

Prototypical Safety Program Manual

Access to Employee Exposure and Medical Records

Policy

The Department will comply with OSHA regulations pertaining to access to employee exposure and medical records as prescribed in 29 CFR 1910.1020. The purpose of this policy is to preserve the employee's right of access to exposure and medical records relevant to exposure to toxic substances or harmful physical agents.

Responsibility

It is the responsibility of each employee to notify his or her supervisor in the event of exposure to hazardous chemicals or harmful physical agents.

The supervisor maintains responsibility to ensure that a Hazardous Substance Exposure Report, located in Appendix I of this Section, is completed and submitted to the Safety Manager/Officer. When applicable, a copy of the OSHA Form No. 101, Supplementary Record of Occupational Injuries and Illnesses, or state equivalent, and a copy of any pertinent MSDSs should be attached to the report.

The Company Medical Officer is responsible for maintenance of Aviation Services employees' medical records pertaining to this policy.

The Safety Manager/Officer will be responsible for maintenance of employee exposure records pertaining to this policy.

Recordkeeping and Access to Records

Employee medical records will be preserved and maintained for the duration of the employee's employment with the company plus thirty (30) years.

Exposure records shall be preserved and maintained for thirty (30) years, unless a specific OSHA standard provides for a different period of time.



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Employee medical records and/or exposure records shall be made available to OSHA, the employee, or the employee's designated representative provided that the requirements of 29 CFR 1910.1020 are fulfilled. The person responsible for maintaining the records will provide medical and/or exposure records within fifteen (15) business days of receipt of a written request. If for some reason the records can not be provided within 15 days, the employee will be notified of the reason for the delay and the date when the records will be available.

The Employee Request for Access to Medical Records form (Appendix II of this Section) and/or the Employee Request for Access to Exposure Records form (Appendix III of this Section) should be used for this purpose.

Appendix I - Hazardous Substance Exposure Report

| | | |
|------------------|------------|----------------|
| Employee's Name: | Job Title: | Incident Date: |
|------------------|------------|----------------|

I. Hazardous Substance – Please describe the incident on the back of the form

1. Chemical Identity or Common Name of Substance Exposed to (attach copy of MSDS, if applicable):

2. Type of Contact (Circle all that apply): Skin Mucous Membrane Broken Skin
 Eye Contact Inhalation Ingestion
 Other (Explain) _____

3. Physical State of Substance: Solid Liquid Gaseous

4. Other Circumstances: Explosion Fire Smoke Fumes

5. Personal Protective Equipment in Use:

II. Medical Information

1. Type of Medical Care Received: First Aid Physician's Office Hospital Outpatient
 Hospital Inpatient Emergency Room

2. Location of Medical Records Relevant to This Exposure Incident

| | | | |
|--------------------|-------|--------------------|-------|
| Person Responsible | _____ | Person Responsible | _____ |
| Address | _____ | Address | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| Phone | _____ | Phone | _____ |

| | | |
|------------------|------------|-------|
| Reporter's Name: | Signature: | Date: |
|------------------|------------|-------|

If applicable, attach OSHA form No. 101, Supplemental Record of Occupational Injuries and Illnesses. Please submit completed form to the Department Safety Specialist.

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Appendix II - Employee Request for Access to Medical Records

Employee Name _____ Date _____

Current Work Location _____ Phone _____

I hereby request access to the following information contained in Medical Records or Analyses of Medical Records pertaining to me:

| Description of Information | Purpose/Restrictions |
|----------------------------|----------------------|
| _____ | Purpose/Restrictions |
| _____ | _____ |
| _____ | _____ |

I understand that the granting of access to records is not to be construed as being an admission, express or implied, that exposure to any toxic substance or harmful physical agent has or may have occurred, or that such exposures as may have occurred were at toxic or harmful concentrations or durations.

Signature of Employee _____ SS# _____

(To Be Completed Only If Employee Wishes To Designate A Representative To Receive The Records)

I hereby authorize the Philip Morris Management Corp. Health Services Department to release the above listed record(s) to the following individual:

Name _____ Title _____

Address _____ Phone _____

I give permission for this release for the above listed purpose and restrictions, but I do not give permission for any other use or redisclosure of this information. I understand that this authorization applies only to the information contained in the medical and/or exposure record(s) described above. Authorization will be for not more than (1) year but may be revoked in writing at any time.

Signature of Employee _____

Signature of Witness _____

NOTE: A Designated Representative will be required to complete a Receipt of Medical Record form.

(To Be Completed By Health Services Department)

Date of Receipt of Request _____ Signed _____

(To Be Completed By Employee Upon Receipt Of Requested Records)

I have received the record(s) described above from the Philip Morris Management Corp. Health Services Department:

Signature _____ Date Received _____

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Appendix III - Employee Request for Access to Exposure Records

Employee Name _____ Date _____

Current Work Location _____ Phone _____

I hereby request access to the following record(s) pertaining to me: (Please check the specific record you desire.)

- Environmental Monitoring
- Biological Monitoring
- Material Safety Data Sheet
- Analysis of Exposure Records

Which relates to the following toxic substance or harmful physical agent for the following job assignment during the time period indicated: (Please be specific.)

| Job Assignment or Employees | Specific Work Location | Substance/Agent | Date From | To |
|-----------------------------|------------------------|-----------------|-----------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

I understand that the granting of access to records is not to be construed as being an admission, express or implied, that exposure to any toxic substance or harmful physical agent has or may have occurred, or that such exposures as may have occurred were at toxic or harmful concentrations or durations.

Signature of Employee _____ SS# _____

(To Be Completed Only If Employee Wishes To Designate A Representative To Receive The Records)

I hereby authorize the Philip Morris Management Corp. Aviation Services Department to release the above checked record(s) to the following individual:

Name _____ Title _____

Address _____ Phone _____

(To Be Completed By Safety Specialist)

Date of Receipt of Request _____ Signed _____

(To Be Completed By Employee Upon Receipt Of Requested Records)

I have received the record(s) described above from the Philip Morris Management Corp. Aviation Services Department:

Signature _____ Date Received _____

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