WGK 158

TRANSFER AND ASSIGNMENT OF EMPLOYES

Date 12-30-59

T.C. # 1774 Name H. Olen

Report to the PLACEMENT SECTION for transfer at 8 ~~p.m.~~ a.m. 1-11 19 60

TAKE THIS SHEET WITH YOU

This employe (has) (has not) had an Employe Progress interview while in this department.

D Lainey — Foreman — 223 — Dept.

TO: E. Smith Dept. 246

The ~~above~~ named employe has been ([redacted]) (awarded) ([redacted]) the position Trem. Oper. 246 replacing T.C. # J. Bolden

On that job his rate will be 2.59½ (w/old training) His present rate is 2.59½ Plant Seniority 3-1-48

Job or craft seniority, if applicable

He has had 1 Days off this week. Sun. (Worked late shift Sat)

Home Address 1922 Florence St

E St Louis Ill Telephone No. DEER FIELD 2-1538

PLEASE SUBMIT RATE SLIP IMMEDIATELY

TO COVER THIS TRANSFER

R. Richter
Placement Section

Form: C-1
11/9/48
Rev. 1/31/50

PCB-ARCH-EXT0375408

WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

- ☐ STARTING TIME _____
- ☐ LUNCH PERIOD _____
  Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.
- ☐ QUITTING TIME _____
- ☐ SHIFT ROTATION _____
- ☐ DAYS OFF _____
- ☐ RATE OF PAY $_____ PER HOUR
- ☐ SMOKING RESTRICTIONS
  WHEN _____
  WHERE _____
- ☐ PERSONAL TELEPHONE CALLS
- ☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT
- ☐ FIRE ALARMS
  TELEPHONE - Dial 200 *ZONE* _____
  DEPT. _____
  MANUAL - Location of Alarm Box
- ☐ LOCATION OF EMERGENCY SHOWERS
- ☐ LOCATION OF FIRE EXTINGUISHERS
- ☐ EMERGENCY HORN CALL *(Show Location)*

_____BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

- ☐ ABSENCES - *Call In and Log No. Procedure*
- ☐ LOCATION OF WASHROOM & TOILET
- ☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

- ☐ DEPARTMENTAL SAFETY PRACTICES
- ☐ TIME & PLACE OF RELIEVING
- ☐ OPERATING INSTRUCTIONS - *Location and Importance*
- ☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.
- ☐ SCOPE OF JOB & RESPONSIBILITIES
- ☐ HOUSEKEEPING AREA ASSIGNED _____
- ☐ SAMPLING - *Location of Laboratory*
- ☐ RECORDS - *Use of forms*
- ☐ METHOD OF TRAINING - *With Whom, For How Long, Method of Determining Qualification On Job.*
- ☐ DEPARTMENT LOCKER NO. _____ ASSIGNED
- ☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375409

WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

- ☐ STARTING TIME _____
- ☐ LUNCH PERIOD _____
  Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.
- ☐ QUITTING TIME _____
- ☐ SHIFT ROTATION _____
- ☐ DAYS OFF _____
- ☐ RATE OF PAY $_____ PER HOUR
- ☐ SMOKING RESTRICTIONS
  WHEN _____
  WHERE _____
- ☐ PERSONAL TELEPHONE CALLS
- ☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT
- ☐ FIRE ALARMS
  TELEPHONE - Dial 200 *ZONE* _____
  DEPT. _____
  MANUAL - Location of Alarm Box
- ☐ LOCATION OF EMERGENCY SHOWERS
- ☐ LOCATION OF FIRE EXTINGUISHERS
- ☐ EMERGENCY HORN CALL *(Show Location)*

_____BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

- ☐ ABSENCES - *Call In and Log No. Procedure*
- ☐ LOCATION OF WASHROOM & TOILET
- ☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

- ☐ DEPARTMENTAL SAFETY PRACTICES
- ☐ TIME & PLACE OF RELIEVING
- ☐ OPERATING INSTRUCTIONS - *Location and Importance*
- ☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.
- ☐ SCOPE OF JOB & RESPONSIBILITIES
- ☐ HOUSEKEEPING AREA ASSIGNED _____
- ☐ SAMPLING - *Location of Laboratory*
- ☐ RECORDS - *Use of forms*
- ☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*
- ☐ DEPARTMENT LOCKER NO. _____ ASSIGNED
- ☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375410

WGK 158

TRANSFER AND ASSIGNMENT OF EMPLOYES

Date 11/17/59

T.C. # 130 Name E Reichert

Report to the PLACEMENT SECTION for transfer at _____ p.m. a.m. _____ 19 _____

TAKE THIS SHEET WITH YOU

This employe (has) (has not) had an Employe Progress interview while in this department.

