WORKPLACE MONITORING PLAN

WORKPLACE INFORMATION

Organization:		
Shop or Work Center:		
Location:		
Supervisor:	Phone:	
No. of Workers:	Male:	Female:
Shop Operations:		

Potential Hazard	Intermittent or Continuous	Workers Involved	Controls

EXPOSURE ASSESSMENT

Are employees potentially exposed to toxic chemicals or harmful physical agents? Yes _____ No _____

If no, provide rationale:

Signed: Title:	Date:

CLEAR

MONITORING PLAN

Potential Hazard	No. of Measurements	Method of Measurement[1]	Location of Measurement[2]	Frequency (per year)	Man-Hours (Per Year)

[1] Use the following codes:
- DR - Direct reading instrument
- IT - Indicator tube
- AT - Adsorption tube (charcoal, silica gel, etc.)
- B/I - Bubbler/Impinger
- F - Filter
- PD - Personal Dosimeter
- O - Other

[2] Use the following codes:
- GA - General area
- BZ - Breathing zone of personnel
- SZ - Source zone
- O - Other (specify)

CLEAR