PLAINTIFF'S EXHIBIT

UC-3803

WORKPLACE ENVIRONMENT MONITORING - FIELD DATA SHEET

Page ___ of ___

Project No. 3202 Project Name Dartmouth Project Engineer Jim Lamb

Project Location: Dartmouth, MA Project Manager Jim Lamb

Remarks: Jim Lamb at pump

Equipment Used: Personal Sampler: X Area Sampler: ___ Other: ___

Shift: Day ___ Eve. ___ Mid. ___ No. Employees ___ Sampled by JLS

Sample No.	Pump Ser. Number	Pump KV	Pump Flow Control Ser	Initial Pump Reading	Final Pump Reading	Net Pump Reading	Start (Time)	Stop (Time)	Net Sample Time, Min.	Volume, Liters
Smoke - Chem; Bldg. No. - Monitoring Loc. Sample Volume Used, Top Title, Copyright Notice	2008 M.D. 5318052 TSP						8424	1022	130	520

Notes: (See Reverse Side)

INDUSTRIAL HYGIENE SURVEY REPORT

SOUTH CHARLESTON PLANT

To: J. C. COGAR

Date: 11-19-86

From: W.J.VINCENT

cc: M. A. PERRY
R. G. HULL
J. R. DEMENT
D. F. TETER. M.D.
S. ROSSI

Survey Date 11-10-86 Department/Location 350320

Contaminants ASBESTOS File No. OH

____ Area/Source (7.3)(1), X Occupational Exposure (7.4),

Sample Location, Employee Monitored	SSAN	JOB TITLE	Sample Duration, Minutes	Exposure Concentration, PPMV, mg/m3 (TWA/8 Hrs.)	Status
D.W. WOODS	233-02-5897	TRUCK DRIVER	130	.051 F/cc	*1ST

Comments:

GOING TO INSTITUTE LAND FILL

* INSUFFICIENT SAMPLE TIME FOR TWA8

(1) (n.n) = Plant 514 Safety File Reference

(2) IC = In Compliance; NC = Non-Compliance; NEEL = No Established Exposure Limit
Applicable Standard, TWA/8 Hrs.: TLV® 0.2 F/cc; OSHA 0.2 F/cc; UCC 0.2 F/cc;
Short Term Exposure Limit (STEL) ____; Ceiling Limit ____

(3) Please notify monitored employees of results in accordance with Plant 514 Safety/

UNION CARBIDE

INTERNAL CORRESPONDENCE

UNION CARBIDE CORPORATION P. O. BOX 8004, SOUTH CHARLESTON, WV 25303
SILICONES AND URETHANE INTERMEDIATES
SOUTH CHARLESTON PLANT

To: J. C. Cogar

(Record date received _____)

Within 5 days of date of receipt notify: D. W. Woods
(Monitored Employee)

233-02-5897
(Soc. Sec. Number)

Date: 11-19-86

Orig. Dept. Safety and Health

Subject: Employee Notification of Occupational Exposure Monitoring Results

On the following date(s) 11-10-86, at the described plant location INSTITUTE LANDFILL, your personal exposure to chemical/physical agent(s) ASBESTOS was determined to be .051 F/cc using prescribed Industrial Hygiene measurement methods (reference: NIOSH 7400). Compliance Status: In compliance/Non-compliance/*

No established exposure limit/Exposure appears substantially low/Other appropriate comment, e.g., respiratory protection used, etc._____

Applicable Standard, 8-Hr. Time Weighed Average (TWA_8): TLV® 0.2 F/cc; OSHA 0.2 F/cc; UCC 0.2 F/cc. Short Term Exposure Limit (STEL)_____; Ceiling Limit_____

