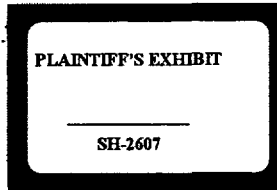


Asbestos File *re: Medical File*
SHELL OIL COMPANY

to SEE ATTACHED LIST



DATE DECEMBER 6, 1977
FROM CORPORATE MEDICAL DIRECTOR
SUBJECT MEDICAL SURVEILLANCE UNDER ASBESTOS STANDARD

The memo on this subject dated November 13, 1972 from the Manager - Industrial Hygiene and the Corporate Medical Director recommended exposure levels at which medical surveillance should be instituted.

Since that time, recommendations for allowable exposures have been lowered. This fact, along with the recent decision in the GAF case (see attached legal opinion), leads me to reappraise the former recommendation.

On the basis of the legal opinion, Corporate Medical now believes it would be appropriate and prudent to include in the medical surveillance programs all employees in the following categories:

1. All employees whose jobs require them to work regularly with asbestos, or asbestos-containing insulation and other products. This would include, but not be limited to, employees recognized or assigned as insulators.
2. All other employees who may use or be in contact with asbestos or asbestos-containing materials where the level of exposure can be established as exceeding 0.1 fibers greater than 5 microns in length per cubic centimeter (TWA).

When appropriate air monitoring has established which employees are to be included in the medical surveillance program at each location, I would appreciate receiving a list of the names of employees so identified.

I would be happy to discuss this further should you have any questions.

R. E. Joyner, M.D.
Corporate Medical Director

Attachment

LAM 002119

DPMC-17809

ADDRESSEES

Messrs. P. F. Deisler
W. A. Carpenter
M. K. Seggerman
D. P. Atwood
B. F. Aurelius
R. L. Brunner
W. M. Cunningham
P. A. Dennie
F. H. Douma
B. D. Earthman
H. T. Egliht
E. J. Geggis
G. E. Gutierrez
W. E. Hale
W. R. Harp
K. E. Jacobs
R. P. Kastner
H. L. Kusnetz
J. B. Lewis
E. L. Raulston
T. J. Ryan
G. J. Schmidt
F. R. Jonas, M.D.
D. E. Miller, M.D. ← THIS COPY FOR
C. E. Ross, D.O.
J. G. Simpson, M.D.
M. B. Slomka, M.D., Ph.D.
W. M. Stumpe, M.D.

For Information

Mr. R. S. Clark - Shell Pipe Line Company

LAM 002120

DPMC-17810

SHELL OIL COMPANY

DATE NOVEMBER 22, 1977

TO HEALTH, SAFETY AND ENVIRONMENT - CORPORATE MEDICAL DIRECTOR - DR. R. E. JOYNER

FROM ENVIRONMENT, LABOR AND LITIGATION DEPARTMENT
HEAD OFFICE LEGAL

SUBJECT OSHA ASBESTOS STANDARD -
MEDICAL EXAMINATIONS

BFA
Brynn F. Aurelius

LAM 002121

Attachment

cc: (w/Attachment)

Head Office

Manufacturing - Safety and Health - Manager - R. L. Brunner
Safety and Industrial Hygiene - Manager - H. L. Kusnetz

RECEIVED		
NOV 23 '77		
CORPORATE MEDICAL		
☒ R.E.J.	☐ L.J.	☐ C.E.R.
☐ M.F.B.	☐ F.R.J.	☐ J.G.S.
☐ J.B.B.	☐ M.F.L.	☐ C.A.S.
☐ R.D.D.	☐ V.L.M.	☐ A.B.S.
☐ J.C.F.	☐ J.A.M.	☐ D.A.S.
☐ J.G.H.	☐ R.J.N.	☐ J.T.
☒	ACTION	
☒	INFORMATION	
☐	FILE	

SHELL OIL COMPANY

SHELL CHEMICAL COMPANY

DEER PARK MANUFACTURING COMPLEX

DATE SEPTEMBER 16, 1976

TO DEER PARK MANUFACTURING COMPLEX -
MAINTENANCE ENGINEER - MANAGER

FROM INDUSTRIAL HYGIENIST
DEER PARK MANUFACTURING COMPLEX

SUBJECT ASBESTOS SAFETY BULLETIN

This is in response to a question from your organization regarding the fate of asbestos fibers which are inhaled. Please see that this answer is coordinated within your organization and forwarded to J. W. Dickens.

Airborne asbestos material will usually consist of a wide range of fiber sizes. The fiber size is the primary factor which determines what happens to the fiber that has been inhaled. The larger fibers will be filtered by nasal hair or be trapped by the wet surfaces of the upper respiratory tract. Fibers small enough to enter the lungs can adhere to the lung surface or eventually be exhaled through normal breathing.

The lung has biological mechanisms to guard against the deposition of foreign material. The lung surface is lined with minute hairs which transport dust particles such as asbestos fibers from the lungs to esophagus where the material is expectorated or swallowed. Fibers reaching the deepest portions of the lungs, where the tiny hairs do not exist, can be absorbed into blood capillaries or captured by special cells and stored in the lungs.

The best available information about exposure levels and incidence of injury was studied in the development of a safe exposure level. The purpose of the exposure limit is to prevent a person from inhaling so many fibers that collectively they cause lung injury. Therefore, a limit of two fibers per cubic centimeter of air was judged as providing adequate protection against injury.

By following the work procedures covered in the safety bulletin, environmental levels can be kept well below the permissible exposure limit. The use of approved respirators to supplement the work procedures is additional insurance against exposure.



J. D. Ransdell

JDR:bc

cc - R. L. Bryan
D. E. Miller
F. G. Reitz
J. L. Rivard
File
Chron

THIS COPY FOR

LAM 002122