

**PART 6A: ALLEGED EXPOSURE TO PRE-1978 JOINT COMPOUND PRODUCTS**

**INSTRUCTIONS:** Answer the question regarding the Injured Party's alleged exposure to the Pre-1978 Joint Compound Products as defined above in "Purpose of the Questionnaire" ("**Bestwall Exposure**"). Then, complete a separate section for every job in which claimant alleges Bestwall Exposure, as well as any site where claimant alleges non-occupational Bestwall Exposure. Use as many copies of the following two pages as necessary to answer for all jobs and non-occupational sites where alleged Bestwall Exposure occurred, and assign a number for each job or non-occupational site (exposure may be alleged at multiple job sites and/or multiple non-occupational sites). In the case of secondary exposure, list information for job or non-occupational site where primary exposure allegedly occurred and provide the required information regarding the Primary Exposed Person's alleged exposure during the periods when the Secondary Exposed Person claims exposure.

If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 4 above, and follow the instructions set forth there and on page 2 under "Information for Pending Mesothelioma Claimants."

Does claimant allege Bestwall Exposure?  Yes  No

**ALLEGED BESTWALL EXPOSURE (JOB OR NON-OCCUPATIONAL SITE # \_\_\_\_\_)**

Type of alleged exposure (check one and only one):

- Occupational: Injured Party experienced Bestwall Exposure because of his or her job (whether full-time or part-time)
- Non-occupational: Injured Party experienced Bestwall Exposure for reasons unrelated to his or her job
- Secondary: Injured Party alleges contact with someone who experienced Bestwall Exposure

For Secondary, provide relationship between Injured Party and Primary Exposed Person:

How did the Injured Party allegedly come into contact with asbestos from the Primary Exposed Person?

During what period of time did the Injured Party allegedly come into contact with asbestos from the Primary Exposed Person? \_\_\_\_\_

Employer (if applicable; for Secondary, list Primary Exposed Person's employer):  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Sites of Bestwall Exposure (i.e., name of worksites or other place of alleged exposure; for Secondary, list sites where Primary Exposed Person was allegedly exposed; use additional pages if necessary):

Site 1:  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Site 2:  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Site 3:  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Site Type(s) (check all that apply):  Industrial  Commercial  Residential  Other (describe):

*If the claimant alleges occupational or secondary exposure, provide information for each occupation Injured Party (or Primary Exposed Person) held in this job. Specify the Occupation, Industry Code (see p. 5—if “Other,” please describe), Start & End Dates (mm/dd/yyyy), and Bestwall Exposure Dates (mm/dd/yyyy) for each occupation. Use additional pages if necessary.*

Occupation 1: \_\_\_\_\_ Industry Code: I-\_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If other, describe: \_\_\_\_\_  
Bestwall Exposure Dates: \_\_\_\_\_ to \_\_\_\_\_

Occupation 2: \_\_\_\_\_ Industry Code: I-\_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If other, describe: \_\_\_\_\_  
Bestwall Exposure Dates: \_\_\_\_\_ to \_\_\_\_\_

Occupation 3: \_\_\_\_\_ Industry Code: I-\_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If other, describe: \_\_\_\_\_  
Bestwall Exposure Dates: \_\_\_\_\_ to \_\_\_\_\_

Brand names of asbestos-containing products resulting in Bestwall Exposure if known (see above):

Please indicate the nature of the Injured Party’s Bestwall Exposure separately for each exposure (check all that apply and describe how frequently each activity occurred; for secondary exposure, check boxes and answer questions with respect to Primary Exposed Person), and use additional pages if necessary:

Frequency:

- Personally mixed asbestos-containing joint compound \_\_\_\_\_
- Personally sanded asbestos-containing joint compound \_\_\_\_\_
- Personally cleaned up asbestos-containing joint compound after sanding \_\_\_\_\_
- Was within 10 feet of another who was mixing asbestos-containing joint compound \_\_\_\_\_
- Was within 10 feet of another who was sanding asbestos-containing joint compound \_\_\_\_\_
- Was within 10 feet of another who was cleaning up asbestos-containing joint compound after sanding \_\_\_\_\_
- Was on site, 10 feet or more away from others who were mixing, sanding, or cleaning up asbestos-containing joint compound \_\_\_\_\_
- Was in proximity of others who were mixing, sanding, or cleaning up asbestos-containing joint compound but whether such proximity was within 10 feet or greater than 10 feet away from such activity is unknown \_\_\_\_\_
- Other exposure (please specify nature of exposure): \_\_\_\_\_