Form Approved OMB No. 0920-xxxx Exp. Date xx/xx/20xx

Participant ID:	
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NIOSH Thermal Spray Coating Project Workplace Survey

Thank you for your participation and taking time to answer questions about your workplace. The purpose of this survey is to help the <u>National Institute for Occupational Safety and Health</u> (NIOSH) better understand the thermal spray coating industry and best practices or barriers to occupational safety and health. NIOSH is a federal public health research agency. NIOSH **is not** part of the Occupational Health and Safety Administration (OSHA) and **does not** fine companies for health and safety violations.

Section 1: Point of Contact Information

First, we would like to collect workplace contact information. This information is to assist NIOSH in contacting your workplace should you request additional information from NIOSH. Nevertheless, provision of your information listed below is voluntary. **NIOSH will not directly identify you or your workplace in any of our study findings.**

Does your workplace work in thermal spray coating (TSC), including flame, electric arc, detonation gun, high velocity oxyfuel (HVOF), high velocity air fuel (HVAF), conventional plasma, high energy plasma, vacuum plasma, plasma, radio frequency plasma, or cold spray?

- Yes [continue]
- No [thank you, please exit survey] [trigger end survey action]
- I'm not sure [continue]
- 1. First Name:
- 2. Last Name:
- 3. Work phone number:
- 4. Work email address:

Section 2: Workplace Information

Next, we would like to learn more about your workplace.

5. Name of company:

Public reporting burden of this collection of information is estimated to average 20 minutes 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 a 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 NE, MS H21-8, Atlanta, Georgia 30333 ATTN: PRA (0920-xxxxx).

6.	Company address:
7.	Industry classification (Name/NAICS Code-6-digit):
8.	How many people work at this company (including contractors)?
9.	How many workers perform thermal spray coating?
	How many other workers perform tasks related to TSC such as maintenance, pre-surface preparation, post surface cleaning or finishing?
	on 3: Production Volume e would like to learn more about the level of production at your workplace.
11.	About how much time is spent daily on TSC processes?
	£ Less than 1 hour
	£ 1 hour and up to 2 hours
	£ More than 2 hours and up to 4 hours £ More than 4 hours
	L More than 4 hours
12.	Has your volume of TSC work increased over the last 5 years? £ No increase in production volume £ Less than 25% £ 25-50% £ 51-75% £ More than 75%
Sectio	n 4: Production Practices
safety n	e would like to learn more about the TSC processes and materials, tasks performed, engineering controls, and neasures your workplace uses. Over the next few questions, you will be asked to provide the following information in TSC process currently used at your workplace: • feedstock material • amount used annually • feedstock form (e.g., powder; wire/rod; liquid suspension/liquid precursor) • fuel, propellants, substrate materials • structures description of booths or enclosures • control technologies • personal protective equipment • housekeeping
	Select the type(s) of TSC processes used at your facility. [select all that apply] [triggers 13a to be displayed for each process checked] Electric arc Flame High velocity oxyfuel (HVOF) Conventional plasma High energy plasma

	Vacuum plasma
	Radio frequency plasma
	Detonation gun
	Cold
	Other (please describe)
13a. Do you ap	ply the TSC process in [select all that apply]: [triggers 13b to be displayed for each process checked]
	Fixed building location
	As a portable unit in a building
	As a portable unit on a structure
13b. Select the	types of metals feedstock material used [select all that apply]: [displayed for each 13a response
checked; trigge	ers 13c and 13d]
	Nickel
	Chromium
	Manganese
	Cobalt
	Aluminum
	Zinc
	Tin
	Tungsten
	Molybdenum
	Iron
	Copper
	Other (please describe)
13c. Indicate ar	mount used annually: [dropdown menu] [displayed for each 13b response checked]
	<100 lbs. per year
	100 — 500 lbs. per year
	500 — 1,000 lbs. per year
	1,000 — 10,000 lbs. per year
	> 10,000 lbs. per year
13d. Indicate fo	orm used: [dropdown menu] [displayed for each 13b response checked]
	Powder
	Wire/rod
	Liquid suspension/liquid precursor
13e. Select the	types of alloys and intermetallics feedstock material used [select all that apply]: [displayed for each 13a
response check	red; triggers 13f and 13g]
	Stainless steel
	Mild steel
	Nickel-chromium alloys
	Nickel and cobalt alloys
	Ni-Cr-B-Si alloys
	MCrAlY
	TiAl
	Ti3Al
	Ni3Al
	NiAl
	MoS2
	Other (please describe)
	nount used annually: [dropdown menu] [displayed for each 13e response checked]
	<100 lbs. per year

