**Attachment 4f. Exposure Measurement Form**

Form Approved

OMB No. 0923-XXXX

Exp. Date xx/xx/201x

Study ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample Collection Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collector ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Air Samples**

(mark collection locations on field chart)

|  |  |  |  |
| --- | --- | --- | --- |
| Sample Type | Field Location ASample Collected | Field Location BSample Collected | Background LocationSample Collected |
| VOC Sample | Yes No | Yes No | Yes No |
| SVOC Sample | Yes No | Yes No | Yes No |
| Particle Sample | Yes No | Yes No | Yes No |

**Field Wipe Samples**

(mark collection locations on field chart)

|  |  |  |  |
| --- | --- | --- | --- |
| Sample Type | Field Location ASample Collected | Field Location BSample Collected | Field Location CSample Collected |
| SVOC Sample A | Yes No | Yes No | Yes No |
| SVOC Sample B | Yes No | Yes No | Yes No |
| Metals Sample | Yes No | Yes No | Yes No |

ATSDR estimates the average public reporting burden for this collection of information as 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0923-XXXX).

**Field Dust Samples**

(mark collection locations on field chart)

|  |  |  |  |
| --- | --- | --- | --- |
| Sample Type | Field Location ASample Collected | Field Location BSample Collected | Field Location CSample Collected |
| SVOC Sample | Yes No | Yes No | Yes No |
| Metals Sample | Yes No | Yes No | Yes No |
| Particles Sample | Yes No | Yes No | Yes No |

**Sample Collection Locations**



**NOTE: Use one form for each participant if multiple participants are part of a sampling event**

Study ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Air Sample – VOCs**

|  |  |
| --- | --- |
| Sample Type | Sample Collected |
| Personal | Yes No |

**Dermal Dosimeter Samples - SVOCs**

|  |  |
| --- | --- |
| Sample Type |  Sample Collected |
| Location 1 – Hand | Yes No |
| Location 2 – Arm  | Yes No |
| Location 3 - Leg | Yes No |

**Dermal Dosimeter Samples - Metals**

|  |  |
| --- | --- |
| Sample Type |  Sample Collected |
| Location 1 – Hand  | Yes No |
| Location 2 – Arm | Yes No |
| Location 3 - Leg | Yes No |

**Urine Samples**

|  |  |
| --- | --- |
| Sample Type | Sample Collected |
| Pre-Activity | Yes No |
| Post-Activity | Yes No |

**Blood Samples**

|  |  |  |
| --- | --- | --- |
| Sample Type | Tube 1 Collected | Tube 2 Collected |
| Pre-Activity | Yes No | Yes No |
| Post-Activity | Yes No | Yes No |