

Monsanto

PLAINTIFF'S EXHIBIT

MON-2331

FROM : Dept. of Medicine & Environmental Health  
(NAME - LOCATION - PHONE)

DATE : December 30, 1983

SUBJECT : 1984 I.H. Emphasis

REFERENCE :

TO : G. W. Bowling - 1770  
T. F. Daly - 1050  
J. A. Englehardt - 1915  
G. A. Francis - 1790  
R. M. Fukuchi - 1525  
L. F. Herbert - 1510  
D. N. Hosig - 1120  
J. A. Martin - 1830  
D. A. Minges - 1090  
R. A. Poyer - 1280  
A. L. Richardson - 1880  
G. Sweeney - 1240  
L. A. Winkler - 1520

cc. W. W. Alexander - F3WF  
D. H. Batchelor - 1915  
M. E. Blaylock - F3WA  
R. Breland - 1240  
P. Ruf - 1790  
H. de Haas - 1050  
J. F. Hopkins - 1880  
H. D. Infantino - 1510  
F. E. Kearney - E3NA  
A. R. Kendrick - 1520  
D. Kiley - 1120  
C. Bell - 1830  
L. J. Mostowy - 1280  
M. Roper - 1090  
E. R. Kreder - CS3B  
R. M. Smith - CS3B

Both of us have reviewed the progress made by EPD in 1983 toward the emphasis areas outlined earlier this year. The emphasis areas for 1984 are presented below and are designed to compliment those efforts made this year.

#### HEARING CONSERVATION

##### 1. Noise control

Each location that has noise of sufficient intensity to require hearing protection should continue to investigate means to reduce noise, working toward elimination of required hearing protection.

Glenn will be working with each location to help characterize the type (high frequency, low frequency) of noise and suggest noise control techniques that are recognized as cost effective.

##### 2. Audiometric Testing Evaluation

The most accurate means of determining the effectiveness of all the various elements that comprise a location's Hearing Conservation Program (HCP) is the status of the hearing thresholds of the noise exposed workforce. As a benchmark, locations should adopt a goal of a stable threshold shift status. Simply stated, this means workers are not shifting more than they were last year. While this may not be the criteria on which we may want to base future goals upon, it allows time for the HCP improvements made during 1983 to take effect.

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Glenn is currently working on additional outputs from the DMEH audiometric evaluation computer program, EARS. By mid '84 DMEH should be able to provide locations with not only the year-to-year shift data needed to address the proposed goal touched on before, but a variety of more detailed reports such as shifts by department and comparisons between similar departments in other locations.

#### SKIN CONTACT WITH CELLOSOLVE

Locations handling inks containing either of the glycol ethers; 2-methoxylthanol (2ME) or 2-ethoxyethanol (2EE), should continue to pursue work practice controls to ensure that all skin contact with these materials is eliminated. Glenn is currently evaluating glove materials for permeation characteristics and will respond back to locations with recommendations on proper selection. Additionally, Glenn is currently evaluating the health concerns associated with UV curable inks and will be distributing a report on this upon completion of ink analysis currently being done by DMEH.

#### ASBESTOS

With a lowered permanent standard on asbestos imminent, each location should examine its current procedures regarding handling and removal of asbestos. The goal should be total elimination of all asbestos or asbestos containing material at all locations. The first phase of this long range goal is to identify where asbestos is present and just as important where it is not. The 1984 goal should be to implement an identification program to alert workers to the presence of asbestos.

Glenn is currently investigating a number of asbestos screening test kits that do not require lab analysis. Recommendation on these kits as well as guidelines on monitoring strategy, handling and removal will be distributed shortly.

#### MEHI

Good progress was made in 1983 on bringing most plant locations to current status. The 1984 emphasis should be to maintain this current status and verify the accuracy of the data being entered. Glenn will be issuing a memo soon suggesting some quality assurance procedures on data input. Industrial hygiene monitoring data quality is not seen as a concern at this time. Work history, however, must be checked internally by the location to verify its accuracy. This effort will require additional time for someone.

A Problem -- Both of us are unclear as to who has been assigned primary responsibility to maintain MEHI work history. Please discuss this with your industrial hygiene function and let us know who has this responsibility for hourly and salaried work history records at your location.

Please use these emphasis areas for JRA/Goals as you feel appropriate.



Glenn Hachey



A. W. Thompson

/sml

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