FILE NAME: Westinghouse (WH)

DATE: 1969-1971

DOC#: WH136

DOCUMENT DESCRIPTION: Barry Castleman Notes on WH Bedford with PA Reports

Westinghouse Bedford

- 1971 Inspection at Industrial Division documents asbestos paper in remarks
- 1971 Occupation/Hazard forms mentions asbestos dust hazard for "Treaters"
- 1970 letter with recommendation of ventilation system
- 1970 Sample and Laboratory Report for mica and asbestos where industrial insulating tape manufactured- Nothing detected
- 1969 Field report

HSPE 164 9-70

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

(41)

PART 1 PAGE 1

OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN)

1. ESTABLISHMENT—NAME, ADDRESS, ZIP CODE	2. PERSON INTERVIEWED—NAME, TITLE, TEL. NO.
WESTINGHOUSE ELECTRIC CORP. (Industrial Plastics Div.) Bedford, Penna. 15522	MR. CHARLES G. KEPPLE Works Eng. Supervisor Tele # 814-623-9014
	SAFETY SUPERVISOR: MR. Charles Kepple
LEGAL OWNER—NAME, ADDRESS: Corp. (westinghouse Corp. Pittsburgh, Pa)	

3. CARD CODE: 1 (col 1)
4. DATE (MO. DAY YR.): 09 07 71 (cols 2-3, 4-5, 6-7)
5. STATE CODE: 42 (cols 8-9)
6. COMPANY NUMBER: 4001341 (cols 10-15)

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

8. What is your Chief Product or Service? Industrial Tape Mfg & Processing — SIC (17-20): 2641

9. SIZE CODE? (Based on Total Number of Employees) — 21: 5
(1) 1-3 (2) 8-19 (3) 20-49 (4) 25-49 (5) 100-249 (6) 250-999 (7) 250-499 (8) 500-999 (9) 1000 +

10. HOW MANY SHIFTS DO YOU HAVE? Three

11. HOW MANY PEOPLE ARE ON THIS PLANT'S PAYROLL AT THE PRESENT TIME? (22-26): 00060

12. OF THIS NUMBER, HOW MANY ARE NORMALLY IN THE WORK AREA AS OPPOSED TO THE OFFICE OR OUTSIDE AREAS? (27-31): 00043

13. OF THOSE IN THE WORK AREA WHAT APPROXIMATE PERCENTAGE IS MALE? (32-33): 99

14. DOES THIS PLANT DO FEDERAL CONTRACT WORK? — 34: 2
(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 Hqs. (3) Yes, Consultant (4) No — 35: 2

His Name, Address and Telephone Number: Mr Spreicher, Westinghouse Electric Corp Pittsburgh, Pa 814-256-700

B. ESTIMATE THE AVERAGE NUMBER OF INDUSTRIAL HYGIENE MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. (36-37): 01

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: 4

His Name, Address and Zip Code:

B. ESTIMATE THE AVERAGE NUMBER OF PHYSICIAN MAN-HOURS THAT ARE DEVOTED TO YOUR PLANT PER WEEK. (39-40): 00

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

B. ESTIMATE THE AVERAGE NUMBER OF NURSING MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. (42-43): 00

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

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

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

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

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

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

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

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

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

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

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

B. WHAT IS YOUR AVERAGE ABSENTEE RATE? (Days/Year/Employee)
(Don't Know Coded as 99) — 56-57: 9 9

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

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

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: 2
WHAT KINDS ________________________
OF HAZARDS? ________________________

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

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

28\. HOW MANY HOURS DOES IT TAKE TO INSPECT THIS PLANT? — 63-64: 0 4

29\. HOW OFTEN (In Years) SHOULD THIS PLANT BE ROUTINELY INSPECTED? — 65: 1

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[illegible]

400-341

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

31. NUMBER OF CONTROL RECOMMENDATIONS MADE AS A RESULT OF THIS INSPECTION: [0 0]

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

33. A. AIR RECIRCULATION: ~~(1)~~ Yes, Complete Approval (2) Yes, Conditional Approval (3) Yes, No Approval (4) No (see remarks) [1]

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

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

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

E. REGION CODE: [4 0 5]

34. TOTAL AT RISK: (from Part II) [0 0 4 0]

REMARKS:

#30 - Plan to do a noise survey within year at treaters area, and CO for fork lifts

#33 - Had submitted air rec forms for mica dust + approval given for units at cutter machine.
Had asbestos paper coating but very sporadic, special order only.
No confined space / tank entry noted
Many of the operations are electronic, automatic operated, solvents are in pipes + no small tanks. Has pre-place physicals. Plant plans to increase employment in near future.