Action to be taken to prevent recurrence of overexposure:_____

_____

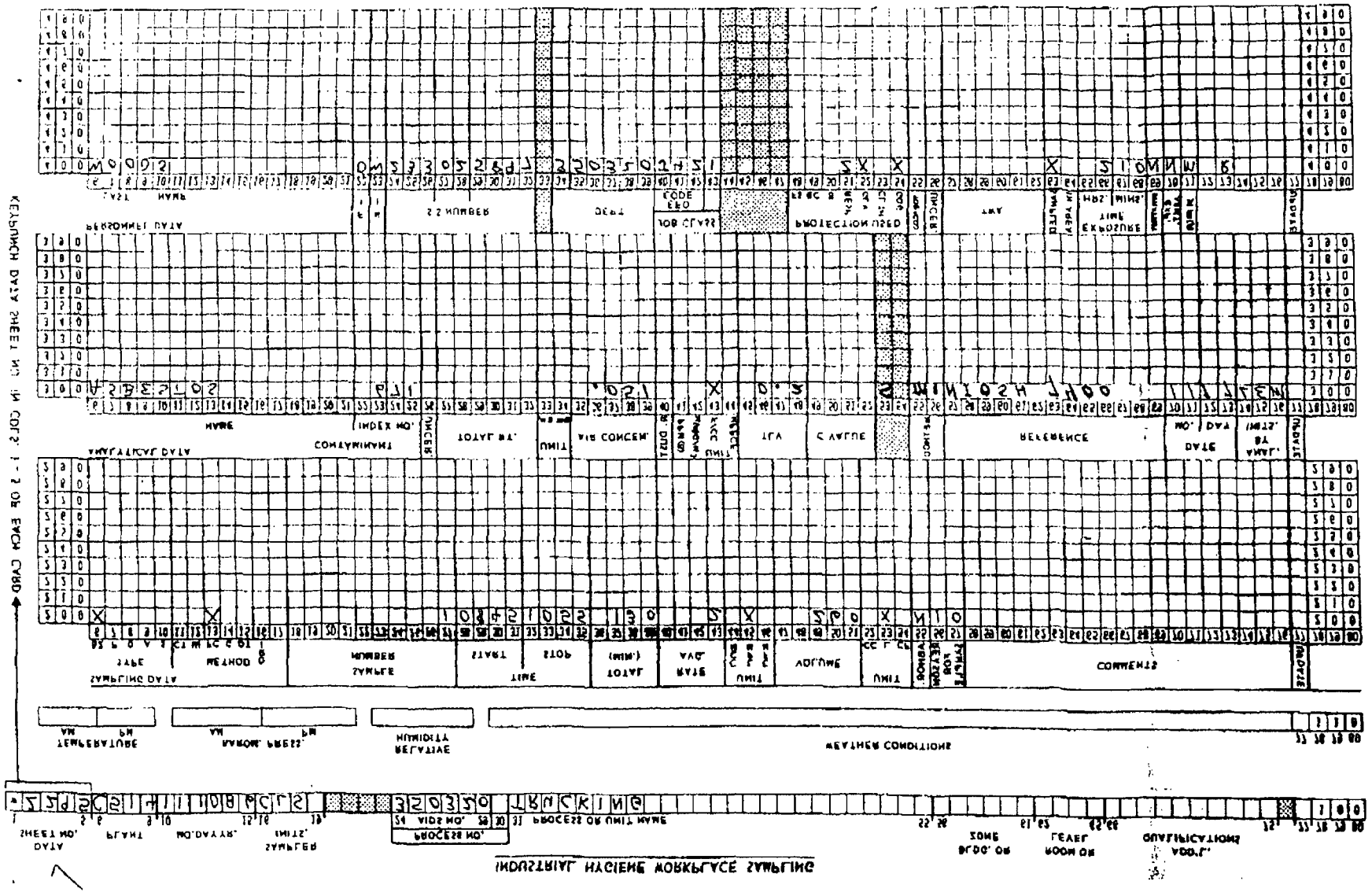
_____

* INSUFFICIENT SAMPLE TIME FOR TWA_8

_____
(Supervisor's Signature/Date)

I, _____(employee), on _____(date), acknowledge having been notified of the above occupational exposure monitoring results in accordance with South Charleston Plant Safety and Health Policy/Procedure, Informing Employees of Health Hazards 2.16.

NOTE - This document or a signed copy shall become a permanent record maintained in the department file described in IV.5.C. of the above procedure.



