

1. Surveying Agency Data				
Agency/Organization doing the assessment	Group #	Surveyor name	Date of Assessment (dd/mm/yyyy)	
2. Facility Name & Spatial Data				
Location Name	Street Address	City	State	Zip
Location Description		Latitude/Longitude	Number of Employees	
Contact:	Phone (work)	Phone (cell)	Email	
01	List organizations or volunteer groups of response workers who are involved in the affected areas: Groups Point of Contact Phone Number:			
02	List Federal/State/County/Non-Governmental Organizational Groups responsible for monitoring response worker health and safety issues: Groups: Point of Contact Phone Number:			
	Assessment Item	YES	NO	Comment
03	Is safety training provided to new emergency responders?			
04	Is worker injury data being recorded? <i>If yes, describe in the comments box:</i>			
05	Are supplies or distribution of worker personal protective equipment a problem? <i>If yes describe in the comments box</i>			
06	Is information needed for any specific occupational risks or exposures? <i>If yes, Please describe in the comments box:</i>			
07	Is occupational safety and health assistance needed immediately for response workers?			
09	Do any of the large industrial facilities or operations have significant unaddressed response worker health and safety needs? <i>If yes, Please describe in the comments box:</i>			
10	Have local union groups requested assistance?			What Groups: Point of Contact / Phone Number:
11	Are there specific worker populations with emerging Infection Control, Employee Health, or Occupational Health needs? Examples: Healthcare workers Construction/Demolition/Debris Removal Workers Utility Workers (Electrical, Gas, Water, Sanitation, Sewer, Or Communications) Hazardous Materials/Pollution Control Responders Emergency Responders – Fire/Rescue/Police/EMS			
12	Have any other agencies provided Situation Reports that contain worker health and safety assessments that identified critical gaps in worker safety? <i>If yes, Please describe in the comments box:</i>			