

# UC Riverside

## Reproductive/Health Hazard Questionnaire

### Appendix A

#### **Purpose**

This **voluntary** questionnaire helps identify:

- Whether **chemical, biological, or radiological** reproductive hazards may be present in your work area
- The **type, frequency, and duration** of potential exposures
- **Control methods** in place (or needed) to prevent or minimize exposure
- Any additional **information or training** that may be helpful

#### **Support with Completion**

Environmental Health Safety and Risk Management (EHSRM) will work with you to complete this questionnaire and may conduct a **site hazard assessment** of your work area as part of the review.

#### **Submit the packet to EHSRM**

**Email:** [ehsocchealth@ucr.edu](mailto:ehsocchealth@ucr.edu)

#### **Mail:**

Environmental Health & Safety

900 University Ave.

Riverside, CA 92521

**Phone:** 951-827-5528

# Declaration of Pregnancy and Reproductive Health Consultation

This form supports voluntary notification to EHSRM and optional consultation with Occupational Health. It helps identify potential reproductive hazards and available controls to reduce exposure.

Return completed form to EHSRM

Email: [ehsocchealth@ucr.edu](mailto:ehsocchealth@ucr.edu)

Phone: 951-827-5528

Mail: Environmental Health & Safety, 900  
University Ave., Riverside, CA 92521

## University of California, Riverside (UCR)

### Why this form exists

Laboratory and research environments may involve chemical, biological, radiological, and physical hazards that could affect reproductive health. Because the reproductive effects of many agents are not fully characterized, UCR encourages employees and students who are pregnant, nursing, trying to conceive, or supporting a pregnancy (regardless of sex) to consider requesting guidance from EHSRM.

**Notification to EHSRM is voluntary.** If you choose to notify EHSRM, the team can:

- Help identify potential reproductive hazards in your work area
- Review tasks, materials, and potential exposure routes
- Recommend controls (substitution, engineering controls, administrative controls, PPE) to reduce exposure
- Provide information and training resources
- Coordinate, when appropriate, an Occupational Health consultation

The decision to continue working in a laboratory setting during pregnancy or while planning conception—after considering potential risks and available controls; remains with the individual.

### Individual Responsibility

Each individual is encouraged to:

- Follow applicable laboratory safety requirements and safe work practices
- Review workplace hazards and discuss them with their healthcare provider
- Consider whether they are comfortable with the risks associated with their work and request assistance when needed

### Confidentiality

Pregnancy-related inquiries are handled with strict confidentiality. You may contact the occupational health team without notifying your department or PI. If a workplace assessment is needed, EH&S can often conduct a review in a way that minimizes disclosure.

**Important: If work restrictions or accommodations are needed to protect you or the fetus/unborn child, your supervisor may need to be informed to implement those accommodations.**

### Reproductive hazards: what they are

Reproductive hazards include agents or conditions that may affect fertility, pregnancy, fetal development, or breastfeeding. Hazards may be:

- **Chemical** (e.g., reproductive toxins, teratogens)
- **Biological** (e.g., certain infectious agents)
- **Radiological** (ionizing radiation)
- **Physical** (e.g., extreme temperatures, vibration, noise)

Exposure may occur through inhalation, skin absorption, ingestion, or injection/sharps injuries. Potential health effects can include infertility, miscarriage, birth defects, or developmental effects, depending on the hazard, dose, route, frequency/duration, and individual factors (including pregnancy stage).

## Part A - Voluntary Declaration of Pregnancy

Complete this section only if you choose to voluntarily declare your pregnancy.

<b>Full Name (Print)</b>	
<b>UCR ID (Optional)</b>	
<b>Department / Unit</b>	
<b>Work Location (Building/Room)</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Date of Declaration</b>	

### Acknowledgements (initial each):

	I understand that my work area may use or store chemical, biological, and/or radioactive materials.
	I understand that certain agents (including reproductive toxins/teratogens) may pose increased risk during pregnancy depending on exposure and controls.
	I understand that UCR encourages me to share a list of hazards and job tasks with my healthcare provider.
	I understand I may revoke this declaration at any time by submitting a signed and dated statement requesting revocation (no explanation required).

**Reference (optional):** California Proposition 65 list of chemicals: <https://oehha.ca.gov/proposition-65/proposition-65-list>

<b>Signature:</b>	<b>Date:</b>
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**Part B - Pregnancy / Reproductive Health Consultation (Optional)**

Complete this section if you would like an EH&S review and/or Occupational Health consultation.

