PATIENT NUMBER 5-1

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [redacted]

OPERATOR OF TANK Standard Oil Co (Ky)

LOCATION OF TANK Savannah Ga

NAME OF HOSPITAL Charity

LOCATION OF HOSPITAL Savannah Ga

DOCTOR RESPONSIBLE FOR PATIENT Dr John K Train

JOB STARTED (date) Aug 18, 36

JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 40

SEVERITY OF ILLNESS

NO SYMPTOMS	
MILD	
MODERATE	
SEVERE	✓
RECOVERED	
DIED	✓

CONDITION OF EXPOSURE
(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 2 days

DATES WITHIN TANK Aug 18 & 19

ESTIMATED TOTAL HOURS IN TANK 8 hrs.

WERE ALL REGULATIONS FOLLOWED YES ___ NO ✓

WAS MASK WORN

FULL TIME	
PART TIME	
NOT USED	✓

ANY EVIDENCE MASK INADEQUATE YES ___ NO ___

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ___ NO ___

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

[redacted]

PATIENT NUMBER 5-1

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM _____ days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS _____
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

Symptoms taken from hospital nurses notes. Undoubtedly there were other symptoms

1. Weakness
2. "Nervous" ✓
3. General Illness
4. Vertigo
5. Headache
6. Nausea-Vomiting
7. Anorexia ✓
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational ✓
20. Disorientation ✓
21. Hallucination
22. Mania

ESCAPE YES_____ NO_____

COMPLICATIONS YES_____ NO_____

CONTRIBUTING FACTORS YES_____ NO_____

DURATION OF ILLNESS (Days) 16 days
(From first symptom to recovery or death)

DATE _____ SIGNATURE _____

NAME OF PATIENT [redacted]

COURSE OF ILLNESS

PATIE

CONDITION OF PATIENT 1. MILD
2. MODERATE
3. SEVERE
4. DECEASED

DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHY-RINS	HB	RBC	WBC	STIP.	TE
8/26/56						0.72		75%	4.55	6.4		
					Post Mortem from heart 0.05	Post Mortem no sample						

Confidential Incident #5

Standard Oil Co (Ky) City 36 Tank #1

Little is on record as to "1" usage and cleaning details. It is known that the tank steamed by ~~the~~ material taken from ground outside tank. dirt
After cleaning contained 0.25% organic lead.

Fifteen men are known to have worked in tank #1. Of the 15 seven 7 were ill enough to be hospitalized and all were had proved organic lead intoxication. Three of these were died. Of the remaining eight men four were reported to have had no symptoms and the remaining 4 had mild symptoms lasting only a few hours to a few days.

Eight other men ~~were~~ who had worked in tanks #6 were examined and only one of these eight had any symptom. This one man had questionable symptoms of anorexia and insomnia

15 men worked in tank #1
7 of these 15 were proved to have organic lead intoxication
3 of the 7 sick men died

~~8 [illegible]~~
4 of the 15 had mild symptoms not proved to be org. Pb intoxication
4 of the 15 had no symptoms

Traders responsible
1 No mask - no prescribed boots + cloth - no baths
2 Tank had been steamed.
3 Tank may have had a leaky bottom because new steel bottom was installed after cleaning

PATIENT NUMBER 5-2

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [redacted]

OPERATOR OF TANK Standard Oil Co (Ky)

LOCATION OF TANK Savanah

NAME OF HOSPITAL _____

LOCATION OF HOSPITAL _____

DOCTOR RESPONSIBLE FOR PATIENT Dr John K Train

JOB STARTED (date) Aug 18, '36

JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 60

SEVERITY OF ILLNESS

NO SYMPTOMS	
MILD	~~✓~~
MODERATE	✓
SEVERE	
RECOVERED	✓
DIED	

CONDITION OF EXPOSURE
(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 2 days

DATES WITHIN TANK Aug 18 + 19

ESTIMATED TOTAL HOURS IN TANK 8? hrs.

