

2. Please describe what you do during a typical work day. Be sure to tell about your work with BD.

3. Please check any of these chemicals that you work with now or have worked with in the past:

- | | | | |
|--|-----|-------------------------------------|-----|
| benzene | ___ | carbon tetrachloride ("carbon tet") | ___ |
| glues | ___ | arsine | ___ |
| toluene | ___ | carbon disulfide | ___ |
| inks, dyes | ___ | lead | ___ |
| other solvents, grease cutters | ___ | cement | ___ |
| insecticides (like DDT, lindane, etc.) | ___ | petroleum products | ___ |
| paints, varnishes, thinners, strippers | ___ | nitrites | ___ |
| dusts | ___ | | |

4. Please check the protective clothing or equipment you use at the job you have now:

- | | |
|-------------------------|-----|
| gloves | ___ |
| coveralls | ___ |
| respirator | ___ |
| dust mask | ___ |
| safety glasses, goggles | ___ |

Please circle your answer of yes or no.

5. Does your protective clothing or equipment fit you properly? yes no
6. Have you ever made changes in your protective clothing or equipment to make it fit better? yes no
7. Have you been exposed to BD when you were not wearing protective clothing or equipment? yes no
8. Where do you eat, drink and/or smoke when you are at work? (Please check all that apply.)
- | | |
|--------------------------------|-----|
| Cafeteria/restaurant/snack bar | ___ |
| Break room/employee lounge | ___ |
| Smoking lounge | ___ |
| At my work station | ___ |

Please circle your answer.

9. Have you been exposed to radiation (like x-rays or nuclear material) at the job you have now or at past jobs? yes no
10. Do you have any hobbies that expose you to dusts or chemicals (including paints, glues, etc.)? yes no
11. Do you have any second or side jobs? yes no

If yes, what are your duties there? _____
