

Building Your IH Toolkit

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Kansas State Safety & Health Conference, 2024



What is Industrial Hygiene?

What is an Industrial Hygienist?



An investigator,
A Detective of
the Workplace

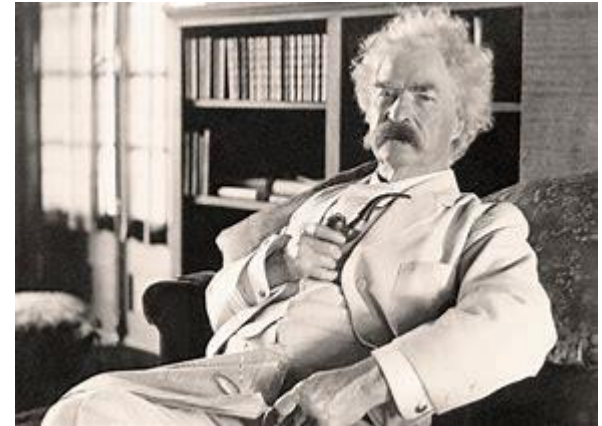
What is Industrial Hygiene?

“Industrial Hygiene is both a science and an art devoted to the anticipation, recognition, evaluation, prevention, and control of those environmental factors or stresses arising in or from the workplace which may cause sickness, impaired health and well being, or significant discomfort among workers or among citizens of the community.”

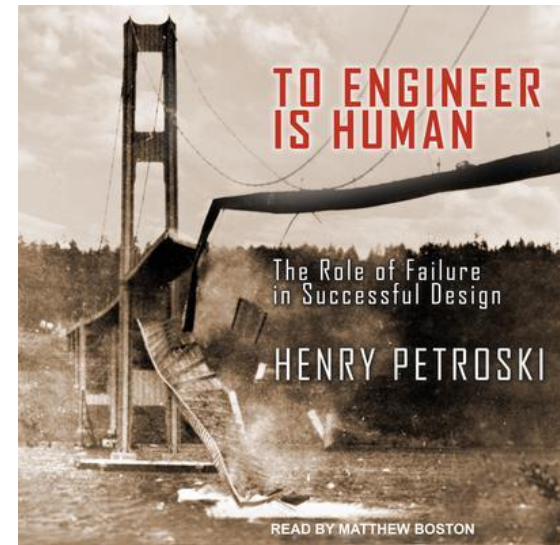
— American Industrial Hygiene Association

Professional Judgment

“Good judgment is the result of experience and experience the result of bad judgment.” – Mark Twain



“But to learn from the experience of others requires those who have the experience to share the knowledge with those who follow.” – Henry Petroski, *To Engineer Is Human: The Role of Failure in Successful Design*



Preparation

Why Do You Need a Plan?

While we all wish there was only one device that could analyze the unknown amount of an unknown chemical, the truth is, industrial hygienists must know ahead of time what they are sampling for in the process.



Safety Data Sheet (SDS)

1. Identification
2. Hazard(s) Identification
3. Composition/Information on ingredients
4. First-aid Measures
5. Fire-fighting Measures
6. Accidental Release Measures
7. Handling and Storage
8. Exposure Controls/Personal Protection (PELs)
9. Physical and Chemical Properties
10. Stability and Reactivity
11. Toxicological Information
12. Ecological Information*
13. Disposal Information*
14. Transport Information*
15. Regulatory Information*
16. Other Information

* Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15 (29CFR 1910.1200(g)(2)).

Safety Data Sheets

3. Composition/information on ingredients

mixture of solvents

Components

| CAS-No. | Chemical name | Concentration |
|-----------|---------------------------|---------------|
| 142-82-5 | Heptane | 26 - 37% |
| 108-88-3 | Toluene | 16% |
| 67-64-1 | Acetone | 15 - 26% |
| 763-69-9 | Ethyl 3-ethoxy propionate | 15 - 26% |
| 123-86-4 | Butyl acetate | 4 - 15% |
| 1330-20-7 | Xylene | 4% |
| 100-41-4 | Ethylbenzene | 1.0% |

Any concentration shown as a range is due to batch variation.

Non-regulated ingredients 1 - 5%

OSHA Hazardous: Yes

Safety Data Sheets

8. Exposure controls/personal protection

Engineering controls and work practices

Provide adequate ventilation. This should be achieved by a good general extraction and -if practically feasible- by the use of a local exhaust ventilation. If these are not sufficient to maintain concentrations of particulates and solvent vapour below the OEL, suitable respiratory protection must be worn.

National occupational exposure limits

| CAS-No. | Chemical name | Source | Time | Type | Value | Note |
|----------|---------------|--------|--------|------|-----------|------|
| 142-82-5 | Heptane | ACGIH | 15 min | STEL | 500 ppm | |
| | | ACGIH | 8 hr | TWA | 400 ppm | |
| | | OSHA | 8 hr | TWA | 500 ppm | |
| 108-88-3 | Toluene | OSHA | | CEIL | 300 ppm | |
| | | OSHA | 10 min | TWA | 500 ppm | |
| | | OSHA | 8 hr | TWA | 200 ppm | |
| 67-64-1 | Acetone | ACGIH | 15 min | STEL | 750 ppm | |
| | | ACGIH | 8 hr | TWA | 500 ppm | |
| | | OSHA | 8 hr | TWA | 1,000 ppm | |

Personal Equipment

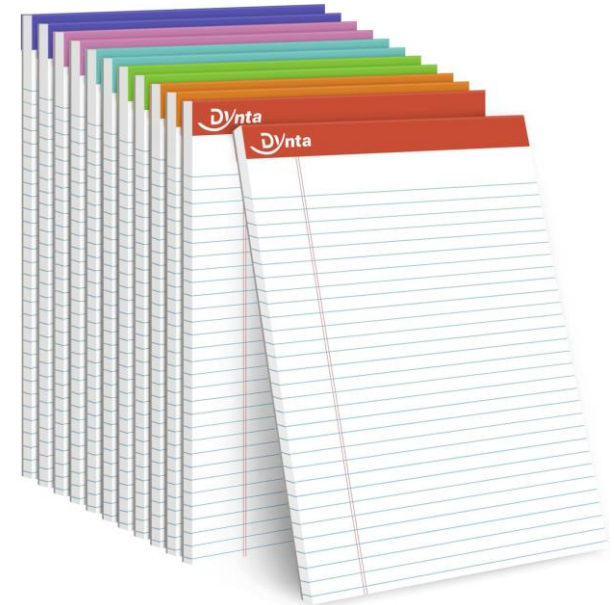
Basic PPE



Not So Basic PPE



Portable Desk



Portable Brain



- NIOSH Sound Level Meter
- IH EHS Calculator from AIHA
- OSHA-NIOSH Heat Index Calculator
- Flashlight
- Camera
- Calculator
- Stopwatch/Timer
- Internet
- NIOSH Pocket Guide
- DOT ERG
- Equipment Specific Apps

Real Brain

- Observation
- Understand the Process
- Understand the Work Site
- Expect Issues



Good To Have



Chemical Monitoring

Air Pumps



Sampling Media



Breakables

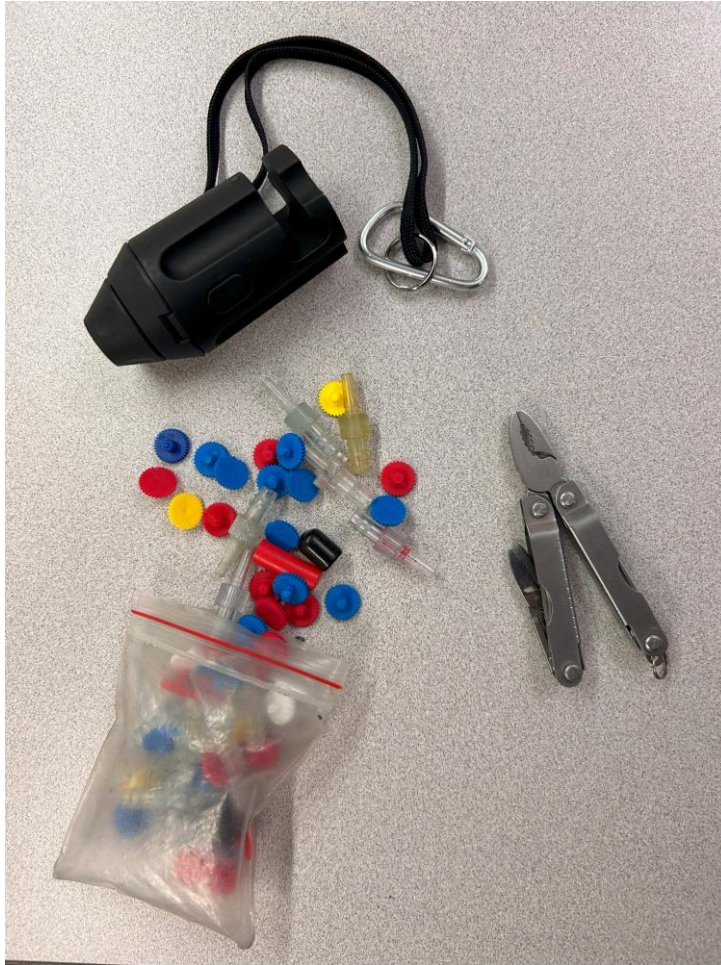


Abbildung ähnlich

Calibrator



Paperwork



INDUSTRIAL HYGIENE MONITORING FORM

Client:

Location:

| | | | | | | |
|-------------------------------|-----------------------------|--|---|--|--|-------------------|
| Sample #: | | Sample Type | | Monitoring Equipment | | Analyte(s) |
| Sample Date: | | <input type="checkbox"/> Personal <input type="checkbox"/> Area <input type="checkbox"/> TWA <input type="checkbox"/> STEL | | Passive Monitor - Serial # _____ Sample Pump # _____ PPI - 2 / 4 / 8 Hour Colormetric Tube _____ Heat Stress Monitor Noise Dosimeter # _____ ToxiRae # _____ Media: _____ Other (specify) _____ MCE MWMCE PVC PWPVC PVC/Quartz PTFE Charcoal SilicaGel Other _____ | | |
| Personnel | | | | Location | | |
| Name: | | | | Department/Area: | | |
| Identifier: | | | | Description of Task: | | Results: |
| Photos: | | | | | | |
| Sample | | | | | | |
| Flow Rate | | Time | | | | |
| Pre: | | On: | | | | |
| Post: | | Off: | | | | |
| Avg: | | Total: | | | | |
| Pump Clock Time: | | | | | | |
| Shift length: | | Volume: | | | | |
| Shift time: | | | | | | |
| PPE | | | | | | |
| <input type="checkbox"/> | Respirator | Type filters: | Supplied air: | | | |
| | | Full-face Half-face Dust PAPR | Hood Mask | | | |
| <input type="checkbox"/> | Hearing Protection | NRR: | Earplugs Canal Caps Muffs Radio Muffs | | | |
| <input type="checkbox"/> | Head/Face Protection | Hard hat Bump cap Hair cover/scarf Safety glasses Goggles Face shield Welder's helmet | | | | |
| <input type="checkbox"/> | Body Protection | Coveralls Long sleeves Sleeve covers Lab coat/jacket Reflective vest Apron Weld Leathers Fire Resistant Kevlar Steel mesh Tyvek Saranex Cotton Leather Nomex Plastic | | | | |
| <input type="checkbox"/> | Foot Protection | Rubber boots Ded Shoes Steel Toed Shoe covers Meta shield Heat Resistant | | | | |
| <input type="checkbox"/> | Gloves | Mechanics Leather Cut Resistant Latex Nitrile Neoprene Vinyl Heat Resistant Cotton/knit Material Handler | | | | |
| Ventilation | | | | | | |
| Outside | | Industrial (Dilution) | | | | |
| Natural (windows, doors, etc) | | Lab Hood - Height Open | | | | |
| Fans (Comfort) | | Local Exhaust | | | | |
| Comfort (A/C or Heat) | | Downdraft | | | | |
| Bay Doors - Open / Closed | | Booth - Paint / Sanding On / Off Open / Closed | | | | |
| Noise Results | | | | | | |
| Peak: _____ | | Adj Lavg: _____ | | 80 dB Lavg: _____ | | |
| Notes: | | | | | | |



Industrial Services



Environmental
A Consulting & Facility Support Services Company

Paperwork

Revision #v9/MF
Revision Date: 8/27/2021

IH CHAIN OF CUSTODY



J3 Resources

☐ Open Lab Fee

Eurofins J3 Order # (Lab use only)

| | | | |
|---|---|---|---|
| Submitter Name: | | Bill to: | |
| Company: | | Address: | |
| Address: | | City/State: Zip: | |
| City/State: | Zip: | PO #: | |
| Project Information | | | |
| Project Name: | | Project Manager: | |
| Project #: | | Telephone – Office/Cell | |
| Reports - Email Address: | | | |
| Invoice - Email Address: | | Notification By: Email: <input type="checkbox"/> Verbal: <input type="checkbox"/> | |
| Special Instructions: | | | |
| Turnaround Times – Please Select One | | | |
| Emergency* <input type="checkbox"/> | 1 Day <input type="checkbox"/> | 2 Day <input type="checkbox"/> | 3 Day <input type="checkbox"/> 5 Day <input type="checkbox"/> |
| ASBESTOS | | | |
| PLM - Bulk | PCM - Air | TEM - Air | TEM - Bulk |
| EPA 600/R-93/116 <input type="checkbox"/> Visual Estimation (<1%) <input type="checkbox"/> 400 Point Count 0.25% <input type="checkbox"/> 1,000 Point Count 0.1% <input type="checkbox"/> Gravimetric Reduction <input type="checkbox"/> Matrix Reduction (+/-) <input type="checkbox"/> NIOSH 9002 <input type="checkbox"/> OSHA ID-191 | <input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> ASTM D7201 <input type="checkbox"/> ISO 8672 <input type="checkbox"/> OSHA ID-160 | <input type="checkbox"/> AHERA <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> ASTM D6281 <input type="checkbox"/> ISO 10312 <input type="checkbox"/> ISO 13794 | <input type="checkbox"/> Gravimetric Reduction (<1%) <input type="checkbox"/> Matrix Reduction (+/-) <input type="checkbox"/> Qualitative (+/-) <input type="checkbox"/> Drop Mount <input type="checkbox"/> Filtration |
| TEM - Water | TEM - Dust | TEM/PLM Soil/Vermiculite/Ore | |
| EPA 100.2 <input type="checkbox"/> Drinking Water <input type="checkbox"/> >10 µm fibers <input type="checkbox"/> ≥0.5 µm fibers EPA 100.2 <input type="checkbox"/> Effluent / WW Received on ice: <input type="checkbox"/> Yes <input type="checkbox"/> No Temp: _____ | <input type="checkbox"/> ASTM D5755 Microvac <input type="checkbox"/> ASTM D6480 Wipe <input type="checkbox"/> 600/J-93/167 Carpet - EPA <input type="checkbox"/> Bulk Dust Qualitative | <input type="checkbox"/> ASTM 7521-TEM (+/-) <input type="checkbox"/> ASTM 7521-TEM (<1%) <input type="checkbox"/> CARB 435-Modified <input type="checkbox"/> Soil – PLM Only (+/-) <input type="checkbox"/> Vermiculite - TEM (+/-) <input type="checkbox"/> Vermiculite-Cincinnati <input type="checkbox"/> Erionite ID | |
| METALS | | | SILICA/PARTICULATES |
| Flame AA | Graphite Furnace AA - LEAD | ICP | X-Ray Diffraction / Gravimetric / Combustion Byproduct |
| <input type="checkbox"/> Lead in Paint – SW846 7420/3050B <input type="checkbox"/> Lead in Air – NIOSH 7082 <input type="checkbox"/> Lead in Wipes – SW846 7420/3050B <input type="checkbox"/> Lead in Soil – SW846 7420/3050B <input type="checkbox"/> TCLP – SW846-7420/1311 | <input type="checkbox"/> Drinking Water – EPA 200.9 <input type="checkbox"/> Wastewater – SW846-7421 <input type="checkbox"/> Soil/Sediment – SW846-7421 <input type="checkbox"/> Air – NIOSH 7105 | <input type="checkbox"/> Elements in Air – NIOSH 7300 <input type="checkbox"/> Wipe/Soil – SW846-6010B <input type="checkbox"/> Effluent – SW846-6010B <input type="checkbox"/> Welding Fume – NIOSH 7300M | <input type="checkbox"/> Respirable Crystalline Silica NIOSH 7500 / OSHA 142 <input type="checkbox"/> NIOSH 0500 – Total Particulates <input type="checkbox"/> NIOSH 0600 – Respirable Particulates ASTM 6602 - CBP <input type="checkbox"/> PLM <input type="checkbox"/> TEM <input type="checkbox"/> SEM |
| Total Number of Samples Submitted: | | Positive Stop: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> By Layer <input type="checkbox"/> By Sample | |
| Signatures | | | |
| Relinquished By: _____ | | Date: _____ Time: _____ | |
| Received By: _____ | | Date: _____ Time: _____ | |
| Relinquished By: _____ | | Date: _____ Time: _____ | |
| Received By: _____ | | Date: _____ Time: _____ | |

* Emergency TAT requires prior lab notification. All samples analyzed outside normal business hours are charged at Emergency rate.
**TAT's are in Business Days rather than hours (i.e. 1 Day TAT = End of Next Business Day)

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Noise Monitoring

Dosimeters



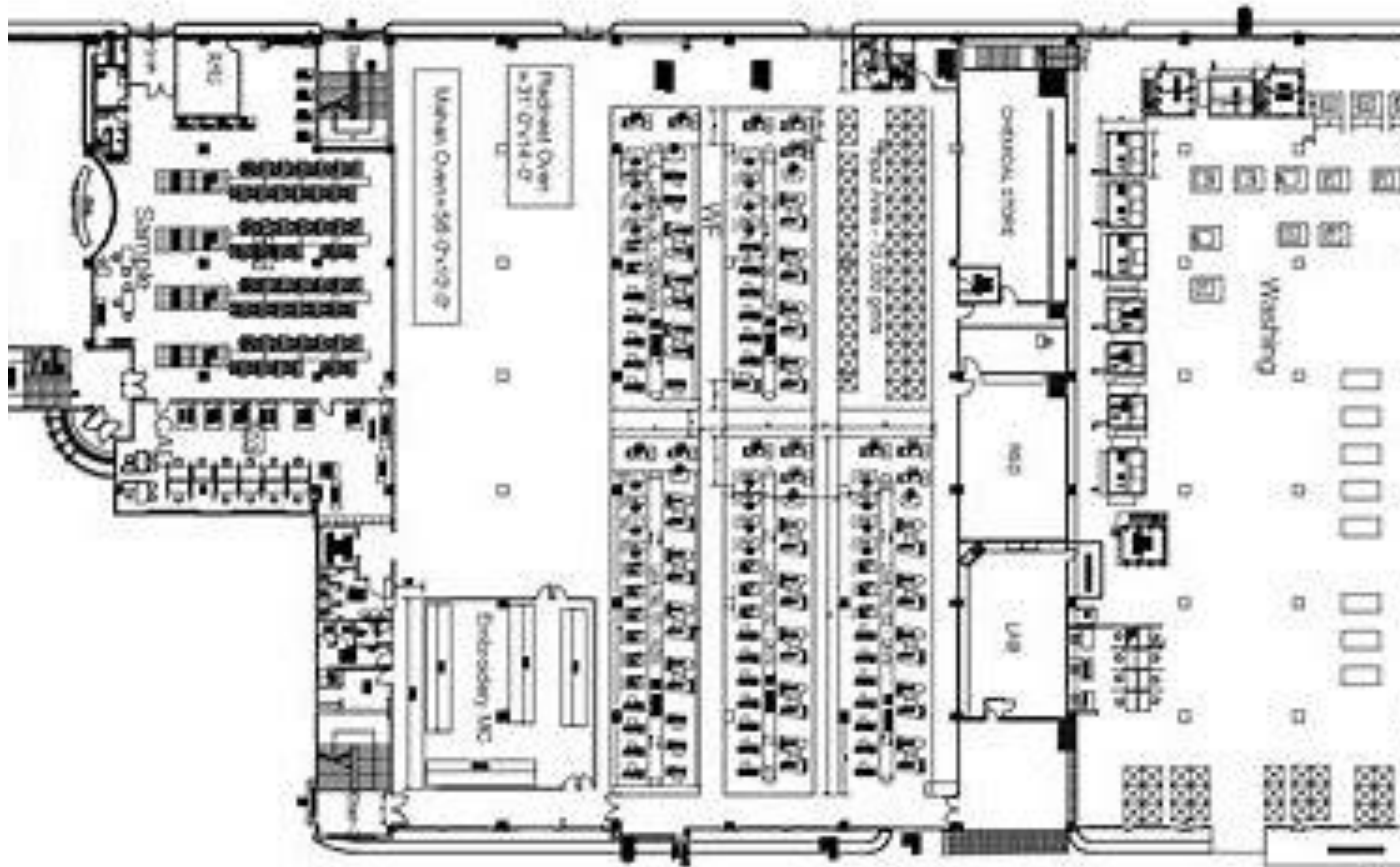
Sound Level Meters



Calibrator



Facility Map



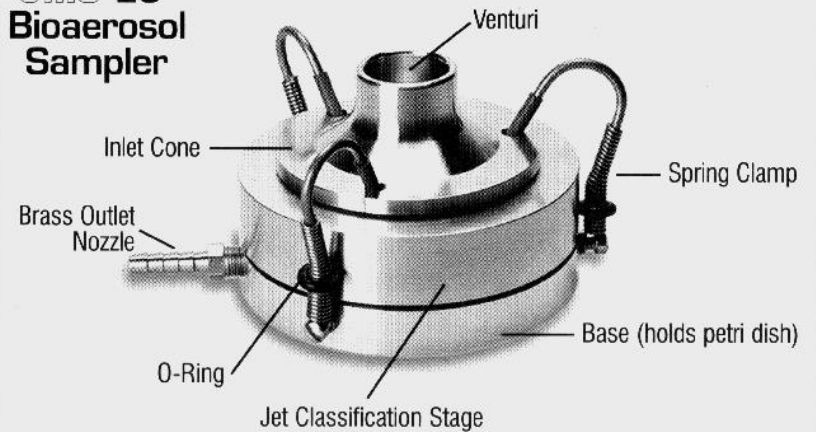
Indoor Air Quality

Spore Traps



Viable Spore Sampling

ems E6®
Bioaerosol
Sampler



Indoor Air Quality Monitor



Visual Inspection



Paperwork

IAQ SAMPLING FIELD SHEET

CLIENT: _____ SITE: _____ DATE: _____

| Sample # | Sample Type | Flow Rate/Min | Location | Dry Bulb Wet Bulb | CO ₂ | CO | RH | Temp | Dewpoint |
|-----------|-------------|---------------|----------|--|---|--|----|------|----------|
| # | | | | / | | | | | |
| | | | | Walls: Sheetrock Plaster Wood Panel Wallpaper Vinyl Cinderblock/brick Metal | Floor: Floor tile Carpet Wood Ceramic tile Linoleum Concrete | Ceiling: Drop ceiling Glued/Groove Sheetrock Wood Plaster Metal | | | |
| Pictures: | | | | | | | | | |
| # | | | | / | | | | | |