UCC 0012429

ADDITIONAL MACHINE MORKCYCLE SYMBOLING SUPPLEMENTAL COMMENTS

Page ___ of ___

FIELD DATA SHEET - GROUNDWATER MONITORING ENVIRONMENTAL SERVICES

Project No. 2B2 Project Name Shell Oil Co. Station No. 204 Location Oakland, California

Sampled by: Signature [illegible] Date 11-1-88

Purge Method: Bailer ___ Pump ___ Other ___ Sampling Method: Bailer ___ Pump X Other ___

Weather: Clear 60's Sampling Personnel [illegible]

Purge: Start ___ End ___ Hrs. ___ No. Employees 2 Samples by ___

Sample No.	Pump Serv. Number	Pump KW	Pump Flow Control Set	Initial Pump Readgnd	Final Pump Readgnd	Net Pump Readgnd	Start (Time)	Stop (Time)	Hrs. Sample Time, Min.	Volume, Liters	Code - Comments
1	2824			5741 min	5741 min	5741 min	0929	1100	1.5	1420	2000 gal. Purged - Sampled 11-1-88
2	2824			5741 min	"	"	0929	1100	1.5	1420	Duplicate of #1
3	2824			5741 min	"	"	0929	1100	1.5	1420	Duplicate of #1
4	2824			5741 min	"	"	0929	1100	1.5	1420	Duplicate of #1
5	2824			5741 min	"	"	0929	1100	1.5	1420	Duplicate of #1

Blank - No. - Monitoring Loc. No., Soc. Soc. No., Top Title, Name

Explosive Meter Type: MSA Serial No. 10-12000

Calibration Gas: Methane 2.5% Hexane 1000 ppm

Remarks: Purged 2000 gallons of water from well. Sampled well after recharge. Sampled 5 samples from well.

Page 1 of 1

UCC 0012431

INDUSTRIAL HYGIENE SURVEY REPORT

SOUTH CHARLESTON PLANT

To: J.K. CORRIE

Date: 11-20-86

cc: J.R. DEMENT
S. ROSSI
D.F. TETER, M.D

From: W.J.VINCENT

Survey Date 11-1-86 Department/Location 327000

Contaminants ASBESTOS File No. OH

____ Area/Source (7.3)(1), X Occupational Exposure (7.4), ____

Sample Location, Employee Monitored	SSAN	JOB TITLE	Sample Duration, Minutes	Exposure Concentration, PPMV, mg/m3 (TWA/8 Hrs.)	Stat
SHAFFER D.L.	235-66-2897	INSULATOR	70	.087F/cc	*IST
RANSEY N.E.	234-90-1560	INSULATOR	70	.098F/cc	IST

Comments:

WORE SURVIVAIR WITH RESPIRATOR FILTER 1090

* INSUFFICIENT SAMPLE TIME FOR TWA8

(1) (n.n) = Plant 514 Safety File Reference

(2) IC = In Compliance; NC = Non-Compliance; NEEL = No Established Exposure Limit
Applicable Standard, TWA/8 Hrs.: TLV® 2F/cc ; OSHA 0.2F/cc ; UCC 2F/cc ;
Short Term Exposure Limit (STEL) ____ ; Ceiling Limit ____

(3) Please notify monitored employees of results in accordance with Plant 514 Safety/

UNION CARBIDE

INTERNAL CORRESPONDENCE

UNION CARBIDE CORPORATION P. O. BOX 8004, SOUTH CHARLESTON, WV 25303

SILICONES AND URETHANE INTERMEDIATES

SOUTH CHARLESTON PLANT

To: J. K. Corris

(Record date received _____)

Within 5 days of date of receipt notify: N. E. RANSEY
(Monitored Employee)

234-90-1560
(Soc. Sec. Number)

Date: 11-20-86

Orig. Dept. Safety and Health

Subject: Employee Notification of Occupational Exposure Monitoring Results

On the following date(s) 11-1-86, at the described plant location BEHIND 20 SUMP BLDG / 261, your personal exposure to chemical/physical agent(s) ABESTOS was determined to be 0.098 F/cc using prescribed Industrial Hygiene measurement methods (reference: NIOSH 7400). Compliance Status: In compliance/Non-compliance/ *

No established exposure limit/Exposure appears substantially low/Other appropriate comment, e.g., respiratory protection used, etc. SURVIVAIR 1090 RESPIRATOR

Applicable Standard, 8-Hr. Time Weighed Average (TWA_8): TLV® .2F/cc ; OSHA 0.2F/cc ; UCC .2F/cc . Short Term Exposure Limit (STEL)_____; Ceiling Limit_____

Action to be taken to prevent recurrence of overexposure:_____

* INSUFFICIENT SAMPLE TIME FOR TWA_8

(Supervisor's Signature/Date)

I, _____(employee), on _____(date), acknowledge having been notified of the above occupational exposure monitoring results in accordance with South Charleston Plant Safety and Health Policy/Procedure, Informing Employees of Health Hazards 2.16.

