Stanford | Environmental Health & Safety
Research Safety

Reproductive and Developmental Health Hazard Questionnaire

Name:	**SUNet ID:**
Email:	**Phone:**
Supervisor's Name:	**Department:**
Building:	**Room number:**
Goal: ☐ Consultation (i.e., Gather more information) ☐ Get a written report from EHS ☐ Other	
Date (MM/DD/YY):	

A. Agents at Work

Continue each list on separate page if needed

Full Name of Chemical Agents

List materials you are currently using or anticipate that you might use during the preconception period or pregnancy.

Name of Material *Provide the full form of the acronym. Include product number if applicable (e.g., Qiagen kits).*	**Frequency and Duration of Use** (Once/ day for two hrs, etc.)	**Physical State** (Solid, liquid, gas)	**Quantity Used per use, in unit of time** (e.g., 10 ml/week)	**Controls Used** (e.g., Bench vs. Fume Hood, Biosafety cabinet, glove box, radiation shielding, task rotation, gloves, safety glasses, respirator, etc.)	**Tasks** (Describe how the agent will be used e.g., gel electrophoresis, Bioassays, making stock solutions, buffers, isolating protein, pipetting, etc.).

Full Name of Biological Agents (including the strains, promotors, and the biosafety level)

List materials you are currently using or anticipate that you might use during the preconception period or pregnancy.

Name of Material *Provide the full form of the acronym. Include product number if applicable (e.g., Qiagen kits).*	**Frequency and Duration of Use** (Once/ day for two hrs, etc.)	**Physical State** (Solid, liquid, gas)	**Quantity Used per use, in unit of time** (e.g., 10 ml/week)	**Controls Used** (e.g., Bench vs. Fume Hood, Biosafety cabinet, glove box, radiation shielding, task rotation, gloves, safety glasses, respirator, etc.)	**Tasks** (Describe how the agent will be used e.g., gel electrophoresis, Bioassays, making stock solutions, buffers, isolating protein, pipetting, etc.).

Radiation

List materials you are currently using or anticipate that you might use during the preconception period or pregnancy.

Name of Material *Provide the name of the isotope that will be used..*	**Frequency and Duration of Use** (Once/ day for two hrs, etc.)	**Physical State** (Solid, liquid, gas)	**Quantity Used per use, in unit of time** (e.g., uCi, mCi,10 ml/week)	**Controls Used** (e.g., Bench vs. Fume Hood, glove box, radiation shielding, gloves, safety glasses, etc.)	**Tasks** (Describe how the material will be used e.g., gel electrophoresis, Bioassays, making stock solutions, buffers, isolating protein, pipetting, injecting into animals, etc.).

Noise

List materials you are currently using or anticipate that you might use during the preconception period or pregnancy.

Name of Material *Provide the full form of the acronym. Include product number if applicable (e.g., Qiagen kits).*	**Frequency and Duration of Use** (Once/ day for two hrs, etc.)	**Physical State** (Solid, liquid, gas)	**Quantity Used per use, in unit of time** (e.g., 10 ml/week)	**Controls Used** (e.g., Bench vs. Fume Hood, Biosafety cabinet, glove box, radiation shielding, task rotation, gloves, safety glasses, respirator, etc.)	**Tasks** (Describe how the agent will be used e.g., gel electrophoresis, Bioassays, making stock solutions, buffers, isolating protein, pipetting, etc.).

B. Personal Protective Equipment

What type of personal protective equipment do you wear while working?

❒ Gloves (List Type, Make, Model) (e.g., Nitrile, butyl rubber, neoprene, etc.)	❒ Eye/Face Protection
❒ Lab Coat/ Apron	❒ Hearing Protection
❒ Dust Mask	❒ Respirator
❒ Close toe shoes	❒ Other (please list): _____

C. Animals

Do you work in a vivarium with live animals, or animal tissues? If yes, then provide the IACUC protocol number.

D. Infectious Biological Agents

Do you work with any infectious biological agents classified as Biosafety Level 2 (BSL-2) or above or recombinant or synthetic nucleic acid molecules(r/sNA) classified as non-exempt by the National Institutes of Health (NIH)? If yes, provide the IBC protocol number.

E. Health & Safety Concerns

Do you have any health or safety concerns about your work? If so describe:

F. Food & Beverage

Do you store or consume food or beverages in your workplace?

☐ Yes ☐ No

G. Spills & Unintentional Exposures

Have you had any spills or unintentional exposures recently? If so, describe:

H. Lab Environment (if applicable)

1. How much of your time do you spend doing:

Bench work _____%

Office work _____%

2. Are other people working in the same lab room as you?

☐ Yes ☐ No

3. Does your chemical fume hood have enough room in it (e.g., free of clutter, baffles at the back wall are not blocked etc.)?

4. Describe how your chemicals are stored in your lab (e.g., insider secondary container in flammable cabinet, acid/base cabinets, etc.

5. Is your chemical fume hood certified annually?

☐ Yes ☐ No ☐ N/A

Date of the last certification:_____

6. Is your Biosafety Cabinet certified?

☐ Yes ☐ No ☐ N/A

Date of the last certification: _____

I. Physical Demands

Describe the physical demands of your job:

Physical Demands	Duration/day	Frequency/day	Description
Standing			
Sitting			
Lifting			
Bending/Twisting			
Overhead work			
Computer based work			

Controls to consider:

a) Take micro breaks throughout the day.
b) Alternate between sitting and standing.
c) Minimize prolonged static standing.
d) Wear comfortable and supportive shoes.
e) Try to weight shift or move around.

f) Use good lifting techniques, keep a wide stance, and bend your knees.
g) Minimize carrying heavy bags over your shoulder.
h) Minimize performing repetitive movements (e.g., use multichannel Pipette to lower thumb fatigue, lowering the risk of repetitive strain injury (RSI)).

Disclaimer: Reproductive and Developmental Health Hazard Assessment is to identify hazards in the work setting and provide recommendations based on the hierarchy of controls framework to the respective supervisor. This assessment is not synonymous to any medical accommodation(s) requested by the employee/researcher from a practicing medical professional. Reproductive outcome is a result of many factors, including biology, environment, and nutrition of both parents; as with all pregnancies, outcomes are uncertain. EH&S recommends that the researcher consult with her OB/GYN physician. If her OB/GYN physician has any questions, arrangements can be made for her doctor to confer with an Occupational Health Physician.