



Figure 1: Walton-Beckett Graticule with some explanatory fibers.

COUNTS FOR THE FIBERS IN THE FIGURE

Structure No.	Count	Explanation
1 to 6	1	Single fibers all contained within the Circle.
7	1/2	Fiber crosses circle once.
8	0	Fiber too short.
9	2	Two crossing fibers.
10	0	Fiber outside graticule.
11	0	Fiber crosses graticule twice.
12	1/2	Although split, fiber only crosses once.

istered to all employees who are exposed to asbestos above the permissible exposure limit, and who will therefore be included in their employer's medical surveillance program. Part 1 of the appendix contains the Initial Medical Questionnaire, which must be obtained for all new hires who will be covered by the medical surveillance requirements. Part 2 includes the abbreviated Periodical Medical Questionnaire, which must be administered to all employees who are provided periodic medical examinations under the medical surveillance provisions of the standard.

APPENDIX C TO § 1926.1101 [RESERVED]

APPENDIX D TO § 1926.1101—MEDICAL QUESTIONNAIRES; MANDATORY

This mandatory appendix contains the medical questionnaires that must be admin-

Start here

Part 1
INITIAL MEDICAL QUESTIONNAIRE

Remove #2 and →
renumber

1. NAME _____

2. SOCIAL SECURITY # _____
 1 2 3 4 5 6 7 8 9

3. CLOCK NUMBER _____
 10 11 12 13 14 15

4. PRESENT OCCUPATION _____

5. PLANT _____

6. ADDRESS _____

7. _____
 (Zip Code)

8. TELEPHONE NUMBER _____

9. INTERVIEWER _____

10. DATE _____
 16 17 18 19 20 21

11. Date of Birth _____
 Month Day Year 22 23 24 25 26 27

12. Place of Birth _____

13. Sex 1. Male ___
 2. Female ___

14. What is your marital status? 1. Single ___ 4. Separated/
 2. Married ___ Divorced ___
 3. Widowed ___

15. Race 1. White ___ 4. Hispanic ___
 2. Black ___ 5. Indian ___
 3. Asian ___ 6. Other ___

16. What is the highest grade completed in school? _____
 (For example 12 years is completion of high school)

Seeking
comment under
NPRM →

OCCUPATIONAL HISTORY

17A. Have you ever worked full time (30 hours per week or more) for 6 months or more? 1. Yes ___ 2. No ___

IF YES TO 17A:

B. Have you ever worked for a year or more in any dusty job? 1. Yes ___ 2. No ___
 3. Does Not Apply ___

Specify job/industry _____ Total Years Worked ____

Was dust exposure: 1. Mild ____ 2. Moderate ____ 3. Severe ____

C. Have you even been exposed to gas or chemical fumes in your work? 1. Yes ____ 2. No ____

Specify job/industry _____ Total Years Worked ____

Was exposure: 1. Mild ____ 2. Moderate ____ 3. Severe ____

D. What has been your usual occupation or job--the one you have worked at the longest?

1. Job occupation _____

2. Number of years employed in this occupation _____

3. Position/job title _____

4. Business, field or industry _____

(Record on lines the years in which you have worked in any of these industries, e.g. 1960-1969)

Have you ever worked:

	YES	NO
E. In a mine?.....	<input type="checkbox"/>	<input type="checkbox"/>
F. In a quarry?.....	<input type="checkbox"/>	<input type="checkbox"/>
G. In a foundry?.....	<input type="checkbox"/>	<input type="checkbox"/>
H. In a pottery?.....	<input type="checkbox"/>	<input type="checkbox"/>
I. In a cotton, flax or hemp mill?.....	<input type="checkbox"/>	<input type="checkbox"/>
J. With asbestos?.....	<input type="checkbox"/>	<input type="checkbox"/>

18. PAST MEDICAL HISTORY

	YES	NO
A. Do you consider yourself to be in good health?	<input type="checkbox"/>	<input type="checkbox"/>

If "NO" state reason _____

B. Have you any defect of vision?.....	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

If "YES" state nature of defect _____

C. Have you any hearing defect?.....	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------	--------------------------	--------------------------

If "YES" state nature of defect _____

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D. Are you suffering from or have you ever suffered from:

- a. Epilepsy (or fits, seizures, convulsions)?
- b. Rheumatic fever?
- c. Kidney disease?
- d. Bladder disease?
- e. Diabetes?
- f. Jaundice?

19. CHEST COLDS AND CHEST ILLNESSES

- 19A. If you get a cold, does it usually go to your chest? (Usually means more than 1/2 the time) 1. Yes ___ 2. No ___
3. Don't get colds ___
- 20A. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? 1. Yes ___ 2. No ___

IF YES TO 20A:

- B. Did you produce phlegm with any of these chest illnesses? 1. Yes ___ 2. No ___
3. Does Not Apply ___
- C. In the last 3 years, how many such illnesses with (increased) phlegm did you have which lasted a week or more? Number of illnesses ___
No such illnesses ___
21. Did you have any lung trouble before the age of 16? 1. Yes ___ 2. No ___

22. Have you ever had any of the following?

- 1A. Attacks of bronchitis? 1. Yes ___ 2. No ___

IF YES TO 1A:

- B. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
-
3. Does Not Apply ___

- C. At what age was your first attack? Age in Years ___
-
- Does Not Apply ___

- 2A. Pneumonia (include bronchopneumonia)? 1. Yes ___ 2. No ___

IF YES TO 2A:

- B. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
-
3. Does Not Apply ___

- C. At what age did you first have it? Age in Years ___
-
- Does Not Apply ___

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- 3A. Hay Fever? 1. Yes ___ 2. No ___
- IF YES TO 3A:
- B. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
3. Does Not Apply ___
- C. At what age did it start? Age in Years ___
Does Not Apply ___
- 23A. Have you ever had chronic bronchitis? 1. Yes ___ 2. No ___
- IF YES TO 23A:
- B. Do you still have it? 1. Yes ___ 2. No ___
3. Does Not Apply ___
- C. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
3. Does Not Apply ___
- D. At what age did it start? Age in Years ___
Does Not Apply ___
- 24A. Have you ever had emphysema? 1. Yes ___ 2. No ___
- IF YES TO 24A:
- B. Do you still have it? 1. Yes ___ 2. No ___
3. Does Not Apply ___
- C. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
3. Does Not Apply ___
- D. At what age did it start? Age in Years ___
Does Not Apply ___
- 25A. Have you ever had asthma? 1. Yes ___ 2. No ___
- IF YES TO 25A:
- B. Do you still have it? 1. Yes ___ 2. No ___
3. Does Not Apply ___
- C. Was it confirmed by a doctor? 1. Yes ___ 2. No ___
3. Does Not Apply ___
- D. At what age did it start? Age in Years ___
Does Not Apply ___
- E. If you no longer have it, at what age did it stop? Age stopped ___
Does Not Apply ___
26. Have you ever had:
- A. Any other chest illness? 1. Yes ___ 2. No ___
- If yes, please specify _____

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- B. Any chest operations? 1. Yes ___ 2. No ___
 If yes, please specify _____
- C. Any chest injuries? 1. Yes ___ 2. No ___
 If yes, please specify _____
- 27A. Has a doctor ever told you that you had heart trouble? 1. Yes ___ 2. No ___
 IF YES TO 27A:
 B. Have you ever had treatment for heart trouble in the past 10 years? 1. Yes ___ 2. No ___
 3. Does Not Apply ___
- 28A. Has a doctor ever told you that you had high blood pressure? 1. Yes ___ 2. No ___
 IF YES TO 28A:
 B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years? 1. Yes ___ 2. No ___
 3. Does Not Apply ___
29. When did you last have your chest X-rayed? (Year) 25 ___ 26 ___ 27 ___ 28 ___
30. Where did you last have your chest X-rayed (if known)? _____
 What was the outcome? _____

FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:
- | | FATHER | | | MOTHER | | |
|-------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| | 1. Yes | 2. No | 3. Don't Know | 1. Yes | 2. No | 3. Don't Know |
| A. Chronic Bronchitis? | ___ | ___ | ___ | ___ | ___ | ___ |
| B. Emphysema? | ___ | ___ | ___ | ___ | ___ | ___ |
| C. Asthma? | ___ | ___ | ___ | ___ | ___ | ___ |
| D. Lung cancer? | ___ | ___ | ___ | ___ | ___ | ___ |
| E. Other chest conditions | ___ | ___ | ___ | ___ | ___ | ___ |
| F. Is parent currently alive? | ___ | ___ | ___ | ___ | ___ | ___ |
| G. Please Specify | ___ Age if Living | ___ Age if Living | ___ Age if Living | ___ Age if Living | ___ Age if Living | ___ Age if Living |
| | ___ Age at Death | ___ Age at Death | ___ Age at Death | ___ Age at Death | ___ Age at Death | ___ Age at Death |
| | ___ Don't Know | ___ Don't Know | ___ Don't Know | ___ Don't Know | ___ Don't Know | ___ Don't Know |

H. Please specify cause of death

COUGH

- 32A. Do you usually have a cough? (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat.) [If no, skip to question 32C.] 1. Yes ___ 2. No ___
- B. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week? 1. Yes ___ 2. No ___
- C. Do you usually cough at all on getting up or first thing in the morning? 1. Yes ___ 2. No ___
- D. Do you usually cough at all during the rest of the day or at night? 1. Yes ___ 2. No ___

IF YES TO ANY OF ABOVE (32A, B, C, or D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO NEXT PAGE

- E. Do you usually cough like this on most days for 3 consecutive months or more during the year? 1. Yes ___ 2. No ___
3. Does not apply ___
- F. For how many years have you had the cough? Number of years ___
Does not apply ___
- 33A. Do you usually bring up phlegm from your chest? 1. Yes ___ 2. No ___
(Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.) (If no, skip to 33C)
- B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week? 1. Yes ___ 2. No ___
- C. Do you usually bring up phlegm at all on getting up or first thing in the morning? 1. Yes ___ 2. No ___
- D. Do you usually bring up phlegm at all during the rest of the day or at night? 1. Yes ___ 2. No ___

IF YES TO ANY OF THE ABOVE (33A, B, C, or D), ANSWER THE FOLLOWING:
IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 34A.

- E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? 1. Yes ___ 2. No ___
3. Does not apply ___

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F. For how many years have you had trouble with phlegm? Number of years ___ Does not apply ___

EPISODES OF COUGH AND PHLEGM

34A. Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year? 1. Yes ___ 2. No ___

*(For persons who usually have cough and/or phlegm)

If YES TO 34A

B. For how long have you had at least 1 such episode per year? Number of years ___ Does not apply ___

WHEEZING

35A. Does your chest ever sound wheezy or whistling 1. Yes ___ 2. No ___

- 1. When you have a cold? 1. Yes ___ 2. No ___
2. Occasionally apart from colds? 1. Yes ___ 2. No ___
3. Most days or nights? 1. Yes ___ 2. No ___

IF YES TO 1, 2, or 3 in 35A

B. For how many years has this been present? Number of years ___ Does not apply ___

36A. Have you ever had an attack of wheezing that has made you feel short of breath? 1. Yes ___ 2. No ___

IF YES TO 36A

B. How old were you when you had your first such attack? Age in years ___ Does not apply ___

C. Have you had 2 or more such episodes? 1. Yes ___ 2. No ___ 3. Does not apply ___

D. Have you ever required medicine or treatment for the(se) attack(s)? 1. Yes ___ 2. No ___ 3. Does not apply ___

BREATHLESSNESS

37. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question 39A. Nature of condition(s) _____