NOTE - This document or a signed copy shall become a permanent record maintained in the department file described in IV.5.C. of the above procedure.

UNION CARBIDE

INTERNAL CORRESPONDENCE

UNION CARBIDE CORPORATION P. O. BOX 8004, SOUTH CHARLESTON, WV 25303
SILICONES AND URETHANE INTERMEDIATES
SOUTH CHARLESTON PLANT

To: J. K. CORRIE

(Record date received _____)

Date: 11-20-86

Orig. Dept. Safety and Health

Within 5 days of date of receipt notify: D. L. SHAFFER
(Monitored Employee)

235-66-2887
(Soc. Sec. Number)

Subject: Employee Notification of Occupational Exposure Monitoring Results

On the following date(s) 11-1-86, at the described plant location BEHIND 20 SUMP BLOG / 261, your personal exposure to chemical/physical agent(s) ASBESTOS was determined to be 0.087 F/cc using prescribed Industrial Hygiene measurement methods (reference: NIOSH 7400). Compliance Status: In compliance/Non-compliance/ *

No established exposure limit/Exposure appears substantially low/Other appropriate comment, e.g., respiratory protection used, etc. SURVIVAIR 1090 RESPIRATOR

Applicable Standard, 8-Hr. Time Weighed Average (TWA_8): TLV③ 0.2 F/cc; OSHA 0.2 F/cc; UCC 0.2 F/cc. Short Term Exposure Limit (STEL)_____; Ceiling Limit_____

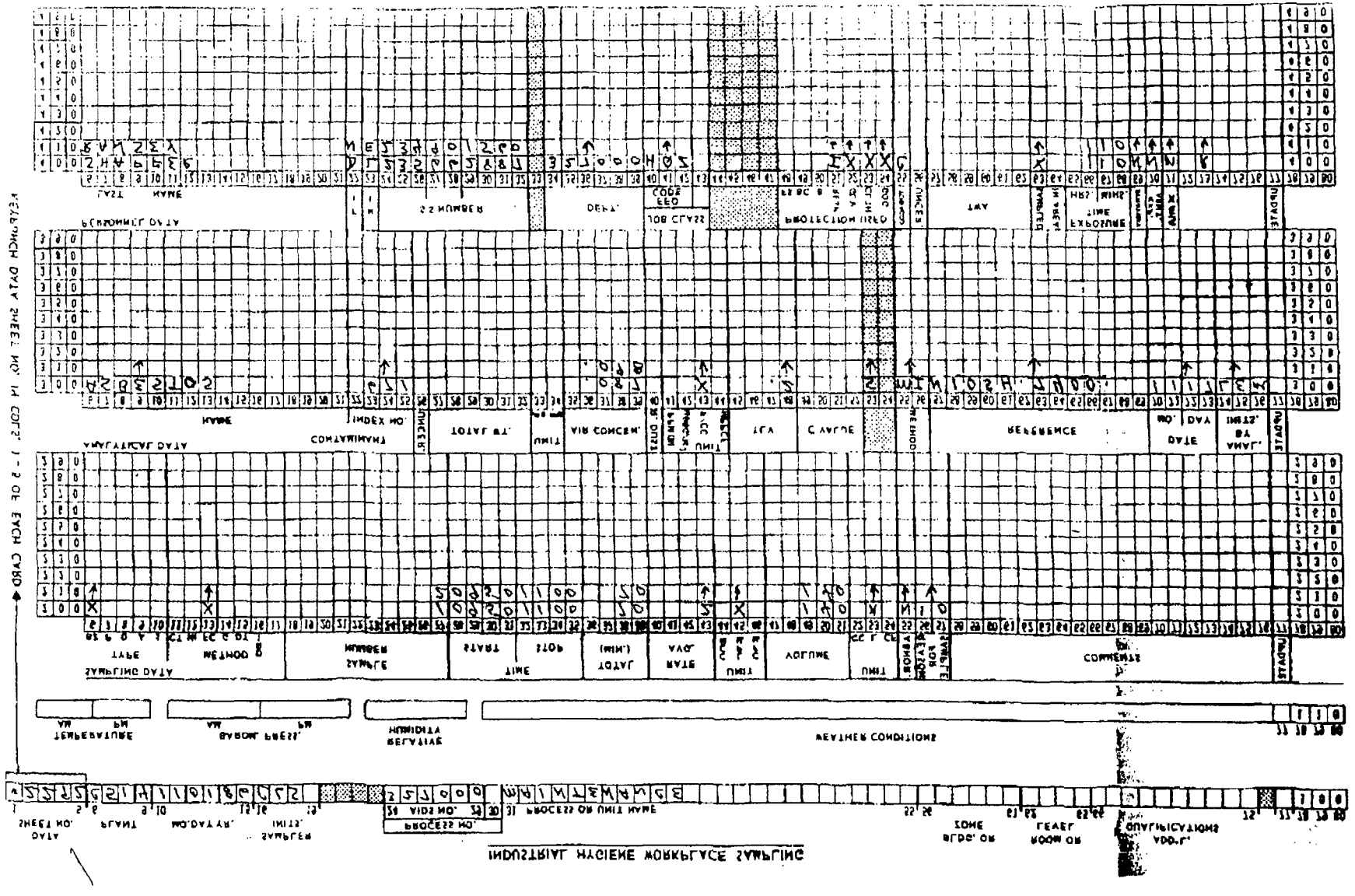
Action to be taken to prevent recurrence of overexposure: _____