| | | | | Walls: Sheetrock Plaster Wood Panel Wallpaper Vinyl Cinderblock/brick Metal | Floor: Floor tile Carpet Wood Ceramic tile Linoleum Concrete | Ceiling: Drop ceiling Glued/Groove Sheetrock Wood Plaster Metal | | | |
| Pictures: | | | | | | | | | |
| # | | | | / | | | | | |
| | | | | Walls: Sheetrock Plaster Wood Panel Wallpaper Vinyl Cinderblock/brick Metal | Floor: Floor tile Carpet Wood Ceramic tile Linoleum Concrete | Ceiling: Drop ceiling Glued/Groove Sheetrock Wood Plaster Metal | | | |
| Pictures: | | | | | | | | | |
| # | | | | / | | | | | |
| | | | | Walls: Sheetrock Plaster Wood Panel Wallpaper Vinyl Cinderblock/brick Metal | Floor: Floor tile Carpet Wood Ceramic tile Linoleum Concrete | Ceiling: Drop ceiling Glued/Groove Sheetrock Wood Plaster Metal | | | |
| Pictures: | | | | | | | | | |

Sample Types: AF = Anderson Fungal Z = Zefon Air-O-Cell T = Tape S = Swab BK = Bulk

Paperwork

Revision #v9/MF
Revision Date: 8/27/2021

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J3 Resources

☐ Open Lab Fee

Eurofins J3 Order # (Lab use only)

