Employee Notification of Exposure Determination Results

1. Description of Monitoring Conducted

Date of Testing: ____/____/____

Workplace/Area Tested: _______________________________________________________________

Type of Monitoring: ________________________________

2. Results of Testing

<table>
<thead>
<tr>
<th>Person or Area Monitored</th>
<th>Airborne Contaminant(s) or Physical Agent(s)</th>
<th>Result(s)</th>
<th>Applicable AL/PEL/STEL</th>
<th>Compliance (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results are representative for the following employees/job classifications or other persons:

__________________________________________________________________________________

__________________________________________________________________________________

3. Actions Taken in Response to Results

☐ No action required; results meet applicable standard(s)

☐ The following actions have been taken in response to testing:

Engineered controls:

__________________________________________________________________________________

__________________________________________________________________________________

Administrative controls:

__________________________________________________________________________________

__________________________________________________________________________________

Personal protective equipment:

__________________________________________________________________________________

__________________________________________________________________________________

4. For additional information contact: ________________________________________________