**QUALITATIVE EXPOSURE ASSESSMENT DATA COLLECTION FORM**

*A Qualitative Exposure Assessment (QEA) is completed for each job task. Use one QEA Data Collection Form for each job task. See the* ***QEA Process Guide June 2019*** *for instructions on completing this form.*

**Job Task Description**

**Production Line or Manufacturing Process name:**

**Job Task name**:

**Job Task Specification #:**

**Job Task workstation description**:

**Job Task description:**

**Job Task duration, frequency, variability:**

**Job Title Description**

**Job title(s) of employees performing the Job Task)**:

**Number of employees performing Job Task:**

**Exposure Controls**

**Engineering Controls**:

**Administrative Controls**:

**Personal Protective Equipment (PPE):**

**Notes/Observations or results of any prior Quantitative Exposure Assessment findings**:

**Chemical Inventory**

**Chemical products used during the Job Task: Product's Manufacturer's Name, Product Name:**

**Usage rate of Chemical Products used during Job Task**:

**Qualitative Exposure Assessment Risk Ranking**

**Product Name (1):**

**Health Effects Rating:**

**Calculated Exposure** **Rating:**

 - Vapor Pressure:

 - Dispersion Rating:

 - Level of Control Rating:

 - Frequency/Duration Rating:

**Overall Risk Ranking:**

 - Low to Trivial / Acceptable

 - Moderate / Uncertain

 - Very High to High / Unacceptable

**Recommendations/Future Actions:**

**Product Name (2):**

**Health Effects Rating:**

**Calculated Exposure** **Rating:**

 - Vapor Pressure:

 - Dispersion Rating:

 - Level of Control Rating:

 - Frequency/Duration Rating:

**Overall Risk Ranking:**

 - Low to Trivial / Acceptable

 - Moderate / Uncertain

 - Very High to High / Unacceptable

**Recommendations/Future Actions:**

**Product Name (3):**

**Health Effects Rating:**

**Calculated Exposure** **Rating:**

 - Vapor Pressure:

 - Dispersion Rating:

 - Level of Control Rating:

 - Frequency/Duration Rating:

**Overall Risk Ranking:**

 - Low to Trivial / Acceptable

 - Moderate / Uncertain

 - Very High to High / Unacceptable

**Recommendations/Future Actions:**

*If required, add additional Risk Ranking evaluations for other Products utilized during the task*.

**Assessor Name: Date of Assessment:**