							Form Ap OMB No. 092		
Date		Gulf Coast Oil Spill Initial Survey					Exp. Date 08/31/201		
Name (Last, First, MI)		Date of birth	Date of birth Last fo		ur digits of social sec.		Race/Ethnicity		
						☐ Male	☐ White ☐ Black		
						☐ Female	☐ Hispanic		
							Asian Other		
Cell phone (with	Street address		City	State	ZIP	Email addre	SS		
area code)									
Name and numbe	r of contact who will	now where	now where you are in 6 months Employer				or volunteer organization on site		
What has been your USUAL Job prior to the On the Oil Spill, are you a: BP employee Contractor									
Spill?		Government worker Volunteer Don't Know							
			Would you be willing to be contacted about participating in a possible						
How many years have you been working at your USUAL job? Post-event survey? Yes No									
Response Work (please be as specific as possible)									
What will be your	ich or	What train	ning have	vou rossivod?	Arc	. vou evneeting	to use recairetery		
What will be your responsibilities			k all that a	you received?		protection?	to use respiratory		
Тоороновиние			E Basic Orientati		Yes				
			ctor Expectations		□ No				
	☐ Module 3: Post-Emergency Spilled Oil				☐ Don't Know				
	Cleanup								
	☐ First Responder Awareness				Have you been fit-tested for a respirator in the last year?				
Will your job tasks involve the potential		☐ Annual refresher				Yes			
of exposure to oil or oily				Operations (8 h		□ No			
substances?							☐ Don't Know		
Yes		_	Hazardous Materials Technician (24 hr)						
□ No			□ Annual refresher				Do you smoke?		
☐ Don't Know			HAZWOPER (24 hr)				Yes, number of cigarettes per day:		
If yes, please describe the tasks:			☐ Annual refresher						
			OPER (40						
			Annual refr			Prefer not to ans	swer		
			training, de		CD	C recommends	that adults be		
							tetanus every 10		
What are your exp	ected deployment						ou had a tetanus the past 10 years?		
location(s)?							the past to years?		
		7			-	Yes			
				to use personal					
		protect skin?	ctive equip	ment to protect	Jou	☐ Don't Know			
						Do you have other issues or			
How long are you planning on working		☐ Yes ☐ No				concerns?			
on the oil spill?			Cnow						
less than 1 week to one week		Don't Know							
1 week to 2 weeks				to use personal					
more than 2 wee	eks to one month	protec	ctive equip	ment to protect	your				

Public reporting burden of this collection of information is estimated to average 5 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

Signature

eyes (goggles or eyewear)?

I have read and understand the Data Use and Disclosure sheet about who is collecting this information and how it will be

Yes

☐ No

■ Don't Know

aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0851).

used and that my participation is voluntary.

■ More than one month

☐ I don't know

As long as the work is available