

SIPS IV mark-up

9/24/18

Occupational Safety and Health Admin., Labor

§ 1910.1048

any information on specific findings or diagnoses unrelated to occupational exposure to formaldehyde.

The purpose in requiring the examining physician to supply the employer with a written opinion is to provide the employer with a medical basis to assist the employer in placing employees initially, in assuring that their health is not being impaired by formaldehyde, and to assess the employee's ability to use any required protective equipment.

APPENDIX D TO § 1910.1048—NONMANDATORY MEDICAL DISEASE QUESTIONNAIRE

A. Identification

Plant Name \_\_\_\_\_
Date \_\_\_\_\_
Employee Name \_\_\_\_\_
S.S. # \_\_\_\_\_
Job Title \_\_\_\_\_
Birthdate: \_\_\_\_\_
Age: \_\_\_\_\_
Sex: \_\_\_\_\_
Height: \_\_\_\_\_
Weight: \_\_\_\_\_

B. Medical History

- 1. Have you ever been in the hospital as a patient?
2. Have you ever had any kind of operation?
3. Do you take any kind of medicine regularly?
4. Are you allergic to any drugs, foods, or chemicals?
5. Have you ever been told that you have asthma, hayfever, or sinusitis?
6. Have you ever been told that you have emphysema, bronchitis, or any other respiratory problems?
7. Have you ever been told you had hepatitis?
8. Have you ever been told that you had cirrhosis?

- 9. Have you ever been told that you had cancer?
10. Have you ever had arthritis or joint pain?
11. Have you ever been told that you had high blood pressure?
12. Have you ever had a heart attack or heart trouble?

B-1. Medical History Update

- 1. Have you been in the hospital as a patient any time within the past year?
2. Have you been under the care of a physician during the past year?
3. Is there any change in your breathing since last year?
4. Is your general health different this year from last year?
5. Have you in the past year or are you now taking any medication on a regular basis?

C. Occupational History

- 1. How long have you worked for your present employer?
2. What jobs have you held with this employer? Include job title and length of time in each job.
3. In each of these jobs, how many hours a day were you exposed to chemicals?
4. What chemicals have you worked with most of the time?
5. Have you ever noticed any type of skin rash you feel was related to your work?
6. Have you ever noticed that any kind of chemical makes you cough?

All text boxes changed to underlined fields

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Wheeze?
Yes [ ] No [ ]
Become short of breath or cause your chest to become tight?
Yes [ ] No [ ]
7. Are you exposed to any dust or chemicals at home?
Yes [ ] No [ ]
If yes, explain: \_\_\_\_\_

8. In other jobs, have you ever had exposure to:
Wood dust?
Yes [ ] No [ ]
Nickel or chromium?
Yes [ ] No [ ]
Silica (foundry, sand blasting)?
Yes [ ] No [ ]
Arsenic or asbestos?
Yes [ ] No [ ]
Organic solvents?
Yes [ ] No [ ]
Urethane foams?
Yes [ ] No [ ]

C-1. Occupational History Update

1. Are you working on the same job this year as you were last year?
Yes [ ] No [ ]
If not, how has your job changed? \_\_\_\_\_
2. What chemicals are you exposed to on your job? \_\_\_\_\_
3. How many hours a day are you exposed to chemicals? \_\_\_\_\_
4. Have you noticed any skin rash within the past year you feel was related to your work?
Yes [ ] No [ ]
If so, explain circumstances: \_\_\_\_\_
5. Have you noticed that any chemical makes you cough, be short of breath, or wheeze?
Yes [ ] No [ ]
If so, can you identify it? \_\_\_\_\_

D. Miscellaneous

1. Do you smoke?
Yes [ ] No [ ]
If so, how much and for how long? \_\_\_\_\_
Pipe \_\_\_\_\_
Cigars \_\_\_\_\_
Cigarettes \_\_\_\_\_
2. Do you drink alcohol in any form?
Yes [ ] No [ ]
If so, how much, how long, and how often? \_\_\_\_\_
3. Do you wear glasses or contact lenses?
Yes [ ] No [ ]
4. Do you get any physical exercise other than that required to do your job? \_\_\_\_\_

Yes [ ] No [ ]
If so, explain: \_\_\_\_\_

5. Do you have any hobbies or "side jobs" that require you to use chemicals, such as furniture stripping, sand blasting, insulation or manufacture of urethane foam, furniture, etc?
Yes [ ] No [ ]
If so, please describe, giving type of business or hobby, chemicals used and length of exposures. \_\_\_\_\_