	100 — 500 lbs. per year
	500 — 1,000 lbs. per year
	1,000 — 10,000 lbs. per year
	> 10,000 lbs. per year
13g. Indicate fo	orm used: [dropdown menu] [displayed for each 13e response checked]
	Powder
	Wire/rod
	Liquid suspension/liquid precursor
13h. Select the	types of ceramics feedstock material used [select all that apply]: [displayed for each 13a response
checked; trigge	
	Al2O3
	ZrO2
	TiO2
	CrO3
	MgO
	Cr3C2
	TiC
	Mo2C
	SiC
	TiN
	Si3N4
	Other (please describe)
	nount used annually: [dropdown menu] [displayed for each 13h response checked]
	<100 lbs. per year
	100 — 500 lbs. per year
	500 — 1,000 lbs. per year
	1,000 — 10,000 lbs. per year
	> 10,000 lbs. per year
13j. Indicate fo	rm used: [dropdown menu] [displayed for each 13h response checked]
	Powder
	Wire/rod
	Liquid suspension/liquid precursor
	types of cermet (ceramics/metals) feedstock material used [select all that apply]: [displayed for each
13a response o	hecked; triggers 13l and 13m]
	WC/Co
	Cr3C2/NiCr
	TiC/NiCr
	Other (please describe)
13l. Indicate an	nount used annually: [dropdown menu] [displayed for each 13k response checked]
	<100 lbs. per year
	100 — 500 lbs. per year
	500 — 1,000 lbs. per year
	1,000 — 10,000 lbs. per year
	> 10,000 lbs. per year
13m. Indicate f	orm used: [dropdown menu] [displayed for each 13k response checked]
	Powder
	Wire/rod
	Liquid suspension/liquid precursor

response check	types of polymers composites feedstock material used [select all that apply]: [displayed for each 13a ked; triggers 13o and 13p] Urethanes
	Ethylene vinyl alcohols
	Nylon 11
	Polytetrafluoroethylene
	Ethylene tetrafluoroethylene
	Polyetheretherketone
	Polymethylmethacrylate
	Poluimid
	Polycarbonate
	Polyvinylidene fluoride
	Other (please describe)
13o. Indicate a	mount used annually: [dropdown menu] [displayed for each 13n response checked]
	<100 lbs. per year
	100 — 500 lbs. per year
	500 — 1,000 lbs. per year
	1,000 — 10,000 lbs. per year
	> 10,000 lbs. per year
13p. Indicate fo	orm used: [dropdown menu] [displayed for each 13n response checked]
	Powder
	Wire/rod
	Liquid suspension/liquid precursor
13q. Select the	types of fuel and propellant used [select all that apply]: [displayed for each 13a response checked]
	Argon
	Helium
	Air
	Nitrogen
	Oxygen
	Propane
	Acetylene
	Hydrogen
	Propylene
	Kerosene
	Chemtane 2
	Methane
	Methylacetylene-propadiene propane
	Mixture
	Other (please describe)
13r. Select the	types of substrate material used [select all that apply]: [displayed for each 13a response checked]
	Aluminum
	Cobalt
	Copper
	Nickel
	Stainless steel
	Mild steel
	Polymer
	Iron
	Titanium

