

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)