# Mostbergtone

# Guidelines foAccessing Employee Exposure and Medical Records

Environmental Health and Safety

## Table of Contents

I.	Program Goals and Objectives	.2
II.	Scope and Application	.2
III.	Definitions	2
IV.	Responsibilities	.3
V.	Procedures for Accessing Expositions Exposition	.3
VI.	Procedures for Accessing Medical Records	.3
VII.	Recordkeeping	.4
VIII.	Regulatory Authority	4
	Contact	
Арр	endix 1 -Exposure Records Release Authorization Form	.5

## I. Program Goals and Objectives

Northwestern University is committed to maintaining a safe and healthykwenvironment. It is the goalof Northwesternto eliminate potential hazards in the workplacend in order to do so various exposure monitoring and medical screenings may be required. This program establishes standardprocedures or employees to access their work lated exposure and medical records

## II. Scope and Application

This program applies tall Northwestern Universityunits and associated partners maintaining exposure and medical records. Employee exposure records include information on environmental andbiologicalmonitoring, along withchemical agents that may affect employee health, including Safety Data Sheets (SDISIN) ployee medical records include work atted medical information held by a physician, nurse, or other healthcare personnel, or technician. This program outlines rpcedures for personnel obtain access to these records

#### III. Definitions

## IV. Responsibilities

#### A. Environmental Health and Safety (EHS)

- i. Administrative oversight of Guidelines and Procedures for Access to Employee Exposure and Medical Resorrogram, including developing the written programand revising as necessary
- ii. Maintain records of exposure measuremefos a period of 30 years
- iii. Provide exposure monitoringesults to all employees monitored fexposure
- iv. Release exposure records to elongees or designated representatives upon request
- v. In the absence of direct employee exposure records, proxidenymous records of comparabler 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. ContactEHSor access to exposure monitog results;
- iv. Contact appropriate occupational health partner for access to **wela**ted medical records

#### D. Occupational Health Partners

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

## V. Proceduresor Accessing Exposure Records rpoarsuel 7co(p)13.3 (s)-1.

## VII. Recordkeeping

Exposure Records and Medical Records willnatentained as follows:

- A. Exposure Records: EHSwill retain allexposure monitoring reports These reports will be retained for 30 years and madevailable 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

Northwesternand contractors wilcomply with the Occupational Safety and Health Administrations (OSHA)standards and any

# Appendix 1– Exposur&Records Release Authorization Form

Name	Date	
Department:	Job Title	
Email	Phone number	
I request access to the exposure record (s):		
Air Contaminan(specify):	Noise Othe(specify):	
* Radiation exposure records must beequested from Res	search Safetyt radiation-safety@northwestern.edu	
Describe the exposure records requested (job task, job loc	cation, substance/agent, date/time period):	
Purpose for requesting records: Personal use Other		
To be completed if the employee is requesting to receive their	r own record:	
Signature	EmployedD #	
To be completed if the employee designates a representative	to receive the record:	
I hereby authorize the release of the above specified reco	rd to the followin	
Name/Organization_		
Address		
Email	Phone number	
This authorization form will expire one year from date unle revoke authorization in writing at any time.	ess otherwise specified by employee. Employee ca	
Employee Signature	Date	
To be completed by the individual receiving the record:		
I have received the record specified above.		
Signature:	Date Received:	

Submitthis form to Environmental Healtland Safety(EHS) at ehs@northwesterns1D 49 >> Bm ttew0.001 Tw <</MCID 499 (i)5 <

Guidelines for Accessingn Floyee Exposure and Adical Records Environmental Health and Safety February 208