		Other (please describe)	
13s. Is this	13s. Is this TSC process conducted in a temporary containment (e.g., containments using tarps), an enclosed structure		
(e.g., booth	s or	glovebox), or in a non-enclosed, restricted area? [select all that apply]: [displayed for each 13a response	
checked]			
		Glove box	
		Field portable glove box	
		Fully enclosed booth	
		Partially enclosed booth	
		Temporary containment	
		No booths	
		Restricted area, non-enclosed	
		Other (please describe)	
	the t	types of exhaust ventilation used for this process [select all that apply]: [displayed for each 13a response	
checked]			
		Mechanical exhaust ventilation [select all that apply]: [subcategories displayed if selected]	
		☐ HEPA filter	
		☐ Dry filter	
		☐ Wet scrubber	
		☐ Water curtain	
	_	☐ Other (please describe)	
	Ш	Portable exhaust ventilation [select all that apply]: [subcategories displayed if selected]	
		☐ HEPA filter	
	_	Other (please describe)	
	Ш	No mechanical exhaust ventilation	
	_		
	the	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for	
	the	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked]	
	the spo	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator	
	the	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected]	
	the spo	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] □ Particulate filter	
	the spo	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge	
	the spo	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination	
	the	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure	
	the	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected]	
	the	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter	
	the	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge	
	the	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Combination Organic vapor cartridge Combination	
	the	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure	
	espo	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for inse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Powered air-purifying respirator (PAPR)	
	the	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for inse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Unsure Powered air-purifying respirator (PAPR) Other PPE (select all that apply) [subcategories displayed if selected]	
	espo	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for inse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Powered air-purifying respirator (PAPR) Other PPE (select all that apply) [subcategories displayed if selected] Gloves	
	espo	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for inse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Powered air-purifying respirator (PAPR) Other PPE (select all that apply) [subcategories displayed if selected] Gloves Protective glasses or goggles	
	espo	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for inse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Powered air-purifying respirator (PAPR) Other PPE (select all that apply) [subcategories displayed if selected] Gloves Protective glasses or goggles Coveralls	
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each 13a re	the espo	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Powered air-purifying respirator (PAPR) Other PPE (select all that apply) [subcategories displayed if selected] Gloves Protective glasses or goggles Coveralls Other (please describe) enclosures and TSC equipment that are cleaned in your workplace [select all that apply]: [displayed for onse checked]	
each 13a re	the spo	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for inse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Powered air-purifying respirator (PAPR) Other PPE (select all that apply) [subcategories displayed if selected] Gloves Protective glasses or goggles Coveralls Other (please describe) enclosures and TSC equipment that are cleaned in your workplace [select all that apply]: [displayed for inse checked] Glove box	
each 13a re	the espo	Personal Protective Equipment (PPE) available at your workplace [select all that apply]: [displayed for onse checked] NIOSH-approved N95 respirator Half-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Full-face respirator [subcategories displayed if selected] Particulate filter Organic vapor cartridge Combination Unsure Powered air-purifying respirator (PAPR) Other PPE (select all that apply) [subcategories displayed if selected] Gloves Protective glasses or goggles Coveralls Other (please describe) enclosures and TSC equipment that are cleaned in your workplace [select all that apply]: [displayed for onse checked]	

