EUROBAT
ASSOCIATION OF EUROPEAN AUTOMOTIVE AND INDUSTRIAL BATTERY MANUFACTURERS

The European Manufacturers of Lead-based Batteries, represented by

E U R O B A T

have agreed to revise the industry initiative to minimise potential Lead-related health effects to our employees.

It is our strategic objective to minimise the Lead exposure of our employees in the European Union to a level that is as low as reasonably practicable. This will be achieved by setting a target to reduce blood lead levels of all employees to below 25 µg/dl by the end of 2019 and below 20 µg/dl by end of 2025.

The reduction initiatives are based on an exchange of best practices for items such as:

- Technical controls;
- Personal hygiene;
- Personal protection equipment;
- Training and counselling.

Best Practices are collected and published in the attached:

BLOOD LEAD REDUCTION GUIDELINES 2024

Guide to lower Blood Lead Levels in the Battery Industry

Each EUROBAT Member manufacturing Lead-based batteries in the European Union will develop their individual programme based upon the principles of the Blood Lead Reduction Guidelines.

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BLOOD LEAD REDUCTION GUIDELINES 2024

Guide to lower Blood Lead Levels in the Battery Industry

1. PURPOSE

In 2007 EUROBAT established an improvement programme for the reduction of blood Lead levels amongst its Members in view of reaching a target value of 40 µg/dl blood for all employees and 30 µg/dl for female employees in the European Union. This programme helped drive significant improvements in the performance of the Industry such that the targets are now achieved for the vast majority of Lead-exposed employees. Based upon developments in science on the adverse health effects of Lead and changes in Regulation, it was decided to revise the targets to ensure continuous improvement in reducing employees' exposure to Lead.

It is the target of the European Battery Industry to establish steps to ensure that none of our employees in the European Union have blood Lead levels above 25 µg/dl.

The cornerstones of the programme are that:

- By the end of 2019, EUROBAT Members manufacturing Lead-based batteries will have no employee exceeding a blood lead level of 25 µg/dl in the European Union. This should be further lowered to 20 µg/dl by 2025, at the latest.
- Taking into account the Derived No-Effect Level for Lead in Blood, and due to the specific sensitivity of unborn children, a specific exposure limit of 10 µg/dl applies for female employees at the age of childbearing capacity.

2. Commitment & Enforcement

2.1 Minimising the exposure of our employees to lead is a value shared by all Members of EUROBAT. This is why the senior management of the European Battery Industry is committed to implement local programmes that are based on the EUROBAT Blood Lead Reduction Guidelines.

2.2 Adherence to the Blood Lead Reduction Guidelines is a precondition of being a Member of EUROBAT. All existing and future Members manufacturing Lead-based batteries will be required to specifically adhere to the present Guidelines and to the target level and timeline specified under point 1 above for their production facilities located in the European Union.

All existing and future Members manufacturing Lead-based batteries will also be required to adhere to the present Guidelines for their production facilities located outside of the European Union (in the rest of Europe, the Middle East and Africa) and – taking in to account local conditions – will make best efforts to reach the target level and timeline specified under point 1 above.

2.3 By adhering to these Guidelines, every Member, whether based in the EU or the rest of Europe, the Middle East or Africa, commits to provide data about blood Lead levels of

employees under monitoring in their plants. The data must be provided to the Eurobat secretariat every 6 months and, in 2019, every quarter. The reporting will take place as specified under point 4.4.

2.4 EUROBAT will organise Blood Lead Mitigation Workshops once a year, possibly in cooperation with other organisations, to encourage the sharing of best practices in the battery industry. By adhering to these Guidelines, every Member will endeavor to send a delegate every year, while committing to a minimum requirement of sending a delegate at least every second year.

2.5 In addition, EUROBAT is inviting Members to a regular Blood Lead Task Force Call. The Task Force is sharing best practice on technical control, organisation actions, personal hygiene, and PPE. In addition, blood lead testing and statistics are discussed. The minimum participation rate for member companies at the task force calls is 75 %.

2.6 Manufacturers of Lead-based batteries in Europe, the Middle East and Africa which are not yet Members of EUROBAT will be encouraged and allowed to adhere to these Guidelines and to participate in relevant activities such as blood lead mitigation workshops. By adhering, they commit themselves to fulfilling the provisions of the Guidelines under the same conditions as EUROBAT Members.

2.7 If a company for one or more of its facilities fails to report an improvement towards the target during two consecutive 6 month periods, it will be requested by the EUROBAT's Secretariat to draw up an action plan to resume progress.

The company must do so within 3 months of the request. For that purpose, it may call for the support of external consultants, a list of which will be compiled and maintained by EUROBAT's Secretariat. In the two following years, the said company will report to EUROBAT's Secretariat on the implementation of this action plan and of results delivered. In case no further improvement is noted, the Secretariat may require amendments to the action plan to improve its effectiveness.

Failure to draw up an action plan, to implement it, to report on its implementation or to deliver tangible results may result in the EUROBAT Secretariat referring the issue to EUROBAT's Board, who may officially request explanation from the said Company. Following this explanation, or in case of absence of cooperation by the company, the Board may come to the conclusion that the company deliberately fails to implement its obligations resulting from the present programme. It may therefore exclude it from the programme and – if applicable – propose to the General Assembly to exclude it from EUROBAT membership.

3. Definitions

3.1 Employees under medical surveillance

The minimum requirement on the group of employees to be tested for Lead in Blood is defined locally. As a minimum, the following personnel should be in the scope of the Blood Lead Test programme in all manufacturing facilities:

- All battery plant employees (white & blue collar, direct & indirect)
- All battery plant maintenance staff
- All battery plant administration, R&D, quality, engineering, logistics,

Only the local medical service can exclude individuals from the scheme if no internal or external exposure is identified. Temporary staff and contractors are managed under these rules too.

3.2 Working place/task of reduced exposure

Employees above target values need to be relocated to non or low lead-exposed workplaces such as goods inward, jar formation, closed loop formation, charging, stores, dispatch.

4. PROCEDURE

The following points give recommendations of good practice, from which member companies have to choose according to their applicability and relevance. Adherence to these recommendations should not contravene local regulatory requirements.

4.1 Monitoring Frequency

- All employees (3.1) have at least one blood Lead test every 6 months.
- New employees, working in exposed areas, should be tested in the first week of employment and then every 6 weeks in the first 6 months of employment.
- In the light of the removal/return levels described under 4.2, the medical service of Member companies has to define monitoring frequencies for female employees which go beyond the listed generic requirements.
- All employees should be tested as described in the following table:

Blood Lead Testing Eurobat Program 2017 - 2019			
Frequency	**2017**	**2018**	**2019**

4 weeks	≤ 28	≤ 26	≤ 24
8 weeks	27 - 25	25 - 23	23 - 21
12 weeks	24 - 22	22 - 20	20 - 18
6 months	< 22	< 20	< 18

- The monitoring frequency for employees with blood Lead < 15 µg/dl and working in plant administration, logistics, battery or cell formation can be reduced to once a year. This decision can only be made by the respective medical service of the individual Member Company / the manufacturing plant.

4.2 Removal / Return

- In the course of 2017, every employee with a blood Lead level above 28 µg/dl has to be removed to a working place or task with non or low lead-exposure.
- In the course of 2018, employees with a level exceeding 26 µg/dl and in 2019, 24 µg/dl, are to be removed to a working place or task with non or low lead-exposure.
- Female employees in an age of childbearing capacity with a PbB >10 µg/dl will be employed in areas where the exposure to Lead is not significant. This threshold will be implemented by the end of 2017.
- The local medical service can implement additional health based indicators to define whether removal is necessary. Such indicators (e.g. ZPP above 10 µg/g hemoglobin or ALAU above 10 µg/g creatinine) may trigger removal even if the blood Lead removal threshold is not reached.

- Employees who had been under medical removal can return to the initial workplace if the blood Lead level drops to below 5 µg/dl of the removal threshold.

4.3 Sampling & Analysis

Blood Lead analysis should be undertaken by accredited laboratories with proven quality control schemes. All laboratories used for blood lead analysis shall participate successfully in the intercomparison program such as the German External Quality Assessment Scheme (GEQAS) twice a year.

To avoid spurious results, special care must be taken to avoid contamination of blood samples (e.g. ensuring containers, needles and caps are lead free as well as thorough cleaning of the puncture site before blood collection). The medical room must be subjected to periodic housekeeping audits. Using lead indicator spray to check proper cleaning is recommended.

Each plant should implement a process to evaluate the quality of the data supplied by the laboratory that is tasked with the blood lead analysis.

4.4 Review and Reporting

The blood Lead statistics will be based on the most recent of the active employee under medical surveillance. The intention of these statistical data is to:

- Report the continuous improvement caused by implementing the described measures,
- Review the effectiveness of the programme by management,
- Communicate the Blood Lead situation to Industry Associations or other third parties.
- Identify the need for further education and training programmes.

The format to be used can be found in Annex 1. The data will be collected separately for male and female employees. One form per manufacturing facility to be completed.

The data have to be provided either by the companies' EHS Managers or the heads of the medical services. The data will be collected and aggregated by the Secretariat of EUROBAT. Aggregated (anonymous) data will be presented to EUROBAT's Committee on Environmental Matters (CEM), to the association's Board and General Assembly as well as to all participating companies. This data will be presented for production facilities located in the European Union on one hand and for production facilities located in the rest of Europe, the Middle East and Africa on the other hand.

The publication / communication of the aggregated data beyond the Lead Working Group, Board and General Assembly and participating companies needs to be approved by EUROBAT's Board.

5. METHODS

Based on the experiences gained by the Lead Industry over many years it has been shown that exposure to Lead in air at the workplace is an important but not the only factor in determining the Lead in blood levels. The key to reducing employees' blood Lead levels is heavily influenced by every single employee's personal hygiene practices, proper and effective use of personal protection equipment combined with good housekeeping practice as well as suitable and sufficient ventilation.

This also had been accepted by the scientific community (SCOEL publication on Lead OEL's, SUM-83-final: …"Only part of the occupational exposure occurs by inhalation and a considerable portion is incorporated after oral ingestion. Lead ingestion varies as a function of personal hygiene of the individual and the overall cleanliness of the work environment."…).

This section describes measures expected to result in a sustainable reduction of blood Lead levels. Taking the specific needs of the individual plants into consideration (e.g. depending on whether

automotive or industrial batteries are being produced), each facility has to develop in 2017 a plan to complete the listed measures until the end of 2019.

5.1 Technical Controls

- Automated systems should be considered if manual handling of Lead dust containing material is required.

- Lead dust sources are to be enclosed where practicable; every working place / working area should be equipped with a combined supply air system and local exhaust ventilation (LEV). In addition, the floor should be kept wet and/or cleaned frequently. It needs to be considered that enclosure is important to ensure effective exhaust system and collection of dust.

- Venitilation systems should be checked at a certain frequency. Based on the results, the cleaning frequency may be adjusted, for example if there are no dust deposit left. A preventive approach may be used by employees to ensure the pipes are free. Methods for checking the pipes may include checks on air flow or pressure. At the very least, ventilation pipes should be cleaned every 6 months (inside and outside). This frequency can be extended if the operating hours are below 4000 h/a.

- Ventilation systems including baghouses, scrubbers etc. should be inspected by educated maintenance staff or external specialists in minimum every 6 months to ensure that they operate efficiently. On top of the bi-annual full inspection, brief checks by dedicated and qualified persons should be conducted,

- Employees should ensure that the ventilation systems are working effectively before use. Employees need to be instructed how to check the systems properly.

- The floor of designated working areas – for example pasting or plate cutting - may be kept wet all day long, or alternatively the floor may be equipped with grids that are designed as basins and filled with water. For other lead working areas such as assembly, regular floor cleaning by scrubbing machines or vacuum cleaners is required.

- Floors need to be kept in good condition, to minimise generation of lead dust during transportation of materials.

- All traffic and storage areas should be cleaned every shift by scrubbing machines.

- Every working place should be equipped with vacuum cleaners or water pipes and brushes for the direct cleaning of the working place. Where portable vacuum cleaners are used, these must be equipped with a high efficiency particulate filter (minimum type H).

- Instructions for the cleaning activities and checklists to control the cleaning results need to be in place. Regular cleaning checks need to be conducted.The performance of the cleaning staff, either internal or external, needs to be checked.

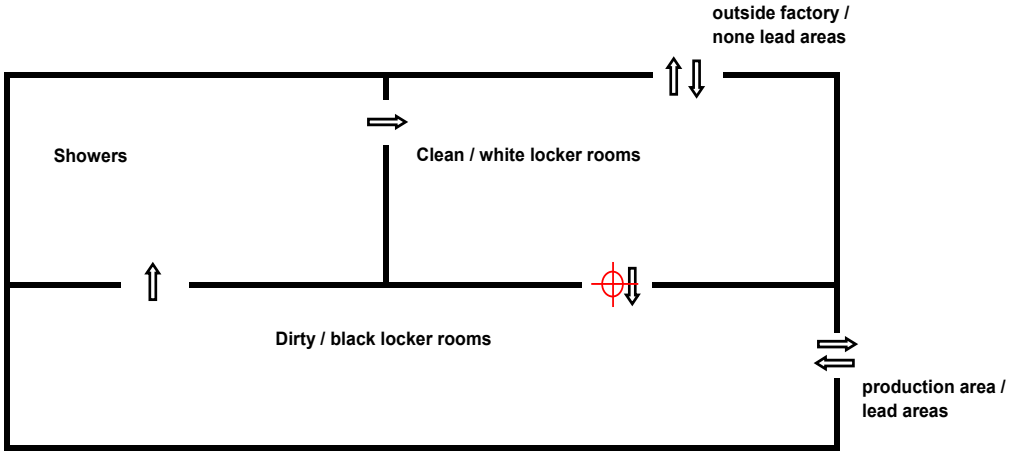
- All cleaning devices need to be considered in the preventive maintenance plan. In case of a defect, adequate substitutes need to be available.

5.2 General hygiene rules & practices

- All manufacturing, tool shops and logistic areas are designated as smoke free areas. Because of the lead and health hazards, smoking should be allowed only in designated smoking areas outside of the facility buildings. Employees need to clean their hand and face before they smoke so an appropriate washing area must be located close to the smoking area.

- Lockers for food, cigarettes and personal belongings need to be provided to each employee. This locker need to be placed behind the storage area for helmets & respirators and the hand & face washing area for the employees.

- Each employee is furnished with two lockers. The first locker is for street clothing and street shoes (clean locker), and the second is for work shoes and working dress (dirty locker). The room with the clean locker and the room with the dirty locker are separated by washing and showerin g facilities. The layout principle is as follows:



- Companies may provide towals to all exposed employees; towel wahing may be done outside or inside the plant.

- Clean cafeterias (including outdoor dining areas), break rooms, outdoor break areas and change/locker rooms, vestibules for hand washing and storing PPE at least twice a day. At a minimum all tables, counters, benche s/chairs and floor surfaces shall be cleaned. The effectiveness of the cleaning should be checked regular with checklists by supervisors or EHS staff, on a weekly basis at least. The checker must belong to the company

- (Add text on the use of sprays and/or swabs/tests in line with ermarks from FIAMM and Yuasa; sample-taking to be done with consistency)

- Clean plant floor and production supervisor offices, and clean-air islands at least once per day.

- Collect wipe samples for lead from cafeteria and/or break room tables, and clean locker room areas including some individual lockers once per quarter to monitor adequate cleaning. Retain documentation of this sampling and the results.

- Inspect employee equipment/clothing, which is not routinely changed (welding gloves, jackets and/or aprons, winter coats, hats and gloves); routinely by supervisors as part of their safety observations and replace if lead/dirt accumulation is observed

- Exposed employees need to be equipped with an adequate number of uniforms so that a daily change of the cloths can be guaranteed. The number of pockets at the uniform should be reduced to the minimum.

- Provide adequate industrial cleaning agents or lead specific hygiene products.

- Workplaces have to be cleaned in each shift each shift; this cleaning has to be controlled. Using a formal checklist is the recommended procedure.

- All surfaces should be kept as free of dust accumulation as possible. Vacuuming is the method of cleaning. Wet scrubbing and hosing with water is permissible where possible.

- Dry sweeping shall not be performed in leaded areas. Vacuuming is the primary desired method of cleaning. Wet scrubbing is permissible where possible. Sweeping after the application of sweeping compound is the least desirable method and should only be used where vacuuming and/or wet scrubbing is not possible. It is mandatory to wear a respirator while cleaning.

- Every plant should implement cleaning procedures, which especially focus on hidden sources of lead dust, such as piping and steel construction. This cleaning procedure also is to identify hidden leakages in lead dust handling systems. Regular checks of relevant areas with dust lamp might be conducted in addition.

5. 3 Personal Hygiene Rules

- Objects for personal and private use (cigarettes, including e-cigarettes, cellphones, watches, jewelry, bags, etc.) are not permitted in lead-exposed areas. Employees must be given suitable, lockable compartments for these objects. These compartments must be cleaned inside at least once a year. Cleaning must be documented.

- Employees are prohibited from taking, using tobacco or electronic cigarettes or food products, etc. on the shop floor. Areas for smoking and for the consumption of drinks must be determined in a binding manner outside of lead-exposed areas.

- Employees are not permitted to take equipment used in lead areas (e.g. hard hats, safety glasses, hair nets, face shields, respirators, gloves and aprons) into cafeterias, break rooms and office areas. All these items need to be left at the designated places.

- Each employees has to wash his hands, wrists, arm, face, and neck and to rinse his mouth properly before entering a break room, cafeteria, canteen or office. The result of the washing at the hands & wrist need to be checked with lead indicating fluids, or in accordance with local hygiene practices. The hygiene materials required for this must be provided by the employer. Also before using sanitary facilities, employees must wash their hands and face and take off their protective clothing without generating dust as far as possible. In order to wash their face and hands, in addition to providing suitable washing areas, also disposable hygiene cloths (e.g. for wiping off sweat) must be provided.

- Each employee entering a clean area (cafeteria, break room, or office) from production area, need to clean the boots and uniforms or boots covers and a smock fitted to prevent the tracking of lead into these clean areas.

- Personal belongings (rings, chains, piercing, mobile phones, music players and accessories) shall not be permitted in the operating areas of the facility (lead exposed or non-lead exposed areas). Company provided mobile phones and accessories shall be

allowed in operating areas of the facility as necessary but shall periodically be cleaned with lead wet or absorbent wipes and kept free of dust accumulation.

- All exposed employees have to change their uniforms daily. Employees need to consider that used uniforms may be contaminated, need to be handled carefully and may not be taken home. The daily change has to be checked by the plant management randomly.

- The employer must guarantee the cleaning of the work clothing by suitable cleaning companies. For employees who work in lead-exposed areas, enough clean work clothing must be provided for daily changes and for additional changes in the case of considerable contamination.

- Clean work clothing and PPE must be stored separately from used work clothing and used PPE.

- All employees are obliged to wear the provided PPE always in all exposed areas.

- All exposed employees need to take a shower and to wash the hair and beard at the end of the shift.

- Employees must be given suitable time in order to comply with the hygiene rules during their work time.

- Hands and wrists of workers should be tested randomly after showering/ washing by using the lead indicator spray.

- In accordance with local practice lead indicator sprays should be available in each place where sinks are located to check cleanliness of hands after washing.

- It essential to protect the skin of the employees due to high frequency of hand cleaning and indicator tests. Therefore appropriate skin protection creams need to be provided at all sinks.

5.4 Personal Protective Equipment (PPE)

Respiratory protection is key for blood lead mitigation due to two main effects, reducing exposure via inhalation and reducing exposure via ingestion. Respiratory protection interrupts the hand to mouth contact.

The selection of PPE and the rules for using PPE have to developed based on the results of a risk assessment for the work with lead and lead compounds which need to be conducted for each exposed workplace. The risk assessment need to be documented and need to be updated in case of any relevant changes of the workplace. The risk assessment may result in the mandatory use of respiratory protection during the whole working hours in exposed areas.

- The preferred breathing protection is a ventilated helmet. This equipment protects the hair & face from any lead contamination. Another advantage is that there isn't any breathing resistance so that ventilated helmets can be used without any break times. In minimum two ventilated helmets should be offered in case of unavailability due to cleaning or the need of repair. Employees need to be trained how to use, clean, store, test and charge the ventilated helmet properly.

- Re-usable respirators (rubber or silicone) which offer similar protection to FFP3, may also be used by employees in exposed areas but additional break times need to be considered. In minimum two re-usable respirators should be offered in case of unavailability due to cleaning or the need of repair.

- All white collar employees which are entering the shopfloor need to use respiratory protection with the same degree of protection as the blue collar employees in the respective area.

- Disposable FFP3 masks can be used for short-term work assignments of employeas or contractors which are working on site for a limited time period.

- All employees using re-usable and disposable respirators, must successfully pass a fit test for the model of respirator being used.

- Workers who use tight-fitting respirators must remain clean shaven and shave daily.

- Ventilated helmets must be cleaned and checked by qualified staff in a separate cleaning station at least twice a week and re-usable respirators must be cleaned and checked daily. The staff is responsible to replace any damaged parts.

- Rubber or silicone respirators need to be cleaned and checked by qualified staff in a separate cleaning station every day. Damaged parts need to be replaced.

- All employees need to store the ventilated helmets or respirators in adequate lockers located at the exit of the exposed areas. These lockers need to be equipped with charging devices.

- Adequate and suitable gloves must be provided to all employees in exposed areas.

- Contractors and temporary emloyees need to apply same rules as employees.

5.5 Training & Counselling

All employees must receive training on the hygiene requirements due to their lead exposure. It is mandatory to provide training before employees start to work in a lead exposed area. Also it is mandatory that this training is repeated at least once a year. The training has to be documented.

More frequent individual training should be performed as soon as employees reach a level of 5 µg/dl below T. The training must be conducted by a physician, OH Nurse, supervisor and/or Health and Safety personnel.

Below are typical discussion points for an effective Blood lead mitigation training programme:

- The ventilated helmet or respirator shall be worn properly and snugly and a positive/negative fit test performed each time it is put on. The respirator shall be wiped (inside and out) with a disposable wipe when returning to work from a clean area of the plant. The respirator should also be inspected prior to use, to make sure it is clean. The respirator filters should be replaced if they get wet or clogged. Respirators should be removed and handled by gripping the outer filter ring and not the nose.

- Ventilated helmets must be cleaned at shift end by the employee and changed twice a week. All filters must be replaced monthly to assure maximum protection.

- Rubber or silicon re-usable masks must be checked and cleaned daily. Filters must be replaced monthly or more frequently *depending on the daily filter breathing resistance test*.

- Full face respirators must not be slid over the top of the head during removal so as to prevent residual lead dust contaminating the face or inside of the respirator.

- Disposable respirators must be disposed of at the end of each shift or changed immediately, if contaminated.

- The respirator should be left in the required respirator area for repair if vapor or gas breakthrough occurs, or changes in breathing resistance or leakage of the face piece are detected. The necessary replacements e.g. respirator or the filter, cartridge, or

elastomeric replacement parts (valves, gaskets, etc.) should be made before the respirator is worn again.

- The respirator should be inspected visually to verify that all components are in working condition.

- For employees that are working in lead exposed areas, eating and drinking is only permitted in the break rooms or designated break areas.

- No food, chewing gum, drinks, cosmetics or private cell phones are allowed in the production, maintenance and storage areas of the plant

- The lunchroom, offices and locker rooms are designated clean areas in the facility. Hands, arms, face and beard should be washed thoroughly before entering the lunchroom, and before smoking or applying cosmetics. All employees should wash their neck before entering break areas in order to avoid contaminating clean hands while accidentally rubbing the neck.