Mr. Martin Chlystek is plant manager.
at Mixer operation 1,1,2, + 1,1,1, Trichloroethane used very seldom.

INSPECTED BY: Andrew J. Majer (0-026) W.I.N.: 2.0

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

CARD CODE (1): 2

STATE CODE (8-9): 4 2

COMPANY NUMBER (10-15): 4 0 0 3 4 1

EMPLOYEES: OCCUPATION — DESCRIPTION	CODE 11-17	TOT. EST. W/OCC. (P.O.I)* 18-20	TOT. EST. AT RISK 21-23	EXPOSURES: HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	I 34-36
Treaters	99		021	(TOTAL)		015		006
	99			noise (cont)	8110	015		006
	99			noise (int)	8120	021		
	99			Resins	2200	021		
	99			Heat stress - dry	8320	021		
	99			mica dust	9075	010		
	99			Asbestos dust	9020	010		
	99			ethyl alcohol	1060	021		
	99			Toluene	2460	021		
	99			varnish	5390	005		
	99			paper dust	9100	021		
	99			CO	0560	021		
	99			Aztec t-butyl Perbenzoate	5999	010		
	99			Peroxide Organic liquid	5999	010		
	99			Bakelite vinyl	5999	010		

TOTAL THIS PAGE: 21

TOTAL AT RISK (37-40):

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

CONTINUED NEXT PAGE ☒

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

CARD CODE (1) 2 | STATE CODE (8-9) 4 2 | COMPANY NUMBER (10-15) 4 0 0 3 4 1

EMPLOYEES — OCCUPATION DESCRIPTION	CODE (16-17)	TOT. EST. W/I OCC. (P.O.) (18-20)	TOT. EST. AT RISK (21-23)	EXPOSURES — HAZARD	HAZARD CODE (24-27)	A (28-30)	M (31-33)	(34-36)
Treaters (cont'd)	9 9			Coreyon-2 Monomer	5 9 9 9	0 1 0		
	9 9			Xylene	2 5 9 0	0 2 1		
Fork Lift Oper	0 6	0 0 3	0 0 3	(TOTAL)				0 0 3
	0 6			noise (dot)	8 1 2 0	0 0 3		
	0 6			CO	0 5 6 0			0 0 3
	0 6			Ef. of Gas Comb	1 2 6 0	0 0 3		
	0 6			wood dust	9 2 1 0	0 0 3		
	0 6			paper dust	9 1 0 0	0 0 3		
	0 6			H_2SO_4 mist	2 3 1 0	0 0 3		

TOTAL THIS PAGE: 3 (24-26)

TOTAL AT RISK (37-40)

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

CONTINUED NEXT PAGE: X

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

CARD CODE (1) 2 | STATE CODE (2-3) 4 2 | COMPANY NUMBER (4-9) 4 0 0 3 4 1 (10-15)

EMPLOYEES				EXPOSURES				
OCCUPATION		TOT. EST. W/I OCC. (P.O.) (16-20)	TOT. EST. AT RISK (21-23)	HAZARD	HAZARD CODE (24-27)	A (28-30)	M (31-33)	F (34-36)
DESCRIPTION	CODE (11-15)							
Mixers	9 9		0 0 2	(Total)		0 0 2		
	9 9			noise (cont)	8 1 1 0	0 0 2		
	9 9			noise) (cont)	8 1 2 0	0 0 2		
	9 9			1,1,2-Trichloroethane	2 4 9 5	0 0 2		
	9 9			1,1,1-Trichloroethane	1 7 2 0	0 0 2		
	9 9			Heat stress - dry	8 3 2 0	0 0 2		
	9 9			Silica	5 3 4 8	0 0 2		
	9 9			Silica vapors	5 3 5 0	0 0 2		
	9 9			Stoddard	2 2 7 0	0 0 2		
	9 9			CO	0 5 6 0	0 0 2		
	9 9			CO_2	0 5 3 0	0 0 2		
	9 9			natural gas	1 8 3 0	0 0 2		
	9 9			pet. Naph	2 0 3 7	0 0 2		

TOTAL THIS PAGE: 2 (31-32)

TOTAL AT RISK (33-40):

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

CONTINUED NEXT PAGE ☒

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

CARD CODE 2 | STATE CODE 42 | COMPANY NUMBER 400341

EMPLOYEES: Occupation Description	Code 15-17	Tot. Est. W/I Occ. (P.O.)* 18-20	Tot. Est. At Risk 21-23	Hazard	Hazard Code 24-27	A 28-30	M 31-33	I 34-36
Maint Repair -Shop	68		002	(TOTAL)		002		
	68			noise (cont)	8120	002		
	68			Al_2O_3	0160	002		
	68			welding gases	5380	002		
	68			CO	0560	002		
	68			Ox of Gas Comb	1260	002		
	68			Heat stress - dry	8320	002		
	68			iron & comp	1520	002		
	68			mag + comp	1610	002		
	68			fluorides	1280	002		
	68			I.R.	8380	002		
	68			U.V.	8370	002		
	68			pet. Naphtha	2037	002		
	68			stoddard	2270	002		
	68			oil	5009	002		

TOTAL THIS PAGE: 2

TOTAL AT RISK (37-40):

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

CONTINUED NEXT PAGE ☒

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

CARD CODE (1) 2 | STATE CODE (5-6) 4 2 | COMPANY NUMBER (10-15) 4 0 0 3 9 1

EMPLOYEES: OCCUPATION DESCRIPTION	OCCUPATION CODE (16-17)	TOT. EST. W/I OCC. (P.O.)* (18-20)	TOT. EST. AT RISK (21-23)	HAZARD	EXPOSURES: HAZARD CODE (24-27)	A (28-30)	B (31-33)	C (34-36)
Maint/Repair (Int)	68			Grease	5015	002		
	68			wood dust	9210	002		
	68			paper dust	9100	002		
	68			plaster dust	9180	002		
Shipper/Rec	57		002	(TOTAL)		002		
	57			none (Int)	8120	002		
	57			CO	0560	002		
	57			Eq. of Gen. Ex.	1260	002		
	57			wood dust	9210	002		
	57			paper dust	9100	002		
	57			Glue	5348	002		
	57			inks	5029	002		

TOTAL THIS PAGE: 2 | TOTAL AT RISK (37-40): | CONTINUED NEXT PAGE ☒

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

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H723 184.3 7-79

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

CARD CODE (1): 2 | STATE CODE (8-9): 4 2 | COMPANY NUMBER (10-15): 4 0 0 3 4 1

EMPLOYEES — OCCUPATION — DESCRIPTION	CODE 16-17	TOT. EST. W/I OCC. (P.O.J.) 18-20	TOT. EST. AT RISK 21-23	EXPOSURES — HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	R 34-36
Slitters	99		010	(TOTAL)		010		
	99			noise (dust)	8120	010		
	99			paper dust	9100	010		
	99			talc dust	9032	010		
	99			mica dust	9075	005		
	99			asbestos	9022	002		
	99			parafin dip	2000	002		
	99			heat stress - dry	8320	010		
	99			silica dust	9010	010		
	99			Toluene Vap.	2460	010		

TOTAL THIS PAGE: 10

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY
41: 1

TOTAL AT RISK (37-40): 0040

0040

CONTINUED NEXT PAGE ☐

CENTRAL OFFICE COPY

224 East Fourth Street
Williamsport, Penna.
April 20, 1970

Westinghouse Electric Corp.,
Bedford, Pennsylvania 15522

ATTENTION: Mr. Vince J. Michaelaub
Works' Engineering Supervisor

Gentlemen:

On April 10, 1970, a routine inspection was conducted in your plant. At that time the matter of air recirculation from a ventilation system in the cutting area was discussed with you and a sample of the mica collected by the system was taken for analysis. Results have not yet been received from the laboratory. In the meantime the following recommendation is made:

Submit an original and two copies of the enclosed forms for the ventilation system mentioned above.