38A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? 1. Yes ___ 2. No ___

IF YES TO 38A

- B. Do you have to walk slower than people of your age on the level because of breathlessness? 1. Yes ___ 2. No ___
3. Does not apply ___
- C. Do you ever have to stop for breath when walking at your own pace on the level? 1. Yes ___ 2. No ___
3. Does not apply ___
- D. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level? 1. Yes ___ 2. No ___
3. Does not apply ___
- E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs? 1. Yes ___ 2. No ___
3. Does not apply ___

TOBACCO SMOKING

- 39A. Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.) 1. Yes ___ 2. No ___

IF YES TO 39A

- B. Do you now smoke cigarettes (as of one month ago) 1. Yes ___ 2. No ___
3. Does not apply ___
- C. How old were you when you first started regular cigarette smoking? Age in years ___
Does not apply ___
- D. If you have stopped smoking cigarettes completely, how old were you when you stopped? Age stopped ___
Check if still smoking ___
Does not apply ___
- E. How many cigarettes do you smoke per day now? Cigarettes per day ___
Does not apply ___
- F. On the average of the entire time you smoked, how many cigarettes did you smoke per day? Cigarettes per day ___
Does not apply ___
- G. Do or did you inhale the cigarette smoke? 1. Does not apply ___
2. Not at all ___
3. Slightly ___
4. Moderately ___
5. Deeply ___
- 40A. Have you ever smoked a pipe regularly? (Yes means more than 12 oz. of tobacco in a lifetime.) 1. Yes ___ 2. No ___

IF YES TO 40A:
FOR PERSONS WHO HAVE EVER SMOKED A PIPE

- B. 1. How old were you when you started to smoke a pipe regularly? Age
- 2. If you have stopped smoking a pipe completely, how old were you when you stopped? Age stopped
Check if still smoking pipe
Does not apply
- C. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week? oz. per week (a standard pouch of tobacco contains 1 1/2 oz.)
Does not apply
- D. How much pipe tobacco are you smoking now? oz. per week
Not currently smoking a pipe
- E. Do you or did you inhale the pipe smoke?
 - 1. Never smoked
 - 2. Not at all
 - 3. Slightly
 - 4. Moderately
 - 5. Deeply
- 41A. Have you ever smoked cigars regularly? (Yes means more than 1 cigar a week for a year) 1. Yes 2. No

IF YES TO 41A
FOR PERSONS WHO HAVE EVER SMOKED CIGARS

- B. 1. How old were you when you started smoking cigars regularly? Age
- 2. If you have stopped smoking cigars completely, how old were you when you stopped. Age stopped
Check if still smoking cigars
Does not apply
- C. On the average over the entire time you smoked cigars, how many cigars did you smoke per week? Cigars per week
Does not apply
- D. How many cigars are you smoking per week now? Cigars per week
Check if not smoking cigars currently
- E. Do or did you inhale the cigar smoke?
 - 1. Never smoked
 - 2. Not at all
 - 3. Slightly
 - 4. Moderately
 - 5. Deeply

Signature _____ Date _____

Part 2
PERIODIC MEDICAL QUESTIONNAIRE

*Removed #2
and renumbered.*

1. NAME _____

~~2. SOCIAL SECURITY # _____~~
1 2 3 4 5 6 7 8 9

3. CLOCK NUMBER _____
10 11 12 13 14 15

4. PRESENT OCCUPATION _____

5. PLANT _____

6. ADDRESS _____

7. _____
(Zip Code)

8. TELEPHONE NUMBER _____

9. INTERVIEWER _____

10. DATE _____
16 17 18 19 20 21

11. What is your marital status? 1. Single _____ 4. Separated/
2. Married _____ Divorced _____
3. Widowed _____

12. OCCUPATIONAL HISTORY

12A. In the past year, did you work full time (30 hours per week or more) for 6 months or more? 1. Yes _____ 2. No _____