E. Symptoms Questionnaire

1. Do you ever have any shortness of breath?
Yes [ ] No [ ]
If yes, do you have to rest after climbing several flights of stairs?
Yes [ ] No [ ]
If yes, if you walk on the level with people your own age, do you walk slower than they do?
Yes [ ] No [ ]
If yes, if you walk slower than a normal pace, do you have to limit the distance that you walk?
Yes [ ] No [ ]
If yes, do you have to stop and rest while bathing or dressing?
Yes [ ] No [ ]
2. Do you cough as much as three months out of the year?
Yes [ ] No [ ]
If yes, have you had this cough for more than two years?
Yes [ ] No [ ]
If yes, do you ever cough anything up from chest?
Yes [ ] No [ ]
3. Do you ever have a feeling of smothering, unable to take a deep breath, or tightness in your chest?
Yes [ ] No [ ]
If yes, do you notice that this on any particular day of the week?
Yes [ ] No [ ]
If yes, what day or the week? \_\_\_\_\_
Yes [ ] No [ ]
If yes, do you notice that this occurs at any particular place?
Yes [ ] No [ ]
If yes, do you notice that this is worse after you have returned to work after being off for several days?
Yes [ ] No [ ]
4. Have you ever noticed any wheezing in your chest?
Yes [ ] No [ ]
If yes, is this only with colds or other infections?
Yes [ ] No [ ]
Is this caused by exposure to any kind of dust or other material?
Yes [ ] No [ ]
If yes, what kind? \_\_\_\_\_

5. Have you noticed any burning, tearing, or redness of your eyes when you are at work?

Yes  No

If so, explain circumstances: \_\_\_\_\_

6. Have you noticed any sore or burning throat or itchy or burning nose when you are at work?

Yes  No

If so, explain circumstances: \_\_\_\_\_

7. Have you noticed any stuffiness or dryness of your nose?

Yes  No

8. Do you ever have swelling of the eyelids or face?

Yes  No

9. Have you ever been jaundiced?

Yes  No

If yes, was this accompanied by any pain?

Yes  No

10. Have you ever had a tendency to bruise easily or bleed excessively?

Yes  No

11. Do you have frequent headaches that are not relieved by aspirin or tylenol?

Yes  No

If yes, do they occur at any particular time of the day or week?

Yes  No

If yes, when do they occur? \_\_\_\_\_

12. Do you have frequent episodes of nervousness or irritability?

Yes  No

13. Do you tend to have trouble concentrating or remembering?

Yes  No

14. Do you ever feel dizzy, light-headed, excessively drowsy or like you have been drugged?

Yes  No

15. Does your vision ever become blurred?

Yes  No

16. Do you have numbness or tingling of the hands or feet or other parts of your body?

Yes  No

17. Have you ever had chronic weakness or fatigue?

Yes  No

18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoes?

Yes  No

19. Are you bothered by heartburn or indigestion?

Yes  No

20. Do you ever have itching, dryness, or peeling and scaling of the hands?

Yes  No

21. Do you ever have a burning sensation in the hands, or reddening of the skin?

Yes  No

22. Do you ever have cracking or bleeding of the skin on your hands?

Yes  No

23. Are you under a physician's care?

Yes  No

If yes, for what are you being treated? \_\_\_\_\_

24. Do you have any physical complaints today?

Yes  No

If yes, explain? \_\_\_\_\_

25. Do you have other health conditions not covered by these questions?

Yes  No

If yes, explain: \_\_\_\_\_

[57 FR 22310, May 27, 1992; 57 FR 27161, June 18, 1992; 61 FR 5508, Feb. 13, 1996; 63 FR 1292, Jan. 8, 1998; 63 FR 20099, Apr. 23, 1998; 70 FR 1143, Jan. 5, 2005; 71 FR 16672, 16673, Apr. 3, 2006; 71 FR 50190, Aug. 24, 2006; 73 FR 75586, Dec. 12, 2008; 77 FR 17784, Mar. 26, 2012]

#### § 1910.1050 Methylene dianiline.

(a) *Scope and application.* (1) This section applies to all occupational exposures to MDA, Chemical Abstracts Service Registry No. 101-77-9, except as provided in paragraphs (a)(2) through (a)(7) of this section.

(2) Except as provided in paragraphs (a)(8) and (e)(5) of this section, this section does not apply to the processing, use, and handling of products containing MDA where initial monitoring indicates that the product is not capable of releasing MDA in excess of the action level under the expected conditions of processing, use, and handling which will cause the greatest possible release; and where no "dermal exposure to MDA" can occur.

(3) Except as provided in paragraph (a)(8) of this section, this section does not apply to the processing, use, and handling of products containing MDA where objective data are reasonably relied upon which demonstrate the product is not capable of releasing MDA under the expected conditions of processing, use, and handling which will cause the greatest possible release; and where no "dermal exposure to MDA" can occur.

(4) This section does not apply to the storage, transportation, distribution or sale of MDA in intact containers sealed in such a manner as to contain the MDA dusts, vapors, or liquids, except for the provisions of 29 CFR 1910.1200 and paragraph (d) of this section.

(5) This section does not apply to the construction industry as defined in 29