Part 5. Occupational Exposure List

Job _____ of _____

Have you used or been exposed to any of the following chemicals or hazardous materials at work:

OE1 ___ Petroleum products and solvents ☐ No ☐ yes ☐ do not know

If yes, please check them below

1 ___Solvents (in general) or specifically (if known):
1.1 ___ Mineral spirits, 1.2 ___ Stoddard solvent 1.3 ___ VM&P Naphtha 1.4 ___ Paint thinners
2. ___ chlorinated solvents, such as 2.1___ perchloroethylene, 2.2___ trichloroethylene
3 Solvents or other products containing:
3.1 ___ Benzene, 3.2___ Toluene. 3.3___Xylene
4 ___ Kerosene 5 ___ Gasoline 6 ___ Diesel fuel
7 ___ Cutting oils (machining fluids)
8 ___ Degreasing chemicals or degreasing solvents
9 ___ 1.3-Butadiene

Chemicals	Times per week	Duration (hours/week) Min	Max	Typical	Date of exposure From	to
1.						
2.						
3.						

1 = almost every day, 2 = more than 3 times per week,
3 = 1 to 2 times a week, 4 = less than one time a week

OE1D. Describe your exposure

_____

_____

OE2 ___ Metals ☐ no ☐ yes ☐ do not know

If yes, please check them below

1 Metals encountered in industries such as 1.1 ___ metal mining, 1.2 ___ smelting metal ores,
1.3 ___ steel mills, 1.4 ___ metal casting operations , 1.5 ___ other metal making industry
2 ___ Welding fumes or 3 ___ welding, cutting, soldering
4 Metals encountered in operations such as such as 4.1 _____metal grinding or polishing,
4.2 ____ metal machining 4.3 ____electroplating 4.4 _____ Other
5 ___ Other metal uses, especially for metals such as: 5.1 ___ Lead 5.2 ___ Nickel
5.3 ___ Mercury 5.4 ___ Copper 5.5 ___ Cadmium 5.6 ___ Chromium
5.7 ___ Beryllium 5.8 ___ Zinc 5.9 ___ Arsenic

Metals	Times per week	Duration (hours/week) Min	Max	Typical	Date of exposure From	to
1.						
2.						
3.						

1 = almost every day, 2 = more than 3 times per week,
3 = 1 to 2 times a week, 4 = less than one time a week

OE2D. Describe your exposure

_____

_____