Hurricane Sandy Assessment Survey:
Mount Sinai School of Medicine (MSSM)

1. Your name: __________________________

2. Date: __________________________

3. Organization: _______________________

4. Phone Number (including area code): _______________________

5. Time: __________________________

6. Location (address and nearest intersection): _______________________

7. Describe what activity or site you are observing in detail: _______________________

8. Length of time organization anticipates being in the disaster area:
   _________ days _________ months
9. Are there any workers available to speak to, if yes please ask the following:
   a. Are there any health hazards they are concerned about?
   b. What type of monitoring would be useful?

10. Are you (select one):
    a. Indoors
    b. Outdoors

11. Is there visible dust in the air?
    a. Yes
    b. No

   If yes, what is the source?

12. Are there noticeable odors?
    a. Yes
    b. No

   If yes, what is the source (please describe)?

13. Are there wet materials?
    a. Yes
    b. No

   Number of square feet:
14. Is there visible mold?
   a. Yes
   b. No

Number of square feet:

15. Is there standing water?
   a. Yes
   b. No

Number of square feet:

16. Are there any generators, heaters, cook stoves, or charcoal grills being used (indoors/outdoors)?
   a. Yes
   b. No

17. If generators, heaters, cook stoves, or charcoal grills are being used, are they:
   a. Indoor
   b. Outdoor

18. Is there visible oil/fuel?
   a. Yes
   b. No

Number of square feet:

19. Are there oily sediments?
   a. Yes
   b. No
   c. Unsure

Number of square feet:

20. Are there visible chemical leaks?
   a. Yes
   b. No
   c. Unsure

Number of square feet:
21. Are there signs of chemical contamination?
   a. Yes
   b. No
   c. Unsure
   Number of square feet:

22. If there are signs of chemical contamination, please describe:

23. Is there decaying organic material?
   a. Yes
   b. No
   c. Unsure
   Number of square feet:

24. Are there trucks running?
   a. Yes
   b. No
   Number:

25. Are there other engines running?
   a. Yes
   b. No
   Number:

26. Is there visible haze from combustion?
   a. Yes
   b. No
   Source:
27. Is there fire or smoke?
   a. Yes
   b. No
   Source:

28. Is there ongoing demolition of debris?
   a. Yes
   b. No
   Describe debris:

29. Are there visible friable insulation?
   a. Asbestos-like
   b. Fiberglass
   c. Unsure

30. Describe visually what you see that may be important:

31. Are there any health symptoms observed?
   a. Yes
   b. No
   If yes, how many people?

32. Are there health symptoms reported?
   a. Yes
   b. No
   If yes, how many people?
33. Describe health issues:

34. Are the workers paid or volunteer?
   a. Paid
   b. Volunteers
   c. Unsure

35. Are the workers wearing respirators?
   a. Yes
   b. No

36. If respirators are worn, what type?
   a. Unsure
   b. Dust mask (no N95 designation, may have 1 or 2 straps, may have nose clip)
   c. N95 Filtering face-piece with no valve (may have one or 2 straps, may have nose clip)
   d. N95 Filtering face-piece with valve
   e. Rubber mask with cartridges

37. Have workers been fit tested for the respirators they are currently wearing?
   a. Yes
   b. No

38. Have they received any training or orientation about to use them?
   a. Yes
   b. No

39. Are workers wearing chemical or dust restraint suits over their work clothes?
   a. Yes
   b. No

40. Are workers wearing boots?
   a. Yes
   b. No
   If yes, what type:
41. Are workers wearing eye protection?
   a. Yes
   b. No

42. Are workers wearing gloves?
   a. Yes
   b. No

43. Are there decontamination facilities?
   a. A hand-washing station
   b. Full decontamination station
   c. None
   Other:

44. What level of worker training have workers received? (Check all that apply)
   a. None
   b. Hazmat
   c. Emergency response
   d. Asbestos abatement
   e. Lead removal
   f. Site specific only

45. Noise: Is it too noisy to hear someone more than 3 feet away talking in a normal voice?
   a. Yes
   b. No

46. Other observations related to exposures:

47. Are there any other safety hazards not asked?