

CAMBRIDGE LEPC: PERSONNEL DECONTAMINATION SURVEY SHEET FOR TRANSPORT TO MEDICAL

Name: _____ Date/Time: _____ Company: _____

MSDS Attached: Biological: Chemical: Radioactive:

Name of **Hazardous Material**: _____

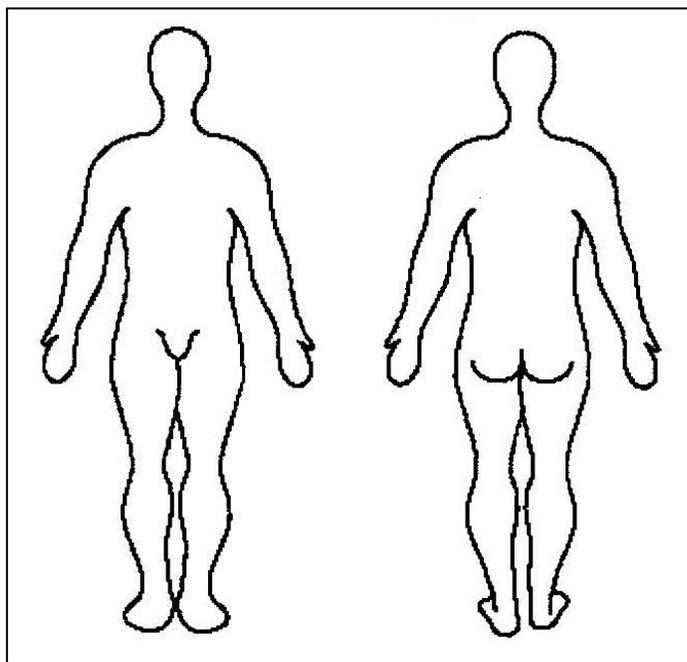
Form: Liquid: Solid / Powder: Gas / Vapor: Other: _____

Type of Exposure(s): Inhalation: Ingestion: Skin contact: Eye contact: Other: _____

CIRCLE AREAS THAT WERE CONTAMINATED ON THE DIAGRAMS BELOW:

SIGNS/SYMPTOMS:

- Blindness
- Bruising
- Burns
- Coughing
- Irritation: Skin/Eyes
- Lacerations
- Light-headed
- Rash
- Shortness of Breath
- Unconscious
- Watery Eyes
- Other



FRONT

BACK

DECONTAMINATION PROCEDURES PERFORMED

- Removal of Primary Clothing: _____
- Deluge Shower
- Eye Wash
- Local Decontamination of Affected Area: _____
- Other: _____

SPECIAL CONCERNS REGARDING HAZ MATERIAL: _____

Decontamination Performed By: _____

Responding Knowledgeable Person: _____ Phone: _____

EHS Coordinator: _____ Phone: _____