| | | | |
|---|---|---|--|
| Submitter Name: | | Bill to: | |
| Company: | | Address: | |
| Address: | | City/State: Zip: | |
| City/State: | Zip: | PO #: | |
| Project Information | | | |
| Project Name: | | Project Manager: | |
| Project #: | | Telephone – Office/Cell | |
| Reports - Email Address: | | | |
| Invoice - Email Address: | | Notification By: Email: <input type="checkbox"/> Verbal: <input type="checkbox"/> | |
| Special Instructions: | | | |
| Turnaround Times – Please Select One | | | |
| Emergency* <input type="checkbox"/> | 1 Day <input type="checkbox"/> | 2 Day <input type="checkbox"/> | 3 Day <input type="checkbox"/> |
| 5 Day <input type="checkbox"/> | | | |
| ASBESTOS | | | |
| PLM - Bulk | PCM - Air | TEM - Air | TEM - Bulk |
| EPA 600/R-93/116 <input type="checkbox"/> Visual Estimation (<1%) <input type="checkbox"/> 400 Point Count 0.25% <input type="checkbox"/> 1,000 Point Count 0.1% <input type="checkbox"/> Gravimetric Reduction <input type="checkbox"/> Matrix Reduction (+/-) <input type="checkbox"/> NIOSH 9002 <input type="checkbox"/> OSHA ID-191 | <input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> ASTM D7201 <input type="checkbox"/> ISO 8672 <input type="checkbox"/> OSHA ID-160 | <input type="checkbox"/> AHERA <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> ASTM D6281 <input type="checkbox"/> ISO 10312 <input type="checkbox"/> ISO 13794 | <input type="checkbox"/> Gravimetric Reduction (<1%) <input type="checkbox"/> Matrix Reduction (+/-) <input type="checkbox"/> Qualitative (+/-) <input type="checkbox"/> Drop Mount <input type="checkbox"/> Filtration |
| TEM - Water | | TEM - Dust | |
| EPA 100.2 Drinking Water <input type="checkbox"/> >10 µm fibers <input type="checkbox"/> ≥0.5 µm fibers EPA 100.2 Effluent / WW Received on ice: <input type="checkbox"/> Yes <input type="checkbox"/> No Temp: _____ | | ASTM D5755 Microvac ASTM D6480 Wipe 600/J-93/167 Carpet - EPA Bulk Dust Qualitative | |
| TEM/PLM Soil/Vermiculite/Ore | | <input type="checkbox"/> ASTM 7521-TEM (+/-) <input type="checkbox"/> ASTM 7521-TEM (<1%) <input type="checkbox"/> CARB 435-Modified <input type="checkbox"/> Soil – PLM Only (+/-) <input type="checkbox"/> Vermiculite - TEM (+/-) <input type="checkbox"/> Vermiculite-Cincinnati <input type="checkbox"/> Erionite ID | |
| METALS | | | |
| Flame AA | Graphite Furnace AA - LEAD | ICP | SILICA/PARTICULATES |
| <input type="checkbox"/> Lead in Paint – SW846 7420/3050B <input type="checkbox"/> Lead in Air – NIOSH 7082 <input type="checkbox"/> Lead in Wipes – SW846 7420/3050B <input type="checkbox"/> Lead in Soil – SW846 7420/3050B <input type="checkbox"/> TCLP – SW846-7420/1311 | <input type="checkbox"/> Drinking Water – EPA 200.9 <input type="checkbox"/> Wastewater – SW846-7421 <input type="checkbox"/> Soil/Sediment – SW846-7421 <input type="checkbox"/> Air – NIOSH 7105 | <input type="checkbox"/> Elements in Air – NIOSH 7300 <input type="checkbox"/> Wipe/Soil – SW846-6010B <input type="checkbox"/> Effluent – SW846-6010B <input type="checkbox"/> Welding Fume – NIOSH 7300M | <input type="checkbox"/> X-Ray Diffraction / Gravimetric / Combustion Byproduct <input type="checkbox"/> Respirable Crystalline Silica NIOSH 7500 / OSHA 142 <input type="checkbox"/> NIOSH 0500 – Total Particulates <input type="checkbox"/> NIOSH 0600 – Respirable Particulates ASTM 6602 - CBP <input type="checkbox"/> PLM <input type="checkbox"/> TEM <input type="checkbox"/> SEM |
| Total Number of Samples Submitted: | | Positive Stop: <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| By Layer <input type="checkbox"/> By Sample <input type="checkbox"/> | | | |
| Signatures | | | |
| Relinquished By: | Date: | Time: | |
| Received By: | Date: | Time: | |
| Relinquished By: | Date: | Time: | |
| Received By: | Date: | Time: | |

