

Form Approved  
 OMB No. 0923-XXXX  
 Exp. Date xx/xx/201x

**Attachment 4f. Exposure Measurement Form**

Study ID Number	_____
Sample Collection Date	_____
Collector ID	_____

**Field Air Samples**

(mark collection locations on field chart)

Sample Type	Field Location A Sample Collected		Field Location B Sample Collected		Background Location Sample Collected	
	Yes	No	Yes	No	Yes	No
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 A Sample Collected		Field Location B Sample Collected		Field Location C Sample Collected	
	Yes	No	Yes	No	Yes	No
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

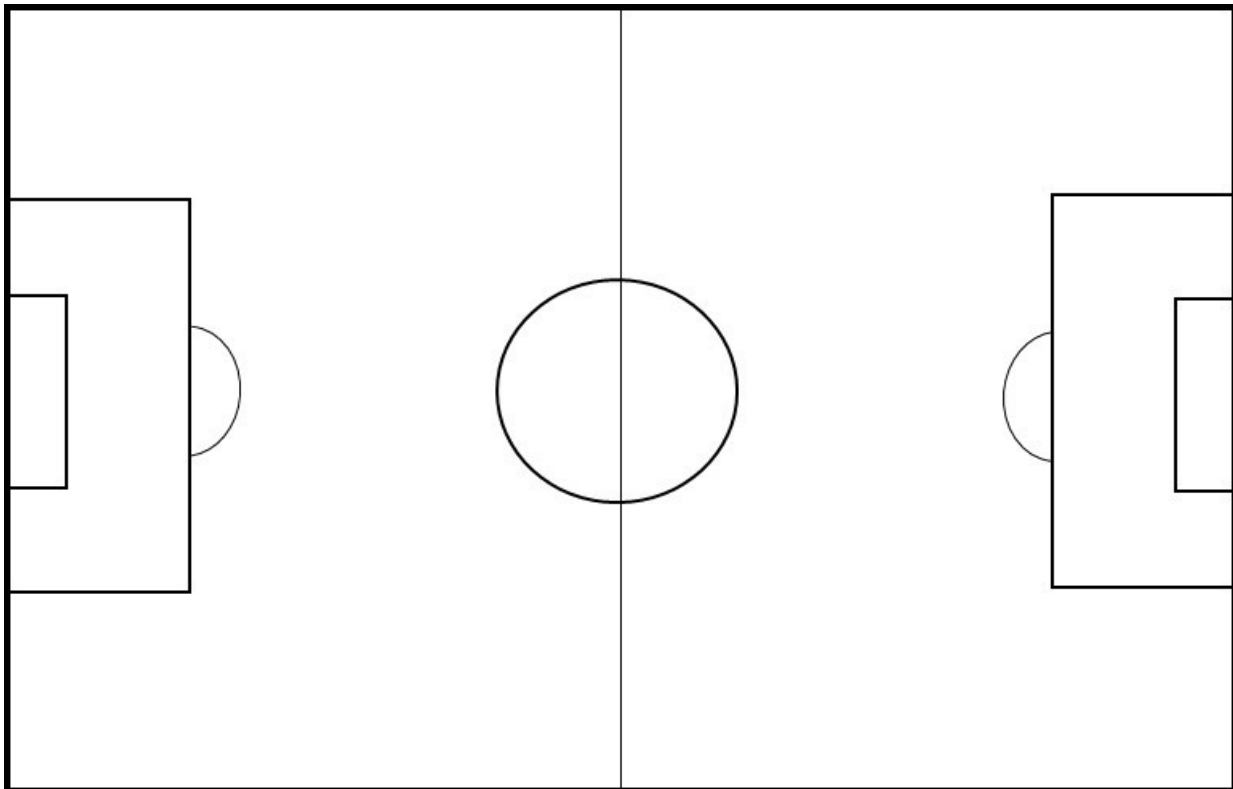
ATSDR estimates the average public reporting burden for this collection of information as 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency 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 A Sample Collected		Field Location B Sample Collected		Field Location C Sample 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