WERE ALL REGULATIONS FOLLOWED YES ___ NO ✓

WAS MASK WORN

FULL TIME	
PART TIME	
NOT USED	✓

ANY EVIDENCE MASK INADEQUATE YES ___ NO ___

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ___ NO ___

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

[redacted]

PATIENT NUMBER V-2

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 2-4-5-10-18
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting ✓
7. Anorexia
8. Tremor
9. Apprehension-Fear ✓
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain ✓
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain ✓
19. Irrational ✓
20. Disorientation
21. Hallucination
22. Mania ✓

Symptoms largely taken from urine notes - other symptoms undoubtedly existed.

ESCAPE YES____ NO ✓

COMPLICATIONS YES____ NO ✓

CONTRIBUTING FACTORS YES____ NO ✓

DURATION OF ILLNESS (Days) 37 days
(From first symptom to recovery or death)

DATE_____ SIGNATURE_____

NAME OF PATIENT [redacted]

COURSE OF ILLNESS

CONDITION OF PATIENT 1. MILD
2. MODERATE
3. SEVERE
4. DECEASED

DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHYRINS	HB	RBC	WBC	STIP.	TI
8/26/36						0.35						
9/5						0.16						

PATIENT NUMBER 5-3

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [redacted]

OPERATOR OF TANK Standard Oil (Ky)

LOCATION OF TANK Savannah Ga

NAME OF HOSPITAL Charity

LOCATION OF HOSPITAL Savannah

DOCTOR RESPONSIBLE FOR PATIENT Dr John K Train

JOB STARTED (date) Aug 18-36

JOB COMPLETED (date)

DATA TO BE CODED

AGE 23

SEVERITY OF ILLNESS

NO SYMPTOMS	
MILD	
MODERATE	✓
SEVERE	
RECOVERED	✓
DIED	

CONDITION OF EXPOSURE
(Other Details in Investigator's Report)

DATES WITHIN TANK Aug 18 + 19

NUMBER OF DAYS PATIENT ON JOB 2 days

ESTIMATED TOTAL HOURS IN TANK 8 hrs.

WERE ALL REGULATIONS FOLLOWED YES ___ NO ✓

WAS MASK WORN

FULL TIME	
PART TIME	
NOT USED	✓

ANY EVIDENCE MASK INADEQUATE YES ___ NO ___

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ✓? NO ___

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

[redacted]

PATIENT NUMBER 5-J

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM _____ days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS _____
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness
2. "Nervous" ✓
3. General Illness ✓
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting
7. Anorexia ✓
8. Tremor ✓
9. Apprehension-Fear ✓
10. Insomnia ✓
11. Terrifying Dreams ✓
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain ✓
16. Hypotension ✓
17. Hyperactive Reflexes
18. Muscle Pain ✓
19. Irrational ✓
20. Disorientation ✓
21. Hallucination
22. Mania ✓

ESCAPE YES _____ NO ✓

COMPLICATIONS YES _____ NO ✓

CONTRIBUTING FACTORS YES _____ NO ✓

DURATION OF ILLNESS (Days) _____ days
(From first symptom to recovery or death)

DATE _____ SIGNATURE _____

NAME OF PATIENT [redacted]

COURSE OF ILLNESS

CONDITION OF PATIENT 1. MILD
2. MODERATE
3. SEVERE
4. DECEASED

DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHYRINS	HB	RBC	WBC	STIP.
8/27/36						0,16		84%	3.87	4.4	
9/5					0,02	0,35					
9/6								78%	3.72	5.2	
9/12											
								80%	4.1		
9/14								85%	3.9		
9/17								80%	4.3		

KE 001703O

PATIENT NUMBER 5-4

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [redacted]

OPERATOR OF TANK Standard Oil Co (Ky)

LOCATION OF TANK Savannah Ga

NAME OF HOSPITAL Charity

LOCATION OF HOSPITAL Savannah

DOCTOR RESPONSIBLE FOR PATIENT Dr John

JOB STARTED (date) Aug 18-36

JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 26

SEVERITY OF ILLNESS
- NO SYMPTOMS _____
- MILD _____
- MODERATE _____
- SEVERE ✓
- RECOVERED _____
- DIED ✓

CONDITION OF EXPOSURE
(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 2 days

DATES WITHIN TANK Aug 18 & 19

ESTIMATED TOTAL HOURS IN TANK 8 hrs.

