

**SMALL BUSINESS EXPOSURE INDEX**

LaMontagne et al (in review): An Exposure Prevention Rating Method for Intervention Needs Assessment and Effectiveness Evaluation: the SBEI

SITE NAME: \_\_\_\_\_ DATE \_\_\_\_\_

ACCOMPANIED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

- 1. DEFINED GROUP w/ similar potential chemical exposure (choose by **area, process, product, dept,...**) \_\_\_\_\_  
\_\_\_\_\_
- 2. OTHER PROCESSES in area & (#employees at each) \_\_\_\_\_  
\_\_\_\_\_
- 3. **No. of employees** (all shifts) GROUP \_\_\_\_\_ & TOTAL \_\_\_\_\_
- 4. WORKER DENSITY (sq. ft Area per EE) \_\_\_\_\_
- 5. BUILDING characteristics/conditions: CEILING height \_\_\_\_\_  
(Incidental potential exposure NOT related to production)  
circle: dampness, **pest control, renovations**, painting, other \_\_\_\_\_

- |   | YES                      | NO                       | DESCRIBE |
|---|--------------------------|--------------------------|----------|
| 6. Contaminants visible in the AIR (dust, mist, process plume)? | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 7. Contaminants visible on SURFACES (dust, grit, film, liquid)? | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 8. Mod/strong ODORS detectable in the area?                     | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 9. Indications of recent/on-going LEAKS or SPILLS in the area?  | <input type="checkbox"/> | <input type="checkbox"/> | _____    |

- |                                   |                          |   |                          |
|-----------------------------------|--------------------------|---|--------------------------|
| 10. HOUSEKEEPING in the area is:  |                          | 11. Overall AIR QUALITY in the area is: |                          |
| Very Good ( <b>system, time</b> ) | <input type="checkbox"/> | Very Good (eng. controls)               | <input type="checkbox"/> |
| Good (no out of place)            | <input type="checkbox"/> | Good (no odor, visible)                 | <input type="checkbox"/> |
| Acceptable (gen. clean, few)      | <input type="checkbox"/> | Acceptable (comfortable)                | <input type="checkbox"/> |
| Bad (hazards, dirty)              | <input type="checkbox"/> | Bad (discomfort, odor)                  | <input type="checkbox"/> |
| Very Bad (long time)              | <input type="checkbox"/> | Very Bad (ppe, <b>complaints</b> )      | <input type="checkbox"/> |

12. Are employees potentially exposed to PHYSICAL stressors? YES NO N/A Describe  
   \_\_\_\_\_  
If yes, circle+(#ee's): heat( ) cold( ) noise( ) radiation( ) lighting( ) other( ) \_\_\_\_\_

13. Are employees exposed to SAFETY hazards?    \_\_\_\_\_  
If yes, circle+(#ee's): fire( ) elect( ) w/w( ) guarding( ) gas( ) other( ) \_\_\_\_\_

14. Are employees exposed to ERGONOMIC stressors?    \_\_\_\_\_  
If yes, circle+(#ee's): rep/motion( ) ex/force( ) awk/pos( ) **incentive/rest**( ) mach/pacing( )  
tools( ) floor( ) lift/move/heavy( ) bench/seat( ) shoulder/knee( ) other( ) \_\_\_\_\_

Areas/issues requiring further explanation:

## MATERIAL

**Material Potential:** Looking at the characteristics of the materials, how hazardous are they and how much and in what form are they used?

**Hazard Analysis:** To what extent are there hazard analysis procedures in place to minimize the *Material Potential*? (Note: This category may overlap with the H&S Program Evaluation form)

For this section, review the materials used by the defined group (see #1) by: **reviewing area specific MSDS's, conducting management Interviews** and/or direct observation of the work. (Note: list materials from area and review MSDS's later for specific hazard info.)