D P Shirley
Foreman *Dept.*

TO: Mr Smith Dept. 246

The above named employe has been (assigned) (awarded) (is utility on) the position _____

Operator replacing T.C. # _____

On that job his rate will be _____ His present rate is _____

Plant Seniority 1-21-59

Job or craft seniority, if applicable _____

He has had 0 Days off this week. None

Home Address RR1 Box 138

Columbia Lee Telephone No. Bu 1-7622

PLEASE SUBMIT RATE SLIP IMMEDIATELY

TO COVER THIS TRANSFER

D P Shirley
Placement Section

Form: C-1
11/9/48
Rev. 1/31/50

PCB-ARCH-EXT0375411

☐ WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

☐ STARTING TIME _____

☐ LUNCH PERIOD _____
Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.

☐ QUITTING TIME _____

☐ SHIFT ROTATION _____

☐ DAYS OFF _____

☐ RATE OF PAY $_____ PER HOUR

☐ SMOKING RESTRICTIONS
WHEN _____
WHERE _____

☐ PERSONAL TELEPHONE CALLS

☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT

☐ FIRE ALARMS
TELEPHONE - Dial 200 *ZONE* _____
DEPT. _____
MANUAL - Location of Alarm Box

☐ LOCATION OF EMERGENCY SHOWERS

☐ LOCATION OF FIRE EXTINGUISHERS

☐ EMERGENCY HORN CALL *(Show Location)*

_____BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

☐ ABSENCES - *Call In and Log No. Procedure*

☐ LOCATION OF WASHROOM & TOILET

☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

☐ DEPARTMENTAL SAFETY PRACTICES

☐ TIME & PLACE OF RELIEVING

☐ OPERATING INSTRUCTIONS - *Location and Importance*

☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.

☐ SCOPE OF JOB & RESPONSIBILITIES

☐ HOUSEKEEPING AREA ASSIGNED _____

☐ SAMPLING - *Location of Laboratory*

☐ RECORDS - *Use of forms*

☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*

☐ DEPARTMENT LOCKER NO. _____ ASSIGNED

☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375412

WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

- ☐ STARTING TIME _____
- ☐ LUNCH PERIOD _____
  Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.
- ☐ QUITTING TIME _____
- ☐ SHIFT ROTATION _____
- ☐ DAYS OFF _____
- ☐ RATE OF PAY $_____ PER HOUR
- ☐ SMOKING RESTRICTIONS
  WHEN _____
  WHERE _____
- ☐ PERSONAL TELEPHONE CALLS
- ☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT
- ☐ FIRE ALARMS
  TELEPHONE - Dial 200 *ZONE* _____
  DEPT. _____
  MANUAL - Location of Alarm Box
- ☐ LOCATION OF EMERGENCY SHOWERS
- ☐ LOCATION OF FIRE EXTINGUISHERS
- ☐ EMERGENCY HORN CALL *(Show Location)*

_____BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

- ☐ ABSENCES - *Call In and Log No. Procedure*
- ☐ LOCATION OF WASHROOM & TOILET
- ☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

- ☐ DEPARTMENTAL SAFETY PRACTICES
- ☐ TIME & PLACE OF RELIEVING
- ☐ OPERATING INSTRUCTIONS - *Location and Importance*
- ☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.
- ☐ SCOPE OF JOB & RESPONSIBILITIES
- ☐ HOUSEKEEPING AREA ASSIGNED _____
- ☐ SAMPLING - *Location of Laboratory*
- ☐ RECORDS - *Use of forms*
- ☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*
- ☐ DEPARTMENT LOCKER NO. _____ ASSIGNED
- ☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375413

WGK 158

TRANSFER AND ASSIGNMENT OF EMPLOYES

Date 11-17-59

T.C. # 1758 Name L- MILLER

Report to the PLACEMENT SECTION for transfer at 8 ~~p.m.~~ a.m. 11-17- 1959

TAKE THIS SHEET WITH YOU

This employe (has) (has not) had an Employe Progress interview while in this department.