WERE ALL REGULATIONS FOLLOWED YES ___ NO ✓

WAS MASK WORN
- FULL TIME _____
- PART TIME _____
- NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES ___ NO ___

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ___ NO ___

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

[redacted]

PATIENT NUMBER 5-4

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM _____ days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS _____
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting
7. Anorexia
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain ✓
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational ✓
20. Disorientation ✓
21. Hallucination
22. Mania ✓

Formication ✓

Symptoms as recorded here are Carol's interpretation of nurses notes. Any errors are probable on the side of omission.

ESCAPE YES _____ NO _____

COMPLICATIONS YES _____ NO _____

CONTRIBUTING FACTORS YES _____ NO _____

DURATION OF ILLNESS (Days) 14 days
(From first symptom to recovery or death)

DATE _____ SIGNATURE _____

NAME OF PATIENT [redacted]

COURSE OF ILLNESS

CONDITION OF PATIENT 1. MILD
2. MODERATE
3. SEVERE
4. DECEASED

DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHYRINS	HB	RBC	WBC	STIP.
					Early test results on autopsy tissues consistent with diagnosis of GI intoxication						
						Post Mortem urine 1.1					
					Post Mortem blood from heart 0.08						

KE 00170093

PATIENT NUMBER 1-5

AD INTOXICATION
CORPORATION PHYSICIAN)

NAME OF PATIENT [redacted]

OPERATOR OF TANK Standard Oil (Ky)

LOCATION OF TANK Savannah Ga

NAME OF HOSPITAL Charity

LOCATION OF HOSPITAL Savannah

DOCTOR RESPONSIBLE FOR PATIENT Dr John K Train

JOB STARTED (date) Aug 18, 36

JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 25

SEVERITY OF ILLNESS
NO SYMPTOMS _____
MILD _____
MODERATE _____
SEVERE ✓
RECOVERED _____
DIED ✓

CONDITION OF EXPOSURE
(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 2 days

DATES WITHIN TANK Aug 18 + 19

ESTIMATED TOTAL HOURS IN TANK 8 hrs.

WERE ALL REGULATIONS FOLLOWED YES ___ NO ✓

WAS MASK WORN
FULL TIME _____
PART TIME _____
NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES ___ NO ___

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ✓? NO ___

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

Kettle known about tank. It is established that it was steamed - probably had a leaky bottom and men worked without respiratory or skin protection,

PATIENT NUMBER 5-5

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM _____ days
(O = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS _____
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness
2. "Nervous" ✓
3. General Illness ✓
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting
7. Anorexia ✓
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain ✓
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain ✓
19. Irrational ✓
20. Disorientation ✓
21. Hallucination ✓
22. Mania

Formication ✓

ESCAPE YES ✓ NO _____

COMPLICATIONS YES _____ NO _____

CONTRIBUTING FACTORS YES _____ NO _____

DURATION OF ILLNESS (Days) 17 days
(From first symptom to recovery or death)

DATE _____ SIGNATURE _____

NAME OF PATIENT [redacted]

COURSE OF ILLNESS

CONDITION OF PATIENT 1. MILD
2. MODERATE
3. SEVERE
4. DECEASED

DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHYRINS	HB	RBC	WBC	STIP
8/				Coramine q 4 h during most of hospital stay ? Calcium also given							
Aug 26	7					0.27		80%	5.67	4.3	
Sept 9					Post Mortem from heart 0.17	Post Mortem ~~from heart~~ 0.50					

KE 0017096

PATIENT NUMBER 5 - 6

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [redacted]

OPERATOR OF TANK Standard Oil Co (Ky)

LOCATION OF TANK Savannah Ga

NAME OF HOSPITAL Charity

LOCATION OF HOSPITAL Savannah

DOCTOR RESPONSIBLE FOR PATIENT Dr John K Train

JOB STARTED (date) Aug 18, 1936

JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 25

SEVERITY OF ILLNESS
NO SYMPTOMS _____
MILD _____
MODERATE _____
SEVERE ✓
RECOVERED ✓
DIED _____

CONDITION OF EXPOSURE
(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 2 days

DATES WITHIN TANK Aug 18 + 19

ESTIMATED TOTAL HOURS IN TANK 8 hrs.

WERE ALL REGULATIONS FOLLOWED YES ___ NO ✓

WAS MASK WORN
FULL TIME _____
PART TIME _____
NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES ___ NO ___

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ___ NO ___

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

PATIENT NUMBER 5-6

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM _____ days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS _____
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness
2. "Nervous"
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting
7. Anorexia
8. Tremor ✓
9. Apprehension-Fear ✓
10. Insomnia
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain ✓
16. Hypotension ✓
17. Hyperactive Reflexes ✓
18. Muscle Pain ✓
19. Irrational ✓
20. Disorientation
21. Hallucination ✓
22. Mania

Strabismus ✓

Is def made communication difficult

ESCAPE YES _____ NO ✓

COMPLICATIONS YES _____ NO ✓

CONTRIBUTING FACTORS YES ✓ NO _____

DURATION OF ILLNESS (Days) 65? days
(From first symptom to recovery or death)

DATE _____ SIGNATURE _____

NAME OF PATIENT [redacted]

COURSE OF ILLNESS

PAT

CONDITION OF PATIENT 1. MILD
2. MODERATE
3. SEVERE
4. DECEASED

DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHYRINS	HB	RBC	WBC	STIP.
27											
8/~~28~~/76						0.25		85	4.05	5.6	
9/5/76					0.01	0.15		85%	4.0	6.0	
9/6								81	3.85		
9/7								80	4.2		
9/8								80	4.12	7.95	
9/9								76	3.9		
9/10								70	3.76		
9/11								80	4.02		
9/13								80	3.66	7.0	
9/14								80	3.85		
								75	3.94		
								80	4.11		
								80	4.10		

KE 0017099

PATIENT NUMBER 5-7

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [redacted]

OPERATOR OF TANK Standard Oil Co (Ky

LOCATION OF TANK Savannah Ga

NAME OF HOSPITAL Charity Hospital

LOCATION OF HOSPITAL Savannah

DOCTOR RESPONSIBLE FOR PATIENT Dr John K Train

JOB STARTED (date) Aug 18/36

JOB COMPLETED (date) _____

DATA TO BE CODED

AGE 23

SEVERITY OF ILLNESS
- NO SYMPTOMS _____
- MILD ✓
- MODERATE _____
- SEVERE _____
- RECOVERED ✓
- DIED _____

CONDITION OF EXPOSURE
(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 13 days

DATES WITHIN TANK 8/18+19/36

ESTIMATED TOTAL HOURS IN TANK 95 hrs.

WERE ALL REGULATIONS FOLLOWED YES ___ NO ✓

WAS MASK WORN
- FULL TIME _____
- PART TIME _____
- NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES ___ NO ___

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ✓? NO ___

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

Worked inside tank for 2 half days - worked wearing
on shorts + leather shoes - no mask. Tank had been steamed
Probably leaking bottom but this is not stated.

[redacted]

PATIENT NUMBER 5-7

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 2-4
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-Vomiting ✓
7. Anorexia ✓
8. Tremor
9. Apprehension-Fear
10. Insomnia
11. Terrifying Dreams ✓
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational
20. Disorientation
21. Hallucination
22. Mania

ESCAPE YES____ NO ✓

COMPLICATIONS YES____ NO ✓

CONTRIBUTING FACTORS YES____ NO ✓

DURATION OF ILLNESS (Days) 27 days
(From first symptom to recovery or death)

DATE_____ SIGNATURE_____

NAME OF PATIENT [redacted]