* INSUFFICIENT SAMPLE TIME FOR TWA8

(Supervisor's Signature/Date)

I, _____(employee), on _____(date), acknowledge having been notified of the above occupational exposure monitoring results in accordance with South Charleston Plant Safety and Health Policy/Procedure, Informing Employees of Health Hazards 2.16.

NOTE - This document or a signed copy shall become a permanent record maintained in the department file described in IV.5.C. of the above procedure.


INDUSTRIAL HYGIENE WORKPLACE SAMPLING
SAMPLING DATA
TYPE
METHOD
SAMPLE NUMBER
TIME
START
STOP
TOTAL (MIN.)
RATE
VOLUME
UNIT
COMMENTS
ANALYTICAL DATA
NAME
CONTAMINANT
INDEX NO.
TOTAL WT.
UNIT
MIN CONCEN.
TLV
C VALUE
REFERENCE
DATE
ANAL. BY
STATUS
PERSONNEL DATA
LAST
NAME
SS NUMBER
DEPT.
JOB CLASS
CODE
PROTECTION USED
AMT
EXPOSURE
TIME
HRS
MINS
STATUS
TEMPERATURE
BAROM. PRESS.
HUMIDITY
NEGATIVE
WEATHER CONDITIONS
SHEET NO.
DATA
PERMIT
MO/DAY/YR
INITS
SAMPLER
PROCESS NO.
AIRS NO.
PROCESS OR UNIT NAME
ZONE
AREA OR
ROOM OR
QUALIFICATIONS
ADD'L
CARD 1 OF EACH CARD - 5 OF EACH SHEET NO. ON DATA HOLLERITH

UCC 0012435

MISSION
PRICE
DATE 11/01/98
INSTRUMENT NUMBER AGREEMENT SUBORDINATING SECURITY
SIGNATURE
STATUS
LINE NO.

SMOKE CONTROL SYSTEM MONITORING ENVIRONMENTAL TECHNOLOGY

FIELD DATA SHEET

Page ___ of ___

Date: 11/1/11 Project: Hartford Consolidated Insurance Project No.: 3250320

Inspected by: Ashley Wilson Department: Fire Protection

Smoke Control Equipment Functional Test: Yes: X No: ___ Partial: ___ Comments: ___

