

LOCATION _____

DATE _____

ASBESTOS COMPLIANCE QUESTIONNAIRE

I. Industrial Hygiene, Page 1

1. Have you elected to have the respirable asbestos fiber sampling and/or counting done by non-Alcoans or by Alcoans? Discuss.
2. Has the initial workplace environmental monitoring survey been conducted? If not, discuss.
3. Has the initial personal monitoring survey been conducted?
4. Does your plant have the specified sampling equipment for both types of surveys?
5. If you plan to conduct the surveys and/or count fibers with your own people, are they presently capable? If not, what are your plans for reaching competency?

PLAINTIFF'S
EXHIBIT
AL-1609

APC 004208

LOCATION _____

DATE _____

ASBESTOS COMPLIANCE QUESTIONNAIRE

Industrial Hygiene, Page 2

6. When is your next semiannual survey scheduled?
7. Estimate the man-hours necessary to conduct your next survey, including counting.
8. As a result of your observations and/or tests, have you identified areas which exceed the current standards? 1976 standard?
9. Have you made provision for keeping the records of personal and environmental monitoring for at least the required 3 years?
10. Have you had requests for access to such records by employees?
11. If your plant has operations which require the use of approved (for asbestos) respirators, are such respirators in use where required?
12. How would you rate your plants' general level of compliance in the wearing of respirators?

LOCATION _____ DATE _____

ASBESTOS COMPLIANCE QUESTIONNAIRE

Industrial Hygiene, Page 3

13. List the specific types of respirators in use and make comments as you wish about each.

14. Do you have areas where caution signs should be displayed?
How many? _____ Are signs displayed now? _____

15. Have you established procedures for approved disposal of asbestos wastes? Discuss.

16. Do you have or foresee the need for providing special clothing for any of your workers because they work with asbestos? If so, discuss.

17. Do you have or foresee the need for special change rooms and double lockering? If so, discuss.

18. Do you have or foresee the need for special laundering practices? If so, discuss.

LOCATION _____

DATE _____

ASBESTOS COMPLIANCE QUESTIONNAIRE

II. Medical, Page 1

1. Have you identified the areas where respirable asbestos fibers do or may, exceed the OSHA limits?
2. How many individuals have you found to be subject to the medical and monitoring provisions of the regulations?
3. Have you conducted the first round of medical examinations, including chest X-rays, pulmonary function tests and clinical data including smoking habits?
 - a. Number of employees examined in first round:
 - b. Scheduled date of next annual examination:
4. Are you conducting the preplacement examinations on individuals who will be exposed to asbestos fibers?

How many such preplacement examinations have been made since the regulations became effective?
5. How many subject examinations have been made upon termination of employment?

LOCATION _____

DATE _____

ASBESTOS COMPLIANCE QUESTIONNAIRE

II. Medical, Page 2

6. Have the results of examinations been evaluated?
7. Have you encountered any problems in getting individuals to undergo the examinations?
8. Have arrangements been made for keeping the medical examination records for 20 years?
9. Have you had requests for examination of the records by any of those persons who are given legal access?

LOCATION _____

DATE _____

ASBESTOS COMPLIANCE QUESTIONNAIRE

III. Compliance, Page 1

1. List here a summary of the areas at your location which are now of concern because of asbestos. Estimate the date of compliance with Section 1910.93a, paragraph (b). If costs can be estimated, note them. No extensive cost study is required.

<u>Work Area</u>	<u>Estimated Compliance Date</u>	<u>Estimated Cost</u>
------------------	--------------------------------------	---------------------------

LOCATION _____ DATE _____

ASBESTOS COMPLIANCE QUESTIONNAIRE

III. Compliance, Page 1

1. List here a summary of the areas at your location which are now of concern because of asbestos. Estimate the date of compliance with Section 1910.93a, paragraph (b). If costs can be estimated, note them. No extensive cost study is required.

<u>Work Area</u>	<u>Estimated Compliance Date</u>	<u>Estimated Cost</u>
------------------	--------------------------------------	---------------------------

LOCATION _____ DATE _____

ASBESTOS COMPLIANCE QUESTIONNAIRE

III. Compliance, Page 2

2. List here (or attach sheets) the asbestos-bearing materials in use at your location. List briefly the uses for each. If such information has been prepared previously, simply attach copies.

Material

Uses

LOCATION _____ DATE _____

ASBESTOS COMPLIANCE QUESTIONNAIRE

III. Compliance, Page 3

3. On succeeding forms entitled "Asbestos Compliance Status Sheet", discuss each work area of concern. Group identical areas. The form is intended to provide a history of progress as more information is added in the future.

LOCATION _____

ASBESTOS COMPLIANCE STATUS SHEET

Work Area(s):

Material(s) containing asbestos and the operation which causes fibers to be released:

General plan for reaching compliance (e.g. substitution of materials, wet working of materials, engineering controls, etc):

Date _____ Status:

Date _____ Status:

Date _____ Status: