

Hurricane Sandy Assessment Survey:
Mount Sinai School of Medicine (MSSM)

1. Your name:

2. Date:

3. Organization:

4. Phone Number (including area code):

5. Time:

6. Location (address and nearest intersection):

7. Describe what activity or site you are observing in detail:

8. Length of time organization anticipates being in the disaster area:

_____ days _____ months

9. Are there any workers available to speak to, if yes please ask the following:
- a. Are there any health hazards they are concerned about?

- b. What type of monitoring would be useful?

10. Are you (select one):

- a. Indoors
- b. Outdoors

11. Is there visible dust in the air?

- a. Yes
- b. No

If yes, what is the source?

12. Are there noticeable odors?

- a. Yes
- b. No

If yes, what is the source (please describe)?

13. Are there wet materials?

- a. Yes
- b. No

Number of square feet:

14. Is there visible mold?

- a. Yes
- b. No

Number of square feet:

15. Is there standing water?

- a. Yes
- b. No

Number of square feet:

16. Are there any generators, heaters, cook stoves, or charcoal grills being used (indoors/outdoors)?

- a. Yes
- b. No

17. If generators, heaters, cook stoves, or charcoal grills are being used, are they:

- a. Indoor
- b. Outdoor

18. Is there visible oil/fuel?

- a. Yes
- b. No

Number of square feet:

19. Are there oily sediments?

- a. Yes
- b. No
- c. Unsure

Number of square feet:

20. Are there visible chemical leaks?

- a. Yes
- b. No
- c. Unsure

Number of square feet:

21. Are there signs of chemical contamination?

- a. Yes
- b. No
- c. Unsure

Number of square feet:

22. If there are signs of chemical contamination, please describe:

23. Is there decaying organic material?

- a. Yes
- b. No
- c. Unsure

Number of square feet:

24. Are there trucks running?

- a. Yes
- b. No

Number:

25. Are there other engines running?

- a. Yes
- b. No

Number:

26. Is there visible haze from combustion?

- a. Yes
- b. No

Source:

27. Is there fire or smoke?

- a. Yes
- b. No

Source:

28. Is there ongoing demolition of debris?

- a. Yes
- b. No

Describe debris:

29. Are there visible friable insulation?

- a. Asbestos-like
- b. Fiberglass
- c. Unsure

30. Describe visually what you see that may be important:

31. Are there any health symptoms observed?

- a. Yes
- b. No

If yes, how many people?

32. Are there health symptoms reported?

- a. Yes
- b. No

If yes, how many people?

33. Describe health issues:

34. Are the workers paid or volunteer?

- a. Paid
- b. Volunteers
- c. Unsure

35. Are the workers wearing respirators?

- a. Yes
- b. No

36. If respirators are worn, what type?

- a. Unsure
- b. Dust mask (no N95 designation, may have 1 or 2 straps, may have nose clip)
- c. N95 Filtering face-piece with no valve (may have one or 2 straps, may have nose clip)
- d. N95 Filtering face-piece with valve
- e. Rubber mask with cartridges

37. Have workers been fit tested for the respirators they are currently wearing?

- a. Yes
- b. No

38. Have they received any training or orientation about to use them?

- a. Yes
- b. No

39. Are workers wearing chemical or dust restraint suits over their work clothes?

- a. Yes
- b. No

40. Are workers wearing boots?

- a. Yes
- b. No

If yes, what type:

41. Are workers wearing eye protection?

- a. Yes
- b. No

42. Are workers wearing gloves?

- a. Yes
- b. No

43. Are there decontamination facilities?

- a. A hand-washing station
- b. Full decontamination station
- c. None

Other:

44. What level of worker training have workers received? (Check all that apply)

- a. None
- b. Hazmat
- c. Emergency response
- d. Asbestos abatement
- e. Lead removal
- f. Site specific only

45. Noise: Is it too noisy to hear someone more than 3 feet away talking in a normal voice?

- a. Yes
- b. No

46. Other observations related to exposures:

47. Are there any other safety hazards not asked?