MATERIALS USED ( 1:common name/tradename, 2:principle ingredients & %, 3:Form: S,L,G)

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

D. \_\_\_\_\_

\_\_\_\_\_

<b>POTENTIAL</b>	Materials			
MATERIAL POTENTIAL:	A	B	C	D
(Major)				
1. Contains Low, No threshold materials (C = carc, M = muta, T = terat, A = asthma)				
2. Skin sensitizer(SS) / skin designation(S)				
3. <b>Daily amt. used</b> (L=bench, M=drum, H=vat)				
(Minor)				
4. High vapor pressure (> 5mm Hg)				
5. Combustion/decomp. prod. likely (process)				
6. Combustion/decomp. prod. possible (MSDS)				
7. More than trace amount of #1				

<b>PROTECTION</b>				
HAZARD ANALYSIS:				
(Major)				
1. <b>Material inventory maintained (list)</b>				
2. MSDS's present in defined group ( delete ) ---	-----	-----	-----	-----
3. <b>MSDS's available, all shifts</b>				
4. <b>Hazard Assessment done (OSHA PPE)</b>				
5. <b>Monitoring routinely done</b>				
(Minor)				
6. <b>Monitoring (sampling) ever done</b>				
7. Eyewash / shower present ( if needed )				
8. <b>Chem. emergency plan posted/available</b>				
9.. Proper signage present (labels, warnings)				

Comments:

## PROCESS

Process Potential: Looking at the characteristics of the process, how likely is it that exposure could occur?

Engineering Controls: To what extent have ventilation and process controls been put in place to decrease the *Process Potential*?

<b>POTENTIAL</b>				
PROCESS POTENTIAL:				
(Major)				
Process involves(circle specific item):	Yes	No	Don't Know	Describe
1. Spraying as primary activity (painting/coating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Visible mist or spray, e.g. as byproduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Bulk <b>transfer of material</b> (pot/airborne)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Abrasive blasting ( inc. small cabinets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Welding, brazing, flame/arc cutting/spraying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Crushing, sanding, grinding, buffing (circle )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Electroplating operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Elevated temperatures ( >> <b>ambient</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Minor)				
Process & job(not <b>maintenance</b> ) involves:				
9. Open tanks or containers(not housekeeping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Mechanical mixing ( dust/liquid = exposure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Molten metal , e.g. solder pots, casting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Release of particulates ( NOC )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Machining: lathe, drill, mill, EDM, other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Plastic molding operations/extrusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Materials in gaseous form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. <b>Elevated pressure</b> , part of process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Drying of liquid covered parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. <b>Other process element</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PROTECTION</b>				
ENGINEERING CONTROLS:				
(Major)				
1. Process totally automated (finished part out )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Process totally enclosed (product in/out only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. LEV – appropriate and <b>working</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Operator totally enclosed or separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Minor)				
5. Process semi-automated ( <b>some oper. work</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Process partially enclosed (some protection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. <b>HVAC</b> // dilution ventilation/ <b>present/working</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. LEV present, but not appropriate/adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. No make up air problems(neg press/drafts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. <b>Other eng control</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## HUMAN INTERFACE

Human Interface: How likely is it that people will come into contact with the material, or be exposed to it as they do their jobs?

Personal Protective Equipment: To what extent are PPE, work practices, and administrative controls, utilized to decrease the *Human Interface*?

<b>POTENTIAL</b>				
HUMAN INTERFACE:				
(Major)	Yes	No	Don't Know	Describe
1. Manual application of liquid or powder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Manual mix, add, stir chemicals( not <i>maint</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Use of compressed air; <i>cleaning</i> or process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Employees <i>smoke</i> at work stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Ingestion significant route of exposure/MSDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Work practice contributes to potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Minor)				
7. Dipping parts into liquid (manual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Heavy workload / Increased metabolic rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Employees <i>eat or drink</i> at work station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Contact with work surface contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Manual cleaning <i>part of the job</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. <i>Other interface</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PROTECTION</b>				
PERSONAL PROTECTIVE EQUIPMENT:				
(Major)				
1. <i>Respirators/dust masks required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. <i>Protective clothing/equipment req'd: gloves,uniform,glasses,shoes,other:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Material handling minimized/reduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Work practice increases protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Minor)				
5. <i>Administrative Control procedure in place</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Respirators/dust masks used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Protective clothing <i>available/appropriate</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Hand <i>cleaning facilities</i> nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Designated <i>eating/break areas used</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Eyewash/shower adequate (bottles?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. <i>Other protection</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Additional File 2, published with:  
LaMontagne et al (2009): A hazardous substance exposure prevention rating method for intervention needs assessment and effectiveness evaluation: the Small Business Exposure Index. *Environ Health*.