

NIOSH Deepwater Horizon Roster Form

Form Approved
OMB No. 0920-0851
Exp. Date 08/31/2010

Gulf Coast Oil Spill Initial Survey

Date _____

Name (Last, First, MI) <input style="width: 100%;" type="text"/>		Date of birth <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Last four digits of social sec. <input style="width: 40px;" type="text"/>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other
Cell phone (with area code) <input style="width: 40px;" type="text"/>	Street address <input style="width: 150px;" type="text"/>	City <input style="width: 40px;" type="text"/>	State <input style="width: 30px;" type="text"/>	ZIP <input style="width: 40px;" type="text"/>	Email address <input style="width: 150px;" type="text"/>	
Name and number of contact who will know where you are in 6 months <input style="width: 150px;" type="text"/>			Employer or volunteer organization on site <input style="width: 150px;" type="text"/>			
What has been your USUAL Job prior to the Spill? <input style="width: 150px;" type="text"/>		On the Oil Spill, are you a: <input type="checkbox"/> BP employee <input type="checkbox"/> Contractor <input type="checkbox"/> Government worker <input type="checkbox"/> Volunteer <input type="checkbox"/> Don't Know				
How many years have you been working at your USUAL job? <input style="width: 40px;" type="text"/>		Would you be willing to be contacted about participating in a possible post-event survey? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Response Work (please be as specific as possible)

<p>What will be your job or responsibilities? <input style="width: 100%; height: 40px;" type="text"/></p> <p>Will your job tasks involve the potential of exposure to oil or oily substances? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>If yes, please describe the tasks: <input style="width: 100%; height: 40px;" type="text"/></p> <p>What are your expected deployment location(s)? <input style="width: 100%; height: 40px;" type="text"/></p> <p>How long are you planning on working on the oil spill? <input type="checkbox"/> less than 1 week to one week <input type="checkbox"/> 1 week to 2 weeks <input type="checkbox"/> more than 2 weeks to one month <input type="checkbox"/> More than one month <input type="checkbox"/> As long as the work is available <input type="checkbox"/> I don't know</p>	<p>What training have you received? (Check all that apply)</p> <p><input type="checkbox"/> Module 1: BP HSE Basic Orientation <input type="checkbox"/> Module 2: Contractor Expectations <input type="checkbox"/> Module 3: Post-Emergency Spilled Oil Cleanup</p> <p><input type="checkbox"/> First Responder Awareness <input type="checkbox"/> Annual refresher</p> <p><input type="checkbox"/> First Responder Operations (8 hr) <input type="checkbox"/> Annual refresher</p> <p><input type="checkbox"/> Hazardous Materials Technician (24 hr) <input type="checkbox"/> Annual refresher</p> <p><input type="checkbox"/> HAZWOPER (24 hr) <input type="checkbox"/> Annual refresher</p> <p><input type="checkbox"/> HAZWOPER (40 hr+) <input type="checkbox"/> Annual refresher</p> <p><input type="checkbox"/> Other training, describe: <input style="width: 100%; height: 30px;" type="text"/></p> <p>Are you expecting to use personal protective equipment to protect your skin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Are you expecting to use personal protective equipment to protect your eyes (goggles or eyewear)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>	<p>Are you expecting to use respiratory protection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Have you been fit-tested for a respirator in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Do you smoke? <input type="checkbox"/> Yes, number of cigarettes per day: <input style="width: 40px;" type="text"/> <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p> <p>CDC recommends that adults be vaccinated for tetanus every 10 years. Have you had a tetanus vaccine within the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Do you have other issues or concerns? <input style="width: 100%; height: 60px;" type="text"/></p>
--	---	--

I have read and understand the Data Use and Disclosure sheet about who is collecting this information and how it will be used and that my participation is voluntary.

Signature _____

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS 12-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

