

Date _____

Gulf Coast Oil Spill Initial Survey

Name (Last, First, MI) <input style="width: 95%;" type="text"/>		Date of birth <input style="width: 95%;" type="text"/>		Last four digits of social sec. <input style="width: 95%;" 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: 95%;" type="text"/>	Street address <input style="width: 95%;" type="text"/>		City <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	ZIP <input style="width: 95%;" type="text"/>	Email address <input style="width: 95%;" type="text"/>			

Name and number of contact who will know where you are in 6 months <input style="width: 95%;" type="text"/>	Employer or volunteer organization on site <input style="width: 95%;" type="text"/>
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What has been your USUAL Job prior to the Spill? <input style="width: 95%;" 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: 95%;" 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: 95%; 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: 95%; height: 40px;" type="text"/></p> <p>What are your expected deployment location(s)? <input style="width: 95%; 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 <input type="checkbox"/> First Responder Awareness <input type="checkbox"/> Annual refresher <input type="checkbox"/> First Responder Operations (8 hr) <input type="checkbox"/> Annual refresher <input type="checkbox"/> Hazardous Materials Technician (24 hr) <input type="checkbox"/> Annual refresher <input type="checkbox"/> HAZWOPER (24 hr) <input type="checkbox"/> Annual refresher <input type="checkbox"/> HAZWOPER (40 hr+) <input type="checkbox"/> Annual refresher <input type="checkbox"/> Other training, describe: <input style="width: 95%; 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: 95%; height: 80px;" type="text"/></p>
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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 _____