

TANK HISTORY AND CONDITIONS OF EXPOSURE
(Ethyl Corporation Representative -
Lay or Physician)

TANK OWNED BY Standard Oil Co (Ind)
 TANK OPERATED BY Same
 LOCATION OF TANK River Reape Mich
 ETHYL CORPORATION REGION Chicago Division
 ETHYL CORPORATION DISTRICT _____
 TANK NUMBER 22
 MEN EMPLOYED BY Standard Oil Co
 JOB SUPERVISED BY _____
 SUPERVISOR EMPLOYED BY _____

DATA TO BE CODED

ATTENDED BY ETHYL CORPORATION FULL TIME _____
 REPRESENTATIVE PART TIME _____
 NO ✓

TANK CAPACITY _____ 60000 bbls.
 TANK DIAMETER _____ 120 ft.
 TANK TYPE Flat top Roof
 LAST DATE PUT INTO LEADED _____
 GASOLINE SERVICE _____
 MONTHS SINCE LAST CLEANED _____ mo.
 LEAKING BOTTOM YES _____ NO _____
 WATER BOTTOM YES _____ NO _____
 TANK STEAMED PRIOR TO THIS ENTRY
 YES _____ NO _____
 TIME IN DAYS IDLE - FROM _____
 PUMP DOWN TO CLEANING _____ 60 days
 HISTORY OF SPIKING YES _____ NO _____
 MIXING DEVICE CIRCULATION _____
 PROPELLER _____
 JET _____
 OTHER _____
 APPROX. TEMPERATURE WHILE
 CLEANING HOT ✓ TEMPERATE _____ COLD _____
 NUMBER OF MEN INVOLVED 5
 NUMBER OF MEN WHO ENTERED TANK 5
 NUMBER OF MEN SICK 5

(NAME)

Job completed in
one day "eight or nine
turns". 3 worked
8-9 hrs and 2 worked
2-4 hrs. One man
inside took entire
day but "he was
not the richest"

(NAME)

WET WITH SLUDGE YES NO

KE 0017154

PATIENT NUMBER 1-1

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [REDACTED]

OPERATOR OF TANK Standard Oil Co (Ind)

LOCATION OF TANK River Rouge Mich

NAME OF HOSPITAL Henry Ford

LOCATION OF HOSPITAL Detroit Mich

DOCTOR RESPONSIBLE FOR PATIENT Ancham

JOB STARTED (date) Apr 15-'32

JOB COMPLETED (date) Apr 15-'32

DATA TO BE CODED

AGE 50

SEVERITY OF ILLNESS

NO SYMPTOMS

MILD ☒

MODERATE

SEVERE

RECOVERED ☒

DIED

CONDITION OF EXPOSURE

(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 1 days
DATES WITHIN TANK 4/15/32

ESTIMATED TOTAL HOURS IN TANK _____ hrs.

WERE ALL REGULATIONS FOLLOWED YES _____ NO ☒

WAS MASK WORN FULL TIME _____
PART TIME _____
NOT USED ☒

ANY EVIDENCE MASK INADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET
WITH SLUDGE YES _____ NO _____

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

KE 0017155

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less
than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 10
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness ✓
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting ✓
7. Anorexia
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation ✓
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational
20. Disorientation
21. Hallucination
22. Mania

ESCAPE YES _____ NO ✓

COMPLICATIONS YES _____ NO ✓

CONTRIBUTING FACTORS YES _____ NO ✓

DURATION OF ILLNESS (Days) _____ days
(From first symptom to recovery
or death)

DATE _____

SIGNATURE _____

KE 0017156

[REDACTED]

COURSE OF ILLNESS

PATI

CONDITION OF PATIENT 1. MILD
2. MODERATE
3. SEVERE
4. DECEASED

[illegible]

PATIENT NUMBER 1-2

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [REDACTED]

OPERATOR OF TANK Standard Oil Co (Ind)

LOCATION OF TANK River Rouge Mich

NAME OF HOSPITAL Henry Ford

LOCATION OF HOSPITAL Detroit Mich

DOCTOR RESPONSIBLE FOR PATIENT Barham

JOB STARTED (date) April 15-32

JOB COMPLETED (date) " 15-32

DATA TO BE CODED

AGE 48

SEVERITY OF ILLNESS

NO SYMPTOMS _____
MILD ✓
MODERATE _____
SEVERE _____
RECOVERED _____
DIED _____

CONDITION OF EXPOSURE

(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 1 days
DATES WITHIN TANK 4/15/32

ESTIMATED TOTAL HOURS IN TANK _____ hrs.

