



Guidelines for Accessing Employee Exposure and Medical Records

Environmental Health and Safety

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IV. Responsibilities

A. Environmental Health and Safety (EHS)

- i. Administrative oversight of the Guidelines and Procedures for Access to Employee Exposure and Medical Records Program, including developing the written program and revising as necessary
- ii. Maintain records of exposure measurements for a period of 30 years
- iii. Provide exposure monitoring results to all employees monitored for exposure
- iv. Release exposure records to employees or designated representatives upon request
- v. In the absence of direct employee exposure records, provide anonymous records of comparable similar exposures

B. Supervisors/Departments

- i. Maintain Safety Data Sheets (SDSs) for materials used in department;
- ii. Provide SDSs to employees.

C. Employees

- i. Participate in exposure monitoring as necessary to maintain a safe and healthy work environment
- ii. Contact Supervisor/Department head for access to SDSs;
- iii. Contact EHS for access to exposure monitoring results;
- iv. Contact appropriate occupational health partner for access to related medical records

D. Occupational Health Partners

- i. Maintain employee medical records;
- ii. Release medical records to employees or designated representative upon request
- iii. Retain employee medical records for a period of at least employment plus 30 years.

V. Procedures for Accessing Exposure Records

VII. Recordkeeping

Exposure Records and Medical Records will be maintained as follows:

- A. **Exposure Records:** EHS will retain all exposure monitoring reports. These reports will be retained for 30 years and made available to personnel upon request.
- B. **Medical Records:** Northwestern's Occupational Health Partners will retain all medical records. These records will be retained for the duration of employment plus 30 years.

VIII. Regulatory Authority

Northwestern and contractors will comply with the Occupational Safety and Health Administration's (OSHA) standards and any

Appendix 1– Exposure Records Release Authorization Form

Name _____ Date _____

Department: _____ Job Title _____

Email _____ Phone number _____

I request access to the exposure record(s):

Air Contaminant(specify): _____ Noise _____ Other(specify): _____

* Radiation exposure records must be requested from Research Safety at radiation-safety@northwestern.edu

Describe the exposure records requested (job task, job location, substance/agent, date/time period): _____

Purpose for requesting records: Personal use Other(specify): _____

To be completed if the employee is requesting to receive their own record:

Signature _____ Employed D # _____

To be completed if the employee designates a representative to receive the record:

I hereby authorize the release of the above specified record to the following

Name/Organization _____

Address _____

Email _____ Phone number _____

This authorization form will expire one year from date unless otherwise specified by employee. Employee can revoke authorization in writing at any time.

Employee Signature _____ Date _____

To be completed by the individual receiving the record:

I have received the record specified above.

Signature: _____ Date Received: _____

Submit this form to Environmental Health and Safety (EHS) at ehs@northwestern.edu