	Other (please describe)
13w. Indicate h	ow often this enclosure or equipment is cleaned. [dropdown menu] [displayed for each 13v response
checked]	
	Daily
	Weekly
	Monthly
	Annually
	Not cleaned
14. Select the h	nousekeeping methods currently used in your workplace? [select all that apply]:
	HEPA-filtered vacuuming
	Dry sweeping
	Compressed air
	Wet sweeping
	No housekeeping procedures
	Other (please describe)
15. Which	surface preparation tasks do you perform before TSC is applied? [select all that apply]
	Roughening
	Deburring
	Chamfering
	Radiusing edges
	Preheating
	Masking (high temp tape, paint-on, metal shadow)
	Abrasive grit blasting
	Other surface repair
	Bond coating
	Wet abrasive blasting
	Dry abrasive blasting
	Stripping coating
	Other methods
16. Which	surface cleaning methods do you apply before or after TSC is applied? [select all that apply]
	Solvent-based degreasing [subcategories displayed if selected]
	☐ Methylethyl ketone
	□ Acetone
	☐ Acetic acid
	☐ Phosphoric acid
	□ Polyphosphates
	☐ Orthosilicates
	Other (please describe)
	Thermal cleaning
Ц	Other (please describe)
	surface finishing method do you apply after TSC is applied? [select all that apply]
Ц	Surface finishing [subcategories displayed if selected]
	☐ Grinding
	☐ Vibratory finishing
	☐ Lapping

☐ Brush finishing
☐ Diamond belt
☐ Turning
☐ Heat treating [subcategories displayed if selected]
☐ Vacuum heat treat
☐ Heat tint
☐ Furnace treat in air
☐ Furnace treat in inert
☐ Sealing [subcategories displayed if selected]
☐ Sealant infiltration
☐ Release/non-stick
☐ Paint/urethane
☐ Densification [subcategories displayed if selected]
☐ Shot peening
☐ Heat treatment
☐ Gauging and inspection [subcategories displayed if selected]
☐ Thickness
☐ Roughness
☐ Fluorescent penetrant
☐ Temperature
☐ Hardness
☐ Microstructure
☐ Density
☐ Other (please describe)

Section 5: Industry Practices

18. What industries do you do business with (i.e. manufacture or repair parts for or sell to)? [select all that apply]

£ Aero gas turbines £ Agriculture implements £ Architectural £ Automotive engines £ Business Equipment £ Cement and structural clays £ Chemical processing £ Copper and brass mills £ Computers £ Defense and Aerospace £ Diesel engines £ Electrical and electronics £ Electrical utilities £ Food processing £ Forging	£ Iron and steel casting £ Iron and steel manufacture £ Land based gas turbines £ Marine manufacture and repair £ Metal working £ Medical £ Mining, construction and dredging £ Nuclear £ Oil and gas exploration £ Offshore Applications £ Printing equipment £ Pulp and paper £ Petrochemicals £ Pumps/motors £ Railroad
	·

£ Screening	£ Utilities
£ Ship and boat manufacture and repair	£ Other
£ Steel and rolling mills	£ Other
£ Textile	£ Other
£ Transportation non-engine	£ Other
19. Does your workplace have a written Respirat £ Yes (Ask question 21)	ory Protection Program?
£ No (Skip to question 22)	
£ Don't know (Skip to question 22)	
20. Are workers fit-tested for the selected respir	atory protection?
£ Yes (Ask question 21)	
\pounds No (Skip to question 22)	
£ Don't know	
21. Is respirator training provided to production workers	?
£ Yes	
£ No	
£ Don't know	
22. Are medical evaluations ever provided for workers?	
${ t £}$ Yes (If yes, open frequency options bel	ow)
£ At hire	
£ Annually	
£ Other:	
£ No	
£ Don't know	
23. Has air monitoring for particles (metals or dust) and/o	or gases ever been performed at your company?
£ Yes	
£ No	
£ Don't know	
Section 6: Future Participation	

Section

24. Would you be interested in helping NIOSH learn how to better protect worker health and safety by partnering with NIOSH to perform industrial hygiene sampling or medical surveillance of production workers? This would be entirely free to the company. If you choose to participate, NIOSH will protect your identity, your coworker's identity, and the name of your company to the extent allowed by law.

> £ Yes £ No £ Maybe

Thank you for your participation and for taking the time to answer these questions. If you have questions about the survey or would like to speak with someone at NIOSH, please contact: Emily Lee <u>elee2@cdc.gov</u> or Abbas Virji MVirji@cdc.gov.