DuPont

- Nothing asbestos specific
- 1970 Plant Inspection at Moosic
- 1971 Plant Inspection in Philadelphia
- 1970 & 1971 Plant inspection at photo products plant at Towanda
- 1969 Operation/Hazard/Control Measure matrix

HIH-19001 REV. 7-69

REGION II-Kingston

PROD. MFG. OR SERVICE black powder

DATE OF ACTIVITY 10/6/70

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

Betty PC

FIELD ACTIVITY REPORT

PLANT
E. I. DuPont de Nemours & Co.

ADDRESS	ZIP	PHONE
Moosic	18507	717-457-6724

PERSON INTERVIEWED	TITLE
William Cicotti	Powder Supt.

EMPLOYEES	IND. CODE	COUNTY
MALE 50 FEMALE 1 TOTAL 51	28	35

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 WRITTEN - - - VERBAL	ACCOMPLISHED YES	NO	IN PROG.
charcoal dust) sod. and pot.)	45				
nitrate dust)					
black powder dust)					

SAMPLES COLLECTED (NO. & KIND) _____ TOTAL _____

DETERM. MADE (NO. & KIND) _____ TOTAL _____

MEDICAL – O.D. REPORTED, NO. & KIND _____

PUNCH CARD YES [x] NO [ ] FOLDER YES [x] NO [ ]

REMARKS:

Plant manufactures black powder from sodium and potassium nitrate, sulfur and charcoal.

Most operations are remote controlled. When it is necessary to handle dusty powder respirators are worn.

Weighing the charcoal is a very dusty operation. The operator wears an approved respirator.

Mercury is used in the laboratory for density tests. There was some mercury droplets on the metal counter. It is built up on the sides so that the mercury does not spill on the floor. A survey in 1969 did not indicate a concentration above the TLV.

Reproduction of [illegible] PA STATE [illegible] 350 North Street [illegible] PA [illegible]

BY J. A. Memolo RIH 10/21/70

WINS 2.0

REGION II

PROD. MFG. OR SERVICE

DATE OF ACTIVITY 12/6/68

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

FIELD ACTIVITY REPORT

EMPLOYEES	COUNTY
MALE	Lackawanna
FEMALE	IND. CODE
TOTAL 55	

PLANT
E. I. Du Pont de Nemours and Co. Inc.

ADDRESS
Moosic (Belin)

ZIP 18507

PHONE 717 457-6724

PERSON INTERVIEWED
Mr. P. G. Dalman

TITLE
Plant Manager

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 WRITTEN - - - VERBAL	ACCOMPLISHED YES	NO	IN PROG.

SAMPLES COLLECTED (NO. & KIND) TOTAL

DETERM. MADE (NO. & KIND) TOTAL

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

PUNCH CARD YES ☐ NO ☐ FOLDER YES ☐ NO ☐

REMARKS:

On 12-6-68 the Industrial Hygiene Physician, Dr. R. R. Williams, visited the E. I. Du Pont de Nemans plant at Moosic (Belin) as part of the review of the medical monitoring system of the explosive industries. The plant still manufactures only black powder. It has pre-employment physical examinations and annual physical examinations, annual electrocardiograms, and chest X-rays. The plant physician is Dr. Stanley C. Masoleski, 166 Main Street, Old Forge 18507. Phone 717 457-2591

BY R. R. Williams, M. D. RRW
Industrial Hygiene Physician

WINS

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PART 1 PAGE 1

OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN)

1. ESTABLISHMENT—NAME, ADDRESS, ZIP CODE	2. PERSON INTERVIEWED—NAME, TITLE, TEL. NO.
E. I. DuPont De Nemours + Co. Van Kirk + Tacony Sts. Phila, Pa.	George Burke, temp. supervisor Edward G. Prum, supervisor
	SAFETY SUPERVISOR:
LEGAL OWNER—NAME, ADDRESS	

MO. DAY YR.

3. CARD CODE [1] (1) — 4. DATE [0 9 0 8 7 1] (2-3 4-5 6-7) — 5. STATE CODE [4 2] (8-9) — 6. COMPANY NUMBER [1 0 0 3 2 8] (10-15)

7. (1) ORIGINAL INSPECTION - STATE & NSN (2) Original Inspection - NSN (3) Reinspection - NSN — (16) [1]

8. What is your Chief Product or Service? wire rowing — SIC [4 2 2 5] (17-20)

9. SIZE CODE? (Based on Total Number of Employees) — (21) [3]
(1) 1-3 (3) 8-19 (5) 50-99 (7) 250-499 (9) 1,000 +
(2) 4-7 (4) 20-49 (6) 100-249 (8) 500-999

10. HOW MANY SHIFTS DO YOU HAVE? [1]

11. HOW MANY PEOPLE ARE ON THIS PLANT'S PAYROLL AT THE PRESENT TIME? [0 0 0 1 0] (22-26)

12. OF THIS NUMBER, HOW MANY ARE NORMALLY IN THE WORK AREA AS OPPOSED TO THE OFFICE OR OUTSIDE AREA? [0 0 0 0 7] (27-31)

13. OF THOSE IN THE WORK AREA WHAT APPROXIMATE PERCENTAGE IS MALE? [9 9] (32-33)

14. DOES THIS PLANT DO FEDERAL CONTRACT WORK? — (34) [1]
(1) Yes, Prime Contractor, (3) No,
(2) Yes, Subcontractor, (4) Don't Know.

15. A. DOES YOUR COMPANY EMPLOY AN INDUSTRIAL HYGIENIST? (1) Yes, at this Plant, (2) Yes, at Corporate Hq., (3) Yes, Consultant, (4) No. — (35) [2]

His Name, Address and Telephone Number: John Zapp, Haskell Lab., Wilmington, Del - 19898

B. ESTIMATE THE AVERAGE NUMBER OF INDUSTRIAL HYGIENE MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. at request (36-37) [ ]

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. — (38) [3]

His Name, Address and Zip Code: A. DiBello, 8201 Craig Sty, Phila.

B. ESTIMATE THE AVERAGE NUMBER OF PHYSICIAN MAN-HOURS THAT ARE DEVOTED TO YOUR PLANT PER WEEK. (39-40) [ ]

17. A. DO YOU HAVE A REGISTERED NURSE IN YOUR FACILITY AT A REGULAR TIME? — (41) [4]
(1) Yes, R.N. (3) Yes, Both
(2) Yes, L.P.N. (4) No.

B. ESTIMATE THE AVERAGE NUMBER OF NURSING MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. (42-44) [ ]

CENTRAL OFFICE COPY

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PART 1 PAGE 1

OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN)

1. ESTABLISHMENT – NAME, ADDRESS, ZIP CODE	2. PERSON INTERVIEWED – NAME, TITLE, TEL. NO.
E. I. DuPont De Nemours + Co. Van Kirk + Tacony Sts. Phila, Pa.	George Burke, temp. supervisor Edward G. Prum, supervisor
	SAFETY SUPERVISOR:
LEGAL OWNER – NAME, ADDRESS	

MO. DAY YR.

3. CARD CODE [1] (1) — 4. DATE [0 9 0 8 7 1] (2-3 4-5 6-7) — 5. STATE CODE [4 2] (8-9) — 6. COMPANY NUMBER [1 0 0 3 2 8] (10-15)

7. (1) ORIGINAL INSPECTION - STATE & NSN (2) Original Inspection - NSN (3) Reinspection - NSN — [1] (16)

8. What is your Chief Product or Service? warehousing — SIC [4 2 2 5] (17-20)

9. SIZE CODE? (Based on Total Number of Employees) — [3] (21)
(1) 1-3 (3) 8-19 (5) 50-99 (7) 250-499 (9) 1,000 +
(2) 4-7 (4) 20-49 (6) 100-249 (8) 500-999

10. HOW MANY SHIFTS DO YOU HAVE? [1]

11. HOW MANY PEOPLE ARE ON THIS PLANT'S PAYROLL AT THE PRESENT TIME? [0 0 0 1 0] (22-26)

12. OF THIS NUMBER, HOW MANY ARE NORMALLY IN THE WORK AREA AS OPPOSED TO THE OFFICE OR OUTSIDE AREA? [0 0 0 0 7] (27-31)

13. OF THOSE IN THE WORK AREA WHAT APPROXIMATE PERCENTAGE IS MALE? [9 9] (32-33)

14. DOES THIS PLANT DO FEDERAL CONTRACT WORK? — [1] (34)
(1) Yes, Prime Contractor, (3) No,
(2) Yes, Subcontractor, (4) Don't Know.

15. A. DOES YOUR COMPANY EMPLOY AN INDUSTRIAL HYGIENIST? (1) Yes, at this Plant,
(2) Yes, at Corporate Hq., (3) Yes, Consultant, (4) No. — [2] (35)

His Name, Address and Telephone Number: JOHN ZAPP, HASKELL LAB., WILMINGTON, DEL - 19898

B. ESTIMATE THE AVERAGE NUMBER OF INDUSTRIAL HYGIENE MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. at request (36-37)

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. — [3] (38)

His Name, Address and Zip Code: A. DIBELLO, 8201 Craig Sts, Phila.

B. ESTIMATE THE AVERAGE NUMBER OF PHYSICIAN MAN-HOURS THAT ARE DEVOTED TO YOUR PLANT PER WEEK. (39-40)

17. A. DO YOU HAVE A REGISTERED NURSE IN YOUR FACILITY AT A REGULAR TIME? — [4] (41)
(1) Yes, R.N. (3) Yes, Both
(2) Yes, L.P.N. (4) No.

B. ESTIMATE THE AVERAGE NUMBER OF NURSING MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. (42-44)

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100-328

18. A. DO YOU HAVE AN EMPLOYEE RESPONSIBLE FOR GIVING FIRST AID WHEN NO DOCTOR OR NURSE IS PRESENT? (45) 1
(1) Yes, (2) No, (3) Not Applicable

B. DOES HE HAVE ANY FORMAL FIRST AID TRAINING? (46) 1
(1) Yes, Red Cross (3) Yes, Other (5) Don't Know
(2) Yes, Armed Serv. Medic (4) No (6) Not Applicable

19. A. WHEN YOU HIRE A NEW EMPLOYEE, DO YOU RECORD INFORMATION FROM HIM, ABOUT HIS HEALTH, ON SOME REGULAR FORM? (47) 1
(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? (48) 1
(1) Yes, All Employees, (2) Yes, Some Employees, (3) No.

20. A. DO YOU PROVIDE PERIODIC MEDICAL EXAMINATIONS FOR YOUR EMPLOYEES IN HAZARDOUS JOBS? (49) 4
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable

B. DO YOU PROVIDE PERIODIC AUDIOMETRIC EXAMINATIONS FOR YOUR EMPLOYEES THAT ARE EXPOSED TO NOISE? (50) 4
(1) Yes, Adequate (2) Yes, Inadequate, (3) No, (4) Not Applicable

C. DO YOU PROVIDE PERIODIC BLOOD AND URINE EXAMINATIONS FOR YOUR EMPLOYEES WHERE APPROPRIATE? (51) 4
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable

D. DO YOU PROVIDE PERIODIC PHYSIOLOGICAL FUNCTION TESTS (Excluding Audiograms) WHERE APPROPRIATE? (52) 4
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable

E. DO YOU PROVIDE PERIODIC CHEST X-RAYS WHERE APPROPRIATE? (53) 4
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable

21. DO YOU HAVE AN IMMUNIZATION PROGRAM? (54) 1
(1) Yes, (2) No.

22. ARE YOUR EMPLOYEE ABSENTEEISM RECORDS (55) 4
A. (1) Not Kept, (2) Kept, without Showing Nature of Absence, (3) Kept, Showing Nature of Absence,
(4) Kept, Showing Nature of Sickness

B. WHAT IS YOUR AVERAGE ABSENTEE RATE? (Days/Year/Employee) (56 - 57) 02
(Don't Know Coded as 99)

23. DOES YOUR COMPANY HAVE A FORMAL SAFETY PROGRAM? (58) 1
(1) Yes, (2) No.

24. IS YOUR WORKMEN'S COMPENSATION INSURANCE CARRIED WITH AN INSURANCE COMPANY OR ARE YOU SELF INSURED? (59) 1
(1) Insurance Company (Name) Aetna Life & Casualty Co.
(2) Self Insured, (3) State 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. (60) 2
WHAT KINDS _____
OF HAZARDS? _____

26. HAVE YOU HAD ANY OCCUPATIONAL DISEASE IN YOUR PLANT IN THE LAST YEAR? (61) 4
(1) Yes, Dermatitis (3) Yes, Combination (5) Don't Know.
(2) Yes, Other (4) No

27. HOW MANY YEARS HAS THIS TYPE OF WORK BEEN CONDUCTED IN THESE FACILITIES? (62) 3
(1) 0-5 (3) 11-20 (5) 31-50
(2) 6-10 (4) 21-30 (6) Greater Than or Equal to 51

28. HOW MANY HOURS DOES IT TAKE TO INSPECT THIS PLANT? (63 - 64) 01

29. HOW OFTEN (In Years) SHOULD THIS PLANT BE ROUTINELY INSPECTED? (65) 5

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PA Historical & Museum Commission

100-328

30. THIS PLANT HAS A HEALTH CONDITION(S) WHICH WARRANTS INVESTIGATION: 66 [3]
(1) Immediately (2) Within One Year (3) Not Warranted

31. NUMBER OF CONTROL RECOMMENDATIONS MADE AS A RESULT OF THIS INSPECTION: 67-68 [—]

32. (1) Self Initiated, (2) B.O.S.H. Request, (3) Complaint 69 [1]

33. A. AIR RECIRCULATION: (1) Yes, Complete Approval (2) Yes, Conditional Approval (3) Yes, No Approval (4) No 70 [4]

B. ARTICLE 434: (1) Yes, Complete Approval (2) Yes, Conditional Approval (3) Yes, No Approval (4) No 71 [4]

C. ARTICLE 436: (1) Yes, Registered (2) Yes, Partially Registered (3) Yes, Not Registered (4) No 72 [4]

D. CONFINED SPACE ENTRY: (1) Yes, Complete Approval (2) Yes, Partial Approval (3) Yes, No Approval (4) No 73 [4]

E. REGION CODE: 74-76 [1 5 1]

34. TOTAL AT RISK: (From Part II) 77-80 [0 0 0 7]

REMARKS:

Plant formerly stored ammonia but facilities had been taken over by National Ammonia Co. (neighboring company) some years ago. Warehousing of fertilizer, rock salt and nitrate compounds done with propane fork lifts. Ventilation good. No confined space entry. No repair of trucks on premises.

PA HISTORICAL & MUSEUM COMMISSION
350 North Street, HARRISBURG, PA 17120-0090
PA STATE ARCHIVES

INSPECTED BY: R. Heller 009 W.I.N.'s 0.8

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

CARD CODE (1) 2

STATE CODE (8-9) 4 2

COMPANY NUMBER (10-15) 1 0 0 3 2 8

EMPLOYEES

OCCUPATION DESCRIPTION	OCCUPATION CODE (16-17)	TOT. EST. W/I OCC. (P.O.)* (18-20)	TOT. EST. AT RISK (21-23)
fork lift operators	06	007	007
	06		
	06		
	06		
	06		
	06		

EXPOSURES

HAZARD	HAZARD CODE (24-27)	A (28-30)	M (31-33)	I (34-36)
totals		007		
fertilizer	5999	007		
propane	2150	007		
asbestos	5999	007		
CO	0560	007		
CO_2	0530	007		

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350 North Street, Harrisburg, PA 17120-0090
PA Historical & Museum Commission

TOTAL THIS PAGE: 7

TOTAL AT RISK (37-40): 0007

CONTINUED NEXT PAGE ☐

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY (41): 1

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PART 1 PAGE 1

OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN)

1. ESTABLISHMENT—NAME, ADDRESS, ZIP CODE	2. PERSON INTERVIEWED—NAME, TITLE, TEL. NO.
Dupont Co: photo prod. Div James St Towanda 18848	Don Lent - Safety foreman 717-265-6141
	SAFETY SUPERVISOR: Claude Van ness

LEGAL OWNER—NAME, ADDRESS: Dupont de Nemours - Wilmington Del.

MO. DAY YR

3. CARD CODE (1): 1 — 4. DATE (2-3, 4-5, 6-7): 03 09 71 — 5. STATE CODE (8-9): 42 — 6. COMPANY NUMBER (10-15): 200 400

7. (1) ORIGINAL INSPECTION - STATE & NSN (2) Original Inspection - NSN (3) Reinspection - NSN — 16: 2

8. What is your Chief Product or Service? photo products - X-ray screens — SIC (17-20): 3861

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 + — 21: 6

10. HOW MANY SHIFTS DO YOU HAVE? 2

11. HOW MANY PEOPLE ARE ON THIS PLANT'S PAYROLL AT THE PRESENT TIME? — 22-26: 00220

12. OF THIS NUMBER, HOW MANY ARE NORMALLY IN THE WORK AREA AS OPPOSED TO THE OFFICE OR OUTSIDE AREA? — 27-31: 00181

13. OF THOSE IN THE WORK AREA WHAT APPROXIMATE PERCENTAGE IS MALE? — 32-33: 99

14. DOES THIS PLANT DO FEDERAL CONTRACT WORK? (1) Yes, Prime Contractor, (2) Yes, Subcontractor, (3) No, (4) Don't Know. — 34: 3

15. A. DOES YOUR COMPANY EMPLOY AN INDUSTRIAL HYGIENIST? (1) Yes, at this Plant, (2) Yes, at Corporate Hq., (3) Yes, Consultant, (4) No. — 35: 2

His Name, Address and Telephone Number: J. A. Zapp Jr. 302-774-3771 Wilmington Del.

B. ESTIMATE THE AVERAGE NUMBER OF INDUSTRIAL HYGIENE MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. — 36-37: 00

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. — 38: 3

His Name, Address and Zip Code: Elting Johnson 12 Walnut St. Towanda 18848

B. ESTIMATE THE AVERAGE NUMBER OF PHYSICIAN MAN-HOURS THAT ARE DEVOTED TO YOUR PLANT PER WEEK. — 39-40: 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. — 41: 4

B. ESTIMATE THE AVERAGE NUMBER OF NURSING MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. — 42-44: 000

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H722 IR4 3-70

PART 1 PAGE 2

18 A. DO YOU HAVE AN EMPLOYEE RESPONSIBLE FOR GIVING FIRST AID WHEN NO DOCTOR OR NURSE IS PRESENT?
(1) Yes, (2) No (3) Not Applicable — 45: 1

B. DOES HE HAVE ANY FORMAL FIRST AID TRAINING?
(1) Yes, Red Cross (3) Yes, Other (5) Don't Know
(2) Yes, Armed Serv. Medic (4) No (6) Not Applicable — 46: 1

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. — 47: 1

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. — 48: 1

20 A. DO YOU PROVIDE PERIODIC MEDICAL EXAMINATIONS FOR YOUR EMPLOYEES IN HAZARDOUS JOBS?
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable — 49: 1

B. DO YOU PROVIDE PERIODIC AUDIOMETRIC EXAMINATIONS FOR YOUR EMPLOYEES THAT ARE EXPOSED TO NOISE?
(1) Yes, Adequate (2) Yes, Inadequate, (3) No, (4) Not Applicable — 50: 1

C. DO YOU PROVIDE PERIODIC BLOOD AND URINE EXAMINATIONS FOR YOUR EMPLOYEES WHERE APPROPRIATE?
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable — 51: 1

D. DO YOU PROVIDE PERIODIC PHYSIOLOGICAL FUNCTION TESTS (Excluding Audiograms) WHERE APPROPRIATE?
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable — 52: 3

E. DO YOU PROVIDE PERIODIC CHEST X-RAYS WHERE APPROPRIATE?
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable — 53: 1

21. DO YOU HAVE AN IMMUNIZATION PROGRAM?
(1) Yes, (2) No. — 54: 1

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 Sickness — 55: 1

B. WHAT IS YOUR AVERAGE ABSENTEE RATE? (Days/Year/Employee) (Don't Know Coded as 99) — 56 - 57: 01

23. DOES YOUR COMPANY HAVE A FORMAL SAFETY PROGRAM?
(1) Yes, (2) No. — 58: 1

24. IS YOUR WORKMEN'S COMPENSATION INSURANCE CARRIED WITH AN INSURANCE COMPANY OR ARE YOU SELF INSURED? (1) Insurance Company (Name) Self Insured
(2) Self Insured, (3) State Insurance Fund, (4) None. — 59: 2

25. IN YOUR ESTABLISHMENT, DO YOU FEEL THAT THERE ARE ANY HEALTH HAZARDS, EVEN IF YOU HAVE THEM UNDER CONTROL? (1) Yes, (2) No. — 60: 2
WHAT KINDS _____
OF HAZARDS? _____

26. HAVE YOU HAD ANY OCCUPATIONAL DISEASE IN YOUR PLANT IN THE LAST YEAR?
(1) Yes, Dermatitis (3) Yes, Combination (5) Don't Know.
(2) Yes, Other (4) No — 61: 4

27. HOW MANY YEARS HAS THIS TYPE OF WORK BEEN CONDUCTED IN THESE FACILITIES?
(1) 0-5 (3) 11-20 (5) 31-50
(2) 6-10 (4) 21-30 (6) Greater Than or Equal to 51 — 62: 4

28. HOW MANY HOURS DOES IT TAKE TO INSPECT THIS PLANT? — 63 - 64: 02

29. HOW OFTEN (In Years) SHOULD THIS PLANT BE ROUTINELY INSPECTED? — 65: 1

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PA Historical & Museum Commission

66

30. THIS PLANT HAS A HEALTH CONDITION(S) WHICH WARRANTS INVESTIGATION:
(1) Immediately (2) Within One Year (3) Not Warranted — 3

67-68

31. NUMBER OF CONTROL RECOMMENDATIONS MADE AS A RESULT OF THIS INSPECTION: 00

69

32. (1) Self Initiated, (2) B.O.S.H. Request, (3) Complaint — 1

70

33. A. AIR RECIRCULATION: (1) Yes, Complete Approval (2) Yes, Conditional Approval (3) Yes, No Approval (4) No — 4

71

B. ARTICLE 434: (1) Yes, Complete Approval (2) Yes, Conditional Approval (3) Yes, No Approval (4) No — 4

72

C. ARTICLE 436: (1) Yes, Registered (2) Yes, Partially Registered (3) Yes, Not Registered (4) No — 4

73

D. CONFINED SPACE ENTRY: (1) Yes, Complete Approval (2) Yes, Partial Approval (3) Yes, No Approval (4) No — 4

74-76

E. REGION CODE: 210

77-80

34. TOTAL AT RISK: (From Part II) 0181

REMARKS: plant manufactures x-ray screens, offset printing coated aluminum sheets.
operations consists of coating screens with phosphors.
plant is extremely safety conscious. They have not had a lost time accident in 15 years.
all the equipment is provided with local exhaust ventilation. Laboratory hoods are exhaust ventilated.
Housekeeping is above average.
noise levels from machinery is not a problem.
x-ray machine used for testing.

INSPECTED BY: [illegible] 2.018

W.I.N.'s 3.5

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H722 184 1 7-70

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

Dupont Co

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Pennsylvania Hall & Museum Commission

CARD CODE 1: 2

STATE CODE 8-9: 4 2

COMPANY NUMBER 10-15

EMPLOYEES				EXPOSURES				
OCCUPATION								
DESCRIPTION	CODE 16-17	TOT. EST. W/I OCC. (P.O.)* 18-20	TOT. EST. AT RISK 21-23	HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	I 34-36
Ship Receiving	57	—	008	Total	—	008	—	—
	57	—	—	Dust	9130	008	—	—
	57	—	—	Hydrogen	1410	002		
	57	—	—	Sulfuric acid	2310	002	—	—
mechanics	68	—	018	Total	—	018	—	—
	68	—	—	Dust	9130	018	—	—
	68	—	—	welding fume	5310	005	—	—
	68	—	—	" gas	5380	005	—	—
	68	—	—	U.V	8370	005	—	—
	68	—	—	IR	8380	005	—	—
	68	—	—	zinc	2610	002	—	—
	68	—	—	Copper	0730	002	—	—
	68	—	—	Fluoride	1280	002	—	—
	68	—	—	oil	5009	018	—	—
	68	—	—	Gen'l solvent vapor	5110	018	—	—

TOTAL THIS PAGE 26

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY

41: 1

TOTAL AT RISK 37-40

CONTINUED NEXT PAGE ☒

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H722.184 1-2-70

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NIOSH) PART II

Rupert Co

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PA Historical & Museum Commission

CARD CODE (1) 2 | STATE CODE (8-9) 4 2 | COMPANY NUMBER (10-15)

EMPLOYEES				EXPOSURES				
OCCUPATION		TOT. EST. W/I OCC. (P.O.)*	TOT. EST. AT RISK	HAZARD	HAZARD CODE	A	M	S
DESCRIPTION	CODE (16-17)	(18-20)	(21-23)		(24-27)	(28-30)	(31-33)	(34-36)
Electricians	62		005	Total		005		
	62			Lead	1590	005		
	62			Mfg	5320	005		
	62			Electric shock	3870	005		
	62			Dust	9130	005		
	62			Mist Solvent Vapor	5110	005		
Technicians	69		016	Total		016		
	69			Dust	9130	016		
	69			Mist solvent Vapor	5110	016		
	69			Other Chemicals	5999	016		
X-Ray screen coating	99		065	Total		066		
	99			Barium Carbonate	0310	015		
	99			Lead nitrate	1590	015		
	99			Sodium Tungstate	2527	006		
	99			Hydrogen sulfide	1480	002		

TOTAL THIS PAGE: 87

TOTAL AT RISK (37-40)

CONTINUED NEXT PAGE

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY (41) 1

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

Dupont Co

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PA Historical & Museum Commission

CARD CODE 1: 2

STATE CODE 8-9: 4 2

COMPANY NUMBER 10-15: [illegible]

EMPLOYEES				EXPOSURES				
OCCUPATION								
DESCRIPTION	CODE 16-17	TOT. EST. W/I OCC. (P.O.)* 18-20	TOT. EST. AT RISK 21-23	HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	I 34-36
X-ray & Cleaner coating - Control	99	—	—	Heat - dry	8320	005	—	—
	99	—	—	acetone	0040	016	—	—
	99	—	—	M.E.K	0430	016	—	—
	99	—	—	Ethyl alcohol	1060	016	—	—
	99	—	—	methylene chloride	1730	016	—	—
	99	—	—	propyl alcohol	2170	016	—	—
	99	—	—	Trichloroethylene	2490	016	—	—
	99	—	—	Butyl acetate	0440	016	—	—
	99	—	—	mylar dust	9130	066	—	—
Lydel coating	99	—	064	Total	—	064	—	—
	99	—	—	aluminum dust	0160	010	—	—
	99	—	—	Cellosolve acetate	1037	064	—	—
	99	—	—	Resins	2200	064	—	—
	99	—	—	Gen'l solvent vapor	5100	064	—	—
	99	—	—	other chemicals	5999	064	—	—

TOTAL THIS PAGE: 64

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY

41: 1

TOTAL AT RISK 37-40: —

CONTINUED NEXT PAGE ☒

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

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CARD CODE (1) [2]

STATE CODE (8-9) [4][2]

COMPANY NUMBER (10-15)

EMPLOYEES				EXPOSURES				
OCCUPATION		TOT. EST. W/I OCC. (P.O.)*	TOT. EST. AT RISK	HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	I 34-36
DESCRIPTION	CODE 16-17	18-20	21-23					
Powder	99		004	Total		004		
	99			Dust	9130	004		
	99			Spirit Solvent vapors	5100	004		

TOTAL THIS PAGE: 4

TOTAL AT RISK (37-40) 0181

CONTINUED NEXT PAGE ☐

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY (41) [1]

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Betty - PC

HIH-19001 REV. 7/69

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

REGION II-Kingston

PROD. MFG. OR SERVICE x-ray screens
Graphic Arts film

DATE OF ACTIVITY 7/9/70

FIELD ACTIVITY REPORT

PLANT: DuPont Co. (Photo Products Dept.)		
ADDRESS: James Street, Towanda	ZIP: 18848	PHONE: 717-265-2131
PERSON INTERVIEWED: Norman Cross, Claude Van Ness	TITLE: Plt. Mgr., Safety Sup.	
EMPLOYEES: MALE 200 FEMALE 10 TOTAL 210	IND. CODE: 28	COUNTY: 08

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 WRITTEN - - - VERBAL	ACCOMPLISHED YES	NO	IN PROG.

SAMPLES COLLECTED (NO. & KIND) _____ TOTAL _____

DETERM. MADE (NO. & KIND) _____ TOTAL _____

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

PUNCH CARD YES [x] NO [ ] FOLDER YES [x] NO [ ]

REMARKS:

Retain punch card.

Plant remains the same but expanding some operations. Improved local exhaust ventilation in x-ray screen blending area and added tempered make-up air. Now installing another line for photo sensitive film. Basic solvents are acetone, N-butyl acetate, butyl cellosolve and methylene chloride.

Labs are mostly quality control or pilot. Extractions are done using acetone, cellosolve, and chloroform. Use UV light to check film but all are enclosed and local exhaust ventilated. Some UV bulbs but shielded. Hoods control velocities checked monthly with a velometer and recorded. Gauges are all mechanical type (no mercury).

Discussed vapor sampling and suggested they set their Davis vapotester up with a battery operated pump.

Plant manager is young and very interested in safety. Very cooperative.

BY P. Gronka RIH [signature] 7/21/70

WINS 3.5

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REGION II

PROD. MFG. OR SERVICE x-ray screens, photographic film

DATE OF ACTIVITY 4/1/69

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

FIELD ACTIVITY REPORT

EMPLOYEES		COUNTY
MALE	156	08
FEMALE	8	
TOTAL	164	IND. CODE 28

PLANT: Dupont Company (Photo Products Dept.)

ADDRESS: James Street, Towanda | ZIP: 18848 | PHONE: 717-265-2131

PERSON INTERVIEWED: Claude VanNess | TITLE: Safety Director

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 WRITTEN • • • VERBAL	ACCOMPLISHED YES	NO	IN PROG.

SAMPLES COLLECTED (NO. & KIND) TOTAL

DETERM. MADE (NO. & KIND) TOTAL

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

PUNCH CARD YES [X] NO [ ] | FOLDER YES [X] NO [ ]

REMARKS:

Company's medical program is the same as that listed on the previous punch card. Plant management and employees are alerted to chemical hazard. Has a complete list of all raw materials with hazard and toxicity data on them. Hazards for each chem. is posted at each location the chemical is used. Company does its own atmosphere testing for butyl-acetate, acetone and butyl cellosolve. Records are kept of the tests and Mr. VanNess stated they are within the accepted TLV's. The area using the butyl cellosolve was not inspected, this area is located in the new research building they built and they were not operating at the time of the inspection. This area will be inspected the next time I'm in the area. Hashell Laboratory people set up the testing program and trained Mr. VanNessto use the vapotester. The two phosphors they manufacture for the x-ray screens are calcium tungstate and a barum blend phosphor. The operations involved in the manufacture of x-ray screens is still the same, however, there are additional operations for the photographic films.

(over)

4/11/69

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BY G. Tomchick RIH

WINS 3.5

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OPERATION	HAZARD	CONTROL MEASURE
Riston) Tradenames for Crolux) Films	Trichloroethylene vapor Methyluss chloride vapor (Peta Dust & Mist (Terta Dust & Mist Acrylic Resin Mist TDAC) dust and TDAQ) mist Plastmarx 425 mist 2 tertiary authraquenous dust Jungle black dust & mist Dermatitis	Local exh. vent. Short exposure while loading mixers Good personal hygiene
Coating film	Mylar dust Above vapors	Local exhaust vent.
Drying	Heat & above vapors	Enclosed exhaust vent.
Comapress Mixing	Dimethyl formamide vapor Gem Latex Mist Mylar polyester dust	Enclosed & exhaust vent.
Drying	Above & heat	Enclosed & exhaust vent.

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