<b>Declared Pregnant Individual (Print Name)</b>	
<b>Work Location (Building/Room)</b>	
<b>Estimated Conception Date (if known)</b>	
<b>Estimated Delivery Date (if known)</b>	

**Consultation Options (check all that apply):**

**For radiation only:**

**If I work with ionizing radiation during pregnancy, I have been offered a copy of U.S. Nuclear Regulatory Commission (NRC) Regulatory Guide 8.13 and informed of the option to participate in a pregnant worker monitoring program. (Route to Radiation Safety Officer.)**

**For chemical/biological/other hazards (or mixed hazards):**

I would like to proceed with a consultation with an Occupational Health Physician. I understand I may be asked to complete a medical packet for a telemedicine consultation (e.g., UCI COEH), and additional instructions will be provided.

<b>Declared Pregnant Individual – Signature:</b>	<b>Date:</b>
<b>EH&amp;S Representative / Radiation Safety Officer – Signature:</b>	<b>Date:</b>

**EH&S use only:**

Document receipt date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Follow-up required:  Yes  No

## Appendix A: Reproductive /Health Hazard Questionnaire

### Section A: General Information

Last Name	
First Name	
Affiliation (check one)	<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Visitor
UCR ID Number	
Department	
Position	
Location (Bldg. & Room)	
Daytime Phone Number	
Expected Due Date	
Evening Phone Number	
Supervisor's Last Name	
Supervisor's First Name	
Supervisor's Department	
Supervisor's Position	
Supervisor's Phone Number	
Supervisor's Email	

### Section B: Hazardous Material Information

#### Part 1: Chemical Hazard Categories

This portion identifies whether work activities involve contact with specific higher-risk chemical categories, such as carcinogens, mutagens, teratogens, lead, mercury, pesticides, cytotoxic drugs, carbon monoxide, or agents with significant dermal absorption potential.

**Do your work activities involve contact with any of the following agents or materials?**

- Anesthetic gases
- Carbon monoxide
- Carcinogens

- Compressed gases
- Cytotoxic drugs
- Heavy metals (lead, mercury, cadmium)
- Hormone disruptors
- Mutagens
- Nanomaterials
- Organic solvents
- Pesticides
- Reproductive toxins
- Teratogens
- Other: \_\_\_\_\_

**Part 2: List all hazardous materials, biological agents, radiation sources, or other exposures used or present in your work.**

<b>Chemical Agents</b>				
List agents and hazards are currently using or expecting to use during a pre-conception or pregnancy period.	Exposure Frequency (once/day for two hours, etc.)	Physical State of Agents (solid, liquid, gas)	The quantity used per use, in units of time (e.g., 10 ml per week)	Tasks – Describe how the material will be used.

<b>Biological Agents</b>				
List agents and hazards are currently using or expecting to use during a pre-conception or pregnancy period.	Exposure Frequency (once/day for two hours, etc.)	Physical State of Agents (solid, liquid, gas)	The quantity used per use, in units of time (e.g., 10 ml per week)	Tasks – Describe how the material will be used.

<b>Radioactive Agents</b>				
List radioisotopes or X-ray sources you are currently using or expecting to use during a pre-conception or pregnancy period.	Exposure Frequency (once/day for two hours, etc.)	Physical State of Agents (solid, liquid, gas)	The quantity used per use, in units of time (e.g., 10 mCi per week)	Tasks – Describe how the material will be used.


**Section C: Engineering, Administrative Controls & Personal Protective Equipment**

**C1 Engineering Controls: used or planned to use (fume hood, BSC, radiation barrier, etc.)**

Engineering Control	In Use	Location	Certification / Inspection Date
Biological safety cabinet	<input type="checkbox"/>	_____	_____
Chemical fume hood	<input type="checkbox"/>	_____	_____
Closed system transfer device	<input type="checkbox"/>	_____	_____
Downdraft table	<input type="checkbox"/>	_____	_____
Glove box	<input type="checkbox"/>	_____	_____
Local exhaust ventilation	<input type="checkbox"/>	_____	_____
Radiation shielding	<input type="checkbox"/>	_____	_____
Splash guards	<input type="checkbox"/>	_____	_____
Ventilated cage changing station	<input type="checkbox"/>	_____	_____
Other: _____	<input type="checkbox"/>	_____	_____

**C2. Administrative Controls:**

- Authorized personnel only
- Decontamination procedures
- Exposure monitoring required
- Hygiene requirements (wash/change)
- Medical surveillance required
- No lone work
- Reduced exposure time
- Restricted duties
- SOP in place
- Task reassignment
- Training required prior to work
- Work scheduling modification
- Other: \_\_\_\_\_