Enclosed is a copy of Article 432, as amended.

If you have any questions, please let me know.

Sincerely yours,

Russell Bobkoskie
Regional Industrial Hygienist
Region IV - Williamsport

RB/b
Enclosure

N 17J 003

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

5828

PAGE 1 OF 1
REGION IV
DATE COLLECTED 4/10/70
DATE SUBMITTED 4/13/70
DATE REC'D IN LAB. 4/15/70

SAMPLE AND LABORATORY REPORT

NAME OF COMPANY	ADDRESS
Westinghouse Corp.	Bedford

PRODUCT MANUFACTURED OR SERVICE	MATERIAL SAMPLED	APPARATUS AND SUCTION SOURCE
Industrial insulating tape	Bulk samples	N/A
COLLECTED BY	**COLLECTION MEDIUM**	**ANALYSIS DESIRED**
E. Podkoskie	N/A	% SiO_2 & qualitative for asbestos

OTHER SUBSTANCES PRESENT

Mica

COMMENTS

SAMPLE NUMBER	SAMPLING LOCATION AND OPERATION	AIR VOLUME	LABORATORY RESULTS % Free SiO_2
4-708	Bulk mica sample	—	N.D.*

REPORT OF ANALYSIS

*None Detected Nor cristobalite

By X-ray Diffraction

Neither cristobolite nor tridymite detected in sample

ANALYSIS F. Vonder Heiden DATE 4/21/70 CHEMIST

DATE RECD. 4/22/70 DATE TYPED 2/27/70 DATE SUBMITTED TO REQUESTING AGENCY

jem

BUR. LABOR STDS. REV. (9-67)

REGION IV

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

FIELD ACTIVITY REPORT

N E W

PROD. MFG. OR SERVICE: Industrial plastics & Elect. Equipment.

DATE OF ACTIVITY: Aug. 26, 1969

EMPLOYEES: MALE 59, FEMALE 5, TOTAL 64

COUNTY: 05

IND. CODE: 36

PLANT: Westinghouse Corp. (Industrial Plastics Div.)

ADDRESS: Rt. 31 and #30 - Bedford

ZIP: 15522

PHONE: 814-623-9014

PERSON INTERVIEWED: Mr. Robert D. Sweet

TITLE: Mgr. Ind. Relations

PURPOSE: INVEST.; SURVEY; INSPECT.; PRELIM.; F.U.; CONF.; VISIT;

REASON: SELF-INIT.; C.D. REP.; COMPL.; REQUEST; SOURCE

SPECIFIC HAZARD OR CONDITION	WORKERS EXPOSED	RECOMMENDATIONS: WRITTEN / VERBAL	ACCOMPLISHED: YES	NO	IN PROG.

SAMPLES COLLECTED (NO. & KIND): TOTAL

DETERM. MADE (NO. & KIND): TOTAL

MEDICAL - C.D. REPORTED, NO. & KIND:

PUNCH CARD: YES [X] NO [ ] | FOLDER: YES [X] NO [ ]

REMARKS:

Visit was made to conduct plant inspection. This is a new plant which is now in production. One previous visit was made but ,no industrial operations were being done.
Due to high-level plant meeting held this day, I was requested to return at a later date which will be either Sept. 3 or 4th. to do an inspection, having the safety director, plant manager and section foreman showing me around. Plant officials are very polite and cooperative; also are well aware of our requirements and duties.
Mr. Vince Eichenlaub is Safety Director. Mr. Wilbert Speiher is the Corp. Industrial Health Engineer.
A complete punch card to be made.

BY A.J.Major RIR RB

MINS 2.0