U.S. DEPARTMENT OF LABOR
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
Dallas Area Office
7th Floor - 1100 Commerce Street
Dallas, Texas 75202

Form Approved
OMB No. 044R1449

Lloyd, #159

PLAINTIFF'S EXHIBIT AL-851

OSHA-7

COMPLAINT

RECEIVED
For Official Use Only

Area	Date Received	Time
	JAN 29 1973	

Region	Received By
	HOUSTON AREA OFFICE U. S. DEPT. OF LABOR, OSHA

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the U.S. Department of Labor.

The undersigned *(check one)*

☑ Employee ☐ Representative of employees ☐ Other *(specify)* _____

believes that a violation at the following place of employment of an occupational safety or health standard exists which is a job safety or health hazard.

Does this hazard(s) immediately threaten death or serious physical harm? ☐ Yes ☑ No

Employer's Name ALUMINUM COMPANY OF AMERICA

Address (Street POINT COMFORT WORKS Telephone 512-987-2631

(City POINT COMFORT State TEXAS Zip Code 77978

1. Kind of business _____

2. Specify the particular building or worksite where the alleged violation is located, including address. R-300 CHLOR ALKALI DEPT.

3. Specify the name and phone number of employer's agent(s) in charge.
D. L. EMERY (DEPT. HEAD) 512-987-2631 EXT. 270

4. Describe briefly the hazard which exists there including the approximate number of employees exposed to or threatened by such hazard.

MERCURY VAPORS — NO STANDARDS POSTED — DENIED REQUEST FOR MONITORING EQUIP. HOT MERCURY NOT PROPERLY COVERED OR VAPORS CONTAINED

(Continue on reverse side if necessary)

Sec. 8(f)(1) of the Williams-Steiger Occupational Safety and Health Act, 29 U.S.C. 651, provides as follows: Any employees or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the Secretary or his authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employees or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (g) of this section. If upon receipt of such notification the Secretary determines there are reasonable grounds to believe that such violation or danger exists, he shall make a special inspection in accordance with the provisions of this section as soon as practicable, to determine if such violation or danger exists. If the Secretary determines there are no reasonable grounds to believe that a violation or danger exists he shall notify the employees or representative of the employees in writing of such determination.

5. List by number and/or name the particular standard *(or standards)* issued by the Department of Labor which you claim has been violated, if known.

NOT KNOWN IF STANDARDS ON MERCURY VAPORS HAVE BEEN ISSUED BY DEPT. OF LABOR.

6. (a) To your knowledge has this violation been considered previously by any Government agency? YES

(b) If so, please state the name of the agency & TEXAS STATE DEPT. OF HEALTH

(c) and, the approximate date it was so considered. 1970

7. (a) Is this complaint, or a complaint alleging a similar violation, being filed with any other Government agency? NO

(b) If so, give the name and address of each.

8. (a) To your knowledge, has this violation been the subject of any union/management grievance or have you *(or anyone you know)* otherwise called it to the attention of, or discussed it with, the employer or any representative thereof? YES
GRIEVANCES CHARGING GROSS NEGLEGENCE

(b) If so, please give the results thereof, including any efforts by management to correct the violation.
DROPPED BECAUSE INEFFECTIVE RESULTS

9. Please indicate your desire:

☐ I do not want my name revealed to the employer.

☑ My name may be revealed to the employer.

Continue Item 4 here, if additional space is needed.

ALCOA0001452

ALCOA0001451

Signature Alfred L. Thonsgard Date 1/21/73

Typed or Printed Name ALFRED L. THONSGARD

If you are a representative of employees, state the name of your organization

Address (Street 102 CLARK Telephone 512-987-2626

(City POINT COMFORT State TEXAS Zip Code 77978

GPO 911-