Building Pressurization Test: Yes: X No: ___ Partial: ___ Comments: ___

Start: 0730 End: ___ Lunch: ___ Travel: ___ Mileage: ___

Remarks: ___

Smoke Control Equipment	Sample No.	Pump Serv. Number	Pump kW	Pump Flow Control Set	Initial Pump Reading	Final Pump Reading	Net Pump Reading	Start (Time)	Stop (Time)	Net Sample Time, Min.	Volume, Liters
Smoke - Dwg. No. - Monitoring Loc.											
Supply - No., Loc., Sec. No., Area Name, Top Title											
Exhaust - No., Loc., Sec. No., Area Name, Top Title											
DOMESTIC MAIN SHAFT	1	P-1	15 HP		0000	0750	750	0750	1250	300	90
DOMESTIC BOOSTER SHAFT	2	P-2	5 HP		0000	0750	750	0750	1250	300	90
NO FIRE'S STARTED											
BRAND / STAND-ALONE											
1 HR. CHARGES											
2 HR. CHARGES											
3 HR. CHARGES											

UCC 0012437

INDUSTRIAL HYGIENE SURVEY REPORT

SOUTH CHARLESTON PLANT

To: M A Perry 428-2/514 Date: 11-24-86

cc: JC Cogar 307-2/514 From: W.J.VINCENT
RG Hull 309-2/514 KM Stalnaker
JR Dement 309-2/514

Survey Date 11-4-86 Department/Location TRUCKING

Contaminants Asbestos File No. OH

_____ Area/Source (7.3)(1), 2 Occupational Exposure (7.4), _____

Sample Location, Employee Monitored	SSAN	JOB TITLE	Sample Duration, Minutes	Exposure Concentration, PPMW, mg/m3 (TWA/8 Hrs.)	Status
DP GRIFFITH	578-56-3471	DRIVER	45 min	.005 F/cc	IC
DW WOODS	233-02-5897	DRIVER	120 min	.002 F/cc	IC

Comments:

(1) (n.n) = Plant 514 Safety File Reference

(2) IC = In Compliance; NC = Non-Compliance; NEEL = No Established Exposure Limit
Applicable Standard, TWA/8 Hrs.: TLV® .2 F/cc; OSHA _____; UCC _____;
Short Term Exposure Limit (STEL) _____; Ceiling Limit _____

(3) Please notify monitored employees of results in accordance with Plant 514 Safety/

INTERNAL CORRESPONDENCE

UNION CARBIDE CORPORATION P. O. BOX 8004, SOUTH CHARLESTON, WV 25303
SILICONES AND URETHANE INTERMEDIATES
SOUTH CHARLESTON PLANT

To: MA Perry
(Record date received _____)

Date: 11-24-86

Orig. Dept. Safety and Health

Subject: Employee Notification of Occupational Exposure Monitoring Results

Within 5 days of date of receipt notify: DP GRIFFITH
(Monitored Employee)

578-56-3471
(Soc. Sec. Number)

On the following date(s) 11-4-86, at the described plant location Institute LANDFILL, your personal exposure to chemical/physical agent(s) ASBESTOS was determined to be .005 F/cc using prescribed Industrial Hygiene measurement methods (Reference: NIOSH 7400). Compliance Status: [In compliance] Non-compliance/

No established exposure limit/Exposure appears substantially low/Other appropriate comment, e.g., respiratory protection used, etc._____

Applicable Standard, 8-Hr. Time Weighed Average (TWA_8): TLV® .2F/cc; OSHA _____;
UCC _____. Short Term Exposure Limit (STEL) _____; Ceiling Limit _____
Action to be taken to prevent recurrence of overexposure: _____

_____

_____

(Supervisor's Signature/Date)

I, _____(employee), on _____(date), acknowledge having been notified of the above occupational exposure monitoring results in accordance with South Charleston Plant Safety and Health Policy/Procedure, Informing Employees of Health Hazards 2.16.

NOTE - This document or a signed copy shall become a permanent record maintained in the department file described in IV.5.C. of the above procedure.

