

Exposure Pathways Checklist Tables

Exposure Pathways Checklist - Water

Pathway Name	Contaminated	Exposure Points *	Exposure Points (continued) *	Receptor Population **	Time	Comments/References
Groundwater Private Wells	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Drinking <input type="checkbox"/> Bathing <input type="checkbox"/> Livestock <input type="checkbox"/> Swimming <input type="checkbox"/> Abandoned	<input type="checkbox"/> Cooking <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Other	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	Alternate Water Supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Groundwater Public Wells	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Drinking <input type="checkbox"/> Bathing <input type="checkbox"/> Livestock <input type="checkbox"/> Swimming <input type="checkbox"/> Abandoned	<input type="checkbox"/> Cooking <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Other	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	Alternate Water Supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Groundwater Monitoring Wells	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Upgradient <input type="checkbox"/> Downgradient			<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	Earliest date of known contamination? Other contamination sources off-site?
Surface Water	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Drinking <input type="checkbox"/> Bathing <input type="checkbox"/> Livestock <input type="checkbox"/> Swimming <input type="checkbox"/> Other	<input type="checkbox"/> Cooking <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Fishing	Distance from site	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	Reasons to believe that surface water is contaminated: <input type="checkbox"/> Surface water data <input type="checkbox"/> Sediment data <input type="checkbox"/> Observed (e.g., oil sheen) <input type="checkbox"/> On-site contaminants are likely to migrate to surface water <input type="checkbox"/> Off-site soil contamination confirmed
Leachate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Drinking <input type="checkbox"/> Playing	<input type="checkbox"/> Site Trespassing <input type="checkbox"/> Swimming or Wading	Distance from site	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	

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** Identity includes race, ethnicity, and age.

Exposure Pathways Checklist - Soil

Pathway Name	Contaminated	Exposure Points *	Receptor Population**	Time	Comments/References
Soil Surface Soil Less than 3" in depth	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Playing <input type="checkbox"/> School <input type="checkbox"/> Hunting <input type="checkbox"/> Park <input type="checkbox"/> Fishing <input type="checkbox"/> Gardening <input type="checkbox"/> Trespassing <input type="checkbox"/> Other	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	Earliest documented date of soil contamination?
Soil Subsurface Soil Greater than 3" in depth	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Playing <input type="checkbox"/> School <input type="checkbox"/> Hunting <input type="checkbox"/> Park <input type="checkbox"/> Fishing <input type="checkbox"/> Gardening <input type="checkbox"/> Trespassing <input type="checkbox"/> Other	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	Earliest documented date of soil contamination?
Hard Surface or Wipe Samples	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Playing <input type="checkbox"/> School <input type="checkbox"/> Hunting <input type="checkbox"/> Park <input type="checkbox"/> Fishing <input type="checkbox"/> Gardening <input type="checkbox"/> Trespassing <input type="checkbox"/> Other	Identity, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	Earliest date of known contamination?
Sludge	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Playing <input type="checkbox"/> School <input type="checkbox"/> Hunting <input type="checkbox"/> Park <input type="checkbox"/> Fishing <input type="checkbox"/> Gardening <input type="checkbox"/> Trespassing <input type="checkbox"/> Other	Identity, location	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	Source <input type="checkbox"/> Industrial <input type="checkbox"/> Sewage <input type="checkbox"/> Mining <input type="checkbox"/> Water supply
Sediment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Of	<input type="checkbox"/> Working <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Playing <input type="checkbox"/> School <input type="checkbox"/> Hunting <input type="checkbox"/> Park <input type="checkbox"/> Fishing <input type="checkbox"/> Gardening <input type="checkbox"/> Trespassing <input type="checkbox"/> Other	Location of sediment <input type="checkbox"/> ditch or drainage way <input type="checkbox"/> stream <input type="checkbox"/> lake <input type="checkbox"/> below water <input type="checkbox"/> above water in flood plain <input type="checkbox"/> depositional area <input type="checkbox"/> erosion surface	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	Reasons to believe that sediment is contaminated: <input type="checkbox"/> Surface water data <input type="checkbox"/> Sediment data <input type="checkbox"/> Observed (e.g., oil sheen) <input type="checkbox"/> On-site contaminants are likely to migrate to surface water/sediments <input type="checkbox"/> Off-site soil contamination confirmed

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Exposure Pathways Checklist – Biota

Pathway Name	Contaminated	Exposure Points *	Receptor Population**	Time	Comments/References
Fish	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion <input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Subsistence	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	List fish species Observed fish kills?
Shell Fish	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion <input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Subsistence	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	List shell fish species. Observed shell fish kills? Any closures of shell fish area? Date? Reason?
Game Animal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion <input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Subsistence	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	List game Reports of animal illness/ailments? Hunting frequency? Harvest Records?
Farm/Domestic Animal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion <input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Subsistence	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	List livestock. Reports of animal illness/ailments? On leased area?
Crops	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Ingestion <input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Subsistence	Identify location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	List crops Report of crop failures/quality?

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Exposure Pathways Checklist – Other

Pathway Name	Contaminated	Exposure Points*	Receptor Population**	Time	Comments/References
Waste Material/ Containers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Playing <input type="checkbox"/> School <input type="checkbox"/> Hunting <input type="checkbox"/> Park <input type="checkbox"/> Fishing <input type="checkbox"/> Gardening <input type="checkbox"/> Trespassing <input type="checkbox"/> Other	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	
Air	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Playing <input type="checkbox"/> School <input type="checkbox"/> Hunting <input type="checkbox"/> Park <input type="checkbox"/> Fishing <input type="checkbox"/> Gardening <input type="checkbox"/> Trespassing <input type="checkbox"/> Other <input type="checkbox"/> Aerosols <input type="checkbox"/> Volatiles	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	Source of contamination <input type="checkbox"/> Open burning <input type="checkbox"/> Fire <input type="checkbox"/> Incinerator <input type="checkbox"/> Excavation <input type="checkbox"/> Production Stack <input type="checkbox"/> Wind Odor complaints in vicinity of site?
Soil Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Playing <input type="checkbox"/> School <input type="checkbox"/> Hunting <input type="checkbox"/> Park <input type="checkbox"/> Fishing <input type="checkbox"/> Gardening <input type="checkbox"/> Trespassing <input type="checkbox"/> Other	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	Source of contamination <input type="checkbox"/> Landfill <input type="checkbox"/> Waste site <input type="checkbox"/> Groundwater plume <input type="checkbox"/> Other
Other (specify) <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Playing <input type="checkbox"/> School <input type="checkbox"/> Hunting <input type="checkbox"/> Park <input type="checkbox"/> Fishing <input type="checkbox"/> Gardening <input type="checkbox"/> Trespassing <input type="checkbox"/> Other	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	
Other (specify) <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	<input type="checkbox"/> Working <input type="checkbox"/> Recreational <input type="checkbox"/> Residential <input type="checkbox"/> Playing <input type="checkbox"/> School <input type="checkbox"/> Hunting <input type="checkbox"/> Park <input type="checkbox"/> Fishing <input type="checkbox"/> Gardening <input type="checkbox"/> Trespassing <input type="checkbox"/> Other	Identity, location, size	<input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Future	

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