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Page ____ of ____



Ventilation Survey

Velometers



Exhaust/Booth Face Measurements



Paperwork



Ventilation Survey

Date: _____

Hood/Booth # _____

Time: _____

Megahelic Reading: _____

Instrument: _____

Average FPM: _____

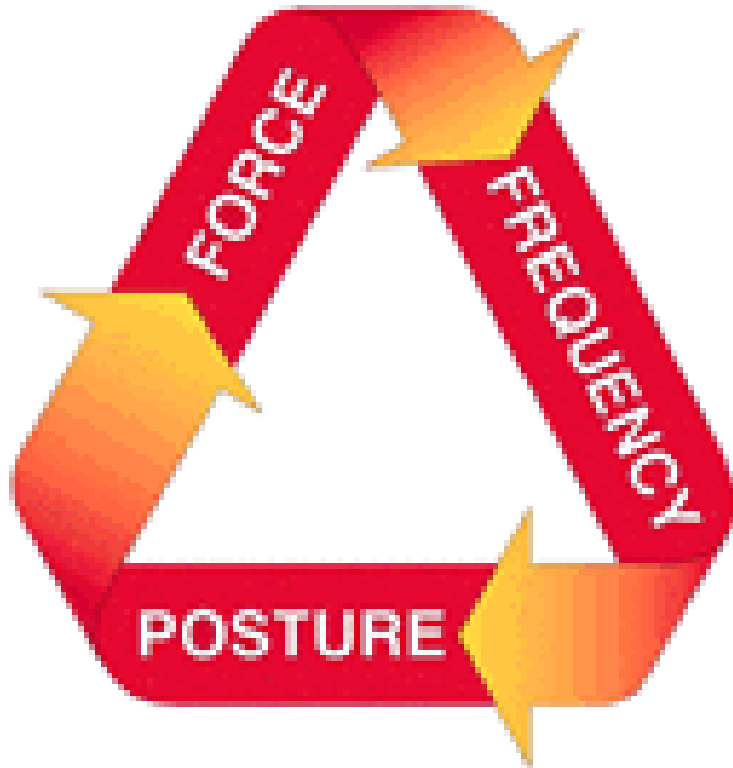
Surveyed By: _____

A large, empty rectangular box with a thin black border, intended for handwritten notes or a diagram related to the ventilation survey.

Ergonomics

Ergonomic Troubles

Ergonomic injuries can stem from a combination of three things:



1. Excessive force
2. Poor postures
3. High Repetition

Force

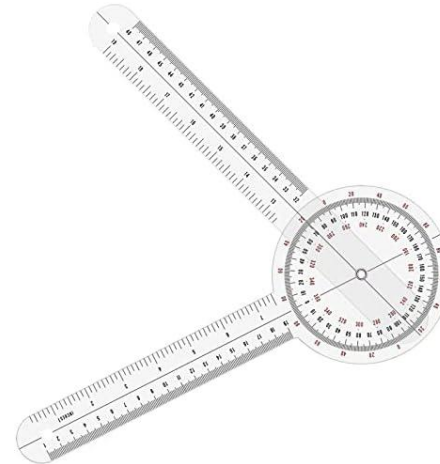
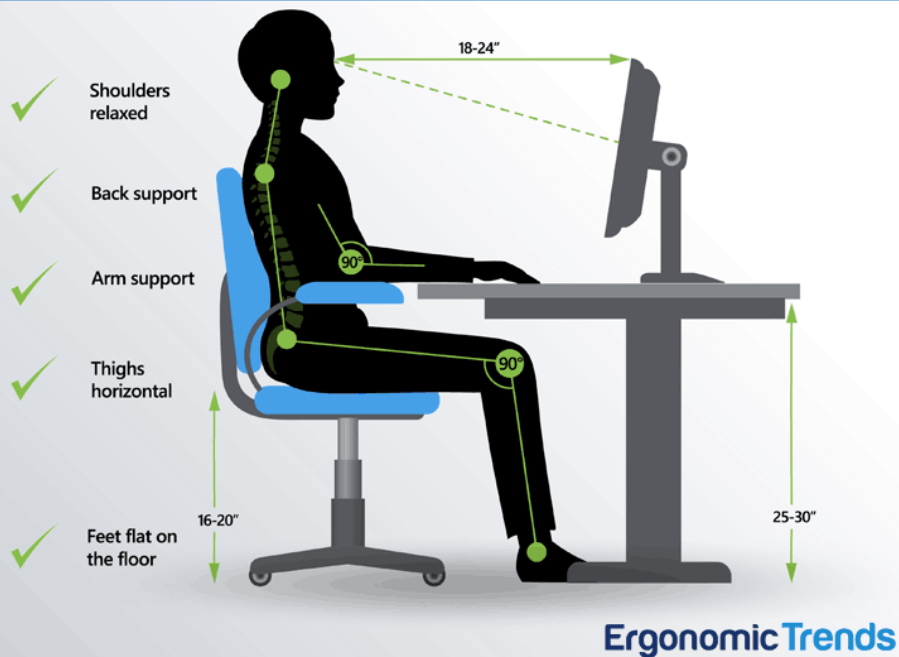


- This requires some kind of measuring device and a knowledge of how much force is too much



Work Station Layout

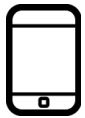
Proper Sitting Posture/ Distances



Contact iSi



Feedback@iSiEnvironmental.com



Phone: (316) 264-7050



Online at iSiEnvironmental.com



Feedback Survey



Your feedback is important to me!