

A full-page photograph of a male worker in profile, facing left. He is wearing a yellow hard hat, safety glasses, and a blue protective suit with a harness. He is holding a white document and looking at it. The background is a complex industrial facility with many pipes, ladders, and structures under a clear sky.

IPS

Industrial Performance Services

ITCS

Industrial Tubular Catalyst Services

ACCESS TO EMPLOYEE EXPOSURE AND MEDICAL RECORDS PROCEDURE

V:2023.1

Access to Employee Exposure and Medical Records Procedure

January 2023

POLICY

IPS★ITCS 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

Note: *OSHA requires states with their own safety and health programs to have rules and enforcement programs that are at least as effective as those of the federal program. Be aware that your residing state may have additional requirements.*

DEFINITIONS

Access means the right and opportunity to examine and copy.

Employee means a current employee, a former employee, or an employee being assigned or transferred to work where there will be exposure to toxic substances or harmful physical agents. In the case of a deceased or legally incapacitated employee, the employee's legal representative may directly exercise all the employee's rights under this section.

Employee exposure record means a record containing any of the following kinds of information:

(1) Environmental (workplace) monitoring or measuring of a toxic substance or harmful physical agent, including personal, area, grab, wipe, or other form of sampling, as well as related collection and analytical methodologies, calculations, and other background data relevant to interpretation of the results obtained;

(2) Biological monitoring results which directly assess the absorption of a toxic substance or harmful physical agent by body systems (e.g., the level of a chemical in the blood, urine, breath, hair, fingernails, etc.) but not including results which assess the biological effect of a substance or agent or which assess an employee's use of alcohol or drugs;

(3) Material safety data sheets indicating that the material may pose a hazard to human health; or

(4) In the absence of the above, a chemical inventory or any other record which reveals where and when used and the identity (e.g., chemical, common, or trade name) of a toxic substance or harmful physical agent.

Employee medical record means a record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel or technician, including:

- (1) Medical and employment questionnaires or histories (including job description and occupational exposures),
- (2) The results of medical examinations (pre-employment, pre-assignment, periodic, or episodic) and laboratory tests (including chest and other X-ray examinations taken for the purposes of establishing a base-line or detecting occupational illness, and all biological monitoring not defined as an “employee exposure record”),
- (3) Medical opinions, diagnoses, progress notes, and recommendations,
- (4) First aid records, descriptions of treatments and prescriptions, and employee medical complaints.

“Employee medical record” does not include medical information in the form of:

- (1) Physical specimens (e.g., blood or urine samples) which are routinely discarded as a part of normal medical practice; or
- (2) Records concerning health insurance claims if maintained separately from the employer's medical program and its records, and not accessible to the employer by employee name or other direct personal identifier (e.g., social security number, payroll number, etc.); or
- (3) Records created solely in preparation for litigation which are privileged from discovery under the applicable rules of procedure or evidence; or
- (4) Records concerning voluntary employee assistance programs (alcohol, drug abuse, or personal counseling programs) if maintained separately from the employer's medical program and its records.

Employer means a current employer, a former employer, or a successor employer.

Record means any item, collection, or grouping of information regardless of the form or process by which it is maintained (e.g., paper document, microfiche, microfilm, X-ray film, or automated data processing).

RESPONSIBILITY

It is the responsibility of each employee to notify their 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 HSEQT Manager. 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 SDSs should be attached to the report.

The Human Resource Manager is responsible for maintenance of IPS★ITCS employees' medical records pertaining to this policy.

The HSEQT Manager 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 30-years.

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

Employee medical records and 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 exposure records within 15-business days of receipt of a written request. If for some reason the records cannot 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 the Employee Request for Access to Exposure Records form (Appendix III of this Section) should be used for this purpose.

HSEQT Manager shall, upon request, assure the access of each employee and designated representative to each analysis using exposure or medical records concerning the employee's working conditions or workplace.

Whenever access is requested to an analysis which reports the contents of employee medical records by either direct identifier (name, address, social security number, payroll number, etc.) or by information which could reasonably be used under the circumstances indirectly to identify specific employees (exact age, height, weight, race, sex, date of initial employment, job title, etc.), the employer shall assure that personal identifiers are removed before access is provided. If the employer can demonstrate that removal of personal identifiers from an analysis is not feasible, access to the personally identifiable portions of the analysis need not be provided.

Appendix I - Hazardous Substance Exposure Report

Employee's Name:	Job Title:	Incident Date:
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I. Hazardous Substance — Please describe the incident on *HSE.FOR.Incident Report (Injured Person.2022)*

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

2. Type of Contact (Circle all that apply):

<input type="checkbox"/> Skin	<input type="checkbox"/> Mucous Membrane	<input type="checkbox"/> Broken Skin
<input type="checkbox"/> Eye Contact	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Ingestion
<input type="checkbox"/> 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:

<input type="checkbox"/> First Aid	<input type="checkbox"/> Physician's Office
<input type="checkbox"/> Hospital Outpatient	<input type="checkbox"/> Hospital Inpatient
<input type="checkbox"/> Emergency Room	

2. Location of Medical Records Relevant to This Exposure Incident

Person Responsible: _____	Person Responsible: _____
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Address: _____	Address: _____
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Phone: _____

Phone: _____

Reporter's Name:	Signature:	Date:
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If applicable, attach OSHA form No. 101, Supplemental Record of Occupational Injuries and Illnesses.
Please submit completed form to the (Department Safety Specialist).