IF YES TO 12A:

12B. In the past year, did you work in a dusty job? 1. Yes _____ 2. No _____
3. Does Not Apply _____

12C. Was dust exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____

12D. In the past year, were you exposed to gas or chemical fumes in your work? 1. Yes _____ 2. No _____

12E. Was exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____

12F. In the past year, what was your:
1. Job/occupation? _____
2. Position/job title? _____

13. RECENT MEDICAL HISTORY

13A. Do you consider yourself to be in good health? Yes No

If NO, state reason _____

13B. In the past year, have you developed:

	Yes	No
Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever?	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>
Bladder disease?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice?	<input type="checkbox"/>	<input type="checkbox"/>
Cancer?	<input type="checkbox"/>	<input type="checkbox"/>

14. CHEST COLDS AND CHEST ILLNESSES

14A. If you get a cold, does it usually go to your chest?
(Usually means more than 1/2 the time)

1. Yes 2. No
3. Don't get colds

15A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?

1. Yes 2. No
3. Does Not Apply

IF YES TO 15A:

15B. Did you produce phlegm with any of these chest illnesses?

1. Yes 2. No
3. Does Not Apply

15C. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more?

Number of illnesses
No such illnesses

16. RESPIRATORY SYSTEM

In the past year have you had:

	Yes or No	Further Comment on Positive Answers
Asthma	<input type="checkbox"/>	
Bronchitis	<input type="checkbox"/>	
Hay Fever	<input type="checkbox"/>	
Other Allergies	<input type="checkbox"/>	

	<u>Yes or No</u>	<u>Further Comment on Positive Answers</u>
Pneumonia	_____	
Tuberculosis	_____	
Chest Surgery	_____	
Other Lung Problems	_____	
Heart Disease	_____	
Do you have:		
	<u>Yes or No</u>	<u>Further Comment on Positive Answers</u>
Frequent colds	_____	
Chronic cough	_____	
Shortness of breath when walking or climbing one flight or stairs	_____	
Do you:		
Wheeze	_____	
Cough up phlegm	_____	
Smoke cigarettes	_____	Packs per day _____ How many years _____

Date _____

Signature _____

~~APPENDIX E TO § 1926.1101—INTERPRETATION AND CLASSIFICATION OF CHEST ROENTGENOGRAMS—MANDATORY~~

~~(a) Chest roentgenograms shall be interpreted and classified in accordance with a professionally accepted classification system and recorded on an interpretation form following the format of the CDC/NIOSH (M) 2.8 form. As a minimum, the content within the bold lines of this form (items 1 through 4) shall be included. This form is not to be submitted to NIOSH.~~

~~(b) Roentgenograms shall be interpreted and classified only by a B-reader, a board eligible/certified radiologist, or an experienced physician with known s.~~

~~(c) All interpreters, whenever interpreting chest roentgenograms made under this section, shall have immediately available for reference a complete set of the ILO-U/C International Classification of Radiographs~~

~~APPENDIX F TO § 1926.1101—WORK PRACTICES AND ENGINEERING CONTROLS FOR CLASS I ASBESTOS OPERATIONS (NON-MANDATORY)~~

~~This is a non-mandatory appendix to the asbestos standards for construction and for shipyards. It describes criteria and procedures for erecting and using negative pressure enclosures for Class I Asbestos Work, when NPEs are used as an allowable control method to comply with paragraph (g)(5)(i) of this section. Many small and variable details are involved in the erection of a negative pressure enclosure. OSHA and most participants in the rulemaking agreed that only the major, more performance oriented criteria should be made mandatory. These criteria are set out in paragraph (g) of this section. In addition, this appendix includes these mandatory specifications and procedures in its guidelines in order to make this appendix coherent and helpful. The mandatory nature of the criteria which appear in the~~

included in this "non-mandatory" appendix.