

EXPOSURE MONITORING PLAN

WORKPLACE INFORMATION

Organization:

Shop or Work Center:

Location:

Supervisor:

Telephone:

No. of Workers:

Male:

Female:

Shop Operations:

| Work Task | Potential Hazard | Frequency/Duration | Workers Involved | Controls ((E)xisting or (R)ecommended) |
|-----------|------------------|--------------------|------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Shop Operations:

Signed:

Date:

