Monsanto

FROM
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DATE: December 14, 1993

SUBJ: CRI Health Concerns System

REF: See Attached

TO: Ken McIntosh 706-278 8835

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Al Luedtke 706-275 7750
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Bob Armstrong 706-367 2375

Attached is the current draft of the Health Concerns System. You will note that there are a number of changes since yesterday. I don't think anything substantial has changed but I have tried to make the whole thing more readable and I have included some additional comments from Al, Bob Armstrong and yourself.

Ken, I did not "simplify" the flow diagram as you suggested. I do not agree that it is too complex. The purpose of the flow diagram is to explain all of the important steps. I feel that the current document does that reasonably well.

I would conclude that we are now ready for Ron's comments and perhaps a meeting of the committee (if one is needed). Unless you have objections, please forward a copy to him. After Ron's review, I assume that I will need to make minor changes before it goes to Cas Hobbs for legal review.

I am still hopeful that we can get this ready for the January 6, 1994 meeting of executive committee.

By copy of this memo, I am asking for comments from you or any members of the committee.

Note: Summary of Committee Action Points:

Ken McIntosh , will take the lead on developing the data collection sheet. Ken will call on others as needed.

Al Luedtke will take the lead on developing the training for the CRI hotline responders and the physician.

Draft of December 14, 1993

Program for Industry Complaint Handling System

Objective:

Reply to all consumer health related questions and concerns in a uniform and responsible manner throughout the industry.

Program Highlights:

The program that is being recommended will be a combination of existing systems; CRI, mill, and fiber producer developed. The program will be operated and funded by CRI. The most significant new feature will be the addition of a part time, contract physician to CRI staff who will be able to contact consumers by phone and make recommendations for appropriate action (cleaning or removal). A second highlight is the empowerment of CRI staff to take immediate action to improve consumer satisfaction. The third highlight is the collection of data in a central location.

Information response and allegation resolution will proceed along five steps:

- Call receipt and classification
- Physician referral
- Physician response
- Action
- Follow up

CRI members may transfer a consumer call into the system at any step.

Summary of Action Points for the Executive Committee:

1. Approve overall program; empower us to hire a physician and to put the program in place.

2. Approve empowering the physician to authorize carpet cleaning.

3. Approve empowering the physician to authorize carpet removal if deemed necessary for consumer satisfaction.

Details (see flow chart):

The CRI hotline personnel (Cindy and Anne) will be given additional professional training. They will normally take the call and make out preliminary data on a data collection sheet. (step 1) If the call is for information only, the appropriate box will be checked, questions will be answered or literature sent, and the form will be forwarded for data entry.

In cases where there is a health allegation, the data sheet will be faxed to the physician who would return the call that day. (Step 2) The physician would attempt to determine if an actual health problem existed and if obvious causes were apparent. He would also attempt to determine if action seemed appropriate (carpet cleaning; hot water extraction only). If action seemed appropriate, he would specify the action (Step 3) and notify CRI to implement.[1] [2] He would then attach his report to the original document and return it to CRI for ACTION.

CRI would arrange for the cleaning and pay for it with CRI funds. (Step 4) CRI would enter the data in their data base and in their bring up file for follow up. At an appropriate time, CRI would follow up with a letter to the consumer. (Step 5) In rare cases, the consumer may not be satisfied at this point. The consumer allegation would then be returned to the producing mill for resolution. We would expect that an offer would be made at that time to remove the carpet.

Calls that come into other organizations (mills, fiber producers, etc.) can be transferred into the system at ANY point in the chain. For example, if the call is resolved at step 1, the other organization would forward the data collection sheet to CRI for inclusion in the data base. If step 2 was required, it could be done in-house (mill, fiber producer, etc.) or forwarded to the CRI physician as if Cindy or Anne had taken the call. In all cases, the data collection sheet is forwarded to CRI for inclusion in the data base. Once a call is forwarded, CRI would take action without additional mill input up to step 5, however CRI would copy the mill in on all correspondence.

The extra costs associated with this program are going to primarily be the payment of the physician. Assuming $250 per hour and 2 hours per day, this would equate to ca. $125,000 per year. The cleaning may add an additional $100,000 per year.

Notes:

[1] In some cases, the physician may suggest that the customer call him back if the action did not solve the problem. In cases where the consumer does call the physician back and resolution was not satisfactory, the physician would notify CRI and refer the allegation to the mill for resolution at that time.

