

**UNION
CARBIDE**

INTERNAL CORRESPONDENCE

CHEMICALS AND PLASTICS

P. O. BOX 471, TEXAS CITY, TEXAS 77360

TO (NAME) Mr. P. Delesandri
COMPANY Mr. A. J. Giacchino
LOCATION Mr. A. J. Isome
Mr. J. S. Matlock
Mr. H. D. Webster

DATE May 14, 1976

COPY TO Mr. D. E. Deese
Mr. L. H. Dupuy
Mr. R. L. Franz
Dr. D. H. Glenn
Mr. J. B. Leverton
Mr. R. W. Sessler
Mr. R. J. Taylor
Vinyl Shift Prod. Supervs.

SUBJECT VCM Exposure

The B-3 autoclave at Bldg. 115 blew a safety valve on April 14, 1976 releasing VCM and other organics to the atmosphere. A release was written and the TAGB was notified. A Hazardous Incident investigation was conducted the next day.

As a result of this investigation, OSHA was notified of the release. It was further determined that the Bldg. 115 operator was over-exposed to VCM, and he was asked to report to the Dispensary.

Howard Webster requested clarification of the circumstances under which employees should be sent to the Dispensary. Guidelines provided by John Leverton and Don Deese are as follows:

1. Whenever OSHA and/or TAGB is notified of an emergency release, any and all employees suspected of being over-exposed to VCM are to be strongly encouraged to report to the Medical Department.
2. Timing is not specific. If a suspected over-exposure occurs at night or on weekends, the employee is to be encouraged to visit the Dispensary at the earliest convenient opportunity.
3. The extent of medical observation/surveillance is the responsibility of the Medical Department.

Your good judgment must prevail in borderline or gray areas.


K. E. Ross

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