H. O'Neill — Foreman

PRRR — Dept.

TO: E. Smith Dept. 246

The above named employe has been (~~[illegible]~~) (awarded) (~~[illegible]~~) the position Stand. Oper. 246 replacing T.C. # R. Maclin

On that job his rate will be 2.55 1/2 His present rate is

Plant Seniority 3-18-59

Job or craft seniority, if applicable —

He has had 2 Days off this week Sunday & Monday.

Home Address #9 Gloria, Cahokia, Ill. Telephone No. Vp. 5-6074.

PLEASE SUBMIT RATE SLIP IMMEDIATELY

TO COVER THIS TRANSFER

R. Richter
Placement Section

Form: C-1
11/9/48
Rev. 1/31/50

WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

- ☐ STARTING TIME _____
- ☐ LUNCH PERIOD _____
  Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.
- ☐ QUITTING TIME _____
- ☐ SHIFT ROTATION _____
- ☐ DAYS OFF _____
- ☐ RATE OF PAY $_____ PER HOUR
- ☐ SMOKING RESTRICTIONS
  WHEN _____
  WHERE _____
- ☐ PERSONAL TELEPHONE CALLS
- ☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT
- ☐ FIRE ALARMS
  TELEPHONE - Dial 200 *ZONE* _____
  DEPT. _____
  MANUAL - Location of Alarm Box
- ☐ LOCATION OF EMERGENCY SHOWERS
- ☐ LOCATION OF FIRE EXTINGUISHERS
- ☐ EMERGENCY HORN CALL *(Show Location)*

_____BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

- ☐ ABSENCES - *Call In and Log No. Procedure*
- ☐ LOCATION OF WASHROOM & TOILET
- ☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

- ☐ DEPARTMENTAL SAFETY PRACTICES
- ☐ TIME & PLACE OF RELIEVING
- ☐ OPERATING INSTRUCTIONS - *Location and Importance*
- ☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.
- ☐ SCOPE OF JOB & RESPONSIBILITIES
- ☐ HOUSEKEEPING AREA ASSIGNED _____
- ☐ SAMPLING - *Location of Laboratory*
- ☐ RECORDS - *Use of forms*
- ☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*
- ☐ DEPARTMENT LOCKER NO. _____ ASSIGNED
- ☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375415

WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

- ☐ STARTING TIME _____
- ☐ LUNCH PERIOD _____
  Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.
- ☐ QUITTING TIME _____
- ☐ SHIFT ROTATION _____
- ☐ DAYS OFF _____
- ☐ RATE OF PAY $_____ PER HOUR
- ☐ SMOKING RESTRICTIONS
  WHEN _____
  WHERE _____
- ☐ PERSONAL TELEPHONE CALLS
- ☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT
- ☐ FIRE ALARMS
  TELEPHONE - Dial 200 *ZONE* _____
  DEPT. _____
  MANUAL - Location of Alarm Box
- ☐ LOCATION OF EMERGENCY SHOWERS
- ☐ LOCATION OF FIRE EXTINGUISHERS
- ☐ EMERGENCY HORN CALL *(Show Location)*

_____BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

- ☐ ABSENCES - *Call In and Log No. Procedure*
- ☐ LOCATION OF WASHROOM & TOILET
- ☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

- ☐ DEPARTMENTAL SAFETY PRACTICES
- ☐ TIME & PLACE OF RELIEVING
- ☐ OPERATING INSTRUCTIONS - *Location and Importance*
- ☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.
- ☐ SCOPE OF JOB & RESPONSIBILITIES
- ☐ HOUSEKEEPING AREA ASSIGNED _____
- ☐ SAMPLING - *Location of Laboratory*
- ☐ RECORDS - *Use of forms*
- ☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*
- ☐ DEPARTMENT LOCKER NO. _____ ASSIGNED
- ☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375416

B 168

TRANSFER AND ASSIGNMENT OF EMPLOYES

Date 11/16/59

T.C. # 289 NAME D Lensing

Report to the PLACEMENT SECTION ~~following your shift~~ _____,
8 Am Tuesday 11/17/59, 19___ for transfer. TAKE THIS SHEET WITH YOU.

J H Dubbick, B257
Foreman Dept.

TO: E. Smith, DEPT. 246
IS UTILITY ON

The above named employe ~~has been / assigned / awarded~~ the position of Shift Operator replacing T.C. #_____, _____.

On that job his rate will be Rate of job. His present rate is 2.37. Plant Seniority 4-14-59.

Job or craft seniority, if applicable _____

Home Address Box 159, Coulterville, Ill.

_____. Telephone No. No phone

He was off Sunday.

PLEASE SUBMIT RATE SLIP IMMEDIATELY
TO COVER THIS TRANSFER

R. Richter
Placement Section

Form: C-1
11/9/48
Rev. 11/24/48

PCB-ARCH-EXT0375417

☐ WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

☐ STARTING TIME _____

☐ LUNCH PERIOD _____
Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.

☐ QUITTING TIME _____

☐ SHIFT ROTATION _____

☐ DAYS OFF _____

☐ RATE OF PAY $_____ PER HOUR

☐ SMOKING RESTRICTIONS
WHEN _____
WHERE _____

☐ PERSONAL TELEPHONE CALLS

☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT

☐ FIRE ALARMS
TELEPHONE - Dial 200 *ZONE* _____
DEPT. _____
MANUAL - Location of Alarm Box

☐ LOCATION OF EMERGENCY SHOWERS

☐ LOCATION OF FIRE EXTINGUISHERS

☐ EMERGENCY HORN CALL *(Show Location)*

_____BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

☐ ABSENCES - *Call In and Log No. Procedure*

☐ LOCATION OF WASHROOM & TOILET

☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

☐ DEPARTMENTAL SAFETY PRACTICES

☐ TIME & PLACE OF RELIEVING

☐ OPERATING INSTRUCTIONS - *Location and Importance*

☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.

☐ SCOPE OF JOB & RESPONSIBILITIES

☐ HOUSEKEEPING AREA ASSIGNED _____

☐ SAMPLING - *Location of Laboratory*

☐ RECORDS - *Use of forms*

☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*

☐ DEPARTMENT LOCKER NO. _____ ASSIGNED

☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375418

☐ WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

☐ STARTING TIME _____

☐ LUNCH PERIOD _____
Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.

☐ QUITTING TIME _____

☐ SHIFT ROTATION _____

☐ DAYS OFF _____

☐ RATE OF PAY $_____ PER HOUR

☐ SMOKING RESTRICTIONS
WHEN _____
WHERE _____

☐ PERSONAL TELEPHONE CALLS

☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT

☐ FIRE ALARMS
TELEPHONE - Dial 200 *ZONE* _____
DEPT. _____
MANUAL - Location of Alarm Box

☐ LOCATION OF EMERGENCY SHOWERS

☐ LOCATION OF FIRE EXTINGUISHERS

☐ EMERGENCY HORN CALL *(Show Location)*

_____ BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

☐ ABSENCES - *Call In and Log No. Procedure*

☐ LOCATION OF WASHROOM & TOILET

☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

☐ DEPARTMENTAL SAFETY PRACTICES

☐ TIME & PLACE OF RELIEVING

☐ OPERATING INSTRUCTIONS - *Location and Importance*

☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.

☐ SCOPE OF JOB & RESPONSIBILITIES

☐ HOUSEKEEPING AREA ASSIGNED _____

☐ SAMPLING - *Location of Laboratory*

☐ RECORDS - *Use of forms*

☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*

☐ DEPARTMENT LOCKER NO. _____ ASSIGNED

☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375419

WGK 158

TRANSFER AND ASSIGNMENT OF EMPLOYES

Date 11-10-59

T.C. # 812 Name H. Moore

Report to the PLACEMENT SECTION for transfer at 10⁰⁰ ~~p.m.~~ a.m. 11-10 1959

TAKE THIS SHEET WITH YOU

This employe (has) (has not) had an Employe Progress interview while in this department.

C.E. Smith — Foreman 350 — Dept.

TO: E. Smith Dept. 246

The above named employe has been ~~(assigned)~~ (awarded) ~~(is utility on)~~ the position "B" Operator replacing T.C. # R. McCoy

On that job his rate will be 2.55½ His present rate is 2.33 Plant Seniority 4-11-50

Job or craft seniority, if applicable —

He has had 2 Days off this week. Sunday & Monday.

Home Address 1844 St. Louis Ave., East St. Louis, Ill. Telephone No. Up. 3-6517.