COURSE OF ILLNESS

CONDITION OF PATIENT 1. MILD
2. MODERATE
3. SEVERE
4. DECEASED

DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHYRINS	HB	RBC	WBC	STIP
8/18/36	1										
?											
								9/%	4.6	3.5	
8/26	8					0.15					

KE 00117102

INCIDENT NUMBER 5

TANK HISTORY AND CONDITIONS OF EXPOSURE
(Ethyl Corporation Representative - Lay or Physician)

TANK OWNED BY Standard Oil Co (Ky)

TANK OPERATED BY Same

LOCATION OF TANK Savannah Ga

ETHYL CORPORATION REGION Atlanta Division

ETHYL CORPORATION DISTRICT

TANK NUMBER 1

MEN EMPLOYED BY Standard Oil Co Hammond Iron Works

JOB SUPERVISED BY

SUPERVISOR EMPLOYED BY

DATA TO BE CODED

ATTENDED BY ETHYL CORPORATION REPRESENTATIVE — FULL TIME ____ PART TIME ____ NO ✓

TANK CAPACITY ____ bbls.
TANK DIAMETER ____ ft.
TANK TYPE ____
LAST DATE PUT INTO LEADED GASOLINE SERVICE ____
MONTHS SINCE LAST CLEANED ____ mo.
LEAKING BOTTOM YES ✓ NO ____
WATER BOTTOM YES ____ NO ____
TANK STEAMED PRIOR TO THIS ENTRY YES ✓ NO ____
TIME IN DAYS IDLE - FROM PUMP DOWN TO CLEANING ____ days
HISTORY OF SPIKING YES ____ NO ____
MIXING DEVICE CIRCULATION ____
PROPELLER ____
JET ____
OTHER ____
APPROX. TEMPERATURE WHILE CLEANING HOT ✓ TEMPERATE ____ COLD ____
NUMBER OF MEN INVOLVED 15
NUMBER OF MEN WHO ENTERED TANK 15
NUMBER OF MEN SICK 11

KE 501100

INCIDENT NUMBER 5

ESTIMATED TIME ON JOB EACH MAN (HOURS)
(Total work time both in and out of tank)

(NAME)		
[redacted]	S-1	16 hrs.
	S-2	16
	S-3	16
	S-4	16
	S-5	16
	S-6	16
	S-7	10 4
		16
		24
		16
		?
		?
		?
		?
		?

Proved; no symptoms; symptoms

ESTIMATED TIME IN TANK EACH MAN (HOURS)

(NAME)		
[redacted]	S-1	8 hrs.
	S-2	8
	S-3	8
	S-4	8
	S-5	8
	S-6	9.5
	S-7	4
		?
		10
		1
		1
		1.5
		1.5
		6

Proved; no symptoms; symptoms

WAS MASK USED FULL TIME ____
PART TIME ____
NOT USED ✓

WAS RESPIRATORY EQUIPMENT ADEQUATE YES ____ NO ____

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ✓ ? NO ____

INCIDENT NUMBER 5

MCG. PB/CU.FT. AIR IF SAMPLE TAKEN _____

TIME IN HOURS BETWEEN MEN QUITTING JOB AND AIR SAMPLE TAKEN _____ hrs.

VENTILATED DURING THIS INTERVAL YES _____ NO _____

SLUDGE SAMPLES TAKEN FROM INSIDE TANK YES _____ NO _____

SLUDGE SAMPLES TAKEN FROM OUTSIDE TANK YES ✓ NO _____

INTERVAL IN HOURS BETWEEN MEN QUITTING JOB AND SLUDGE SAMPLE TAKEN _____ hrs.

CONCENTRATION ORGANIC PB IN SLUDGE (%) _____ %

taken at point debris from tank #1 was dumped 0.0002

Taken from ground outside Tank #1 after clean completed 0.25

MEDICAL DEPARTMENT NOTIFIED - NUMBER OF DAYS AFTER FIRST ILLNESS 6 days

WHO IN MEDICAL DEPARTMENT DIRECTLY NOTIFIED LWS

DATE _____ Signature _____