FILE NAME: Melrath Supply and Gasket Company (MSG)

DATE: 1970 Oct 5

DOC#: MSG005

DOCUMENT DESCRIPTION: Application for Approval of Air Recirculation System

HIR-18155

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

EACH SYSTEM REQUIRES SEPARATE APPLICATION

# APPLICATION FOR APPROVAL OF AIR RECIRCULATION SYSTEM

DATE October 5, 19 70

| | |
|---|---|
| PLANT NAME: Melrath Supply & Gasket Co., Inc. | ADDRESS: Tioga St. & Aramingo Ave. |
| CITY AND ZIP CODE: Philadelphia 19134 | COUNTY: Philadelphia |
| CONTAMINANTS COLLECTED: Metal & Rubber Dust | LOCATION OF AIR RECIRCULATION SYSTEM (DEPARTMENT, BUILDING, ROOM, ETC.): DoAll Dept. |

LIST OPERATIONS EXHAUST VENTILATED TO COLLECTOR AND ALL MATERIALS USED IN THESE OPERATIONS

| OPERATIONS | MATERIALS USED IN OPERATION (SPECIFIC INGREDIENTS) |
|---|---|
| Sawing | Steel |
| | Copper 10% |
| | Cork |
| | Rubber |
| | Stainless 5% |

## AIR RECIRCULATION SYSTEM INFORMATION

MANUFACTURER OF COLLECTOR: The Torit Corporation

| | |
|---|---|
| MODEL NUMBER: 19FB55 | TYPE COLLECTOR: Dust Collector |
| AIR VOLUME RATE OF SYSTEM: 860/1200 CFM | DAILY OPERATION TIME: 8 Hours |

DIMENSIONS OF ROOM TO WHICH AIR IS RECIRCULATED

| | |
|---|---|
| LENGTH | 25 FT. |
| WIDTH | 25 FT. |
| HEIGHT | 20 FT. |

| | | |
|---|---|---|
| NUMBER OF EMPLOYEES IN THE AREA | FULL TIME | 1 |
| | PART TIME | 2 |

QUANTITY OF MAKE-UP AIR SUPPLIED TO AREA: G.A. CFM

LIST SPECIFIC REASONS WHY SYSTEM CANNOT BE EXHAUSTED TO THE OUTSIDE

COLLECTOR EFFICIENCY DATA: 95%

MAINTENANCE PROGRAM (DESCRIBE): Dump dust bag when required

SOURCE OF MAKE-UP AIR: G.A.

OTHER EXHAUST VENTILATION SYSTEMS IN THE AREA (DESCRIBE): Exhaust Fan

| TITLE | SIGNATURE | PHONE | EXTENSION NUMBER |
|---|---|---|---|
| Asst. Plant Manager | Nicholas J. Marasco | JE3-1100 | 26 |

## FOR DEPARTMENTAL USE ONLY

☒ REGION REPORT AND RECOMMENDATIONS ON REVERSE SIDE

| | | | |
|---|---|---|---|
| APPLICATION NO. | | | |
| REGION 1 | DATE REC'D 10/16/70 | BY Becker | |
| COMMITTEE | DATE REC'D | BY | |
| REGION | DATE REC'D | BY | |
| PLANT NOTIFIED | DATE NOTIFIED | BY | |

COMMITTEE ACTION: ☐ APPROVED ☐ DISAPPROVED ☐ APPROVED (CONDITIONAL)

CONDITIONS:

APPROVED
Pennsylvania Dept. of Health
Division of Occupational Health

10/20/70 [illegible]

(USE REVERSE SIDE FOR ADDITIONAL COMMENTS)