WERE ALL REGULATIONS FOLLOWED YES _____ NO ✓

WAS MASK WORN FULL TIME _____
PART TIME _____
NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET
WITH SLUDGE YES _____ NO _____

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

KE 0017158

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 10
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness ✓
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting ✓
7. Anorexia
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation ✓
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational
20. Disorientation
21. Hallucination
22. Mania

ESCAPE YES _____ NO _____

COMPLICATIONS YES _____ NO _____

CONTRIBUTING FACTORS YES _____ NO _____

DURATION OF ILLNESS (Days) _____ days
(From first symptom to recovery or death)

DATE _____

SIGNATURE _____

KE 0017159

[REDACTED]

COURSE OF ILLNESS

PA 111

CONDITION OF PATIENT 1. MILD

3. SEVERE

LATE

[illegible]

Reported
5/28/32

PATIENT NUMBER 1-3

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [REDACTED]

OPERATOR OF TANK Standard Oil Co (Ind)

LOCATION OF TANK River Rouge Mich

NAME OF HOSPITAL Henry Ford

LOCATION OF HOSPITAL Detroit Mich

DOCTOR RESPONSIBLE FOR PATIENT Racham

JOB STARTED (date) 4/15/32

JOB COMPLETED (date) 4/15/32

DATA TO BE CODED

AGE _____

SEVERITY OF ILLNESS

NO SYMPTOMS _____

MILD ✓

MODERATE _____

SEVERE _____

RECOVERED _____

DIED _____

CONDITION OF EXPOSURE

(Other Details in Investigator's Report)

DATES WITHIN TANK 4/15/32 NUMBER OF DAYS PATIENT ON JOB 1 days

ESTIMATED TOTAL HOURS IN TANK _____ hrs.

WERE ALL REGULATIONS FOLLOWED YES _____ NO ✓

WAS MASK WORN FULL TIME _____
PART TIME _____
NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET
WITH SLUDGE YES _____ NO _____

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

KE 0017161

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less
than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 10
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness ✓
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting ✓
7. Anorexia
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational
20. Disorientation
21. Hallucination
22. Mania

ESCAPE YES _____ NO _____

COMPLICATIONS YES _____ NO _____

CONTRIBUTING FACTORS YES _____ NO _____

DURATION OF ILLNESS (Days) _____ days
(From first symptom to recovery
or death)

DATE _____

SIGNATURE _____



PATIENT NUMBER 1-3

2. MODERATE

3. SEVERE

4. DECEASED

[illegible]

KE 0017163

PATIENT NUMBER 1-4

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [REDACTED]

OPERATOR OF TANK Standard Oil Co (Ind)

LOCATION OF TANK River Rouge Mich

NAME OF HOSPITAL Henry Ford

LOCATION OF HOSPITAL Detroit Mich

DOCTOR RESPONSIBLE FOR PATIENT Harbarn

JOB STARTED (date) 4/15/32

JOB COMPLETED (date) 4/15/32

DATA TO BE CODED

AGE 55

SEVERITY OF ILLNESS

NO SYMPTOMS _____
MILD ✓
MODERATE _____
SEVERE _____
RECOVERED _____
DIED _____

CONDITION OF EXPOSURE

(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 1 days
DATES WITHIN TANK 4/15/32

ESTIMATED TOTAL HOURS IN TANK _____ hrs.

WERE ALL REGULATIONS FOLLOWED YES _____ NO ✓

WAS MASK WORN FULL TIME _____
PART TIME _____
NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET
WITH SLUDGE YES _____ NO _____

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

KE 0017164

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 10
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness ✓
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting ✓
7. Anorexia
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational
20. Disorientation
21. Hallucination
22. Mania

ESCAPE YES _____ NO ✓

COMPLICATIONS YES _____ NO ✓

CONTRIBUTING FACTORS YES _____ NO ✓

DURATION OF ILLNESS (Days) _____ days
(From first symptom to recovery or death)

DATE _____

SIGNATURE _____

KE 0017165

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- 3 -
COURSE OF ILLNESS

PATIENT NUMBER

1-1

CONDITION OF PATIENT 1. MILD

2. MODERATE

3. SEVERE

4. DECEASED

[illegible]

KE 0017166

PATIENT NUMBER 1-5

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [REDACTED]

OPERATOR OF TANK Standard Oil Co (Ind)

LOCATION OF TANK River Rouge Mich

NAME OF HOSPITAL Henry Ford

LOCATION OF HOSPITAL Detroit Mich

DOCTOR RESPONSIBLE FOR PATIENT Ducham

JOB STARTED (date) 4/15/32

JOB COMPLETED (date) 4/15/32

DATA TO BE CODED

AGE 50

SEVERITY OF ILLNESS

NO SYMPTOMS

MILD ☒

MODERATE

SEVERE

RECOVERED

DIED

CONDITION OF EXPOSURE

(Other Details in Investigator's Report)

DATES WITHIN TANK 4/15/32 NUMBER OF DAYS PATIENT ON JOB 1 days

ESTIMATED TOTAL HOURS IN TANK _____ hrs.

WERE ALL REGULATIONS FOLLOWED YES _____ NO ☒

WAS MASK WORN

FULL TIME

PART TIME

NOT USED ☒

ANY EVIDENCE MASK INADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET
WITH SLUDGE

YES _____ NO _____

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

KE 0017167

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 10
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness ✓
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting ✓
7. Anorexia
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational
20. Disorientation
21. Hallucination
22. Mania

ESCAPE YES _____ NO _____

COMPLICATIONS YES _____ NO _____

CONTRIBUTING FACTORS YES _____ NO _____

DURATION OF ILLNESS (Days) _____ days
(From first symptom to recovery or death)

DATE _____

SIGNATURE _____

KE 0017168

NAME OF PATIENT

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PATIENT NUMBER

5-1

CONDITION OF PATIENT 1, MILD

2. MODERATE

3. SEVERE

4. DECEASED

[illegible]

Report
5/28/32

KE 0017169