To: Dan/Herm
from: Bob 5-9-91

May 3, 1991

Bob Grahek
Glenn Higby
W. C. Holbrook
Mike Marshall
Bill Patient
Ken Willings

RE: HS&E ASSURANCE AUDIT REPORT

Enclosed is the final report from the HS&E Assurance Audit conducted at the Avon Lake Technical Center the week of March 18-22, 1991. Corporate

Also enclosed is the HS&E Documents Security Procedure, along with a copy of instructions for your HS&E Corrective Actions Report. Please have your Corrective Actions Report to me by July 1, 1991.

If you have any questions, or need any assistance, please do not hesitate to give me a call on (216) 374-3574.

Dan Dimas

DGD/jp

NGC 13206

HS&E ASSURANCE AUDIT

CORRECTIVE ACTIONS REPORT

An important element of the Company HS&E Assurance Audit Program is the Corrective Actions Report. This report is essentially an action plan that addresses the methods a facility has developed to correct deficiencies noted in the report of audit findings.

The following describes the requirements for the completion of a Corrective Actions Report:

1. The facility manager or his/her designee (a person who has the responsibility and the authority to implement corrective actions on behalf of the plant manager) is responsible to issue the Corrective Actions Report.

2. The Corrective Actions Report should be received by the audit program manager (Dan Dimas, CHQ-2) within 60 calendar days of issuance of the final audit report.

3. All findings contained in the final report must be addressed. If the finding was corrected prior to the issuance of the final report, include a description of what was done and the date it was completed.

4. Non-completed corrective action must include:

   - o Expected date of completion.
   - o Identification of the person(s) responsible to complete the corrective action.

5. A quarterly status report is required for all outstanding corrective actions. If the finding was corrected after issuance of the Corrective Action Report, include in the status report a description of what was done and the date it was completed.

6. Long range corrective action projects should be included in the annual HS&E Forward Plan and the Business Plan for the business.

Dan Dimas

01/03/91
1221-1/jp

HS&E ASSURANCE AUDIT - DOCUMENTS SECURITY PROCEDURE

- Working Papers

  Each auditor is required to send working papers to the Audit Program manager after the Draft Audit Report has been completed. Send these papers to:

  Daniel G. Dimas
  The BFGoodrich Company
  3925 Embassy Parkway
  Akron, Ohio 44333-1799

- Exit Meeting Discussion Sheets

  The facility manager is responsible to destroy this document immediately after the Draft Audit Report has been received.

- Draft Audit Report

  Recipients of the Draft Audit Report must destroy this document immediately after the Final Audit Report has been received.

- Final Audit Report

  Recipients of the Final Audit Report must destroy this document after seven years, or after the facility has had a subsequent audit conducted.

NOTE:	PLEASE READ AND ADHERE TO THE REQUIREMENTS LISTED IN THE ATTACHED BFG RESTRICTED COVER SHEET.

BFG RESTRICTED

COVER SHEET

For use with BFG RESTRICTED HS&E Assurance Audit Information.

1. Dissemination of this document should be held to a minimum. Reproduction of this document requires the approval of the Corporate Vice President, Environment, Health and Safety Management Systems, Dept. 1020. (The intent of this requirement is to maintain information security and integrity through administration of appropriate controls, not to prevent or complicate the interchange or exchange of information within the company.)

2. Documents stamped "BFG RESTRICTED" must not be left exposed or unattended and must be stored under lock and key when not in use.

3. Further dissemination of BFG RESTRICTED information to other than approved personnel is not authorized without the approval of the Corporate Vice President, Environment, Health and Safety Management Systems, Dept. 1020.

4. Internal transmission must be made either by hand-carrying in a company mail in a sealed envelope with the notation "To be opened by Addressee only" indicated on the envelope.

5. Transmission or removal of this document outside a BFGoodrich facility is not authorized without the express approval of the Corporate Vice President, Environment, Health and Safety Management Systems, Dept. 1020.

6. This document must be destroyed by shredding, tearing, or burning and under no circumstances will it be disposed of in waste containers, etc., intact.

This sheet is to be used only for BFGoodrich HS&E Assurance Audit Information designated:

BFG RESTRICTED

NGC 13209

Arthur D Little

Health, Safety, and Environmental Assurance Audit

Avon Lake Technical Center Facility

Final Report to
The BFGoodrich Company

May 1991

Arthur D. Little, Inc.
Center for
Environmental Assurance

Reference 65475

This report was prepared by Arthur D. Little, Inc., at the request of The BFGoodrich Company. The material in it reflects the audit team's best judgment in light of the information available to it at the time of preparation. Any use that a third party makes of this report, or reliance on, or any decision to be made based on it, is the responsibility of such third party. Arthur D. Little accepts no responsibility for damages, if any, suffered by any third party as a result of decisions made or actions taken based on this report.

A. Purpose

This report summarizes the results of a health, safety, and environmental assurance audit conducted at The BFGoodrich Company's Avon Lake Technical Center (ALTC) facility. The objectives of the audit were to:

- Verify the facility's compliance with applicable federal, state, and local laws and regulations;
- Verify the facility's compliance with company, division, and facility policies, procedures, and standards;
- Determine whether facility activities are consistent with good health, safety, and environmental management practices and whether systems are in place and functioning; and
- Help identify actual and potential health, safety, and environmental risks.

