## Attachment C-2. Form used by NIOSH researchers to record observations of exposure factors related to company and employee

**I. COMPANY-SPECIFIC INFORMATION**

Company Name:

Company Address (for facility under study):

Site Visit Dates:

Information related to use of carbon nanotubes (CNT) or carbon nanofibers (CNF)

Primary manufacturer of: Secondary manufacturer of:

CNT or CNF material #1:

Synthesis method, if a primary manufacturer:

Precursor & catalyst used, if a primary manufacturer:

CNT or CNF source, if a secondary manufacturer:

Nominal aspect ratio: Measured in bulk material

 Reported by company

Chemicals used in purification:

CNT or CNF material #2:

Synthesis method, if a primary manufacturer:

Precursor & catalyst used, if a primary manufacturer:

CNT or CNF source, if a secondary manufacturer:

Nominal aspect ratio: Measured in bulk material

 Reported by company

Chemicals used in purification:

CNT or CNF material #3:

Synthesis method, if a primary manufacturer:

Precursor & catalyst used, if a primary manufacturer:

CNT or CNF source, if a secondary manufacturer:

Nominal aspect ratio: Measured in bulk material

 Reported by company

Chemicals used in purification:

Other chemical or physical agents used at the facility:

Cleaning operations:

Waste disposal practices:

Personal protective equipment required:

Engineering and administrative exposure control devices and methods:

Other relevant information:

**II. WORKER-SPECIFIC INFORMATION (to be completed for every participant in the exposure assessment study)**

NIOSH\_ID:

Length of shift (observed):

Time spent per shift working directly with CNT or CNF (observed):

Time spent per shift potentially indirectly exposed to CNT or CNF (observed):

Processes and tasks performed by employee:

Task #1: Description:

Date: Time:

Monitored by NIOSH? (Yes/No)

If no, NIOSH\_ID of employee performing similar task who was monitored:

Form of CNT and CNF used (e.g., dry powder or liquid emulsion):

Personal protective equipment used:

 Engineering controls used:

Other potentially relevant information:

Task #2: Description:

Date: Time:

Monitored by NIOSH? (Yes/No)

If no, NIOSH\_ID of employee performing similar task who was monitored:

Form of CNT and CNF used (e.g., dry powder or liquid emulsion):

Personal protective equipment used:

 Engineering controls used:

Other potentially relevant information:

Task #3: Description:

Date: Time:

Monitored by NIOSH? (Yes/No)

If no, NIOSH\_ID of employee performing similar task who was monitored:

Form of CNT and CNF used (e.g., dry powder or liquid emulsion):

Personal protective equipment used:

 Engineering controls used:

Other potentially relevant information:

Task #4: Description:

Date: Time:

Monitored by NIOSH? (Yes/No)

If no, NIOSH\_ID of employee performing similar task who was monitored:

Form of CNT and CNF used (e.g., dry powder or liquid emulsion):

Personal protective equipment used:

 Engineering controls used:

Other potentially relevant information:

(use additional sheets as necessary)