



CITY OF PHILADELPHIA
 Risk Management Division - Safety and Loss Prevention Unit
 Asbestos Exposure Incident Report (for OCCUPANT) Issued: 1/17/08

PLEASE COMPLETE THIS FORM FULLY AND ACCURATELY. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE SAFETY & LOSS PREVENTION UNIT OF RISK MANAGEMENT.

| | |
|----------------------|-------------------------------------|
| Name: _____ | Department: _____ |
| Division/Unit: _____ | Payroll/Badge #: _____ |
| Phone: _____ | Date of Incident: _____ Time: _____ |

Location of Incident (Please be specific): _____

Were any others working in the same area during this incident? **yes** **no** If yes, please identify.

Please describe briefly the work that was being performed and the suspect materials that were involved:

• Were you wearing any protective equipment? **yes** **no**
 List items: _____

• Were your clothes visibly covered by dust or debris? **yes** **no** If yes what was done with the clothing after the incident? _____

• Were any of the suspect materials wetted? **yes** **no**
 If yes? **water/steam from pipe** **water applied by me/others** **amended H2O applied by me/others**

• Approximately how much material was disturbed by the activity (in linear feet for pipe insulation and square feet for duct insulation or ceiling materials)? _____

• Was there any visible dust in the air during the work performed? **yes** **no**
 Describe _____

• Was there any visible dust or debris from disturbed material on any of the surfaces, walls or floor in the area? **yes** **no**
 Describe _____

• Was there any decontamination of the floors, walls or other surfaces in the area? **yes** **no**
 Describe _____

- Was any HEPA (high efficiency particulate absolute) air-filtering device used to clean up the material? **yes** **no** If yes, give make and model of vacuum or air handling device.

- Was plastic used to isolate the area **yes** **no**
- Have you ever had any previous exposure to asbestos while working for the City?
yes **no** Describe _____
- Have you ever had any previous exposure to asbestos while working for another employer?
yes **no** Name the employer and the job. _____
- Have you ever had an asbestos related medical exam? **yes** **no**
Where? _____
And when was the most recent one? _____

| | | |
|-----------------------------------------------------------------------|-------------|------------|
| MANAGEMENT REVIEW BY DEPARTMENT OFFICIAL OR SAFETY OFFICER (Comments) | | |
| <hr/> <hr/> <hr/> | | |
| NAME _____ | TITLE _____ | DATE _____ |

REVIEW BY SAFETY & LOSS PREVENTION UNIT OF RISK MANAGEMENT
(This section to be completed by the Safety & Loss Prevention Unit of Risk Management)

Inspection findings: _____

Sample Results:

Bulk _____
 Air _____
 Settled Dust _____

EXPOSURE ASSESSMENT: _____

RECOMMENDATIONS:

