relating to substances labelled at least possibly carcinogenic by IARC) with >10 000 records; 35% of records were labelled as non-detects; and 80% were personal measurements. Other ancillary information includes standardised industry code, date, and analytical method; free-text job descriptions can be requested from OSHA. We found that 19 studies used IMIS data. Of these, 12 examined available determinants of exposure for single substances; 9 examined determinants related to potential biases in IMIS (non-random selection of workplaces and workers) including type and scope of inspection, size of workforce, and union status. One study used the data to develop a job exposure matrix.

Conclusions Despite limited ancillary information and potential for bias, IMIS is the biggest source of exposure data in the U.S. and should be considered as a source of information for occupational epidemiology.

Exposure assessment 1

27 TWO MILLION EXPOSURE MEASUREMENTS NOW AVAILABLE ONLINE FROM THE U.S. OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION: SHOULD EPIDEMIOLOGISTS CARE?

Jérôme Lavoué,[1] Melissa Friesen,[2] Igor Burstyn,[3] Nardin Rezk[1] *[1]CRCHUM, Montréal, Canada; [2]NCI, Bethesda, USA; [3]Drexel University, Philadelphia, USA*

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Objectives Inspectors from the U.S. OSHA have been collecting industrial hygiene samples since 1972 to verify compliance to permissible exposure limits. Starting in 1979, these measurements have been computerised into the 'integrated management information system' (IMIS). Since 2010, IMIS records from 1984 to 2009 are available directly from the internet.

Methods To inform potential users of this dataset, we performed a descriptive analysis of the data and conducted a literature review on previous uses of IMIS in occupational health research.

Results The 1 908 374 records in the dataset were reduced to 1 419 764 after removal of analytical blanks and erroneous records. Of these, 82% were concentrated in 30 agents (18