CHAPTER 21

Access to Employee Exposure and Medical Records

POLICY
The Department will comply with OSHA regulations pertaining to access to employee exposure and medical records as prescribed in 29 CFR 1910.1020. The purpose of this policy is to preserve the employee's right of access to exposure and medical records relevant to exposure to toxic substances or harmful physical agents (Note: OSHA requires states with their own safety and health programs to have rules and enforcement programs that are at least as effective as those of the federal program. Be aware that your residing state may have additional requirements).

RESPONSIBILITY
It is the responsibility of each employee to notify his or her supervisor in the event of exposure to hazardous chemicals or harmful physical agents.

The supervisor maintains responsibility to ensure that a Hazardous Substance Exposure Report, located in Appendix I of this Section, is completed and submitted to the Safety Manager. When applicable, a copy of the OSHA Form No. 101, Supplementary Record of Occupational Injuries and Illnesses, or state equivalent, and a copy of any pertinent MSDSs should be attached to the report.

The Company Medical Officer is responsible for maintenance of Aviation Services employees’ medical records pertaining to this policy.

The Safety Manager will be responsible for maintenance of employee exposure records pertaining to this policy.

RECORDKEEPING AND ACCESS TO RECORDS
Employee medical records will be preserved and maintained for the duration of the employee's employment with the company plus 30 years.

Exposure records shall be preserved and maintained for 30 years, unless a specific OSHA standard provides for a different period of time.

Employee medical records and exposure records shall be made available to OSHA, the employee, or the employee's designated representative provided that the requirements of 29 CFR 1910.1020 are fulfilled. The person responsible for maintaining the records will provide medical and exposure records within 15 business days of receipt of a written request. If for some reason the records can not be provided within 15 days, the employee will be notified of the reason for the delay and the date when the records will be available.

The Employee Request for Access to Medical Records form (Appendix II of this Section) and the Employee Request for Access to Exposure Records form (Appendix III of this Section) should be used for this purpose.
Appendix I - Hazardous Substance Exposure Report

Employee’s Name: ___________________________  Job Title: ___________________________  Incident Date: ___________________________

I. Hazardous Substance – Please describe the incident on the back of the form

1. Chemical Identity or Common Name of Substance Exposed to (attach copy of MSDS, if applicable):

________________________________________________________________________

2. Type of Contact (Circle all that apply):

☐ Skin  ☐ Mucous Membrane  ☐ Broken Skin
☐ Eye Contact  ☐ Inhalation  ☐ Ingestion
☐ Other (Explain) ___________________________________

3. Physical State of Substance:  ☐ Solid  ☐ Liquid  ☐ Gaseous

4. Other Circumstances:  ☐ Explosion  ☐ Fire  ☐ Smoke  ☐ Fumes

5. Personal Protective Equipment in Use:

________________________________________________________________________

II. Medical Information

1. Type of Medical Care Received:  ☐ First Aid  ☐ Physician’s Office  ☐ Hospital Outpatient

☐ Hospital Inpatient  ☐ Emergency Room

2. Location of Medical Records Relevant to This Exposure Incident

Person Responsible _______________________________  Person Responsible _______________________________

Address: _______________________________  Address: _______________________________

_________________________________________  _______________________________________

Phone: _______________________________  Phone: _______________________________

Reporter’s Name: ___________________________  Signature: ___________________________  Date: ___________________________

If applicable, attach OSHA form No. 101, Supplemental Record of Occupational Injuries and Illnesses. Please submit completed form to the (Department Safety Specialist).
Appendix II - Employee Request for Access to Medical Records

Employee Name______________________________________ Date_______________________________________
Current Work Location_________________________________ Phone______________________________________

I hereby request access to the following information contained in Medical Records or Analyses of Medical Records pertaining to me:

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<tr>
<th>Description of Information</th>
<th>Purpose/Restrictions</th>
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I understand that the granting of access to records is not to be construed as being an admission, express or implied, that exposure to any toxic substance or harmful physical agent has or may have occurred, or that such exposures as may have occurred were at toxic or harmful concentrations or durations.

Signature of Employee__________________________________________SS#_________________________________

(To Be Completed Only If Employee Wishes To Designate A Representative To Receive The Records)

I hereby authorize the Philip Morris Management Corp. Health Services Department to release the above listed record(s) to the following individual:

Name_______________________________________________Title_______________________________________
Address_____________________________________________Phone______________________________________

I give permission for this release for the above listed purpose and restrictions, but I do not give permission for any other use or redisclosure of this information. I understand that this authorization applies only to the information contained in the medical and/or exposure record(s) described above. Authorization will be for not more than (1) year but may be revoked in writing at any time.

Signature of Employee__________________________________________
Signature of Witness________________________________________________________________________________

NOTE: A Designated Representative will be required to complete a Receipt of Medical Record form.

(To Be Completed By Health Services Department)
Date of Receipt of Request________________________________Signed______________________________________

(To Be Completed By Employee Upon Receipt Of Requested Records)
I have received the record(s) described above from the (Your Company Health Services Department):

Signature____________________________________________ Date Received________________________________
Appendix III - Employee Request for Access to Exposure Records

Employee Name: _______________________________ Date: _______________________________

Current Work Location: ___________________________ Phone: ____________________________

I hereby request access to the following record(s) pertaining to me: (Please check the specific record you desire.)

- [ ] Environmental Monitoring
- [ ] Biological Monitoring
- [ ] Material Safety Data Sheet
- [ ] Analysis of Exposure Records

Which relates to the following toxic substance or harmful physical agent for the following job assignment during the time period indicated: (Please be specific.)

<table>
<thead>
<tr>
<th>Job Assignment or Employees</th>
<th>Specific Work Location</th>
<th>Substance/Agent</th>
<th>Date From</th>
<th>To</th>
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</table>

I understand that the granting of access to records is not to be construed as being an admission, express or implied, that exposure to any toxic substance or harmful physical agent has or may have occurred, or that such exposures as may have occurred were at toxic or harmful concentrations or durations.

Signature of Employee: __________________________ SS#: __________________________

(To Be Completed Only If Employee Wishes To Designate A Representative To Receive The Records)

I hereby authorize (Your Company Aviation Services Department) to release the above checked record(s) to the following individual:

Name: __________________________ Title: __________________________

Address: __________________________ Phone: __________________________

(To Be Completed By Safety Specialist)

Date of Receipt of Request: __________________________ Signed: __________________________

(To Be Completed By Employee Upon Receipt Of Requested Records)

I have received the record(s) described above from (Your Company Aviation Services Department):

Signature: __________________________ Date Received: __________________________