[2] The committee would prefer to empower the physician to offer removal of carpet at step 3 if he deemed it necessary. According to some industry experience, the offer is normally enough to reduce outrage and

make the customer more amenable to working with us for resolution. In actual practice the customer seldom goes through with actual removal; they start out thinking that's what they want but generally reconsider.

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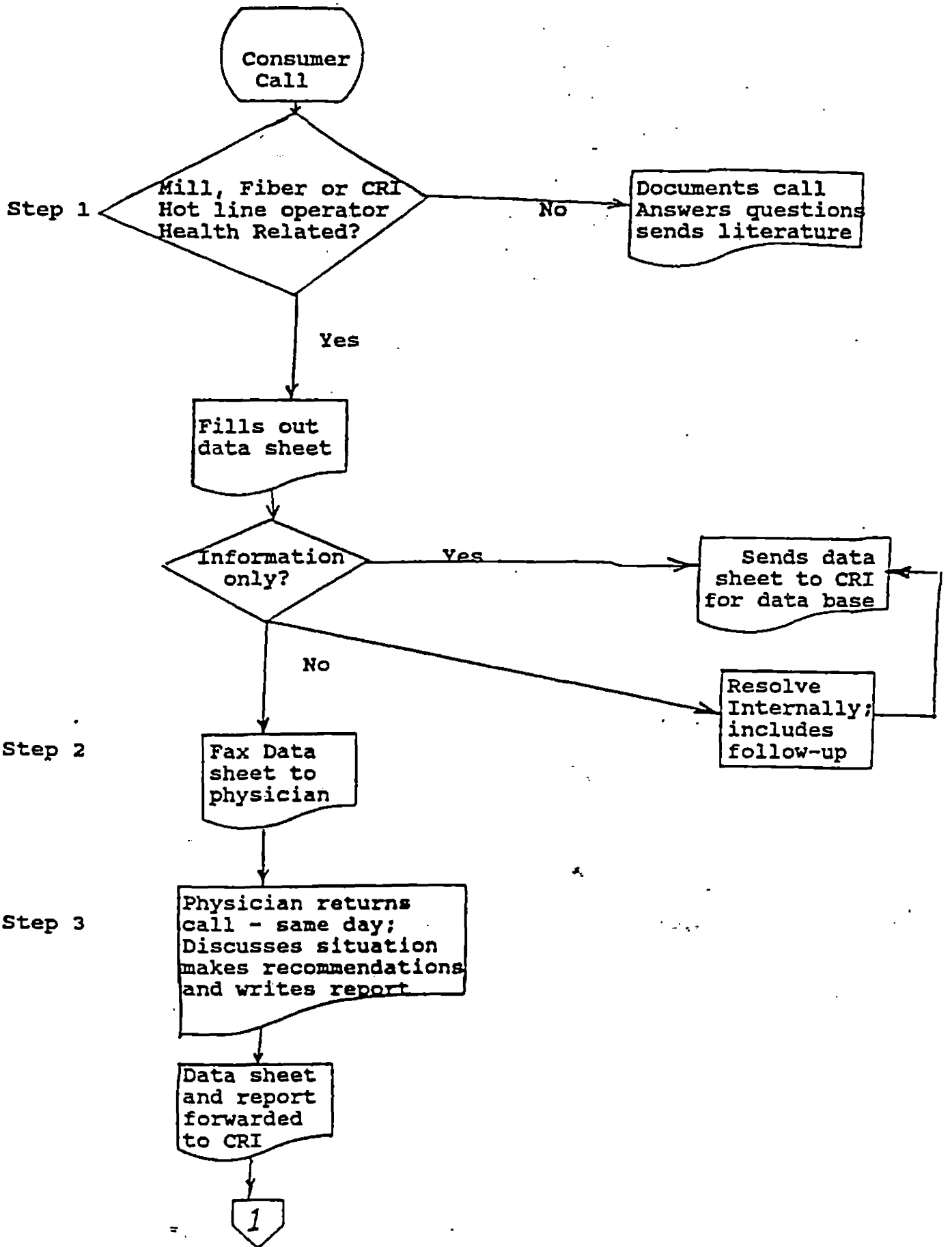
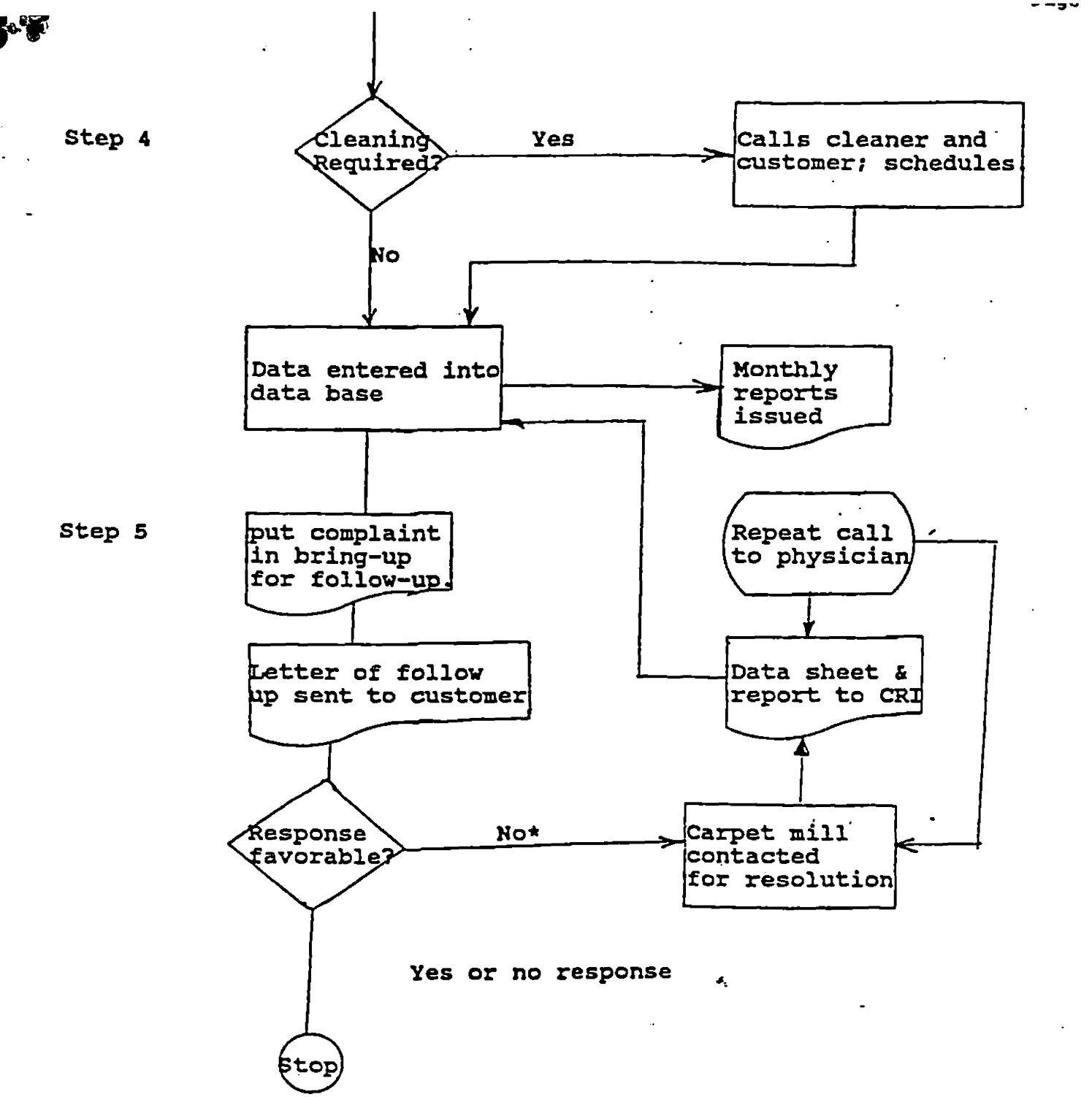

Consumer Call
Step 1
Mill, Fiber or CRI Hot line operator Health Related?
No
Documents call Answers questions sends literature
Yes
Fills out data sheet
Information only?
Yes
Sends data sheet to CRI for data base
No
Resolve Internally; includes follow-up
Step 2
Fax Data sheet to physician
Step 3
Physician returns call - same day; Discusses situation makes recommendations and writes report
Data sheet and report forwarded to CRI
1


Step 4
Cleaning Required?
Yes
Calls cleaner and customer; schedules
No
Data entered into data base
Monthly reports issued
Step 5
put complaint in bring-up for follow-up.
Repeat call to physician
Letter of follow up sent to customer
Data sheet & report to CRI
Response favorable?
No*
Carpet mill contacted for resolution
Yes or no response
Stop

Symbols:


Input
Process
Document
Decision
Hold