

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

OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSH)

1. ESTABLISHMENT—NAME, ADDRESS, ZIP CODE WESTINGHOUSE ELECTRIC CORP. (INDUSTRIAL PLASTICS DIV.) BEDFORD, Penna 15522	2. PERSON INTERVIEWED—NAME, TITLE, TEL. NO. MR. CHARLES G. KEPPLER WORKS Eng. Supervisor Tel. # 814-623-9014
SAFETY SUPERVISOR: MR. CHARLES KEPPLER	
LEGAL OWNER—NAME, ADDRESS, ZIP CODE Westinghouse Corp., Pittsburgh, Pa.	

3. CARD 1 4. DATE 09 09 71 5. STATE 42 6. COMPANY NUMBER 400 341

7. (1) ORIGINAL INSPECTION—STATE & NSH (2) Original Inspection—NSH (3) Reinspection—NSH 2

8. What is your Chief Product or Service? **Industrial Tapes Mfg & Processing** 17-20 2641

9. SIZE CODE? (Based on Total Number of Employees)
(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 + 5

10. HOW MANY SHIFTS DO YOU HAVE? **Three** 22-24

11. HOW MANY PEOPLE ARE ON THIS PLANT'S PAYROLL AT THE PRESENT TIME? 00060

12. OF THIS NUMBER, HOW MANY ARE NORMALLY IN THE WORK AREA AS OPPOSED TO THE OFFICE OR OUTSIDE AREA? 00043

13. OF THOSE IN THE WORK AREA WHAT APPROXIMATE PERCENTAGE IS MALE? 99

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

15. A. DOES YOUR COMPANY EMPLOY AN INDUSTRIAL HYGIENIST? (1) Yes, full time (2) Yes, part time (3) Yes, on call (4) No 2

His Name, Address, and Telephone Number: **Mr. Speicher, 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. 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 4

His Name, Address, and Zip Code: _____

B. ESTIMATE THE AVERAGE NUMBER OF PHYSICIAN MAN HOURS THAT ARE DEVOTED TO YOUR PLANT PER WEEK. 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 4

B. ESTIMATE THE AVERAGE NUMBER OF NURSING MAN HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. 000

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400-341

18. A. DO YOU HAVE AN EMPLOYEE RESPONSIBLE FOR GIVING FIRST-AID WHEN NO DOCTOR OR NURSE IS PRESENT?

(1) Yes. Yes (2) No. Not Applicable

B. DOES HE HAVE ANY FORMAL FIRST-AID TRAINING?

(1) Yes, Red Cross (2) Yes, Other (3) Don't Know
(4) Yes, Armed Serv. Medic (4) No. Not Applicable

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.

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.

20. A. DO YOU PROVIDE PERIODIC MEDICAL EXAMINATIONS FOR YOUR EMPLOYEES IN HAZARDOUS JOBS?

(1) Yes, Adequate. (2) Yes, Inadequate. (3) No. Not Applicable

B. DO YOU PROVIDE PERIODIC AUDIOMETRIC EXAMINATIONS FOR YOUR EMPLOYEES THAT ARE EXPOSED TO NOISE?

(1) Yes, Adequate. (2) Yes, Inadequate. (3) No. Not Applicable

C. DO YOU PROVIDE PERIODIC BLOOD AND URINE EXAMINATIONS FOR YOUR EMPLOYEES WHERE APPROPRIATE?

(1) Yes, Adequate. (2) Yes, Inadequate. (3) No. Not Applicable

D. DO YOU PROVIDE PERIODIC PHYSIOLOGICAL FUNCTION TESTS (Excluding Audiograms) WHERE APPROPRIATE?

(1) Yes, Adequate. (2) Yes, Inadequate. (3) No. Not Applicable

E. DO YOU PROVIDE PERIODIC CHEST X-RAYS WHERE APPROPRIATE?

(1) Yes, Adequate. (2) Yes, Inadequate. (3) No. Not Applicable

21. DO YOU HAVE AN IMMUNIZATION PROGRAM?

(1) Yes. (2) No. Yes

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 Absence.

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

23. DOES YOUR COMPANY HAVE A FORMAL SAFETY PROGRAM?

(1) Yes. (2) No. Yes

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) Share 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.

WHAT KINDS

OF HAZARDS?

26. HAVE YOU HAD ANY OCCUPATIONAL DISEASE IN YOUR PLANT IN THE LAST YEAR?

(1) Yes, Dermatitis. (2) Yes, Other. (3) Yes, Combination. (4) Don't Know. Yes

27. HOW MANY YEARS HAS THIS TYPE OF WORK BEEN CONDUCTED IN THESE FACILITIES?

(1) 0-5 (2) 6-10 (3) 11-20 (4) 21-30 (5) Greater Than or Equal to 31.
0-5

28. HOW MANY HOURS DOES IT TAKE TO INSPECT THIS PLANT?

29. HOW OFTEN (in Years) SHOULD THIS PLANT BE ROUTINELY INSPECTED?

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43
2

44
6

45
1

46
1

47
3

48
3

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3

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62
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63
0

64
4

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30. THIS PLANT HAS A HEALTH CONDITIONS WHICH WARRANTS INVESTIGATION

(1) Immediately

(2) Within One Year

(3) Not Warranted

(see remarks)

2

31. NUMBER OF CORRECT RECOMMENDATIONS MADE AS A RESULT OF THIS INSPECTION

00

32. (1) Self Insured, (2) A.G.S. H. Request, (3) Complete

1

33. A. AIR RECIRCULATION

(1) Yes, Complete Approval

(2) Yes, No Approval

(see remarks)

(3) Yes, Conditional Approval

(4) No

1

B. ARTICLE 42A

(1) Yes, Complete Approval

(2) Yes, No Approval

(3) Yes, Conditional Approval

(4) No

4

C. ARTICLE 43B

(1) Yes, Registered

(2) Yes, Not Registered

(3) Yes, Partially Registered

(4) No

4

D. CONFINED SPACE ENTRY

(1) Yes, Complete Approval

(2) Yes, No Approval

(3) Yes, Partial Approval

(4) No

4

E. REGION CODE

405

34. TOTAL AT RISK (from Part B)

0040

REMARKS:

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

#33 - Had submitted air res forms for silica dust & approval given for units at sinter 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 & small tanks. Has pre-plant physicals. Plant plans to increase employment in near future.

Mr. Martin Chlystek is plant manager.

at mixer operation 1, 1, 2, + 1, 1, Trichloroethane used very seldom.

INSPECTED BY:

Andrew J. Majer (0-026)

W.N.

2.0

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (INSN) (PART II)

PAGE 1 OF 6CARD CODE 2STATE CODE 42COMPANY NUMBER 400391

EMPLOYEES		HAZARD		EXPOSURES			
OCCUPATION		HAZARD		HAZARD CODE			
DESCRIPTION	CODE 14-17	TOT. EST. W/ OCC. (P.O.I.) 18-20	TOT. EST. AT RISK 21-23	HAZARD CODE 24-27	A 28-30	M 31-33	I 34-36
<i>Trestlers</i>	<i>99</i>		<i>021</i>	<i>(TOTAL)</i>		<i>015</i>	<i>006</i>
	<i>99</i>			<i>noise (cont)</i>	<i>8110</i>	<i>015</i>	<i>006</i>
	<i>99</i>			<i>noise (int)</i>	<i>8120</i>	<i>021</i>	
	<i>99</i>			<i>Resins</i>	<i>2200</i>	<i>021</i>	
	<i>99</i>			<i>Heat stress - dry</i>	<i>8320</i>	<i>021</i>	
	<i>99</i>			<i>mica dust</i>	<i>9075</i>	<i>010</i>	
	<i>99</i>			<i>Asbestos dust</i>	<i>9020</i>	<i>010</i>	
	<i>99</i>			<i>ethyl alcohol</i>	<i>1060</i>	<i>021</i>	
	<i>99</i>			<i>Toluene</i>	<i>2460</i>	<i>021</i>	
	<i>99</i>			<i>varnish</i>	<i>5390</i>	<i>005</i>	
	<i>99</i>			<i>paper dust</i>	<i>9100</i>	<i>021</i>	
	<i>99</i>			<i>CO</i>	<i>0560</i>	<i>021</i>	
	<i>99</i>			<i>Acetic 2-benzyl benzoate</i>	<i>5999</i>	<i>010</i>	
	<i>99</i>			<i>Pesticide Organic liquid</i>	<i>5999</i>	<i>010</i>	
	<i>99</i>			<i>Bakelite vinyl</i>	<i>5999</i>	<i>010</i>	

TOTAL THIS

PAGE: 211 - COMPLETE SURVEY 41
2 - PARTIAL SURVEY 11

TOTAL AT RISK

57-80

CONTINUED NEXT PAGE



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OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (INSN) PART II

PAGE 4 OF 6

CARD CODE

3

STATE CODE

42

COMPANY NUMBER

400341

EMPLOYEES		HAZARD		EXPOSURES			
OCCUPATION	CODE 15-17	TOT. EST. W/1 OCC. (P.O.)	TOT. EST. AT RISK	HAZARD CODE 24-27	A 28-30	M 31-33	S 34-36
		18-20	21-23				
Maint. Repair - other	68		002	(TOTAL)			
	68			noise (cont)	8120	002	
	68			Q ₂ O ₂	0160	002	
	68			Welding gases	5380	002	
	68			CO	0560	002	
	68			Cp of Gas Comb	1260	002	
	68			Heat stress - dry	8320	002	
	68			iron & comp	1520	002	
	68			mercury & comp	1610	002	
	68			fluorides	1280	002	
	68			F.R.	8380	002	
	68			O.V.	8370	002	
	68			pet. Naphtha	2037	002	
	68			stoddard	2270	002	
	68			oil	5009	002	

TOTAL THIS

2

PAGE:

1 - COMPLETE SURVEY 41

2 - PARTIAL SURVEY

1

TOTAL AT RISK

07-40

CONTINUED NEXT PAGE



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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSNI) PART II

PAGE 5 OF 6

CARD CODE 2

STATE CODE 42

COMPANY NUMBER 400341

EMPLOYEES		HAZARD		EXPOSURES			
OCCUPATION		HAZARD		EXPOSURES			
DESCRIPTION	CODE 15-17	TOT. EST. W/OCC. (P.O.) 18-20	TOT. EST. AT RISK 21-23	HAZARD CODE 24-27	A 28-30	B 31-33	C 34-36
<i>Grain/Paper (Int)</i>	<u>68</u>			<i>Grease</i>	<u>5015</u>	<u>002</u>	
	<u>68</u>			<i>wood dust</i>	<u>9210</u>	<u>002</u>	
	<u>68</u>			<i>paper dust</i>	<u>9100</u>	<u>002</u>	
	<u>68</u>			<i>plastic dust</i>	<u>9180</u>	<u>002</u>	
<i>Shaper/Res</i>	<u>57</u>		<u>002</u>	<i>(TOTAL)</i>		<u>002</u>	
	<u>57</u>			<i>noise (Int)</i>	<u>8120</u>	<u>002</u>	
	<u>57</u>			<i>CO</i>	<u>0560</u>	<u>002</u>	
	<u>57</u>			<i>Ex of Gen Ex</i>	<u>1260</u>	<u>002</u>	
	<u>57</u>			<i>wood dust</i>	<u>9210</u>	<u>002</u>	
	<u>57</u>			<i>paper dust</i>	<u>9100</u>	<u>002</u>	
	<u>57</u>			<i>Isblue</i>	<u>5348</u>	<u>002</u>	
	<u>57</u>			<i>ink</i>	<u>5029</u>	<u>002</u>	

TOTAL THIS
PAGE: 2

TOTAL AT RISK 3740

CONTINUED NEXT PAGE

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY 1

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CARD CODE 2 STATE CODE 42 COMPANY NUMBER 40341

EMPLOYERS

DESCRIPTION	OCCUPATION	CODE 18-17	TOT. EST. W/OCC. AT RISK 18-20 21-23	HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	S 34-36
-------------	------------	---------------	--	--------	-------------------------	------------	------------	------------

Slitter		99	010	(TOTAL)				
		99		noise (dist)		8130	010	
		99		paper dust		9100	010	
		99		fat dust		9032	010	
		99		noise dist		9075	055	
		99		oil mist		9022	002	
		99		transfer dry		2000	002	
		99		hydrofluoric acid		8300	010	
		99		oil mist dust		9010	010	
		99		toluene vapor		2460	010	

TOTAL THIS PAGE 10
1 - COMPLETE SURVEY AT
2 - PARTIAL SURVEY AT 1
TOTAL AT RISK 0110
0040
CENTRAL OFFICE COPY
CONTINUED NEXT PAGE

Kir

ATTENTION: Mr. Vince J. Richenlaub
Works Engineering Supervisor

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:

Enclosed is a copy of Article 132, as amended.

Sincerely yours,

Enclosure

522

PAGE 1 OF 1
REGION 14
DATE COLLECTED 4/10/70
DATE SUBMITTED 4/13/70
DATE RECEIVED 4/13/70

SAMPLE AND LABCRATCRY REPORT

SALES COMPANY

Westinghouse Corp.

9559 688

Welding

~~~~~

Industrial Insulating tape

44 47 50 53 56 59 62

**附錄一**

~~~~~

12

COLLEGE BY

Dr. Polkoxila

COLLECTION MEDIUM

27

100-443886-100

% SiO₂ & qualitative for asbestos

25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1050 1051 1052 1053

22

CONCLUSIONS

[illegible]

REPORT OF ANALYSIS

*None Detected *nc* *del*

By X-ray Diffraction

Neither cristobolite nor tridymite detected in sample

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PA Historical & Museum Commission

ANALYSIS.....F. Vonder Heiden

DATE 4/21/70

CHEMIST

○人 物 公 告

4/22/70

DATE TYPED

2/27/70

DATE SUBMITTED TO REQUESTING AGENCY

Sex

MM-10003 REV. 12-67

REGION IV

FROM: MFG. OR SERVICE

Industrial Plastics & Elect. Equipment.DATE OF ACTIVITY Aug. 26, 1969

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HEALTH

OCCUPATIONAL HEALTH

FIELD ACTIVITY REPORT

W. E. W.

EMPLOYEES

MALE 59FEMALE 3TOTAL 62

COUNTY

03

IND. CODE

36

PLANT

Warringtons 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.; O.D. REP.; COMPL.; REQUEST; SOURCE

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

SAMPLES COLLECTED

TOTAL

ING. & KIND

DETERM. MADE

TOTAL

ING. & KIND

MEDICAL - O.D. REPORTED, NO. & KIND

PUNCH CARD

YES ☒NO ☐

FOLDER

YES ☒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.

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BY A. J. Hajer

RIN

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