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
_____	_____
_____	_____
_____	_____

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 IPS★ITCS Human Resources 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: HSEQT Manager or HR Manager)

Date of Receipt of Request: _____ Signed: _____

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 IPS★ITCS to release the above checked record(s) to the following individual:

Name _____ Title _____

Address _____ Phone _____

(To Be Completed by HSEQT Manager)

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 IPS★ITCS:

Signature _____ Date Received _____

Revision History

Rev	Rev Date	Rev By	Approved By	Description
1.0	1.3.2022	Shayne Torrans	Shayne Torrans	Initial Procedure Document
1.1	11.23.2022	Shayne Torrans	Shayne Torrans	Format Revision

Approvals:

Procedure Owner

Competency Assessment

No.	Questionnaire	C/NYC
Q1		
A1		
Q2		
A2		
Q3		
A3		
Q4		
A4		
Q5		
A5		

Enclosed Attachments	
Risk Assessment	<input checked="" type="checkbox"/>
Environmental Aspect and Impact	<input checked="" type="checkbox"/>
Training and Competency	<input checked="" type="checkbox"/>
Measure and Evaluation Tools	<input checked="" type="checkbox"/>

Competency Checklist

To be filled out by Trainer and signed by Employee, Assessor and Supervisor before being returned to the HSEQT Manager for recording purposes.

Procedure	Competency	Date	Competent YES / NO	Employee Signature

(Please tick appropriate box)

This employee is competent in performing the job.

This employee has not attained the competency level.

*

* *If the employee has not attained all competency levels, the General Manager must assess the action to be taken, provide an extension of training or alternative action as listed below.*

Alternate action to be taken: _____

Signed By	Employee:	_____	Date:	_____
	Trainer:	_____	Date:	_____
	Assessor:	_____	Date:	_____
	Regional Manager:	_____	Date:	_____

Environmental Aspects and Impacts

Identified Environmental Aspects and Impacts

The following table is a summary of the likely environmental aspects and impacts that may be identified during site inspections. The significance of each impact needs to be assessed using the Risk Assessment Model.

Activity	Aspect	Impact
Purchasing & Administrative Work	Consumption of goods	Conservation of natural resources
	Consumption of energy (eg. Electrical equipment and facilities)	Release of greenhouse gases and atmospheric pollution; Consumption of natural resources; Habitat loss
	Generation of waste (eg. Paper)	Consumption of space for waste disposal; Habitat loss
Climate Control	Consumption of energy	Release of greenhouse gases and atmospheric pollution; Consumption of natural resources; Habitat loss
	Generation of noise	Disturbance to community; Habitat loss
Cleaning of – offices / vehicles	Storage, use and release of chemicals	Contamination of air, water or soil; Risk to human health
Transport (Fleet vehicles / staff travel)	Consumption of energy	Release of greenhouse gases and atmospheric pollution; Consumption of natural resources; Loss of habitat at all stages of generation; Light pollution
	Consumption of goods (eg. Oil)	Consumption of natural resources; Generation of waste; Habitat loss; Biodiversity impacts
	Generation of waste (eg. Oil)	Consumption of space for waste disposal; Potential contamination of water or soil; Habitat loss
	Exhaust emission	Release of greenhouse gases and atmospheric pollution
	Use of dangerous goods (eg. Batteries)	Potential contamination of air, water or soil; Risk to human health
	Generation of noise	Disturbance to community; Habitat degradation
Operations		

Sample only.
To be filled in

Risk Assessment



Risk Assessment // insert name here

<p>Step No: Logical sequence</p>	<p>Sequence of Basic Job Steps documented in the Procedure, Work Instruction and project plans. Break down Job into steps.</p> <p>Each step should be logical and accomplish a major task.</p>	<p>Potential Safety & Environmental Hazards/Impacts at the site of the Job</p> <p>Identify the actual and potential health and safety hazards and the environmental impacts associated with each step of the job.</p>	<p>Risk Rating</p> <p>Refer to the risk matrix or HSEQT.PRO.Risk Mgt</p>	<p>Recommended Corrective Action or Procedure</p> <p><i>Determine the corrective actions necessary to reduce the risk to as low as reasonably practical (ALARP) refer to HSEQ.PRO.Risk Mgt. The risk must be reduced or controlled to ALARP before work commences.</i></p> <p>Document who is responsible for implementing the controls to manage each hazard identified.</p>	<p>Risk Rating refer to the risk matrix or HSEQT.PRO.Risk Mgt</p>
1.					
2.					
3.					
4.					
5.					

Audit



Process: insert// Procedure: Insert //		Date:	Audited by:	
		Location of Audit:	Area Mgr./Supervisor:	
Item	Question	Evidence Sited	Comments	Conformance Score 0,3,5
1.				
2.				
3.				
4.				
5.				
6.				
7.				
AUDITOR'S SIGNATURE:		CONFORMANCE SCORE: / 25		0 – Non-Conformance 3 – Continuous Improvement Opportunity 5 – Total Conformance
SAFETY REP'S SIGNATURE:		CONFORMANCE %:		