



Train. Protect. Prevent.

CHEMICAL EXPOSURE

Manufacturing and industrial processes create hazardous waste. Chemical hazardous substances can be released into the environment, resulting in exposure to people. Exposure can be direct or indirect through other substances containing hazardous chemicals. Chemicals can enter into the environment from different sources like tanks, drums, factories, chemical plants, incinerators, and landfills. Exposure pathways can include breathing, inhaling, skin contact, and ingestion. The kinds of chemicals, pathway, duration, dose, and frequency of chemical exposure are important to evaluate health effects. OSHA has set Permissible Exposure Limits (PEL) to protect the safety of employees exposed to hazardous chemical substances. Human susceptibility to exposure can be affected by age, gender, genetics, pregnancy, or other health conditions. Low percentage exposure can cause eye, nose, throat, chest, and skin burning. It can also cause headache, sweating, and blurred vision. A large dose chemical exposure may cause breathing difficulties, coughing, and fainting. Chemical manufacturers must have detailed hazard information available for all chemicals on Material Safety Data Sheets (MSDS). The workplace should conduct chemical safety training, covering emergency procedures, first aid, and record keeping. Review and update the safety program regularly.

Protection Against Exposure:

Leave the area if you experience any exposure symptoms.

If you breathe in a chemical move to fresh air.

In case a liquid chemical gets on your clothing or skin, remove your clothes and wash your skin immediately.

If a chemical liquid or gas gets in your eyes flush your eyes with water.

If you are feeling sick seek medical care immediately.

Avoid touching a contaminated person skin or clothing.

If many people have been contaminated, **everybody** must follow the direction of rescuers.

Work Site Review: Hazards/Safety Suggestions

Company Name: _____

Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____

Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor's Signature: _____

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