# Formaldehyde Survey

## Monitoring Priority Status:
- 1-IMMEDIATE ( )
- 2-DELAYED ( )
- 3-NONE ( )

**Signature:**  
**Date:**

## Formaldehyde Survey

**Name of person conducting survey:**  
**Date:**

**Department:**  
**Campus/Bldg:**  
**Room No:**

**Phone No:**  
**E-Mail:**  
**Mail Code:**

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## Is Formaldehyde, or Any Form of Formaldehyde, Used in Your Area?

**YES ( )** Please complete the following questionnaire, sign, and return it to OEHS.

**NO ( )** Please sign here and return form to OEHS:

**Signature:** __________________________________  
**Date:** _____________________________

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## Questionnaire (To be completed only if you answered "yes" to the above question.)

1. What activities do you perform that utilize formaldehyde?

2. Which form/state of formaldehyde is used?  
   - Solid ( )  
   - Liquid ( )  
   - Gas ( )

3. Please indicate type(s) of formaldehyde used:  
   - 10% Formalin ( )  
   - 37% Concentrated Formaldehyde ( )  
   - Paraformaldehyde ( )  
   - Other (Specify): __________________________

4. Amount of formaldehyde used can best be described in:  
   - Milliters (ml) ( )  
   - Liters (l) ( )  
   - Grams (g) ( )

5. Are formaldehyde activities performed with the use of ventilation control?  
   - If NO, go to question 6.  
   - If YES, please indicate the ventilation control used:  
     - Chemical Fume Hood ( )  
     - Counter top unit connected to ventilation systems ( )  
     - Other ventilation (Specify): __________________________

6. The length of time necessary to perform the activity is ( ) hours.

7. What is the frequency of formaldehyde used?  
   - ( ) x daily  
   - ( ) x weekly  
   - ( ) x monthly  
   - ( ) x yearly

8. For monitoring purposes, please specifically indicate which day(s) of the week formaldehyde usage is heaviest:  
   - Monday ( )  
   - Tuesday ( )  
   - Wednesday ( )  
   - Thursday ( )  
   - Friday ( )

**Continued on reverse side**

© Tulane (Rev. 8/03) Formaldehyde
9. Has the supervisor completed a personal protective equipment (PPE) assessment for each work category that has a potential exposure to formaldehyde?  
   Yes (  ) No (  )

10. What training have you received with respect to procedures used when working with formaldehyde, health hazards related to formaldehyde, or personal protective equipment to use when working with formaldehyde?

   Has training been documented?  Yes (  ) No (  )  
   (NOTE: Training is required annually.)
   Has training documentation been submitted to OEHS?  Yes (  ) No (  )

   Please indicate which pieces of PPE are used when working with formaldehyde:
   (  ) Gloves (Type: __________________)  (  ) Respirator (Type: __________________)
   (  ) Goggles  (  ) Glasses with side shields (  ) Other (Type:____________________)

11. Have you/your work area been monitored for airborne levels of formaldehyde?  Yes (  ) No (  )
    If YES:  When ? (Date) ______________  Were you informed of formaldehyde levels?
    Yes (  ) No (  ) What were the formaldehyde levels? ___________________________

12. State the location of the nearest eyewash and safety shower.

13. Have you received a medical examination due to a (possible) formaldehyde exposure?  
    Yes (  ) No (  )

14. Have you experienced spills, leaks, or emergencies with formaldehyde?  Yes (  ) No (  )
    If YES, describe the circumstances and frequency of occurrence.

15. Are all containers of formaldehyde properly labeled?   Yes (  ) No (  )
    Are Material Safety Data Sheets (MSDSs) readily available?  Yes (  ) No (  )
    Have you read and familiarized yourself with the MSDSs?  Yes (  ) No (  )

16. Have you experienced adverse effects while performing your work?  Yes (  ) No (  )
    If YES, have you informed your supervisor?  Yes (  ) No (  )
    Please describe the adverse effects experienced:

Signature ___________________________  Date Survey Completed ___________________________