

DEPARTMENT OF INDUSTRIAL RELATIONS

Division of Occupational Safety and Health

Asbestos and Carcinogen Unit

1750 Howe Avenue, Suite 460

Sacramento, CA 95825

(916) 574-2993 Office

<http://www.dir.ca.gov/dosh/asbestos.html> [acru@dir.ca.gov](mailto:acru@dir.ca.gov)

Report of Use Number:

**REPORT OF USE  
OF REGULATED CARCINOGENS**

Title 8 California Code of Regulations section [5203](#) requires reporting the use of regulated carcinogens to the Division of Occupational Safety and Health. The list below indicates those carcinogens currently regulated and references the appropriate Title 8 Section numbers (in bold) for each regulated carcinogen. Completion of the information below meets these requirements for Report of Use.

Any change in location, use, additions, or deletions of carcinogens used in your workplace, must be reported within 15 calendar days.

A copy of each written report required by the section is required to be posted in the locations where the carcinogens are present in the workplace or in another appropriate location where the posting is conspicuous to employees.

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|--|--|
| <input type="checkbox"/> 2-Acetylaminofluorene <b>5209</b>           | <input type="checkbox"/> Silica, <b>1532.3, 5204</b>   |
| <input type="checkbox"/> 4-Aminodiphenyl                             | <input type="checkbox"/> Beryllium, <b>1535.1, 5205, 8359.1</b>                              |
| <input type="checkbox"/> Benzidine (and its salts)                   | <input type="checkbox"/> Chromium, <b>5206, 1532.2, 8359</b>                                 |
| <input type="checkbox"/> 3,3'-Dichlorobenzidine (and its salts)      | <input type="checkbox"/> Cadmium, <b>1532, 5207</b>  |
| <input type="checkbox"/> 4-Dimethylaminoazobenzene                   | <input type="checkbox"/> Asbestos, <b>1529, 5208, 8358</b>                                   |
| <input type="checkbox"/> alpha-Naphthylamine                         | <input type="checkbox"/> Non-asbestiform Tremolite, Anthophyllite, Actinolite, <b>5208.1</b> |
| <input type="checkbox"/> beta-Naphthylamine                          | <input type="checkbox"/> Vinyl Chloride, <b>5210</b>   |
| <input type="checkbox"/> 4-Nitrobiphenyl                             | <input type="checkbox"/> Coke Oven Emissions, <b>5211</b>                                    |
| <input type="checkbox"/> N-Nitrosodimethylamine                      | <input type="checkbox"/> 1,2-Dibromo-3-Chloropropane (DBCP), <b>5212</b>                     |
| <input type="checkbox"/> beta-Propiolactone                          | <input type="checkbox"/> Acrylonitrile, <b>5213</b>  |
| <input type="checkbox"/> bis-Chloromethyl ether                      | <input type="checkbox"/> Inorganic Arsenic, <b>5214</b>                                      |
| <input type="checkbox"/> Methyl chloromethyl ether                   | <input type="checkbox"/> 4,4'-Methylenebis(2-Chloroaniline) (MBOCA), <b>5215</b>             |
| <input type="checkbox"/> Ethyleneimine                               | <input type="checkbox"/> Formaldehyde, <b>5217</b>   |
| <input type="checkbox"/> Methylenedianiline (MDA), <b>1535, 5200</b> | <input type="checkbox"/> Benzene, <b>5218</b>  |
| <input type="checkbox"/> 1,3 Butadiene, <b>5201</b>                  | <input type="checkbox"/> Ethylene Dibromide (EDB), <b>5219</b>                               |
| <input type="checkbox"/> Methylene Chloride, <b>5202</b>             | <input type="checkbox"/> Ethylene Oxide (EtO), <b>5220</b>                                   |

Employer/Company and Division Name

Telephone Number

Address

City

County

Zip

If there has been a change, write the previous name; address; date, & report number if known

Original Signature

Print Name and Title of Employer Representative

Date

Provide the information in items 1 through 6 below for each carcinogen checked on page one.

If there are multiple carcinogens checked on page one, make extra copies of this page and indicate here the name of the Carcinogen the information is for \_\_\_\_\_

1. A brief description of each process or operation, which may result in employee exposure to the carcinogen.
2. The location in the workplace where the carcinogen is present or used.
3. The number of employees engaged in each process or operation.
4. The name and address of any collective bargaining representative(s), or other representatives of the employees.
5. A brief description of the quantities of carcinogen present or used.
6. Nature of Business: Indicate the Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) code, see <http://www.census.gov/epcd/www/naics.html> or if the SIC or NAICS are unknown, what is the type of industry and principal product(s).

When completed this form should be emailed to [actu@dir.ca.gov](mailto:actu@dir.ca.gov) and mailed via U.S. Postal Service to the Division of Occupational Safety and Health at:

DOSH-Asbestos and Carcinogen Unit  
PO Box 420603  
San Francisco, CA 94142

(If you also need to report a temporary worksite location see section [5203](#) (e) and/or report an emergency see section [5203](#) (f) for additional reporting requirements)