Key Findings

Construction worker exposure to hazards is often intermittent and highly variable, making it more difficult to accurately characterize exposure levels than in general industry.

Tasks that often expose construction workers to inhalation hazards include welding, abrasive blasting, cutting brick or concrete, grinding masonry, installing or applying insulation, and preparing or removing paints and adhesives. Among the hazardous substances generated are welding fumes, airborne crystalline silica, asbestos, solvents, and fiberglass.

Construction workers demonstrate a high prevalence of work-related musculoskeletal disorders (WMSDs) attributable to repetitive motion, heavy lifting, and the large quantity of work performed at floor level or overhead.

Because of the intermittent and variable nature of hazard exposures in construction, the industrial hygienist must rely on task-based assessments and time-weighted averages to determine workers’ exposure levels.

As in general industry, sound occupational health practice calls for adherence to the "hierarchy of controls." Eliminating hazards by substituting dangerous substances or tasks or engineering the hazards out of the workplace is preferred to reliance on Personal Protective Equipment (PPE).

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See full report:
http://bit.ly/1mVZtfz