Substance Specific Program

Summary: This document applies to all UCR research and staff support personnel where potential exposure to the following chemical substances exists.

- Formaldehyde
- Chromium (VI)
- Vinyl Chloride
- Arsenic (Inorganic)
- Cadmium
- Benzene
- Beryllium
- 1,3-Butadiene
- Methylene chloride
- Acrylonitrile
- Chloroform
- Lead
- Ethylene Dibromide (EDB)
- Ethylene Oxide (EtO)
- Glutaraldehyde
- Phenol
- Silica
- Thallium
- Toluene
- Xylene

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1. Program Description

The purpose of the UCR Substance Specific program is to minimize or control risk of occupational exposure to the listed substances by:

- Conducting exposure assessments and monitoring
- Establishing safe handling practices and controls to minimize exposure
- Providing health hazard information and training
- Maintaining an employee medical surveillance program

2. Scope

This document applies to all UC Riverside research and staff support personnel where potential exposure to the listed substances exists.

UCR's Substance Specific program addresses:

- Exposure assessments and monitoring
- Regulated areas
- Hazard Communication

- Engineering Controls
- Protective Equipment
- Housekeeping
- Employee medical surveillance
- Emergencies
- Recordkeeping
- Reporting

3. Definitions

Permissible Exposure Level (PEL) –The PEL is a concentration that nearly all workers may be exposed to daily during a 40-hour workweek for a working lifetime without adverse effect. Exposures exceeding the AL or PELs trigger the initiation of:

- Regulated areas that require controlled access and warning posters
- Training (annual)
- Use of respiratory protection
- Implementation of work practices and engineering controls to lower exposure below the PEL as feasible
- Employee medical surveillance
- Exposure monitoring

Short Term Exposure Level (STEL) –The STEL should not be exceeded at any time during the workday. Exposures exceeding the STEL or PEL trigger the initiation of:

- Regulated areas that require controlled access and warning posters
- Training (annual)
- Use of respiratory protection
- Implementation of work practices and engineering controls to lower exposure below the STEL as feasible
- Employee medical surveillance
- Exposure monitoring (annual)

Action Level (AL) – Airborne concentration calculated as an eight (8)-hour time-weighted average, which initiates certain required activities such as exposure monitoring and medical surveillance.

Regulated Area – Any area where the airborne concentration of the listed substances exceeds either the PEL or STEL. Access is restricted to trained authorized personnel.

4. Responsibilities

4.1. Supervisors and Principal Investigators are responsible for:

- Notifying EH&S when materials containing any of the listed substances are in use in the area
- Updating chemical inventories routinely to reflect use of the listed substances on the **Risk & Safety Solutions (RSS) portal**
- Ensuring that employees receive and understand the Safety Data Sheet for the listed substances
- Completing required training and ensuring that employees handling the listed substances complete the required training.
    - Register for required training at https://ucrlearning.ucr.edu/ . Required training may include:
        - Laboratory Safety Fundamentals (online course code: RI-ESECO0121)
        - Principal Investigator (PI) Responsibilities (online course code: RI-ESECO0121)
        - Carcinogen Safety (online course code: RI-UCSKSS0012-ECO)
        - Hazard Communication (online course code: RI-ESECO0101)
        - Respiratory Protection Training (online course code: RI-ESTOP0072)
        - Various Substance Specific Training Courses (consult EH&S for complete list and requirements)
- Ensuring that safe handling practices and exposure controls such as ventilation and/or personal protective equipment are used by employees
- Reporting any symptoms of exposure to the listed substances by employees to EH&S

4.2. Employees are responsible for:

- Reviewing the SDS with their supervisor or PI prior to handling the material
- Completing required training:
    - Register for required training at https://ucrlearning.ucr.edu/ . Required training may include:
        - Laboratory Safety Fundamentals (online course code: RI-ESECO0121)
        - Carcinogen Safety (online course code: RI-UCSKSS0012-ECO)
        - Hazard Communication (online course code: RI-ESECO0101)
        - Respiratory Protection Training (online course code: RI-ESTOP0072)
        - Various Substance Specific Training Courses (consult Supervisor or PI and EH&S for complete list and requirements)
- Using safe handling practices and exposure controls such as ventilation and/or personal protective equipment
- Reporting any symptoms of exposure to the listed substances to their supervisor and EH&S

4.3. EH&S is responsible for:

- Conducting exposure assessments and monitoring for operations involving potential exposure to exposure to the listed substances
- Recommending safe handling practices and exposure controls such as ventilation and/or personal protective equipment
- Ensuring that health hazard information and training are readily available
- Facilitating the initiation of employee medical surveillance if the Action Level, PEL or STEL is exceeded
- Implementing the provisions of the Cal/OSHA standards

5. Specific Program Components

5.1 Exposure Limits & Requirements Summary

Please see attachment A for the exposure limits.

5.2 Exposure Monitoring

Please see attachment A for the exposure monitoring requirements.

5.3 Labeling Containers of The listed substances

Please see attachment B for the labeling requirements.

5.4 Regulated Areas

1. Posting -In areas where the concentration exceeds the PEL or the STEL, signs will be posted at all entrances.

2. Access - Only authorized personnel who have been trained to recognize the hazards of the listed substances will be allowed to access these areas.

5.5 Engineering Controls

Where feasible, general and local exhaust ventilation systems such as laboratory hoods, down draft systems, air curtains, and snorkels must be used to reduce and maintain employee exposures to the listed substances at or below the PEL and the STEL.

5.6. Work Practice Controls

Work practices that reduce the source of exposure or minimize the potential for the listed substances to become airborne must be implemented whenever possible.

5.7 Emergency Equipment

There must be an emergency eyewash and shower in the work areas when there is the potential for splashing.

5.8 Personal Protective Equipment

Please see UCR EH&S **Chemical Hygiene Plan** and **Respiratory Protection Program** for detailed information.

5.9 Housekeeping

Preventative maintenance of equipment must be undertaken to provide periodic inspection of equipment and to minimize accidental chemical spills or leaks.

5.10. Spills

All spills must be cleaned up promptly. Spill equipment should be readily available to clean up small incidental spills. All personnel handling incidental spills of dilute the listed substances solutions must be properly trained. Contact EH&S for training information on spill kits and clean-up procedures.

If a spill is large:

i. Employees are not to clean it up.

ii. Immediately evacuate the area, and close any doors.

iii. Alert others not to enter the area.

iv. Contact EH&S at 951-827-5528 for assistance in cleaning up the spill.

v. Do not reenter the area until the area has been monitored by EH&S.

The listed substances contaminated waste and debris resulting from spills must be disposed of through EH&S as hazardous waste.

5.11 Medical Surveillance

Please see attachment A for the medical surveillance requirements.

5.11.1. If an employee requires medical surveillance, EH&S will notify the employee and facilitate enrollment in a medical surveillance program.

5.11.2. If the employee has developed signs and symptoms related to the listed substances exposure, they should seek medical attention immediately and notify their supervisor and EH&S at 951-827-5528.

5.12 Record Retention

1. Exposure records will be kept for at least 30 years
2. Medical records will be kept for the duration of employment plus 30 years.
3. Respirator fit testing records will be kept until replaced by a more recent record.
4. Records are available upon request to the employee or his/her designated representative for inspection and copying.

6. Reporting Requirements

California Code of Regulations, Title 8, Section 5203 Carcinogen Report of Use Requirements.

7. Information and External References

All employees who handle the listed substances will be trained at the time of initial assignment and annually thereafter on the hazards of the listed substances. This training shall include:

1. A discussion of the contents of the Cal/OSHA listed substances regulation and the contents of the listed substances material safety data sheet.
2. A description of the potential health hazards associated with exposure to the listed substances and a description of the signs and symptoms of exposure to the listed substances.
3. Instructions to immediately report to the supervisor the development of adverse signs or symptoms that the employee suspects is attributable to the listed substances exposure.
4. The purpose for and a description of the medical surveillance program.

5. A description of operations in the work area where the listed substances is present and an explanation of the safe work practices appropriate for limiting exposure to the listed substances in each job.
6. An explanation of the importance of engineering and work practice controls for employee protection and any necessary instruction in the use of these controls.
7. The purpose for, proper use of, and limitations of personal protective equipment.
8. Instructions for the handling of spills, emergencies, and clean-up procedures.
9. A review of emergency procedures including the specific assignments of each employee in the event of an emergency.

8. Attachment A. Exposure Monitoring and Medical Surveillance Requirements Summary

Substance	Occupational Exposure Limits (OEL's)	Exposure Monitoring	Medical Surveillance
Acrylonitrile	AL: 1 ppm PEL: 2 ppm Ceiling: 10 ppm	• Initial Monitoring: within 30 days of the introduction of benzene into the workplace. • Exposure at or above the AL, but below PEL, repeat monitoring within 3 months. • Repeat monitoring at least monthly if exposure above the PEL • Termination of Monitoring: Periodic monitoring may be discontinued if at least two consecutive measurements taken at least 7 days apart are below the AL. • Accuracy of Monitoring: A confidence level of 95 percent, to within +/- 35% at or above PEL. Within +/- 50% below PEL. • Employee Notification: Within 5 working days after the receipt of monitoring results, notify each employee of these results in writing.	• At or above AL • Medical examinations and procedures are performed by or under the supervision of a California-licensed physician. • Initial medical examination – within 30 days. • Periodic medical examinations – At least annually.
Arsenic (Inorganic)	PEL: 0.01 mg/m3 AL: 5 ug/m3	• Collect full shift personal samples - at least 7 continuous hours. • At least one sample for each shift for each job classification in each work area. • Repeat monitoring at least quarterly if exposure above the PEL • Exposure at or below the PEL, but, at or above the AL, repeat monitoring at 6-month intervals. • Termination of Monitoring: Periodic monitoring may be discontinued if at least two consecutive measurements taken at least 7 days apart are below the AL. • Additional Monitoring: When a change in the production, process, control equipment, personnel or work practices may result in new or additional exposure. • Accuracy of Monitoring: A confidence level of 95 percent, to within +/- 25% for airborne concentrations equal to or greater than the TWA PEL.	• At or above AL, without regard to the use of respirators, at least 30 days per year. • Medical examinations and procedures are performed by or under the supervision of a licensed physician. • Initial and periodic medical examinations. • Annual medical examination for each affected employee under 45 years of age with fewer than 10 years of exposure over the AL. • Semi-annual medical examination for each affected employee either 45 years of age or older or with 10 or more years of exposure over the AL.

		• A confidence level of 95 percent, not less than +/- 35% for airborne concentrations greater than 0.005 mg/m^3 but less than 0.01 mg/m^3 of air.	
Benzene	AL: 0.5 ppm PEL: 1 ppm STEL: 5 ppm	• Initial Monitoring: within 30 days of the introduction of benzene into the workplace. • Exposure at or above the AL, repeat monitoring at least every year. • Exposure above the 8-Hr PEL, perform monitoring at least every 6 months. • Monitoring schedule can be changed from every 6 months to annually if two consecutive measurements taken at least 7 days apart indicate that the exposure has decreased to PEL or below, but is at or above AL. • Termination of Monitoring: Periodic monitoring may be discontinued if at least two consecutive measurements taken at least 7 days apart are below the AL. • Additional Monitoring: When a change in the production, process, control equipment, personnel or work practices may result in new or additional exposure. • Accuracy of Monitoring: A confidence level of 95 percent, to within +/- 25%. • Employee Notification: Within 15 working days after the receipt of monitoring results, notify each employee of these results in writing.	• At or above AL 30 or more days per year; • At or above the PELs 10 or more days per year; • Above 10 ppm of benzene for 30 or more days in any year prior to December 10, 1989. • Medical examinations and procedures are performed by or under the supervision of a licensed physician. • Emergency Examinations: Employee provide a urine sample at the end of the shift. • Within 72 hours, perform urinary phenol test. Urine S.G. shall be corrected to 1.024. • If the result of urinary phenol test is below 75 mg phenol/L, no further testing. • If the result of urinary phenol test is equal to or greater than 75 mg phenol/L, a complete blood count including an erythrocyte count, leukocyte count with differential and thrombocyte count at monthly intervals for a duration of three (3) months following the emergency exposure.
Beryllium	AL: 0.1 µg/m3 PEL: 0.2 µg/m3 STEL: 2.0 µg/m3	• Initial monitoring for 8-hour TWA exposure and the 15-minute short-term exposure for each employee. • Termination of Monitoring: Periodic monitoring may be discontinued if at least two consecutive measurements taken at least 7 days apart are below the AL. • Exposure at or above the AL, but at or below 8-Hr TWA, repeat monitoring every six months. • Exposure above the 8-Hr PEL, perform monitoring at least every 3 months. • Exposure above STEL, perform monitoring at least every 3 months.	• Within 30 days: At or above AL 30 or more days per year; • Who shows signs or symptoms of CBD or other beryllium-related health effects; • Who is exposed to beryllium during an emergency; or • Whose most recent written medical opinion required by subsection (k)(6) or (k)(7) recommends periodic medical surveillance. • At least every two years thereafter for each employee who continues to meet the criteria above. • Exam must include: A medical and work history, with emphasis on past and present airborne exposure to or dermal contact with beryllium, smoking history, and any history of respiratory system dysfunction; • A physical examination with emphasis on the respiratory system; • A physical examination for skin rashes; • Pulmonary function tests;

			• A standardized BeLPT or equivalent test; • A low dose computed tomography (LDCT) scan
1,3 Butadiene	AL: 0.5 ppm PEL: 1 ppm STEL: 5 ppm	• Initial monitoring to determine accurately the airborne concentrations of BD to which employees may be exposed. • Exposure at or above the AL, but at or below 8-Hr TWA, repeat monitoring every twelve months. • Exposure above the 8-Hr PEL, perform monitoring at least every 3 months. • Exposure above STEL, perform monitoring at least every 3 months. • Termination of Monitoring: Periodic monitoring may be discontinued if at least two consecutive measurements taken at least 7 days apart are below the AL. • Initial monitoring may be discontinued if exposure to be below AL and at or below the STEL.	• At or above AL 30 or more days per year; • At or above the PELs 10 or more days per year. • Initial and periodic medical examination • Emergency Examinations: As quickly as possible, but not later than 48 Hrs after exposure.
Cadmium	AL: 2.5 ug/m3 PEL: 5 ug/m3	• Initial and periodic monitoring. • Exposure at or above the AL repeat monitoring every 6 months. • Termination of Monitoring: Periodic monitoring may be discontinued if at least two consecutive measurements taken at least 7 days apart are below the AL.	• At or above AL 30 or more days per year. • Initial medical examination – within 30 days after initial assignment to a job with exposure to Cd. • Periodic medical examinations – Within one year after the initial examination and thereafter at least biennially. • Biological sampling: At least annually
Chromium VI	AL: 2.5 ug/m3 PEL: 5 ug/m3 Ceiling: 0.1 mg/m3	• Initial and periodic Monitoring • Exposure at or above the AL, perform monitoring at least every 6 months. • Exposure above the PEL, perform monitoring at least every 3 months. • Termination of Monitoring: Periodic monitoring may be discontinued if at least two consecutive measurements taken at least 7 days apart are below the AL.	• At or above AL 30 or more days per year. • When experiencing signs or symptoms of adverse health effects associated with Cr (VI) • When exposed in an emergency • Initial medical examination – within 30 days after initial assignment • Annual medical examination
Ethylene Dibromide (EDB)	AL: 0.015 ppm PEL: 0.13 ppm Ceiling: 0.13 ppm	• Initial and periodic monitoring if above the PEL or AL. • If initial monitoring is below AL, no further monitoring is necessary unless there has been a production, process, or engineering control change or leak or spill which may result in any new or additional exposure to EDB. • If above the AL: repeat exposure measurements representative of each such employee's exposure at least quarterly	• Exposure monitoring reveals at or above AL.

		• If above the PEL: repeat exposure measurements representative of each such employee at least monthly. • Termination of Monitoring: Periodic monitoring may be discontinued if at least two consecutive measurements taken at least 7 days apart are below the AL, PEL and Ceiling. • Employee Notification: Within 5 working days after the receipt of monitoring results, notify each employee of these results in writing, through conspicuous posting or through letter, of the monitoring results which represent the employee's exposure. Posting shall be for at least 30 days.	
Ethylene Oxide (EtO)	AL: 0.5 ppm PEL: 1 ppm STEL: 5 ppm	• Initial and periodic monitoring if above the AL, PEL or STEL. • If initial monitoring is below AL, no further monitoring is necessary unless there has been a production, process, or engineering control change or leak or spill which may result in any new or additional exposure. • If above the AL: repeat exposure measurements representative of each such employee's exposure every 6 months. • If above the PEL or STEL: repeat exposure measurements representative of each such employee at least every 3 months. • Termination of Monitoring: Periodic monitoring may be discontinued if at least two consecutive measurements taken at least 7 days apart are below the AL. • Employee Notification: Within 15 working days after the receipt of monitoring results, notify each employee of these results in writing.	• At or above AL 30 or more days per year. • Prior to assignment of the employee to an area where exposure may be at or above the action level for at least 30 days a year. • At least annually for each employee exposed at or above the action level for at least 30 days in the preceding year. • As medically appropriate for any employee exposed during an emergency. • As soon as possible following notification of the employer by an employee either (1) that the employee has developed signs or symptoms indicating possible overexposure to EtO, or (2) that the employee desires medical advice concerning the effects of current or past exposure to EtO on the employee's ability to produce a healthy child. • At termination of employment or upon reassignment to an area where employee exposure is not at or above the action level for at least 30 days a year.
Formaldehyde	AL: 0.5 ppm PEL: 0.75 ppm STEL: 2 ppm	• Initial and periodic monitoring • At or above the AL, repeat monitoring at least every 6 months. • At or above the STEL, repeat monitoring at least once a year under worst conditions. • Termination of Monitoring: Periodic monitoring may be discontinued if at least two consecutive measurements taken at least 7 days apart are below the AL and STEL.	• At or exceeding AL or exceeding STEL. • Employees who develop signs/symptoms • Medical Disease Questionnaire: At or above AL or above STEL, and annually thereafter. • Initial, periodic, and emergency medical examinations.
Methylene Chloride	AL: 12.5 ppm PEL: 25 ppm STEL: 125 ppm	• Initial and periodic monitoring • Below AL and at or below STEL: No TWA or STEL monitoring required. • At or above AL, at or below TWA, and at or below STEL: TWA monitoring every 6 months • At or above AL, at STEL: TWA monitoring every 6 months and STEL every 3 months. • Above TWA and at or below STEL: TWA every 3 months and STEL every 3 months.	• At or above AL 30 or more days per year; • At or above the PELs 10 or more days per year. • Initial, periodic, and emergency medical examinations. • For employees 45 years of age or older, physical examination within 12 months of initial surveillance or any subsequent medical surveillance.

		• Above TWA and above STEL: TWA and STEL monitoring every 3 months. • Accuracy of Monitoring: A confidence level of 95 percent, to within +/- 25% for airborne MC concentrations above 8-Hr TWA PEL or STEL. • A confidence level of 95 percent, within +/- 35% for airborne MC concentrations at or above AL but at or below 8-Hr TWA PEL. • Termination of Monitoring: Periodic monitoring may be discontinued if at least two consecutive measurements taken at least 7 days apart are below the AL.	• For employees younger than 45 years of age, physical examination within 36 months of initial surveillance or any subsequent medical surveillance.
Vinyl Chloride	AL: 0.5 ppm PEL: 1 ppm STEL: 5 ppm No direct contact with liquid VCM	• Initial and periodic monitoring • Above AL: repeat monitoring not less than quarterly. • Above PELs: repeat monitoring at least monthly. • Termination of Monitoring: Periodic monitoring may be discontinued if at least two consecutive measurements taken at least 5 working days apart are below the AL. • Accuracy of Monitoring: A confidence level of 95 percent, not less than +/- 50% 0.25 – 0.5 ppm, +/- 35% 0.5 ppm – 1.0 ppm, and +/- 25% over 1.0 ppm. • A confidence level of 95 percent, within +/- 35% for airborne MC concentrations at or above AL but at or below 8-Hr TWA PEL.	• Initial, periodic, and emergency medical examinations. • >10 year working with chemical, every 6 month • Annually for other employees

Other Substance Specific Exposure Monitoring Requirements

Substance	Occupational Exposure Limits (OEL's)
Glutaraldehyde	PEL: 0.05 ppm
Isoflurane	PEL: 2 ppm
Phenol	PEL: 5 ppm
Lead	AL: 30 µg/m³, PEL: 50 µg/m³ See UCR Lead Compliance Plan
Chloroform	PEL: 2 ppm
Glutaraldehyde	PEL: 0.05 ppm
Phenol	PEL: 5 ppm

Silica	AL: 25 µg/m³, PEL: 50 µg/m³ Se UCR Crystalline Silica Program
Thallium, soluble compounds as TI	PEL: 0.1 mg/m³
Toluene	PEL: 10 ppm, STEL: 150 ppm, Ceiling: 500 ppm
Xylene	PEL: 100 ppm, STEL: 150 ppm, Ceiling: 300 ppm

9. Attachment B. Signs and Labels

Substance	Regulated Areas	Signs - Areas and Equipment	Labels - Containers and Equipment
Formaldehyde	DANGER FORMALDEHYDE MAY CAUSE CANCER CAUSES SKIN, EYE, AND RESPIRATORY IRRITATION AUTHORIZED PERSONNEL ONLY	DANGER FORMALDEHYDE-CONTAMINATED (CLOTHING) EQUIPMENT MAY CAUSE CANCER CAUSES SKIN, EYE AND RESPIRATORY IRRITATION DO NOT BREATHE VAPOR DO NOT GET ON SKIN	DANGER FORMALDEHYDE-CONTAMINATED (CLOTHING) EQUIPMENT MAY CAUSE CANCER CAUSES SKIN, EYE, AND RESPIRATORY IRRITATION DO NOT BREATHE VAPOR DO NOT GET ON SKIN
Chromium VI	Demarcation	-	-
Vinyl Chloride	DANGER VINYL CHLORIDE MAY CAUSE CANCER AUTHORIZED PERSONNEL ONLY	DANGER VINYL CHLORIDE MAY CAUSE CANCER AUTHORIZED PERSONNEL ONLY	CONTAMINATED WITH VINYL CHLORIDE MAY CAUSE CANCER
Arsenic (Inorganic)	DANGER INORGANIC ARSENIC MAY CAUSE CANCER DO NOT EAT, DRINK OR SMOKE WEAR RESPIRATORY PROTECTION IN THIS AREA AUTHORIZED PERSONNEL ONLY	-	DANGER CONTAINS INORGANIC ARSENIC CANCER HAZARD HARMFUL IF INHALED OR SWALLOWED USE ONLY WITH ADEQUATE VENTILATION OR RESPIRATORY PROTECTION
Cadmium	DANGER CADMIUM MAY CAUSE CANCER CAUSES DAMAGE TO LUNGS AND KIDNEYS WEAR RESPIRATORY PROTECTION IN THIS AREA AUTHORIZED PERSONNEL ONLY	-	DANGER CONTAINS CADMIUM MAY CAUSE CANCER CAUSES DAMAGE TO LUNGS AND KIDNEYS AVOID CREATING DUST
Benzene	DANGER BENZENE MAY CAUSE CANCER HIGHLY FLAMMABLE LIQUID AND VAPOR DO NOT SMOKE WEAR RESPIRATORY PROTECTION IN THIS AREA AUTHORIZED PERSONNEL ONLY	-	-
1,3 Butadiene	Demarcation	-	-

Methylene Chloride	Demarcation	-	-
Acrylonitrile	DANGER ACRYLONITRILE (AN) MAY CAUSE CANCER RESPIRATORY PROTECTION MAY BE REQURED IN THIS AREA AUTHORIZED PERSONNEL ONLY	-	-
Beryllium	DANGER REGULATED AREA BERYLLIUM MAY CAUSE CANCER CAUSES DAMAGE TO LUNGS AUTHORIZED PERSONNEL ONLY WEAR RESPIRATORY PROTECTION AND PERSONAL PROTECTIVE CLOTHING AND EQUIPMENT IN THIS AREA		DANGER CONTAINS BERYLLIUM MAY CAUSE CANCER CAUSES DAMAGE TO LUNGS AVOID CREATING DUST DO NOT GET ON SKIN
Lead	DANGER LEAD WORK AREA MAY DAMAGE FERTILITY OR THE UNBORN CHILD CAUSES DAMAGE TO THE CENTRAL NERVOUS SYSTEM DO NOT EAT, DRINK OR SMOKE IN THIS AREA	DANGER: CLOTHING AND EQUIPMENT CONTAMINATED WITH LEAD, MAY DAMAGE FERTILITY OR THE UNBORN CHILD. CAUSES DAMAGE TO THE CENTRAL NERVOUS SYSTEM. DO NOT EAT, DRINK OR SMOKE WHEN HANDLING. DO NOT REMOVE DUST BY BLOWING OR SHAKING. DISPOSE OF LEAD CONTAMINATED WASH WATER IN ACCORDANCE WITH APPLICABLE LOCAL, STATE, OR FEDERAL REGULATIONS.	LABEL WASTE IN ACCORDANCE WITH APPLICABLE LOCAL, STATE, OR FEDERAL REGULATIONS.
Ethylene Dibromide (EDB)	DANGER ETHYLENE DIBROMIDE MAY CAUSE CANCER MAY DAMAGE FERTILITY OR THE UNBORN CHILD	CONTAMINATED WITH Ethylene Dibromide (EDB) MAY CAUSE CANCER MAY DAMAGE FERTILITY OR THE UNBORN CHILD	This produce has been fumigated with Ethylene Dibromide (EDB) for the control of fruit fly infestation. Procedures approved by Cal/OSHA have been undertaken by the supplier to assure safe exposure levels at this workplace. For further information contact your employer, Cal/OSHA Consultation Service at 1-800-963-9424, or your local Cal/OSHA office.
Ethylene Oxide (EtO)	DANGER ETHYLENE OXIDE MAY CAUSE CANCER MAY DAMAGE FERTILITY OR THE UNBORN CHILD RESPIRATORY PROTECTION AND PROTECTIVE CLOTHING MAY BE REQUIRED IN THIS AREA AUTHORIZED PERSONNEL ONLY	DANGER CONTAINS ETHYLENE OXIDE CANCER HAZARD AND REPRODUCTIVE HAZARD	DANGER CONTAINS ETHYLENE OXIDE CANCER HAZARD AND REPRODUCTIVE HAZARD