The objective of this report is to communicate the audit team's findings and observations to The BFGoodrich Company management. The audit team consisted of two Arthur D. Little staff members (one of whom served as the team leader), one BFGoodrich staff member, and one member from S. Z. Mansdorf and Associates. This report is not meant to imply legal certification of compliance or noncompliance.

B. Scope

The functional scope of the audit included issues within each of the following functional areas:

- Industrial Hygiene, Employee Safety, and Loss Prevention and Emergency Response -- including medical practices as well as regulatory requirements issued pursuant to the Occupational Safety and Health Act.
- Air Pollution Control -- including federal regulations issued pursuant to the Clean Air Act and related state requirements.
- Water Pollution Control -- including federal regulations issued pursuant to the Clean Water Act, drinking water management, and related state requirements.
- Solid and Hazardous Waste Management -- including federal regulations issued pursuant to the Resource Conservation and Recovery Act and related state requirements; and management of PCBs and asbestos including federal regulations issued pursuant to the Toxic Substances Control Act and related state requirements.
- Spill Control and Emergency Planning -- including oil and chemical spill prevention and control and selected requirements of the Comprehensive Environmental Response, Compensation, and Liability Act and the Superfund Amendments and Reauthorization Act.

- Selected requirements of the Hazardous Materials Transportation Act, Toxic Substances Control Act, and the Food, Drug, and Cosmetic Act, as applicable to the facility.
- Overall health, safety, and environmental management systems.

C. Approach

The fieldwork portion of the audit was conducted from March 18 through March 22, 1991. The period under review was January 1, 1990 through March 22, 1991. The audit was based on:

- Physical inspections of the facility;
- Examination of selected health, safety, and environmental administrative and operating records made available by facility staff at the audit team's request;
- Interviews and discussions with key facility and corporate management and staff; and
- Verification procedures designed to assess the facility's application of, and adherence to, health, safety, and environmental laws and regulations, and corporate and plant policies and procedures. In addition, we reviewed the facility with respect to the audit team's view of good industry practice.

The process by which this audit was conducted is consistent with the general state of the art of health, safety, and environmental auditing and the best professional judgment of the audit team members. The audit followed audit protocols developed for BFGoodrich based upon established audit procedures. It should be understood that the audit consisted of evaluating a sample of practices and was conducted in a short span of time relative to the review period. Efforts were directed toward sampling major facets of health, safety, and environmental performance during the period under review, but it is important to recognize that this method is intended to uncover major program deficiencies, and this audit may not have identified all potential problems.

D. Report Format

Because of the nature of the audit and the broad scope of applicable regulatory requirements, this report focuses on exceptions to regulatory requirements or The BFGoodrich Company standards and observations with respect to our view of good health, safety, and environmental management practices. Where we identified an exception to a regulatory or BFGoodrich standard, specific references to laws and regulations or company policies and procedures are provided. In other cases, we identified situations which do not relate to specific regulatory or BFGoodrich requirements but which, in the judgment of the audit team, represent deviations from good health, safety, and environmental management practices or potential liabilities.

Section II includes the audit team's overall audit opinion and specific audit findings by functional area. Within each functional area, the report lists specific exceptions to governmental requirements, exceptions to BFGoodrich policies and procedures, and observations related to the management systems in place to ensure ongoing compliance. Each exception or observation is identified as an exception to a regulatory requirement *(Regulatory)*, an exception to a BFGoodrich policy or procedure *(Company Policy)*, or an observation with respect to the audit team's view of good health, safety, and environmental management practice *(Good Management Practice)*.

A. Overall Opinion

On the basis of our review, the audit team believes that the health, safety, and environmental programs and practices that we reviewed generally meet applicable governmental and The BFGoodrich Company policies and procedures, except as noted below. This opinion is based upon our professional judgment and the application of established audit procedures. The individual areas where we found deficiencies in the health, safety, and environmental programs and practices are described in the following sections of this report.

B. Industrial Hygiene

1. Chemical Hygiene Plan (CHP) *(Regulatory/Good Management Practice)*
During a review of the facility's Chemical Hygiene Plan and interviews with employees, we noted the following:

a. The plan does not include provisions for supplying information to the physician and obtaining a written opinion from the physician. [29 CFR 1910.1450(e)(3)(vi) and (g)(3)-(4)]

b. The plan does not specify the information that must be given to employees. [29 CFR 1910.1450(c)(3)(iv) and (f)(3)]

c. The plan does not specifically address reproductive toxins (hazards), including those which are present at the facility, and how they will be handled. [29 CFR 1910.1450(e)(3)(viii)]

d. Training required under the plan has not been implemented. [29 CFR 1910.1450(e)(3)(iv) and (f)(4)]

e. The information placed on hood inspection cards is inconsistent with what is required in the plan. [Good Management Practice]

f. Five out of five individual laboratories reviewed have not prepared standard operating procedures required by the plan. [Good Management Practice]

g. The current Level A contractor training is not consistent with the training specified in the plan. [Good Management Practice]

2. Hazard Communication Program *(Regulatory/Good Management Practice)*
During a review of the facility's hazard communication program, we noted the following:

a. The facility does not maintain MSDSs for consumer products that are used in an industrial process. [29 CFR 1910.1200(g)(8)]

b. The program does not identify a facility coordinator. [Good Management Practice]