

## Beryllium Health Surveillance Program Baseline Occupational Exposure History Questionnaire

Name (Last, First)		Date	
LBNL Employee #		Work Phone	

In accordance with the Department of Energy's Chronic Beryllium Disease Prevention Program, you have been identified as a potential current or past beryllium worker. In order to assess your situation/possible exposure to beryllium and in an effort to comply with the above order, it is important that you complete the following questionnaire:

These questions apply to your occupational (job) history. Please answer each question to the best of your knowledge. NOTE: The word "beryllium" means beryllium metal, beryllium containing alloy, beryllium ceramic or any beryllium compound, unless a specific form is being discussed in a question.

1. While at LBNL did you ever work with beryllium? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes to the above question, please describe in detail when and in what capacity you did this work?

2. Please list all jobs you held (whether the work involved beryllium or not), the approximate dates that you worked in this capacity, and the building(s) you worked in for each of these jobs while employed at LBNL. Start with the most recent and please use another piece of paper if necessary. Please provide as much information as you can, including your supervisor's name.			
Functional Job Title	Date	Bldg/Room	Supervisor

3. Other than LBNL did you ever work with beryllium? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the name and location of the company?

4. By way of background questions, did you ever work:

In a mine?	Yes <input type="checkbox"/> No <input type="checkbox"/>	year started	year ended
In a quarry?	Yes <input type="checkbox"/> No <input type="checkbox"/>	year started	year ended
In a foundry?	Yes <input type="checkbox"/> No <input type="checkbox"/>	year started	year ended
In a pottery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	year started	year ended
With asbestos?	Yes <input type="checkbox"/> No <input type="checkbox"/>	year started	year ended
In a cotton, flax or hemp mill?	Yes <input type="checkbox"/> No <input type="checkbox"/>	year started	year ended

5. Did you machine, polish, grind, or otherwise cut beryllium? Yes  No

If yes, how many months total?      What year(s)?

Did you do this work outside of a glovebox or other enclosure? Yes  No

6. Did you work with powdered beryllium? Yes  No

If yes, how many months total?      What year(s)?

Did you do this work outside of a glovebox or other enclosure? Yes  No

7. Did you work with hot beryllium metal (heat treating, welding, etc.)? Yes  No

If yes, how many months total?      What year(s)?

Did you do this work outside of a glovebox or other enclosure? Yes  No

8. Did you work in or near a foundry when beryllium was used? Yes  No

If yes, how many months total?      What year(s)?

9. Were you involved in decontamination of beryllium-contaminated equipment or facilities? Yes  No

If yes, how many months total?      What year(s)?

10. Were you involved with work or on maintenance of beryllium plenums and/or ventilation ducts? Yes  No

If yes, how many months total?      What year(s)?

11. Have you performed any of the following jobs in a building where beryllium is used (or on potentially beryllium contaminated equipment or supplies such as laundry)? Yes  No

<input type="checkbox"/> Administrative Support	How many months total?	What year(s)?
<input type="checkbox"/> Custodian	How many months total?	What year(s)?
<input type="checkbox"/> Electrician	How many months total?	What year(s)?
<input type="checkbox"/> Inspector	How many months total?	What year(s)?
<input type="checkbox"/> Plumber	How many months total?	What year(s)?
<input type="checkbox"/> Laundry	How many months total?	What year(s)?
<input type="checkbox"/> Plant Maintenance Technician	How many months total?	What year(s)?
<input type="checkbox"/> Supervisor	How many months total?	What year(s)?
<input type="checkbox"/> Other	How many months total?	What year(s)?

12. Have you been in any significant beryllium exposure incidents/accidents? Yes  No

If yes, please describe: