FILE NAME: Westinghouse Pennsylvania Archives (WHPA)

DATE: 1971

DOC#: WHPA008

DOCUMENT DESCRIPTION: Inspection at Elevator Component Plant with Occupation/Hazard Forms - Asbestos Hazard Documented

Westinghouse Elevator

- 1971 Inspection at elevator component plant with Occupation/Hazard forms. Asbestos dust hazard documented for insulation worker. Text describes cutting of asbestos sheets in the building with workers wearing respirators. In "near future" operation to be moved to isolated area with local exhaust system.

H722 184 7-70

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PART 1 PAGE 1

OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN)

1. ESTABLISHMENT—NAME, ADDRESS, ZIP CODE
WESTINGHOUSE ELECTRIC CORP.
ELEVATOR COMPONENTS PLANT
P.O. BOX 339
GETTYSBURG
17325

2. PERSON INTERVIEWED—NAME, TITLE, TEL. NO.
DAVID JAMES
SUPERVISOR OF EMPLOYEE RELATIONS
717 334-7651 EXT. 195

SAFETY SUPERVISOR: SAME

LEGAL OWNER—NAME, ADDRESS. SAME WESTINGHOUSE BUILDING PITTSBURGH GATEWAY CENTER 15222

MO. DAY YR.

1	2-3	4-5	6-7	8-9	10-15
CARD CODE 3. [1]	4. DATE [04][01][71]	STATE 5. CODE [42]	COMPANY 6. NUMBER [300151]		

7. (1) ORIGINAL INSPECTION - STATE & NSN (2) Original Inspection - NSN (3) Reinspection - NSN — 16: [2]

8. What is your Chief Product or Service? ELEVATOR COMPONENTS — SIC 17-20: [3534]

9. SIZE CODE? (Based on Total Number of Employees) — 21: [6]
(1) 1-3 (2) 4-7 (3) 8-19 (4) 20-49 (5) 50-99 (6) 100-249 (7) 250-499 (8) 500-999 (9) 1,000 +

10. HOW MANY SHIFTS DO YOU HAVE? TWO

11. HOW MANY PEOPLE ARE ON THIS PLANT'S PAYROLL AT THE PRESENT TIME? 22-26: [00190]

12. OF THIS NUMBER, HOW MANY ARE NORMALLY IN THE WORK AREA AS OPPOSED TO THE OFFICE OR OUTSIDE AREA? 27-31: [00145]

13. OF THOSE IN THE WORK AREA WHAT APPROXIMATE PERCENTAGE IS MALE? 32-33: [98]

14. DOES THIS PLANT DO FEDERAL CONTRACT WORK? — 34: [3]
(1) Yes, Prime Contractor, (2) Yes, Subcontractor, (3) No, (4) Don't Know.

15. A. DOES YOUR COMPANY EMPLOY AN INDUSTRIAL HYGIENIST? (1) Yes, at this Plant, (2) Yes, at Corporate Hq., (3) Yes, Consultant, (4) No. — 35: [2]

His Name, Address and Telephone Number: WILBUR SPEICHER IND HYGIENE LAB, EAST PITTSBURGH (WESTINGHOUSE) 412-256-7000 EXT 2378

B. ESTIMATE THE AVERAGE NUMBER OF INDUSTRIAL HYGIENE MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. 36-37: [04]

16. A. DO YOU HAVE AN AGREEMENT WITH A PHYSICIAN TO GIVE YOUR EMPLOYEES EMERGENCY OR OTHER MEDICAL CARE? (1) Yes, Full Time, (2) Yes, Part Time (3) Yes, On Call. (4) No. — 38: [2]

His Name, Address and Zip Code: HAND-ALLISON-WILLIAMS MEDICAL CLINIC SOUTH WASHINGTON ST. GETTYSBURG 17325

B. ESTIMATE THE AVERAGE NUMBER OF PHYSICIAN MAN-HOURS THAT ARE DEVOTED TO YOUR PLANT PER WEEK. 39-40: [08]

17. A. DO YOU HAVE A REGISTERED NURSE IN YOUR FACILITY AT A REGULAR TIME? — 41: [1]
(1) Yes, R.N., (2) Yes, L.P.N., (3) Yes, Both (4) No.

B. ESTIMATE THE AVERAGE NUMBER OF NURSING MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. 42-44: [040]

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Pl. No. 30015

PART 1 PAGE 2

18. A. DO YOU HAVE AN EMPLOYEE RESPONSIBLE FOR GIVING FIRST-AID WHEN NO DOCTOR OR NURSE IS PRESENT? (45) 3
(1) Yes, (2) No, (3) Not Applicable

B. DOES HE HAVE ANY FORMAL FIRST-AID TRAINING? (46) 6
(1) Yes, Red Cross (3) Yes, Other (5) Don't Know
(2) Yes, Armed Serv. Medic (4) No (6) Not Applicable

19. A. WHEN YOU HIRE A NEW EMPLOYEE, DO YOU RECORD INFORMATION FROM HIM, ABOUT HIS HEALTH, ON SOME REGULAR FORM? (47) 1
(1) Yes, All Employees, (2) Yes, Some Employees, (3) No.

B. BEFORE YOU HIRE A NEW EMPLOYEE, DO YOU REQUIRE HIM TO TAKE A MEDICAL EXAMINATION? (48) 1
(1) Yes, All Employees, (2) Yes, Some Employees, (3) No

20. A. DO YOU PROVIDE PERIODIC MEDICAL EXAMINATIONS FOR YOUR EMPLOYEES IN HAZARDOUS JOBS? (49) 2
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable

B. DO YOU PROVIDE PERIODIC AUDIOMETRIC EXAMINATIONS FOR YOUR EMPLOYEES THAT ARE EXPOSED TO NOISE? (50) 4
(1) Yes, Adequate (2) Yes, Inadequate, (3) No, (4) Not Applicable

C. DO YOU PROVIDE PERIODIC BLOOD AND URINE EXAMINATIONS FOR YOUR EMPLOYEES WHERE APPROPRIATE? (51) 4
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable

D. DO YOU PROVIDE PERIODIC PHYSIOLOGICAL FUNCTION TESTS (Excluding Audiograms) WHERE APPROPRIATE? (52) 4
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable

E. DO YOU PROVIDE PERIODIC CHEST X-RAYS WHERE APPROPRIATE? (53) 2
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable

21. DO YOU HAVE AN IMMUNIZATION PROGRAM? (54) 1
(1) Yes, (2) No.

22. ARE YOUR EMPLOYEE ABSENTEEISM RECORDS (55) 4
A. (1) Not Kept, (2) Kept, without Showing Nature of Absence, (3) Kept, Showing Nature of Absence, (4) Kept, Showing Nature of Sickness

B. WHAT IS YOUR AVERAGE ABSENTEE RATE? (Days/Year/Employee) (56 - 57) 02
(Don't Know Coded as 99)

23. DOES YOUR COMPANY HAVE A FORMAL SAFETY PROGRAM? (58) 1
(1) Yes, (2) No.

24. IS YOUR WORKMEN'S COMPENSATION INSURANCE CARRIED WITH AN INSURANCE COMPANY OR ARE YOU SELF INSURED? (1) Insurance Company (Name) _____ (59) 2
(2) Self Insured, (3) State Insurance Fund, (4) None.

25. IN YOUR ESTABLISHMENT, DO YOU FEEL THAT THERE ARE ANY HEALTH HAZARDS, EVEN IF YOU HAVE THEM UNDER CONTROL? (1) Yes, (2) No. (60) 1
WHAT KINDS METAL DUST, ASBESTOS DUST
OF HAZARDS? CHLORIDE FUMES

26. HAVE YOU HAD ANY OCCUPATIONAL DISEASE IN YOUR PLANT IN THE LAST YEAR? (61) 4
(1) Yes, Dermatitis (3) Yes, Combination (5) Don't Know.
(2) Yes, Other (4) No

27. HOW MANY YEARS HAS THIS TYPE OF WORK BEEN CONDUCTED IN THESE FACILITIES? (62) 1
(1) 0-5 (3) 11-20 (5) 31-50
(2) 6-10 (4) 21-30 (6) Greater Than or Equal to 51

28. HOW MANY HOURS DOES IT TAKE TO INSPECT THIS PLANT? (63 - 64) 02

29. HOW OFTEN (In Years) SHOULD THIS PLANT BE ROUTINELY INSPECTED? (65) 3

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Pl: No. 30015/

30. THIS PLANT HAS A HEALTH CONDITION(S) WHICH WARRANTS INVESTIGATION: (64) 3
(1) Immediately (2) Within One Year. (3) Not Warranted

31. NUMBER OF CONTROL RECOMMENDATIONS MADE AS A RESULT OF THIS INSPECTION: air recirc (67-68) 02

32. (1) Self Initiated, (2) B.O.S.H. Request, (3) Complaint (69) 1

33. A. AIR RECIRCULATION: (1) Yes, Complete Approval (2) Yes, Conditional Approval (3) Yes, No Approval (4) No (70) 4

B. ARTICLE 434: (1) Yes, Complete Approval (2) Yes, Conditional Approval (3) Yes, No Approval (4) No (71) 4

C. ARTICLE 436: (1) Yes, Registered (2) Yes, Partially Registered (3) Yes, Not Registered (4) No (72) 4

D. CONFINED SPACE ENTRY: (1) Yes, Complete Approval (2) Yes, Partial Approval (3) Yes, No Approval (4) No (73) 4

E. REGION CODE: (74-76) 301

34. TOTAL AT RISK: (From Part II) (77-80) 0145

REMARKS: This is a large, modern plant, essentially all on one room. Outside air is introduced, filtered, heated to the entire, filtered and returned to the plant. Air recirculation was observed at request of Collins serving a Centerless grinding operation. A letter was written April 5, 1971 regarding request for approval of this air recirculation. The cutting of asbestos sheets presently done inside the building and employees doing this are required to wear approved respirators. In the near future this operation is to be moved to an isolated area and have its own local exhaust system. The air will be dehumidified automatic and regulated by a dew point controller. No furnaces.

*

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INSPECTED BY: R. C. Miller 0123 W.I.N.'s 3-5

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

WESTINGHOUSE CORP, GETTYSBURG

CARD CODE (1) [2]

STATE CODE (8-9) [4][2]

COMPANY NUMBER (10-15) [3][0][0][1][5][1]

EMPLOYEES				EXPOSURES				
OCCUPATION		TOT. EST. W/I OCC. (P.O.)*	TOT. EST. AT RISK		HAZARD CODE	A	M	I
DESCRIPTION	CODE (16-17)	(18-20)	(21-23)	HAZARD	(24-27)	(28-30)	(31-33)	(34-36)
PAINTER	16	004	004	TOTAL		004		
	16			TOLUENE	2460	004		
	16			NAPHTHA	2037	004		
	16			UNITED LACQUER Co, LINDEN, NJ. LACQUER THINNER	5110	004		
	16			PAINT MIST	5180	004		
SPOT WELDER	24	006	006	TOTAL		006		
	24			WELDING GASES	5380	006		
	24			I.R.	8280	006		
	24			IRON FUMES	1520	006		
	24			AL. FUMES	0160	006		
CLEANER	99		003	TOTAL		003		
	99			PHOSPHORIC ACID	2085	003		
GRINDER	08	001	001	TOTAL		001		
	08			IRON DUST	1520	001		
	08			AL. DUST	0160	001		

TOTAL THIS PAGE: 14

TOTAL AT RISK (37-40)

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY (41) [1]

CONTINUED NEXT PAGE [4]

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

WESTINGHOUSE ELEC. CORP GETTYSBG

CARD CODE (1) [2]

STATE CODE (8-9) [4 2]

COMPANY NUMBER (10-15) [3 0 0 1 5 1]

EMPLOYEES				EXPOSURES				
OCCUPATION		TOT. EST. W/I OCC. (P.O.)*	TOT. EST. AT RISK	HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	I 34-36
DESCRIPTION	CODE 16-17	18-20	21-23					
SANDER	08	001	001	TOTAL		001		
	08			AL DUST	0160	001		
	08			FUSED SILICA	9013	001		
INSULATION WORKER	99		002	TOTAL		002		
	99			ASBESTOS *	9020	002		
	99			FIBROUS GLASS	1300	002		
(CENTERLESS) GRINDER	08	001	001	TOTAL		001		
	08			O/L MIST	5010	001		
MAINTENANCE WORKER	99		002	TOTAL		002		
	99			WELDING GASES	5380	002		
	99			U.V.	8370	002		
	99			I.R.	8380	002		
	99			IRON FUMES	1520	002		
MACHINIST	12	050	050	TOTAL		050		
	12			NOISE INTER.	8120	050		

TOTAL THIS PAGE: 56

TOTAL AT RISK (37-40)

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY (41) [1]

CONTINUED NEXT PAGE [V]

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DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

WESTINGHOUSE ELEC. CORP, GETTYSBG.

CARD CODE (1): 2

STATE CODE (8-9): 42

COMPANY NUMBER (10-15): 300151

EMPLOYEES				EXPOSURES				
OCCUPATION		TOT. EST. W/I OCC. (P.O.)*	TOT. EST. AT RISK	HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	I 34-36
DESCRIPTION	CODE 16-17	18-20	21-23					
LABORER	99		065	TOTAL		065		
	99			NOISE, INTER	8120	065		
SUPERVISOR	99		010	TOTAL		010		
	99			Noise, inter	8120	010		

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TOTAL THIS PAGE: 75

TOTAL AT RISK (37-40): 0145

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY (41): 1

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