NYC 9/11 Public Portal Document

Chemical [CAS #] / Determinant	Sampling Time	BEI	Notation
N,N-DIMETHYLFORMAMIDE (DMF) [68-12-2] (1999)			
N-Methylformamide in urine	End of shift	15 mg/L	
N-Acetyl-S-(N-methylcarbamoyl) cysteine in urine	Prior to last shift of workweek	40 mg/L	Sq
2-ETHOXYETHANOL (EGEE) [110-80-5] and 2-ETHOXYETHYL ACETATE (EGEEA) [111-15-9] (1994)			
2-Ethoxyacetic acid in urine	End of shift at end of workweek	100 mg/g creatinine	
ETHYL BENZENE [100-41-4] (1986)			
Mandelic acid in urine	End of shift at end of workweek	1.5 g/g creatinine	Ns
Ethyl benzene in end-exhaled air			Sq
FLUORIDES (1990)			
Fluorides in urine	Prior to shift	3 mg/g creatinine	B, Ns
	End of shift	10 mg/g creatinine	B, Ns
FURFURAL [98-01-1] (1991)			
Total furoic acid in urine	End of shift	200 mg/g creatinine	B, Ns
‡ n-HEXANE [110-54-3] (1987)			
‡ 2,5-Hexanedione in urine	(End of shift)	(5 mg/g creatinine)	Ns
n-Hexane in end-exhaled air			Sq

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LEAD (1998) [See Note below]			
Lead in blood	Not critical	30 µg/100 ml	
MERCURY (1993)			
Total inorganic mercury in urine	Preshift	35 µg/g creatinine	B
Total inorganic mercury in blood	End of shift at end of workweek	15 µg/L	B
METHANOL [67-56-1] (1995)			
Methanol in urine	End of shift	15 mg/L	B, Ns
METHEMOGLOBIN INDUCERS (1990)			
Methemoglobin in blood	During or end of shift	1.5% of hemoglobin	B, Ns, Sq
2-METHOXYETHANOL (EGME) [109-86-4] and 2-METHOXYETHYL ACETATE (EGMEA) [110-49-6] (1996)			
2-Methoxyacetic acid in urine	End of shift at end of workweek		Nq
METHYL CHLOROFORM [71-55-6] (1989)			
Methyl chloroform in end-exhaled air	Prior to last shift of workweek	40 ppm	
Trichloroacetic acid in urine	End of workweek	10 mg/L	Ns, Sq
Total trichloroethanol in urine	End of shift at end of workweek	30 mg/L	Ns, Sq
Total trichloroethanol in blood	End of shift at end of workweek	1 mg/L	Ns

Note: Women of child bearing potential, whose blood Pb exceeds 10 µg/dl, are at risk of delivering a child with a blood Pb over the current Centers for Disease Control guideline of 10 µg/dl. If the blood Pb of such children remains elevated, they may be at increased risk of cognitive deficits. The blood Pb of these children should be closely monitored and appropriate steps should be taken to minimize the child's exposure to environmental lead. (CDC: Preventing Lead Poisoning in Young Children, October 1991; See BEI and TLV Documentations for Lead).

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