



Formaldehyde Questionnaire

Date of Assessment: _____

Conducted By: _____

Building/Room #: _____

Department: _____

Principal Investigator (PI): _____

Instructions: Each lab must complete and submit this document if they use formaldehyde, formalin, or paraformaldehyde. To submit, scan and send this form to labsafety@uno.edu or put it in the UNO Campus Mail and send to Samantha Pallas, Office of Research, Administration Annex Room 1005-U. Store completed copies in your Lab Safety Binder.

Item #	Question	Choose One of the Following:		
		Yes	No	N/A
1	Do you currently use formaldehyde, formalin, or paraformaldehyde in your lab?			
1.1	If you answered yes to question 1 – Have personnel in your lab been monitored for formaldehyde exposure within the past 12 months?			
1.2	If you answered no to question 1 – You do not need to complete the rest of this form; however, the form must still be submitted via the instructions.			
2	Do you use a chemical fume hood to protect yourself?			
3	Do you use an exhaust trunk or localized ventilation to protect yourself?			
4	Do you use a biosafety cabinet to protect yourself?			
5	Do you use a weighing hood to protect yourself?			
5.1	If you answered yes to question 5, - Write which type here:			
6	If you use another type of containment device, write which type here:			
7	Do you use gloves to protect yourself?			
7.1	If you answered yes to question 7, - Write which type here:			
		Daily	Weekly	Monthly
8	How often do you use Formaldehyde?			
9	How much formaldehyde do you use when you use it? Write response here:			
10	What is the duration of use (amount of time/use)?			
	Minutes:			
	Hours:			



Item #	Question	Choose One of the Following:		
		Yes	No	N/A
11	Use the following space to comment on the work practices of formaldehyde use (process, transfer method, storage, and practices used to reduce exposure):			
12	Additional Comments:			

Note: By signing below, you are confirming that you have read and understand the requirements stated in this document.

Date(s)

Name(s)

Signature(s):



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