ASBESTOS EXPOSURE PROFILE

HPMC OCCUPATIONAL MEDICAL SERVICES

Employee Name (Please Print):	Hanford ID: H
Employer:	Job Title (insulator, carpenter, etc.)

OSHA Regulations 1910.1001 and 1926.1101 require the employer to provide the following information to the Medical Examiner performing Asbestos Medical Examinations. Return completed form to HPMC OMS, Health Information, via fax at 372-0522 no later then 3 day's prior to scheduled exam date. **Failure to return form as requested will result in an incomplete exam which may affect employees medical clearance.**

Activities with potential asbestos exposure: (Check all applicable boxes)

- ☐ Class I asbestos removal activities. (Project scale—removal of surface coatings, pipe and duct insulation, boiler insulation, etc.)
- ☐ Class II asbestos removal activities. (Project scale—removal of gaskets, cement asbestos products, vinyl flooring, mastics, etc.)
- ☐ Class III (Project scale--Valve repairs, limited removal of surface coatings or pipe insulation, bulk sampling, etc.)
- ☐ Class IV (Project scale—spill response, debris pick-up, Valve repairs, maintenance of asbestos floors, etc.)
- ☐ Asbestos insulation installation
- ☐ Automotive or heavy equipment brake/clutch service
- ☐ Other. Specify _____.

Frequency of Exposure: (Check most appropriate)

- ☐ One day out of two, or greater (ten days/months, average)
- ☐ One day per week (average)
- ☐ One day per month (average)
- ☐ Less than five days per year.
- ☐ Other. Specify (special project, maintenance activity, isolated incident, etc.)

  _____.

Approximate duration of typical exposures: (Check most appropriate)

- ☐ Full Day
- ☐ Approximately four hours per day
- ☐ Less than two hours per day

Personnel protective equipment utilized: (check all applicable boxes)

- ☐ Single coveralls
- ☐ Double coveralls
- ☐ Impermeable suit (plastic, etc.)
- ☐ Hood
- ☐ Gloves
- ☐ Boots
- ☐ Full face cartridge respirator
- ☐ Powered air purifying respirator
- ☐ Airline respirator
- ☐ Self-contained breathing apparatus (SCBA)
- ☐ Other. Specify _____.

This employee Asbestos Exposure Profile has been submitted by: (appropriate manager or IH)

Name _____ Title _____.

Signature _____ Date _____.