

PLAINTIFF'S EXHIBIT
UC-1115

UC 149-2

①APY ②KEM

UNION CARBIDE

INTERNAL CORRESPONDENCE

P. O. BOX 471, TEXAS CITY, TEXAS 77590

TO: WAYNE TAYLOR

DATE: FEBRUARY 4, 1987

CC: J. D. DUNCAN
P. R. ELLIOTT
K. E. MARTIN
K. C. WATKINS

SUBJECT: PERSONNEL NOTIFICATION - ASBESTOS MONITORING

Attached are six personnel notification forms for asbestos overexposure in the No. 2 Olefins unit at the Texas City Plant.

Will you have these forms signed by the persons overexposed and note corrective action to prevent future overexposure.

We need these forms signed and returned to me by February 10, 1987.

A. L. Welch

A. L. WELCH

/omw
W3ALW34

UCTC 09539

PERSONNEL NOTIFICATION-ASBESTOS MONITORING-PLANT 515

EMPLOYEE: COLEMAN J
IDENTIFICATION NO: 509763702
JOB CLASS: C INSULR

DSHA ALLOWABLE LIMITS:
8-HR TWA = .2 FIBERS/CC

LOCATION: OLEFINS 2 COMPRESSOR AREA

| RECORD NUMBER | DATE | BUILDING EQPT OR ZONE | 8-HOUR T.W.A. CONC. | RESP WORN | BOOTS WORN | PROTECT CLOTHING WORN | GLOVES WORN | GOGGLES WORN |
|---|---|---|---|---|---|---|---|---|
| 9058 | 01/21/87 | | .22 F/CC | YES | YES | YES | YES | NO |

*DENOTES USE OF RESPIRATORY EQUIPMENT

EMPLOYEE NOTIFICATION REQUIRED WITHIN 5 WORKING DAYS FROM RECEIPT OF EXPOSURE RESULTS.

CORRECTIVE ACTION TO PREVENT OVEREXPOSURE:

EMPLOYEE ACKNOWLEDGMENT OF NOTIFICATION OF EXPOSURE

UCTC 09540

PERSONNEL NOTIFICATION-ASBESTOS MONITORING-PLANT 515

EMPLOYEE: ALLEN DE OSHA ALLOWABLE LIMITS:
IDENTIFICATION NO: 511686265 8-HR TWA = .2 FIBERS/CC
JOB CLASS: C INSULR

LOCATION: OLEFINS 2 COMPRESSOR AREA

| RECORD NUMBER | DATE | BUILDING EQPT OR ZONE | 8-HOUR T.W.A. CONC. | | RESP WORN | BOOTS WORN | PROTECT CLOTHING WORN | GLOVES WORN | GOGGLES WORN |
|---|---|---|---|---|---|---|---|---|---|
| 9043 | 01/19/87 | | .55 | F/CC | YES | YES | YES | YES | NO |
| 9048 | 01/20/87 | | .51 | F/CC | YES | YES | YES | YES | NO |

*DENOTES USE OF RESPIRATORY EQUIPMENT

EMPLOYEE NOTIFICATION REQUIRED WITHIN 5 WORKING DAYS FROM RECEIPT OF EXPOSURE RESULTS.

CORRECTIVE ACTION TO PREVENT OVEREXPOSURE:

EMPLOYEE ACKNOWLEDGMENT OF NOTIFICATION OF EXPOSURE

UCTC 09541

PERSONNEL NOTIFICATION-ASBESTOS MONITORING-PLANT 515

EMPLOYEE: RANGEL RM OSHA ALLOWABLE LIMITS:
IDENTIFICATION NO: 460410441 8-HR TWA = .2 FIBERS/CC
JOB CLASS: C INSULR

LOCATION: OLEFINS 2 COMPRESSOR AREA

| RECORD NUMBER | DATE | BUILDING EQPT OR ZONE | 8-HOUR T.W.A. CONC. | | RESP WORN | BOOTS WORN | PROTECT CLOTHING WORN | GLOVES WORN | GOGGLES WORN |
|---|---|---|---|---|---|---|---|---|---|
| 9047 | 01/20/87 | | .62 | F/CC | YES | YES | YES | YES | NO |

*DENOTES USE OF RESPIRATORY EQUIPMENT

EMPLOYEE NOTIFICATION REQUIRED WITHIN 5 WORKING DAYS FROM RECEIPT OF EXPOSURE RESULTS.

