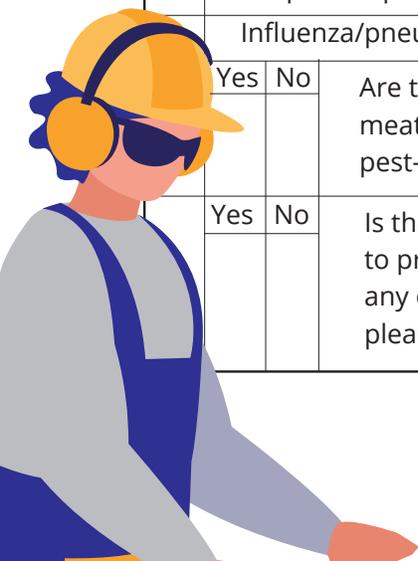
Yes	No	
		Are there work practices, engineering controls, and personal protective equipment (i.e., gloves, respirators, and personal protective clothing) that can be used to reduce exposures to hazardous substances?
		Are engineering controls in place to minimize worker exposure to hazardous substances?
		Are employees trained on work practices and personal protective equipment (i.e., gloves, respirators, and clothing) that can be used by the workers to reduce exposures to hazardous substances?
		Are employees instructed in how to avoid bringing contamination home? (Change out of contaminated clothing and washed with soap and water before going home, street clothes are stored in a separate area of the workplace to prevent contamination, work clothing is stored separately from other laundry at work if possible, and contaminated clothing or other objects are not brought home.)

BIOLOGICAL AGENTS

Is there potential exposure to any of the following infectious diseases in the workplace?
Check all that apply.

<input type="checkbox"/>	Brucellosis	<input type="checkbox"/>	Leptospirosis
<input type="checkbox"/>	Chicken pox/shingles (varicella zoster virus; VZV)	<input type="checkbox"/>	Listeria
<input type="checkbox"/>	Coccidioidomycosis	<input type="checkbox"/>	Malaria
<input type="checkbox"/>	Cytomegalovirus (CMV)	<input type="checkbox"/>	Measles
<input type="checkbox"/>	Ebola virus	<input type="checkbox"/>	Parvovirus B19 (Fifth disease)
<input type="checkbox"/>	Hepatitis B, C, and E viruses	<input type="checkbox"/>	Rubella (German measles)
<input type="checkbox"/>	Human Immunodeficiency Virus (HIV)	<input type="checkbox"/>	Toxoplasmosis
<input type="checkbox"/>	Herpes Simplex II	<input type="checkbox"/>	Zika Virus
<input type="checkbox"/>	Influenza/pneumonia	<input type="checkbox"/>	COVID-19

Yes	No	
		Are there other potential exposures to infectious bacteria and viruses (e.g. raw meat, fish, other foodstuffs, unpasteurized milk and dairy products, dirty toilets, pest-infested storage areas)?
		Is there an exposure control plan in place to prevent infection of employees with any of the above in the workplace? If yes, please attach. Describe the controls.



PHYSICAL AGENTS

Is there potential exposure to any of the following infectious agents in the workplace?
Check all that apply.

<input type="checkbox"/>	Ionizing radiation	<input type="checkbox"/>	Extreme heat
<input type="checkbox"/>	Non-ionizing radiation	<input type="checkbox"/>	Vibration
<input type="checkbox"/>	Noise/intense sound	<input type="checkbox"/>	
Describe the controls that are in place for minimizing exposure to any of the hazards that are checked above.			

WORKING CONDITIONS (Check Yes or No)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is the worker expected to work long hours/overtime?
<input type="checkbox"/>	<input type="checkbox"/>	Does this job require irregular hours or shift work?
<input type="checkbox"/>	<input type="checkbox"/>	Is there strenuous or awkward lifting involved (e.g. twisting, stooping or stretching)?
<input type="checkbox"/>	<input type="checkbox"/>	Is the job one which is perceived to have a high risk of violence (e.g. security work, single staffing)?
<input type="checkbox"/>	<input type="checkbox"/>	Is it necessary to stand or sit for long periods without a break?
<input type="checkbox"/>	<input type="checkbox"/>	Does the work involve climbing up and down steps or ladders?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any tasks involving whole body vibration (e.g. driving or riding in trucks or off-road vehicles)?
<input type="checkbox"/>	<input type="checkbox"/>	Are workers given easy access to toilets with associated hygiene facilities?
<input type="checkbox"/>	<input type="checkbox"/>	Are workers protected from exposure to tobacco smoke in the workplace?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a clean, private area for breastfeeding workers to express breast milk?
<input type="checkbox"/>	<input type="checkbox"/>	Is there somewhere safe for breastfeeding workers to store expressed milk?
<input type="checkbox"/>	<input type="checkbox"/>	Is the job one which is perceived to have a high risk of violence (e.g. security work, single staffing)?
<input type="checkbox"/>	<input type="checkbox"/>	Is help and support easy to access if working alone or if threatened or abused by customers (e.g., in small shops or isolated work areas)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the worker have some flexibility or choice over their working hours?
<input type="checkbox"/>	<input type="checkbox"/>	Are there tasks which are known to be particularly stressful, for example, dealing with hostile customers or complaints and handling cash and valuables, especially at night?

Describe the controls that are in place for minimizing exposure to any of the hazards that are checked above:

PERSONAL PROTECTIVE EQUIPMENT (Check if use is required)

<input type="checkbox"/>	Gloves
<input type="checkbox"/>	Protective Clothing
<input type="checkbox"/>	Respirator
<input type="checkbox"/>	Hearing Protection
<input type="checkbox"/>	Special Footwear
<input type="checkbox"/>	Fall Protection Equipment

