

Name:

OHCOV File #

OCCUPATIONAL WORK EXPOSURE HISTORY

Please list all the jobs you've had, beginning with your most recent. Complete the Significant Workplace Exposure check list attached.

Employer or Union Local	Job Title and Main Duties	Years Employed	Average Hrs. per week	Tools Used (please list)	Exposures of concern:	Estimate frequency for each exposure listed, i.e. hrs/day or days/wk.
	Duties: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Protective Equipment Worn:
	Duties: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Protective Equipment Worn:

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Employer or Union Local	Job Title and Main Duties:	Years Employed	Average Hrs. per week	Tools Used (please list)	Exposures of concern:	Estimate frequency for each exposure listed, i.e. hours/day or days/week.
	Duties: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Protective Equipment Worn:
	Duties: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Protective Equipment Worn:

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	Duties: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Protective Equipment Worn:
	Duties: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Protective Equipment Worn:

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Work Exposures - Substances & Chemicals

This section refers to exposure to substances at work. Answer to the best of your ability, how often you are exposed to each item, how much you are exposed, how concerned you are about it, the total # of years of exposure. Please circle your response.

Exposure	How much are you exposed?				How often are you exposed?				How concerned are you about this exposure?			About how many years have you been exposed?				When was your first and last exposure?	
Asbestos	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A little	not at all	<5	5-10	10-20	20+	First:	Last:
Lead	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A little	not at all	<5	5-10	10-20	20+	First:	Last:
Cadmium	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A little	not at all	<5	5-10	10-20	20+	First:	Last:
Mercury	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A Little	not at all	<5	5-10	10-20	20+	First:	Last:
Arsenic	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A little	not at all	<5	5-10	10-20	20+	First:	Last:
Acrylonitrile	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A little	not at all	<5	5-10	10-20	20+	First:	Last:
Benzene	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A little	not at all	<5	5-10	10-20	20+	First:	Last:
Coke Oven Emissions	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A little	not at all	<5	5-10	10-20	20+	First:	Last:
Ethylene Oxide	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A little	not at all	<5	5-10	10-20	20+	First:	Last:
Isocyanates	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A little	not at all	<5	5-10	10-20	20+	First:	Last:
Lead	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A little	not at all	<5	5-10	10-20	20+	First:	Last:
Mercury	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A little	not at all	<5	5-10	10-20	20+	First:	Last:
Silica	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very	A	not	<5	5-10	10-20	20+	First:	

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							little at all		Last:		
Vinyl Chloride	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very A not little at all	<5 5-10 10-20 20+	First: Last:
Welding Fumes	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very A not little at all	<5 5-10 10-20 20+	First: Last:
Other Dusts: Specify: _____	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very A not little at all	<5 5-10 10-20 20+	First: Last:
Hydrocarbons (toluene, xylene, styrene)	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very A not little at all	<5 5-10 10-20 20+	First: Last:
Radiation	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very A not little at all	<5 5-10 10-20 20+	First: Last:
Noise	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very A not little at all	<5 5-10 10-20 20+	First: Last:
Other heavy metals: Specify _____	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very A little not at all	<5 5-10 10-20 20+	First: Last:
Insulation (e.g. fibreglass, rockwool)	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very A Little not at all	<5 5-10 10-20 20+	First: Last:
Solvents (paints, glues, cleaners)	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very A Little not at all	<5 5-10 10-20 20+	First: Last:
Mould, fungus, bacteria	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very A Little not at all	<5 5-10 10-20 20+	First: Last:
Other Hazard:	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very A Little not at all	<5 5-10 10-20 20+	First: Last:
Other Hazard:	A lot	some	very little	none	Daily	weekly	monthly	rarely	Very A Little not at all	<5 5-10 10-20 20+	First: Last: