



**CITY OF PHILADELPHIA**  
 Risk Management Division - Safety and Loss Prevention Unit  
 Asbestos Exposure Incident Report (for WORKER) 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 Number: _____
Phone: _____	Date of Incident: _____ Time: _____

Location of Incident (Please be specific): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who were you working with? \_\_\_\_\_

Please describe briefly the work that you were doing and the suspect materials which were involved: \_\_\_\_\_  
 \_\_\_\_\_

- ◆ Were you wearing any protective equipment? **yes**    **no**
  
- ◆ Gloves?    **yes**    **no**
  
- ◆ Respirator? **yes**    **no**    If yes make and type of cartridges \_\_\_\_\_  
 \_\_\_\_\_
  
- ◆ Have you ever been fit-tested for a respirator?    **yes**    **no** when? \_\_\_\_\_
  
- ◆ Coveralls or protective clothing?    **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 any high efficiency particulate absolute (HEPA) filtering devices used for the material? (i.e. Nilfisk or Hako HEPA vacuum, Microtrap or Hog air handler)    **yes**    **no** \_\_\_\_\_  
 \_\_\_\_\_
  
- ◆ Was plastic used to isolate the area    **yes**    **no**

◆ Was there any decontamination of the floors, walls or other surfaces in the area? yes no  
Describe \_\_\_\_\_  
\_\_\_\_\_

◆ Were there any visible materials on any of the surfaces, walls or floor in the area? yes  
no Describe \_\_\_\_\_  
\_\_\_\_\_

◆ Was there any visible dust in the air during the operation? yes no  
Describe \_\_\_\_\_  
\_\_\_\_\_

◆ Have you ever had any previous exposure to asbestos here at the City of Philadelphia?  
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 at the City of Philadelphia?  
yes no When was the most recent one? \_\_\_\_\_?

MANAGEMENT REVIEW BY DEPARTMENT OFFICIAL OR SAFETY OFFICER		
_____		
_____		
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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_