**C3. Personal Protective Equipment**

**Eye & Face Protection (check all that apply):**

- Face shield  Laser safety glasses  Safety glasses with side shields  Safety goggles  Welder's helmet

Other: \_\_\_\_\_

**Foot Protection (check all that apply):**

Metatarsal guards  Rubber boots  Safety shoes /boots  Toe caps

**Hand Protection / Gloves (check all that apply):**

Anti-vibration  Butyl rubber  Chemical resistant  Cotton (coated / not coated)  Cryogenic  Cut resistant (e.g., Kevlar)  Double-glove required  Heat-resistant  Latex  Leather  Natural rubber  Neoprene  Nitrile  
 Other glove material:  PVC  PVA  Viton  
 Other: \_\_\_\_\_

**Glove Change Frequency:**

After contamination  As needed  Every \_\_\_\_\_ minutes  Other: \_\_\_\_\_

**Head / Hearing Protection (check all that apply):**

Hard hat  Hearing protection – earmuffs  Hearing protection – earplugs

**Body Protection (check all that apply):**

Chemical-resistant apron  Disposable Tyvek lab coat / coveralls  Fall restraint / fall protection  
 Gown/Coverall  Lab coat or coveralls  Nomex coveralls  Rubber apron  Sleeve covers  
 Welding leather sleeve guards  Other: \_\_\_\_\_

**Respiratory Protection (check all that apply):**

Air-purifying respirator (APR)  Escape-only air pack  Filtering facepiece respirator (N, P, or R)  Full facepiece  Half facepiece  PAPR unit  Self-contained breathing apparatus (SCBA)  Supplied airline  
 Other: \_\_\_\_\_

**APR Chemical Cartridge/Filter Types:**

AG / Acid Gas  Ammonia  Multi-gas/OV  OV/AG  OV/Organic Vapor  P-100  Other: \_\_\_\_\_

**C4. Additional Notes:**

**Section D: Physical Agents**

Are you exposed to?

- Extreme cold
- Extreme heat
- Field Safety
- Heavy lifting
- Ionizing radiation
- Lasers

- Noise
- Non-ionizing radiation
- Prolonged standing
- Repetitive motion
- Vibration
- Other: \_\_\_\_\_

**Section E: Work Practices, Exposure Experience, and General Questions**

**1. Work-Related Health and Safety Concerns**

Do you have any specific health or safety concerns about your work?

- Yes  No

If yes, describe:


**2. Communication and Medical Review**

Have you disclosed your pregnancy or intent to conceive to your direct supervisor or, for a laboratory course, your faculty member, professor, or TA?

- Yes  No

Have you shared information about your work activities, research, or workplace exposures with your treating physician or primary care provider?

- Yes  No

If yes, do you have any medical restrictions?

- Yes  No

If yes, please describe or provide a copy of any restrictions:


**3. Chemical Exposure Questions**

Do other people in your area use the same chemicals?

- Yes  No

If yes, how many other people?


Are any of the chemicals you use heated?

- Yes  No

If yes, identify the chemical(s) and temperature(s):

Chemical(s):
Temperature(s):

Can you smell or taste any chemical fumes or vapors where you work?

Yes  No

If yes, which ones?


Do you feel unwell when working with any chemicals and better at other times?

Yes  No

If yes, describe:


Do any of the chemicals you work with come into contact with your skin?

Yes  No

If yes, which ones?


#### 4. Animals, Food, and Exposure Incidents

Do you work with live animals, animal tissues, animal body fluids, or animal waste in a vivarium, laboratory, field setting, or other research space?

Yes  No

If yes, have you updated your Animal Handler's and User's Medical Questionnaire or other Animal Occupational Health Program requirements?

Yes  No  N/A

Do you store or consume food or beverages in your workplace?

Yes  No

Have you had any spills or unintentional exposures recently?  Yes  No

If yes, describe:


#### 5. Work Environment and Work Patterns

Describe your work environment:


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If in a laboratory environment, estimate the percentage of your time spent doing:

Activity	%Time
Work on a bench	
Work in a fume hood	
Office work	
Other (specify)	

Work patterns

Are other people working in the same room as you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you working alone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you working off hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Describe the physical demands of your work:

Task	Duration & Frequency	Description
Lifting		
Bending/Twisting		
Sitting		
Standing		

Person Completing Form

Name	Signature	Date

**EH&S to Complete Below**

Exposure Control Recommendations:

<b>Engineering Controls:</b>	
<b>Administrative Controls:</b>	
<b>Personal Protective Equipment:</b>	

EH&S Personnel Name	EH&S Title	Signature	Date