FILE - 720 ASBESTOS

Shell Oil Company • Shell Chemical Company
Interoffice Memorandum

PLAINTIFF'S EXHIBIT
SH-3101

APRIL 14, 1980

FROM: R. P. FRUTIGER

TO: G. C. ANDERSON

SUBJECT: REPAIR OF ASBESTOS INSULATION

We have reviewed the subject DPMC-North project with Head Office - Operations Safety & Health to determine what criteria should be used in identifying asbestos insulation that needs maintaining from a health standpoint, and whether those areas identified as needing repair as part of our project were consistent with this criteria. The OSHA Standard 1910.1001 (h)(i) requires

> "All external surfaces in any place of employment shall be maintained free of accumulations of loose asbestos fibers if, with their dispersion, there would be an excessive concentration."

In addition, because of the low level (0.1 fibers/ml. of air) at which OSHA requires medical exams, particular care must be taken in controlling work areas where there is a high level of foot traffic.

In reviewing our project, I believe the criteria we used was consistent with the above OSHA requirements. Although the three(3) years projected for completion of the job could be construed by regulatory officials as too long, I believe it's reasonable and something that we could defend.

Anacortes initiated a similar project about a year ago following Head Office approval. They have completed about 60% of the work to-date. They are using a contract maintenance crew of about ten(10) with a Shell foreman providing the supervision.

Please let me know if you need additional information.

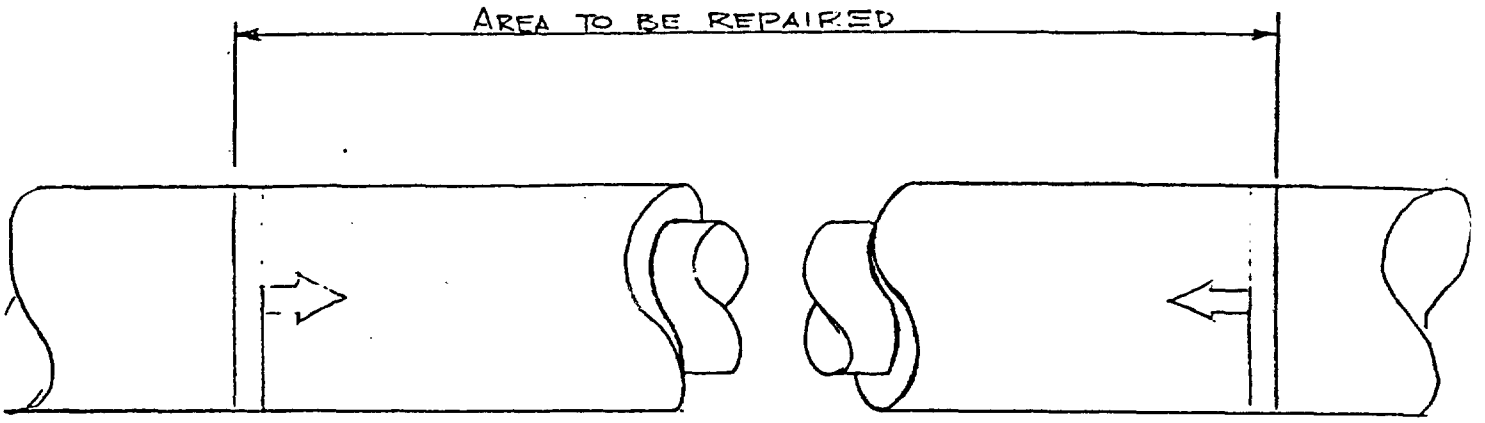
R. P. Frutiger

RPF:ikg

cc: North Management Team

LAM 014192

DPMC-15452



COLOR CODE FOR TYPE REPAIR

A. WHITE — INSTALL ALUMINUM COVER OVER ASPHALTIC FELT

B. YELLOW — REPAIR WASHED-OUT AREA IN INSULATION COVERED WITH ASPHALTIC FELT USING CERA BLANKET/MUD-IN FOLLOWED WITH COMPLETE ALUMINUM WRAP.

C. RED ____ REPAIR OR REPLACE ALUMINUM COVER

D. ORANGE — REPLACE WEATHERPROOFING ON TEES, ELLS AND VALVES.

E. GREEN ___ REMOVE INSULATION AND REINSULATE/COVER

ATTACHMENT I