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DIVISION OF SAFETY AND HYGIENE
INDUSTRIAL COMMISSION OF OHIO
246 N. HIGH ST., COLUMBUS, OH 43215

July 14, 1986

Industrial Commission of Ohio
Division of Safety and Hygiene
246 North High Street
Columbus, OH 43215

[REDACTED]
R. E. Kramig & Co., Inc.
Cincinnati, OH 45215

Attn: Judy Spencer

Ms. Spencer:

Contact was made with the R. E. Kramig & Company, Inc., 323 South Wayne Avenue, Cincinnati, OH 45215 on May 27, 1986 by the undersigned. This contact was made in an effort to obtain information relative to the claimant's work history. A letter was requested detailing the specific information desired. This letter was forwarded on May 28, 1986 and a response was received on June 20, 1986.

The following is a breakdown of the claimant's work history as it was supplied by the company representative. The claimant was hired on June 29, 1950. The only other information available was payroll records from 1975 through the present. According to company records, the claimant was employed as an Asbestos Worker.

1975	Worked all year
1976	Worked all year
1977	Worked all year
1978	Worked all year
1979	Worked all year
1980	Worked all year
1981	Worked all year
1982	Worked all year
1983	Worked all year
1984	Worked all year
1985	Worked all year until he retired on 9/26/85

Additional work history information, including the period of time prior to 1975, is provided in the claim file.

An article was written which provides an analysis of the potential for exposure to asbestos and the outcome of such exposures. This analysis deals primarily with workers engaged in occupations which worked with asbestos during the period of time between 1940 and 1979. The analysis was complicated by a number of factors including:

1. The precise number of persons occupationally exposed to asbestos at any given time is not known.
2. The level of exposure to asbestos necessary to increase the risk of incurring asbestos-related disease is only imperfectly known, estimates being complicated by the varying interactions of the two elements that go into "dose" (time and intensity).
3. The extent to which workers have changed occupations and/or industries from time to time so as to place them at risk to asbestos-related diseases (or to end such exposure) at any time in the past four decades is not known.

The Asbestos Information Association has estimated that there are upwards of 3,000 discrete uses of asbestos. Individuals employed as Asbestos and/or Insulation Workers have been determined to have a significant risk of increased death rate due to lung and other cancers. Data are available from three research groups on average fiber concentrations in insulation work prior to 1970, when the techniques of application and control measures used were typical of the industry during previous years. During certain operations (cement mixing, hand- or band-saw, removal), extremely high concentrations were observed (up to 100 [fibers per cubic centimeter] f/ml).

According to the information supplied by the company representative, the claimant was supplied with respiratory protection, coveralls, shoe covers, boot covers, hood, and gloves while working. There is no indication when this practice was initiated or the conscientiousness of the claimant to always wear this equipment properly to provide maximum protection.

Asbestos fibers find entry into the body by inhalation and ingestion. The fibers are retained in the body tissues throughout the lifetime of the host, even long after cessation of exposure. Fibers may migrate to other organs following retention in the lung. Asbestosis and certain malignancies are related to exposure to fibers of the asbestos minerals.

Asbestosis is a progressive restrictive pulmonary fibrosis associated with inhalation of asbestos fibers. Malignancies related to the inhalation and possibly ingestion of asbestos fibers by epidemiological studies include carcinomas of the lung, mesotheliomas of the pleura and peritoneum, and neoplasms of other sites.

Asbestos has a synergistic effect with cigarette smoking in producing carcinoma of the lung. Asbestos workers who are smokers have over 90 times the risk of non-exposed non-smokers of contracting lung cancer.

In conclusion, the claimant has been employed in an occupation with a potential for exposure to varying amounts of asbestos since approximately 1950. If the medical evidence supports the claimed diagnosis of asbestosis, this would seem to be consistent with the previous potential exposures and supported in the literature.^{2,3,4} However, it is virtually impossible to differentiate between effects of exposures from different employers either prior to, or subsequent to, working for the instant employer.

Respectfully submitted,

James L. Taylor
James L. Taylor
Industrial Hygienist

JLT/jt

References:

1. "Occupational Exposure to Asbestos: Population at Risk and Projected Mortality - 1980-2030", W. J. Nicholson, Ph.D., G. Perkel, MA, and I. J. Selikoff, M.D., American Journal of Industrial Medicine, Vol. 3, 1982, pp. 259-311.
2. Occupational Lung Diseases, 2nd Edition, W. K. Morgan, M.D. and A. Seaton, M.D., W. B. Saunders Company, 1984, p. 328.
3. Chemical Hazards of the Workplace, N. Proctor, Ph.D., and J. Hughes, M.D., J. B. Lippincott Company, 1978, pp. 112-113.
4. Casarett and Doull's Toxicology, J. Doull, M.D., Ph.D., C. Klaassen, Ph.D., and M. Amdur, Ph.D. (eds), Macmillan Publishing Company, Inc., 1980, pp. 270-271.