

PETROCHEMICAL SELF-ASSESSMENT FORM

USE THIS FORM TO DETERMINE THE PETROCHEMICAL CONTENTS OF YOUR PERSON. THESE INCLUDE MOST PLASTICS, COLORANTS, LUBRICANTS AND SOLVENTS, AND AMMONIA. ASSESS CLOTHING, POCKET CONTENTS, WALLET, BAG, VEHICLE, STROLLER ETC.

PLEASE:

1. Check all that apply.
2. Use blank spaces for additional items.
3. Add up the total number of applicable items and enter your SCORE.
****High score is eligible to win an original piece of petrochemical plastic purge****
4. Return form:
 - a) to front desk
 - b) mail form using reverse address (postage required),
 - c) take photo of completed form and mail to: petrochemsurvey@o-matic.com

Replies will be tabulated and forms posted at <http://www.o-matic.com/necrocracy/selfassessment.html>

Name:	City/State:	Email:	Date:
<p>HEALTH</p> <input type="checkbox"/> pharmaceutical drugs <input type="checkbox"/> hand sanitizer <input type="checkbox"/> aspirin, advil <input type="checkbox"/> vitamin <input type="checkbox"/> <input type="checkbox"/> other _____ <p>BODY/ HYGIENE / BEAUTY</p> <input type="checkbox"/> toothbrush (handle) <input type="checkbox"/> toothbrush (bristles) <input type="checkbox"/> toothpaste <input type="checkbox"/> sunscreen <input type="checkbox"/> false eyelashes <input type="checkbox"/> mascara <input type="checkbox"/> vaseline <input type="checkbox"/> lipstick <input type="checkbox"/> deodorant <input type="checkbox"/> hard contact lenses <input type="checkbox"/> hair dye <input type="checkbox"/> band-aid <input type="checkbox"/> joint replacement cement <input type="checkbox"/> dental filling <input type="checkbox"/> dentures <input type="checkbox"/> plastic surgery dermal filler <input type="checkbox"/> comb <input type="checkbox"/> other _____ <p>PROTECTION</p> <input type="checkbox"/> goggles <input type="checkbox"/> bullet-proof vest <input type="checkbox"/> glock pistol <input type="checkbox"/> rifle cartridge <input type="checkbox"/> tyvek suit <input type="checkbox"/> gas mask <input type="checkbox"/> condom <input type="checkbox"/> blister pack <input type="checkbox"/> umbrella <input type="checkbox"/> other _____ 	<p>CLOTHING</p> <input type="checkbox"/> nylon shell jacket <input type="checkbox"/> puffy coat <input type="checkbox"/> underwear <input type="checkbox"/> brassiere <input type="checkbox"/> diaper <input type="checkbox"/> bridal veil <input type="checkbox"/> lycra leggings <input type="checkbox"/> nylon stockings <input type="checkbox"/> rainboots <input type="checkbox"/> workboots <input type="checkbox"/> sneakers <input type="checkbox"/> flip-flops <input type="checkbox"/> vinyl raincoat <input type="checkbox"/> flocked costume <input type="checkbox"/> fetish wear <input type="checkbox"/> other _____ <p>ACCESSORIES</p> <input type="checkbox"/> eyeglasses <input type="checkbox"/> grocery tote <input type="checkbox"/> vinyl bag <input type="checkbox"/> backpack <input type="checkbox"/> hard shell attaché/suitcase <input type="checkbox"/> wallet <input type="checkbox"/> cosmetic case <input type="checkbox"/> artificial nails <input type="checkbox"/> nail polish <input type="checkbox"/> rubber gloves <input type="checkbox"/> synthetic hair extensions <input type="checkbox"/> wig (base) <input type="checkbox"/> pacifier <input type="checkbox"/> produce bag <input type="checkbox"/> grocery bag <input type="checkbox"/> temporary tattoo <input type="checkbox"/> wristwatch <input type="checkbox"/> key chain <input type="checkbox"/> neck pillow <input type="checkbox"/> other _____ 	<p>ENTERTAINMENT</p> <input type="checkbox"/> acrylic paint <input type="checkbox"/> crayon <input type="checkbox"/> plastic toy <input type="checkbox"/> Barbie doll <input type="checkbox"/> binoculars <input type="checkbox"/> ear buds <input type="checkbox"/> portable speakers <input type="checkbox"/> over-the-head headphones <input type="checkbox"/> jewel case <input type="checkbox"/> audio cable <input type="checkbox"/> other _____ <p>OFFICE SUPPLIES</p> <input type="checkbox"/> rigid packing material <input type="checkbox"/> tyvek mailers <input type="checkbox"/> rubber band <input type="checkbox"/> plastic thumbtack <input type="checkbox"/> DVD <input type="checkbox"/> CD <input type="checkbox"/> other _____ <p>COMMUNICATIONS</p> <input type="checkbox"/> cell phone <input type="checkbox"/> smart phone hard case <input type="checkbox"/> smart phone silicone case <input type="checkbox"/> keyboard <input type="checkbox"/> laptop hard case <input type="checkbox"/> other _____ <p>POWER</p> <input type="checkbox"/> credit card <input type="checkbox"/> car battery <input type="checkbox"/> electrical cord <input type="checkbox"/> phone charger <input type="checkbox"/> fertilizer <input type="checkbox"/> votive candle <input type="checkbox"/> other _____ 	<p>COMESTIBLES</p> <input type="checkbox"/> sippy cup <input type="checkbox"/> take-out container <input type="checkbox"/> plastic fork, knife, spoon <input type="checkbox"/> styrofoam coffee cup <input type="checkbox"/> coffee cup lids <input type="checkbox"/> soda bottle <input type="checkbox"/> water bottle <input type="checkbox"/> nalgene bottle <input type="checkbox"/> food storage container <input type="checkbox"/> milk jug <input type="checkbox"/> food plastic wrap <input type="checkbox"/> crystal meth <input type="checkbox"/> hamburger <input type="checkbox"/> American cheese <input type="checkbox"/> cake mix <input type="checkbox"/> chewing gum <input type="checkbox"/> apple (waxed) <input type="checkbox"/> tobacco <input type="checkbox"/> dog food <input type="checkbox"/> other _____ <p>TOOLS</p> <input type="checkbox"/> hand tool <input type="checkbox"/> flashlight lens <input type="checkbox"/> power tool <input type="checkbox"/> rope <input type="checkbox"/> bike tire <input type="checkbox"/> other _____ <p>MISCELLANEOUS</p> <input type="checkbox"/> antifreeze <input type="checkbox"/> plexiglass <input type="checkbox"/> inflatable raft <input type="checkbox"/> other _____

YOUR TOTAL SCORE _____

fold here

affix
stamp
here

bitforms gallery
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Marina Zurkow "Necrocracy"