PLEASE SUBMIT RATE SLIP IMMEDIATELY

TO COVER THIS TRANSFER

R. Richter
Placement Section

Form: C-1
11/9/48
Rev. 1/31/50

☐ WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

☐ STARTING TIME _____

☐ LUNCH PERIOD _____
Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.

☐ QUITTING TIME _____

☐ SHIFT ROTATION _____

☐ DAYS OFF _____

☐ RATE OF PAY $_____ PER HOUR

☐ SMOKING RESTRICTIONS
WHEN _____
WHERE _____

☐ PERSONAL TELEPHONE CALLS

☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT

☐ FIRE ALARMS
TELEPHONE - Dial 200 ZONE _____
DEPT. _____
MANUAL - Location of Alarm Box

☐ LOCATION OF EMERGENCY SHOWERS

☐ LOCATION OF FIRE EXTINGUISHERS

☐ EMERGENCY HORN CALL *(Show Location)*

_____ BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

☐ ABSENCES - *Call In and Log No. Procedure*

☐ LOCATION OF WASHROOM & TOILET

☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

☐ DEPARTMENTAL SAFETY PRACTICES

☐ TIME & PLACE OF RELIEVING

☐ OPERATING INSTRUCTIONS - *Location and Importance*

☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.

☐ SCOPE OF JOB & RESPONSIBILITIES

☐ HOUSEKEEPING AREA ASSIGNED _____

☐ SAMPLING - *Location of Laboratory*

☐ RECORDS - *Use of forms*

☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*

☐ DEPARTMENT LOCKER NO. _____ ASSIGNED

☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375421

WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

- ☐ STARTING TIME _____
- ☐ LUNCH PERIOD _____
  Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.
- ☐ QUITTING TIME _____
- ☐ SHIFT ROTATION _____
- ☐ DAYS OFF _____
- ☐ RATE OF PAY $_____ PER HOUR
- ☐ SMOKING RESTRICTIONS
  WHEN _____
  WHERE _____
- ☐ PERSONAL TELEPHONE CALLS
- ☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT
- ☐ FIRE ALARMS
  TELEPHONE - Dial 200 *ZONE* _____
  DEPT. _____
  MANUAL - Location of Alarm Box
- ☐ LOCATION OF EMERGENCY SHOWERS
- ☐ LOCATION OF FIRE EXTINGUISHERS
- ☐ EMERGENCY HORN CALL *(Show Location)*

_____BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

- ☐ ABSENCES - *Call In and Log No. Procedure*
- ☐ LOCATION OF WASHROOM & TOILET
- ☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

- ☐ DEPARTMENTAL SAFETY PRACTICES
- ☐ TIME & PLACE OF RELIEVING
- ☐ OPERATING INSTRUCTIONS - *Location and Importance*
- ☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.
- ☐ SCOPE OF JOB & RESPONSIBILITIES
- ☐ HOUSEKEEPING AREA ASSIGNED _____
- ☐ SAMPLING - *Location of Laboratory*
- ☐ RECORDS - *Use of forms*
- ☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*
- ☐ DEPARTMENT LOCKER NO. _____ ASSIGNED
- ☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375422

WGK 158

TRANSFER AND ASSIGNMENT OF EMPLOYES

Date 11/27/57

T.C. # 267 Name O Jandro

Report to the PLACEMENT SECTION for transfer at 8 p.m. a.m. 12/1 1957

TAKE THIS SHEET WITH YOU

This employe (has) (has not) had an Employe Progress interview while in this department.

J Martens — Foreman

236 — Dept.

TO: E. Smith Dept. 246

The above-named employe has been (~~assigned~~) (awarded) (~~tentatively~~) the position Stand. Oper. 246 replacing T.C. # Gill

On that job his rate will be 2.55½ His present rate is

Plant Seniority 3-24-59

Job or craft seniority, if applicable

He has had 2 Days off this week. ~~Sun.~~ Sun. & Mon.

Home Address 521 N. 37TH St.

East St. Louis, Ill. Telephone No. Up. 3-1532.

PLEASE SUBMIT RATE SLIP IMMEDIATELY

TO COVER THIS TRANSFER

A. P. Richter

Placement Section

Form: C-1
11/9/48
Rev. 1/31/50

PCB-ARCH-EXT0375423

WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

- ☐ STARTING TIME _____
- ☐ LUNCH PERIOD _____
  Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.
- ☐ QUITTING TIME _____
- ☐ SHIFT ROTATION _____
- ☐ DAYS OFF _____
- ☐ RATE OF PAY $_____ PER HOUR
- ☐ SMOKING RESTRICTIONS
  WHEN _____
  WHERE _____
- ☐ PERSONAL TELEPHONE CALLS
- ☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT
- ☐ FIRE ALARMS
  TELEPHONE - Dial 200 ZONE _____
  DEPT. _____
  MANUAL - Location of Alarm Box
- ☐ LOCATION OF EMERGENCY SHOWERS
- ☐ LOCATION OF FIRE EXTINGUISHERS
- ☐ EMERGENCY HORN CALL *(Show Location)*
- _____BLASTS ON HORN FOLLOWED BY DEPT. CALL
- WHICH IS _____
- ☐ ABSENCES - *Call In and Log No. Procedure*
- ☐ LOCATION OF WASHROOM & TOILET
- ☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

- ☐ DEPARTMENTAL SAFETY PRACTICES
- ☐ TIME & PLACE OF RELIEVING
- ☐ OPERATING INSTRUCTIONS - *Location and Importance*
- ☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.
- ☐ SCOPE OF JOB & RESPONSIBILITIES
- ☐ HOUSEKEEPING AREA ASSIGNED _____
- ☐ SAMPLING - *Location of Laboratory*
- ☐ RECORDS - *Use of forms*
- ☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*
- ☐ DEPARTMENT LOCKER NO. _____ ASSIGNED
- ☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375424

WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

- ☐ STARTING TIME _____
- ☐ LUNCH PERIOD _____
  Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.
- ☐ QUITTING TIME _____
- ☐ SHIFT ROTATION _____
- ☐ DAYS OFF _____
- ☐ RATE OF PAY $_____ PER HOUR
- ☐ SMOKING RESTRICTIONS
  WHEN _____
  WHERE _____
- ☐ PERSONAL TELEPHONE CALLS
- ☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT
- ☐ FIRE ALARMS
  TELEPHONE - Dial 200 ZONE _____
  DEPT. _____
  MANUAL - Location of Alarm Box
- ☐ LOCATION OF EMERGENCY SHOWERS
- ☐ LOCATION OF FIRE EXTINGUISHERS
- ☐ EMERGENCY HORN CALL *(Show Location)*

_____BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

- ☐ ABSENCES - *Call In and Log No. Procedure*
- ☐ LOCATION OF WASHROOM & TOILET
- ☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

- ☐ DEPARTMENTAL SAFETY PRACTICES
- ☐ TIME & PLACE OF RELIEVING
- ☐ OPERATING INSTRUCTIONS - *Location and Importance*
- ☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.
- ☐ SCOPE OF JOB & RESPONSIBILITIES
- ☐ HOUSEKEEPING AREA ASSIGNED _____
- ☐ SAMPLING - *Location of Laboratory*
- ☐ RECORDS - *Use of forms*
- ☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*
- ☐ DEPARTMENT LOCKER NO. _____ ASSIGNED
- ☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375425

WGK 158

TRANSFER AND ASSIGNMENT OF EMPLOYES

Date 12/9/59

T.C. # 333 Name J. Ripley

Report to the PLACEMENT SECTION for transfer at _____ p.m. a.m. _____ 19 _____

TAKE THIS SHEET WITH YOU

This employe (has) (has not) had an Employe Progress interview while in this department.

W P Hickey
Foreman Dept.

TO: Mr Smith Dept. 246

The above named employe has been (assigned) (awarded) (is utility on) the position Rev Repair Man replacing T.C. # _____

On that job his rate will be 2.85 1/2 His present rate is _____ Plant Seniority 9-6-33

Job or craft seniority, if applicable _____

He has had [redacted] Days off this week. [redacted] New week

Home Address 910 Exchange Ave E St Louis Ill Telephone No. Up3-2803

PLEASE SUBMIT RATE SLIP IMMEDIATELY

TO COVER THIS TRANSFER

W P Hickey
Placement Section

Form: C-1
11/9/48
Rev. 1/31/50

☐ WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

INSTRUCTIONS TO SUPERVISOR: *Fill out in duplicate. Forward tear-off portion of original to Employment Department. Give remainder of original to employe. File carbon for duration of employe's stay in department.*

NAME	T/C NO.	DEPT.

GENERAL

- ☐ STARTING TIME _____
- ☐ LUNCH PERIOD _____
  Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.
- ☐ QUITTING TIME _____
- ☐ SHIFT ROTATION _____
- ☐ DAYS OFF _____
- ☐ RATE OF PAY $_____ PER HOUR
- ☐ SMOKING RESTRICTIONS
  WHEN _____
  WHERE _____
- ☐ PERSONAL TELEPHONE CALLS
- ☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT
- ☐ FIRE ALARMS
  TELEPHONE - Dial 200 *ZONE* _____
  DEPT. _____
  MANUAL - Location of Alarm Box
- ☐ LOCATION OF EMERGENCY SHOWERS
- ☐ LOCATION OF FIRE EXTINGUISHERS
- ☐ EMERGENCY HORN CALL *(Show Location)*

_____BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

- ☐ ABSENCES - *Call In and Log No. Procedure*
- ☐ LOCATION OF WASHROOM & TOILET
- ☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

- ☐ DEPARTMENTAL SAFETY PRACTICES
- ☐ TIME & PLACE OF RELIEVING
- ☐ OPERATING INSTRUCTIONS - *Location and Importance*
- ☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.
- ☐ SCOPE OF JOB & RESPONSIBILITIES
- ☐ HOUSEKEEPING AREA ASSIGNED _____
- ☐ SAMPLING - *Location of Laboratory*
- ☐ RECORDS - *Use of forms*
- ☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*
- ☐ DEPARTMENT LOCKER NO. _____ ASSIGNED
- ☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375427

WGK 289

W. G. KRUMMRICH PLANT

DEPARTMENTAL EMPLOYE INDOCTRINATION CHECK LIST

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NAME	T/C NO.	DEPT.

GENERAL

- ☐ STARTING TIME _____
- ☐ LUNCH PERIOD _____
  Cafeteria Hours: 11 a.m. to 1:45 p.m. - 6 to 8 p.m. - 2 to 4 a.m.
- ☐ QUITTING TIME _____
- ☐ SHIFT ROTATION _____
- ☐ DAYS OFF _____
- ☐ RATE OF PAY $_____ PER HOUR
- ☐ SMOKING RESTRICTIONS
  WHEN _____
  WHERE _____
- ☐ PERSONAL TELEPHONE CALLS
- ☐ SAFETY EQUIPMENT ISSUED - USE AND REPLACEMENT
- ☐ FIRE ALARMS
  TELEPHONE - Dial 200 *ZONE* _____
  DEPT. _____
  MANUAL - Location of Alarm Box
- ☐ LOCATION OF EMERGENCY SHOWERS
- ☐ LOCATION OF FIRE EXTINGUISHERS
- ☐ EMERGENCY HORN CALL *(Show Location)*

_____BLASTS ON HORN FOLLOWED BY DEPT. CALL

WHICH IS _____

- ☐ ABSENCES - *Call In and Log No. Procedure*
- ☐ LOCATION OF WASHROOM & TOILET
- ☐ LOCATION OF BULLETIN & OVERTIME BOARDS

TRAINING

- ☐ DEPARTMENTAL SAFETY PRACTICES
- ☐ TIME & PLACE OF RELIEVING
- ☐ OPERATING INSTRUCTIONS - *Location and Importance*
- ☐ RELATIONSHIP OF JOB TO OTHERS IN DEPT.
- ☐ SCOPE OF JOB & RESPONSIBILITIES
- ☐ HOUSEKEEPING AREA ASSIGNED _____
- ☐ SAMPLING - *Location of Laboratory*
- ☐ RECORDS - *Use of forms*
- ☐ METHOD OF TRAINING - *With Whom. For How Long, Method of Determining Qualification On Job.*
- ☐ DEPARTMENT LOCKER NO. _____ ASSIGNED
- ☐ TOUR OF DEPARTMENT - *Introduction to Supervision and Fellow Employes.*

JOB ASSIGNED	DATE

TO: EMPLOYMENT DEPARTMENT

NAME	T/C NO.	DEPT.

This new employe has been introduced to the department and his job according to the prescribed plan. All of the items on the check list have been discussed with him.

DATE	INDOCTRINATED BY	☐ NEW EMPLOYE	☐ TRANSFERRED EMPLOYE

PCB-ARCH-EXT0375428