- Respirators shall be placed in plastic bags and head covers, jackets, and coveralls stored in the designated storage area.

- For workers from a lead exposed area, boots and uniforms need to be cleaned or a smock and shoe covers shall be worn before entering a break or lunchroom. This will help keep lead dust off the tables and floor.

- Food shall not be laid on the tabletops. A clean wrapper or paper towel should be used instead.

- No eating or drinking is allowed in the clean or dirty side of the locker room area.

- Gloves shall always be worn on the job, and they should never be slapped together to clean them. They should always be held down, away from the face.

- Workers should avoid all hand to mouth contact and fingernails should be kept short and clean. Nail biting will only increase lead absorption.

- The face should not be rubbed against shirtsleeves or gloves. Safety glasses shall be cleaned daily to remove dust.

- The ventilation at the workplace should be checked at the start of shift to ensure it is working. If not, this should be reported immediately to a supervisor. The work area must be kept clean throughout the shift.

- Scrap lead should be handled carefully. Plates or other leaded objects must not be thrown.

- Work clothes (including shoes) shall not be removed from the facility.

- At the end of the shift, a complete shower, including hair washing, must be taken prior to leaving the plant.

- A check should be made to see whether there is any remaining lead contamination on the hands after washing. Indicator fluids may be used subject to local site requirements.

- Uniforms of employees in contaminated areas need to be changed every day and they should be changed immediately if they become grossly contaminated.

Annex 1 – Reporting Template

Item		unit	Result	Definition
Country				Country where the facility is located
Employees onsite		[ ]		Number of employees that work at the location
Employees under PbB Review		[ ]		Number of employees that are under medical control due to Lead exposure
PbB - Average		[µg/dl]		Average Blood Lead of all employees under medical control. Based upon the last individual Blood Lead result.
PbB - 90th -percentile		[µg/dl]		90th - percentile of the Blood Lead of all employees under medical control. Based upon the last individual Blood Lead result.
PbB Distribution	0-4 µg/dL	[ ]		Number of employees with a PbB in the range of 0 - 4 µg/dl. Based upon the last individual Blood Lead result.
	5-9 µg/dL	[ ]		Number of employees with a PbB in the range of 5 - 9 µg/dl. Based upon the last individual Blood Lead result.
	10-14 µg/dL	[ ]		Number of employees with a PbB in the range of 10 - 14 µg/dl. Based upon the last individual Blood Lead result.
	15-19 µg/dL	[ ]		Number of employees with a PbB in the range of 15 - 19 µg/dl. Based upon the last individual Blood Lead result.
	20-24 µg/dL	[ ]		Number of employees with a PbB in the range of 20 - 24 µg/dl. Based upon the last individual Blood Lead result.
	25-29 µg/dL	[ ]		Number of employees with a PbB in the range of 25 - 29 µg/dl. Based upon the last individual Blood Lead result.
	30-34 µg/dL	[ ]		Number of employees with a PbB in the range of 30 - 34 µg/dl. Based upon the last individual Blood Lead result.
	35-39 µg/dL	[ ]		Number of employees with a PbB in the range of 35 - 39 µg/dl. Based upon the last individual Blood Lead result.
	40-44 µg/dL	[ ]		Number of employees with a PbB in the range of 40 - 44 µg/dl. Based upon the last individual Blood Lead result.
	45-49 µg/dL	[ ]		Number of employees with a PbB in the range of 45 - 49 µg/dl. Based upon the last individual Blood Lead result.
	50-54 µg/dL	[ ]		Number of employees with a PbB in the range of 50 - 54 µg/dl. Based upon the last individual Blood Lead result.
	55-59 µg/dL	[ ]		Number of employees with a PbB in the range of 55 - 59 µg/dl. Based upon the last individual Blood Lead result.
	> 59 µg/dL	[ ]		Number of employees with a PbB above 59 µg/dl. Based upon the last individual Blood Lead result.

Reported by:

Name _____

Position _____