CORRECTIVE ACTION TO PREVENT OVEREXPOSURE:

EMPLOYEE ACKNOWLEDGMENT OF NOTIFICATION OF EXPOSURE

UCTC 09542

UCTC 09543

PERSONNEL NOTIFICATION-ASBESTOS MONITORING-PLANT 515

EMPLOYEE: RANGEL GJ OSHA ALLOWABLE LIMITS:
IDENTIFICATION NO: 460211468 8-HR TWA = .2 FIBERS/CC
JOB CLASS: C INSULR

LOCATION: OLEFINS 2 COMPRESSOR AREA

| RECORD NUMBER | DATE | BUILDING EQPT OR ZONE | 8-HOUR T.W.A. CONC. | | RESP WORN | BOOTS WORN | PROTECT CLOTHING WORN | GLOVES WORN | GOGGLES WORN |
|---|---|---|---|---|---|---|---|---|---|
| 9045 | 01/19/87 | | .54 | F/CC | YES | YES | YES | YES | NO |
| 9046 | 01/20/87 | | .62 | F/CC | YES | YES | YES | YES | NO |

*DENOTES USE OF RESPIRATORY EQUIPMENT

EMPLOYEE NOTIFICATION REQUIRED WITHIN 5 WORKING DAYS FROM RECEIPT OF EXPOSURE RESULTS.

CORRECTIVE ACTION TO PREVENT OVEREXPOSURE:

EMPLOYEE ACKNOWLEDGMENT OF NOTIFICATION OF EXPOSURE

UCTC 09544

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PERSONNEL NOTIFICATION-ASBESTOS MONITORING-PLANT 515

EMPLOYEE: ALLEN A OSHA ALLOWABLE LIMITS:
IDENTIFICATION NO: 264495290 8-HR TWA = .2 FIBERS/CC
JOB CLASS: C INSULR

LOCATION: OLEFINS 2 COMPRESSOR AREA

| RECORD NUMBER | DATE | BUILDING EQPT OR ZONE | 8-HOUR T.W.A. CONC. | | RESP WORN | BOOTS WORN | PROTECT CLOTHING WORN | GLOVES WORN | GOGGLES WORN |
|---|---|---|---|---|---|---|---|---|---|
| 9042 | 01/19/87 | | .95 | F/CC | YES | YES | YES | YES | NO |

*DENOTES USE OF RESPIRATORY EQUIPMENT

EMPLOYEE NOTIFICATION REQUIRED WITHIN 5 WORKING DAYS FROM RECEIPT OF EXPOSURE RESULTS.

CORRECTIVE ACTION TO PREVENT OVEREXPOSURE:

EMPLOYEE ACKNOWLEDGMENT OF NOTIFICATION OF EXPOSURE

UCTC 09545

PERSONNEL NOTIFICATION-ASBESTOS MONITORING-PLANT 515

EMPLOYEE: RANGEL GJ
IDENTIFICATION NO: 460211468
JOB CLASS: C TECH
OSHA ALLOWABLE LIMITS:
8-HR TWA = .2 FIBERS/CC

LOCATION: OLEFINS 2 FURNACE AREA

| RECORD NUMBER | DATE | BUILDING EQPT OR ZONE | 8-HOUR T.W.A. CONC. | RESP WORN | BOOTS WORN | PROTECT CLOTHING WORN | GLOVES WORN | GOGGLES WORN |
|---|---|---|---|---|---|---|---|---|
| 8968 | 01/08/87 | | .44 F/CC | YES | YES | YES | YES | NO |

*DENOTES USE OF RESPIRATORY EQUIPMENT

EMPLOYEE NOTIFICATION REQUIRED WITHIN 5 WORKING DAYS FROM RECEIPT OF EXPOSURE RESULTS.

CORRECTIVE ACTION TO PREVENT OVEREXPOSURE:

EMPLOYEE ACKNOWLEDGMENT OF NOTIFICATION OF EXPOSURE

pls copy
for my
file
Thx