

## NIOSH Deepwater Horizon On Shore Exposure Assessment Data Collection Form

IH observer  Date (mm/dd/yy)

### Worksite information Time

State  County  Division

Command Center (Division Name)

Site Location

Nature of operation (check one)

- shoreline/marsh cleanup  
  equipment decon  
  wildlife decon  
  waste mgmt  
 other, specify

Date operation began (mm/dd/yy)  No. workers

Day or night operation?  Day  Night

Oil Contamination:  Heavy  Moderate  light  None    Temp F  RH %

### Job/task information

Describe

Does the task involve any of the following? Check all that apply

- heavy lifting                       high pressure water/cleaner    power hand tools  
 awkward postures                       repetitive motions                       diesel-powered equipment

### Chemical hazards

Chemical	form solid liquid/pour liquid/spray Other	inhalation potential hi med low	Dermal Potential hi Med lo	duration (hrs/day)	if indoors, ventilation: none general local exhaust	Comments
Oil	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dispersant	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cleaner	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
other (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there evidence of oil or chemicals on employees' work clothes?      No      Yes  
 Is there evidence of unprotected skin contact with chemicals or oil?      No      Yes  
 Is there evidence of unpleasant odors?      No      Yes



## Personal protective equipment observed in use

PPE Type	In use?	Replacement Frequency		Type	Other Info	Provided by	Use is
Safety glasses	<input type="checkbox"/> No	<input type="checkbox"/> As nec	<input type="checkbox"/> Daily			<input type="checkbox"/> Employer	<input type="checkbox"/> Required
	<input type="checkbox"/> Yes	<input type="checkbox"/> Task	<input type="checkbox"/> Other			<input type="checkbox"/> Employee	<input type="checkbox"/> Voluntary
Goggles	<input type="checkbox"/> No	<input type="checkbox"/> As nec	<input type="checkbox"/> Daily			<input type="checkbox"/> Employer	<input type="checkbox"/> Required
	<input type="checkbox"/> Yes	<input type="checkbox"/> Task	<input type="checkbox"/> Other			<input type="checkbox"/> Employee	<input type="checkbox"/> Voluntary
Gloves	<input type="checkbox"/> No	<input type="checkbox"/> As nec	<input type="checkbox"/> Daily		<input type="checkbox"/> Short <input type="checkbox"/> Long	<input type="checkbox"/> Employer	<input type="checkbox"/> Required
	<input type="checkbox"/> Yes	<input type="checkbox"/> Task	<input type="checkbox"/> Other			<input type="checkbox"/> Employee	<input type="checkbox"/> Voluntary
Respirator	<input type="checkbox"/> No	<input type="checkbox"/> As nec	<input type="checkbox"/> Daily			<input type="checkbox"/> Employer	<input type="checkbox"/> Required
	<input type="checkbox"/> Yes	<input type="checkbox"/> Task	<input type="checkbox"/> Other			<input type="checkbox"/> Employee	<input type="checkbox"/> Voluntary
Safety shoes	<input type="checkbox"/> No	<input type="checkbox"/> As nec	<input type="checkbox"/> Daily			<input type="checkbox"/> Employer	<input type="checkbox"/> Required
	<input type="checkbox"/> Yes	<input type="checkbox"/> Task	<input type="checkbox"/> Other			<input type="checkbox"/> Employee	<input type="checkbox"/> Voluntary
Hard hat	<input type="checkbox"/> No	<input type="checkbox"/> As nec	<input type="checkbox"/> Daily			<input type="checkbox"/> Employer	<input type="checkbox"/> Required
	<input type="checkbox"/> Yes	<input type="checkbox"/> Task	<input type="checkbox"/> Other			<input type="checkbox"/> Employee	<input type="checkbox"/> Voluntary
Hearing Protection	<input type="checkbox"/> No	<input type="checkbox"/> As nec	<input type="checkbox"/> Daily			<input type="checkbox"/> Employer	<input type="checkbox"/> Required
	<input type="checkbox"/> Yes	<input type="checkbox"/> Task	<input type="checkbox"/> Other			<input type="checkbox"/> Employee	<input type="checkbox"/> Voluntary
Face Shield	<input type="checkbox"/> No	<input type="checkbox"/> As nec	<input type="checkbox"/> Daily			<input type="checkbox"/> Employer	<input type="checkbox"/> Required
	<input type="checkbox"/> Yes	<input type="checkbox"/> Task	<input type="checkbox"/> Other			<input type="checkbox"/> Employee	<input type="checkbox"/> Voluntary
Tyvek or Tychem	<input type="checkbox"/> No	<input type="checkbox"/> As nec	<input type="checkbox"/> Daily			<input type="checkbox"/> Employer	<input type="checkbox"/> Required
	<input type="checkbox"/> Yes	<input type="checkbox"/> Task	<input type="checkbox"/> Other			<input type="checkbox"/> Employee	<input type="checkbox"/> Voluntary
Rubber Boots	<input type="checkbox"/> No	<input type="checkbox"/> As nec	<input type="checkbox"/> Daily			<input type="checkbox"/> Employer	<input type="checkbox"/> Required
	<input type="checkbox"/> Yes	<input type="checkbox"/> Task	<input type="checkbox"/> Other			<input type="checkbox"/> Employee	<input type="checkbox"/> Voluntary
Slicker Suit (rain)	<input type="checkbox"/> No	<input type="checkbox"/> As nec	<input type="checkbox"/> Daily			<input type="checkbox"/> Employer	<input type="checkbox"/> Required
	<input type="checkbox"/> Yes	<input type="checkbox"/> Task	<input type="checkbox"/> Other			<input type="checkbox"/> Employee	<input type="checkbox"/> Voluntary
Other	<input type="checkbox"/> No	<input type="checkbox"/> As nec	<input type="checkbox"/> Daily			<input type="checkbox"/> Employer	<input type="checkbox"/> Required
	<input type="checkbox"/> Yes	<input type="checkbox"/> Task	<input type="checkbox"/> Other			<input type="checkbox"/> Employee	<input type="checkbox"/> Voluntary

  

Clothing	No	Yes	Type
Shirt	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Long sleeve <input type="checkbox"/> Short sleeve
Pants	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Long <input type="checkbox"/> Short
Head covering	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text"/>
Protective sleeves	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text"/>
Apron	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text"/>
Waders	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text"/>
Other	<input type="text"/>		

## Other preventive measures

Item	No	Yes	Comments
Shower facilities on site	<input type="checkbox"/>	<input type="checkbox"/>	
Handwash facilities onsite	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency eyewash onsite	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate sanitary facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Access to air condition area for breaks	<input type="checkbox"/>	<input type="checkbox"/>	
Shaded work area	<input type="checkbox"/>	<input type="checkbox"/>	
Shaded break area	<input type="checkbox"/>	<input type="checkbox"/>	
Do workers eat, drink, or smoke in work area?	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate water provided?	<input type="checkbox"/>	<input type="checkbox"/>	
MSDS readily available non-English, as needed	<input type="checkbox"/>	<input type="checkbox"/>	
Unlabelled chemical containers?	<input type="checkbox"/>	<input type="checkbox"/>	
Facilities for first aid?	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for medical emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	
Decon of clothing	<input type="checkbox"/>	<input type="checkbox"/>	
Decon of tools?	<input type="checkbox"/>	<input type="checkbox"/>	

## Other

What is the average number of hours worked per day?

What is the maximum number of hours worked per day?

Is there a work/rest regimen?  No  Yes  minutes on  minutes off

Check if any evidence of the following.

snakes  wild animals  mosquitoes  ticks  alligators

## Comments

