

**Brain storming: Estimation Workplace Exposure**

This questionnaire is for men and women who use chemicals at work or may be exposed to other hazardous conditions.

<b>1</b>	What is your current job title? <i>(If you have changed jobs in the last year, where were you last employed and what was your job title?)</i>	
<b>2</b>	Describe the tasks or activities you perform at work.	
<b>3</b>	What does your company manufacture, or what kind of services does it provide?	
<b>4</b>	How many hours per week do you work? _____ hours	
<b>5</b>	Do you work rotating shifts? Yes _____ No _____	
<b>6</b>	Write the names of any chemicals you work with. If you use more than one, list them in order of how frequently you use them. Put the one you use most frequently in the top space.	
	<b>Chemical Name</b>	<b>How, When I use them, how much I use it</b>
<b>7</b>	In your work area, how many other people also use these chemicals? _____	
	List any of these chemicals that you or other workers in your area use that are heated. Also, write the temperature to which they are heated.	
	<b>Chemicals that are heated</b>	<b>Temperature</b>
<b>8</b>	Can you smell or taste any chemical fumes or vapors where you work? If yes, list them by chemical name	
<b>9</b>	Do you feel sick when you work with any of the chemicals? If yes, list which chemicals in the column on the left. In the column on the right,	

describe how you feel when you work with each chemical.	
Chemicals	Symptoms
10	If working with any chemicals makes you sick, do you feel better at other times? Yes _____ No _____ If yes, please explain when it is you feel better.
11	If you are pregnant, did you have these symptoms before becoming pregnant? Yes _____ No _____
12	List any of the chemicals that you work with that get on your skin.
13	Mark the type of VENTILATION used in your work area _____ hood with power exhaust _____ general ventilation (wall fans, roof fans, ceiling vents) _____ natural ventilation (open windows and doors)
14	Do you think the ventilation is effective in reducing your exposure? Yes _____ No _____
15	Is the ventilation always turned on when you are using chemicals? Yes _____ No _____
16	Are hand-washing facilities available? Yes _____ No _____
17	Are showering facilities available? Yes _____ No _____
18	Describe the types of PROTECTIVE CLOTHING you wear on the job. <u>Type of Gloves</u> _____ <u>Type of Apron/Coat</u> _____ <u>Type of Eyewear</u> _____ <u>Ear Protection?</u> Yes _____ No _____
19	Do chemicals leak through your gloves or clothing? Yes _____ No _____, If yes, explain