INTERNAL CORRESPONDENCE

UNION CARBIDE CORPORATION P. O BOX 8004, SOUTH CHARLESTON, WV 25303
SILICONES AND URETHANE INTERMEDIATES
SOUTH CHARLESTON PLANT

To: M A Perry
(Record date received _____)

Date: 11-24-86

Orig. Dept. Safety and Health

Within 5 days of date of receipt notify: D W Woods
(Monitored Employee)

233-02-5897
(Soc. Sec. Number)

Subject: Employee Notification of Occupational Exposure Monitoring Results

On the following date(s) 11-4-86, at the described plant location Institute Landfill, your personal exposure to chemical/physical agent(s) Asbestos was determined to be .002 F/cc using prescribed Industrial Hygiene measurement methods (Reference: NIOSH 7400). Compliance Status: [In compliance]/Non-compliance/

No established exposure limit/Exposure appears substantially low/Other appropriate comment, e.g., respiratory protection used, etc._____

Applicable Standard, 8-Hr. Time Weighed Average (TWA_8): TLV® .2 F/cc; OSHA _____; UCC _____. Short Term Exposure Limit (STEL) _____; Ceiling Limit _____

Action to be taken to prevent recurrence of overexposure: _____

_____

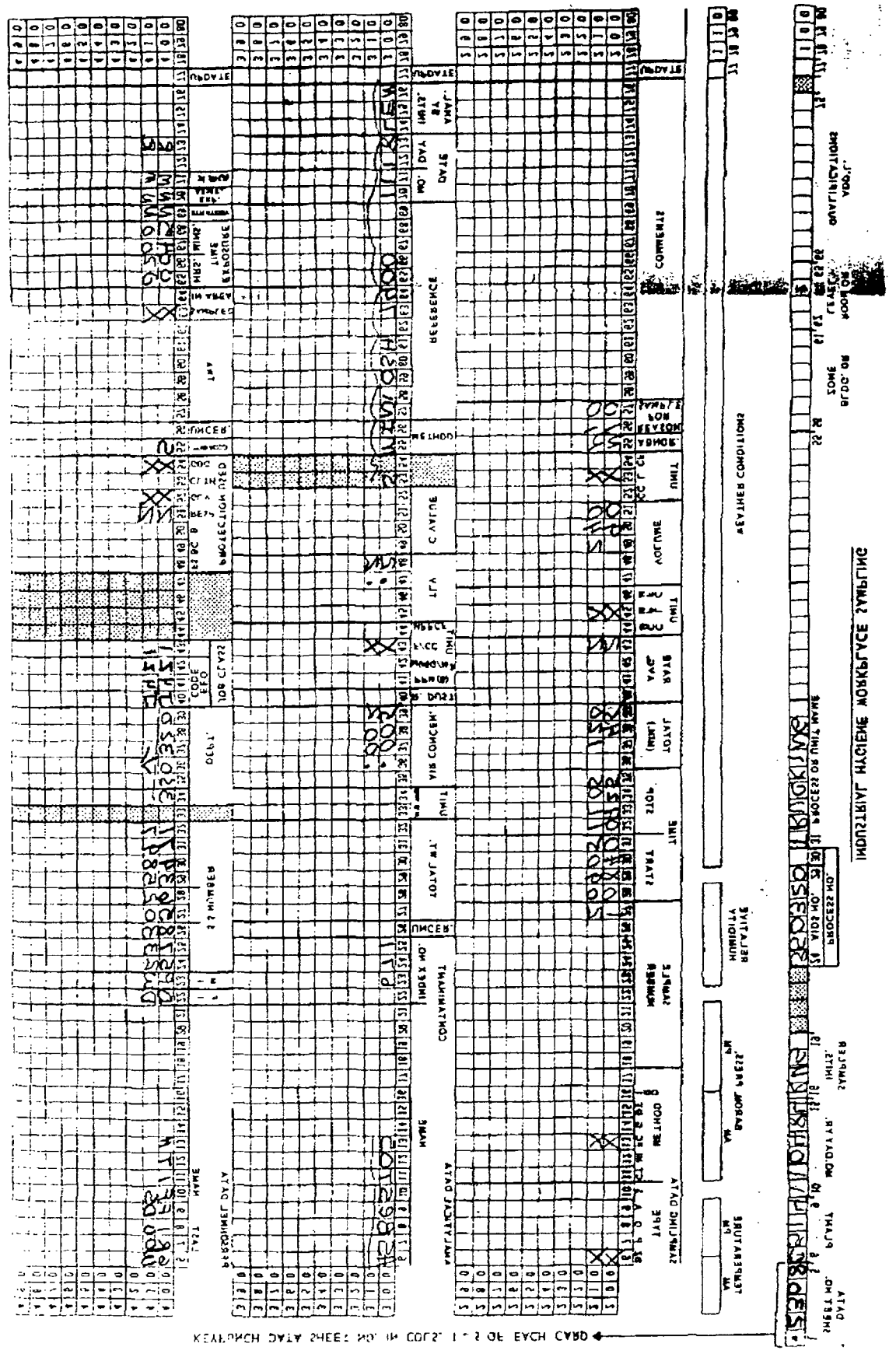
_____

(Supervisor's Signature/Date)

I, _____(employee), on _____(date), acknowledge having been notified of the above occupational exposure monitoring results in accordance with South Charleston Plant Safety and Health Policy/Procedure, Informing Employees of Health Hazards 2.16.

NOTE - This document or a signed copy shall become a permanent record maintained in the department file described in IV.5.C. of the above procedure.

INSTRUCTION: MICHELE MONTAGUE 3 MAILING SUPPLEMENTAL COMMENTS
DATE
TIME
NO. OF VOL.
NO. OF PAGES
UPDATE
FILING NO.
STAMP
BRUTANOIZ



UNDERGROUND STORAGE TANK - GROUNDWATER MONITORING - FIELD DATA SHEET

Page ___ of ___

Facility Name: _____ Facility Address: _____

Personnel: _____ Weather: _____

Sampling Method: Bailer / Submersible Pump / Other: _____

Purging Method: Bailer / Submersible Pump / Other: _____

Remarks: _____

Date: ____/____/____ Time: Start _____ End _____ Min. Evacuated _____ Gallons

Sample No.	Pump Set. Number	Pump KV	Pump Flow Control Set	Initial Pump Readout	Final Pump Readout	Net Pump Readout	Start (Time)	Stop (Time)	Net Sample Time, Min.	Volume, Liters
Smoke - Chem. Sampler Bldg. - No. - Monitoring Loc. No., Soc. Sec. No., Top Fitt., Employee Name										
DO NOT SMOKE OR VENT	1	10.3					1105	1145	40	
NO FLAMES OR SPARKS										
FLAMES DETECTED										

Smoke - Chem. Sampler Bldg. - No. - Monitoring Loc. No., Soc. Sec. No., Top Fitt., Employee Name

UNION CARBIDE

INTERNAL
CORRESPONDENCE

UNION CARBIDE CORPORATION P. O. BOX 8004, SOUTH CHARLESTON, WV 25303
SILICONES AND URETHANE INTERMEDIATES
SOUTH CHARLESTON PLANT

To: M A Perry
(Record date received _____)

Date: 11-24-86

Orig. Dept. Safety and Health

Within 5 days of date of receipt notify: D W Woods
(Monitored Employee)

233-02-5897
(Soc. Sec. Number)

Subject: Employee Notification of Occupational Exposure Monitoring Results

On the following date(s) 11- -86, at the described plant location Institute Landfill, your personal exposure to chemical/physical agent(s) Asbestos was determined to be .001F/cc using prescribed Industrial Hygiene measurement methods (reference: Niosh 7400). Compliance Status: [In compliance] Non-compliance/

No established exposure limit/Exposure appears substantially low/Other appropriate comment, e.g., respiratory protection used, etc._____

Applicable Standard, 8-Hr. Time Weighed Average (TWA_8): TLV® .2F/cc; OSHA _____;
UCC _____. Short Term Exposure Limit (STEL)_____; Ceiling Limit_____

Action to be taken to prevent recurrence of overexposure:_____

_____

_____

_____
(Supervisor's Signature/Date)

I, _____(employee), on _____(date), acknowledge having been notified of the above occupational exposure monitoring results in accordance with South Charleston Plant Safety and Health Policy/Procedure, Informing Employees of Health Hazards 2.16.

NOTE - This document or a signed copy shall become a permanent record maintained in the department file described in IV.5.C. of the above procedure.

INDUSTRIAL HYGIENE SURVEY REPORT

SOUTH CHARLESTON PLANT

To: M A Perry 428-2/514 Date: 11-24-86

cc: JC Cogar 307-2/514 From: W.J.VINCENT
RG Hull 309-2/514 KM Stalnaker
JR Dement 309-2/514

Survey Date 11-5-86 Department/Location TRUCKING

Contaminants Asbestos File No. OH

____ Area/Source (7.3)(1), 1 Occupational Exposure (7.4), ____

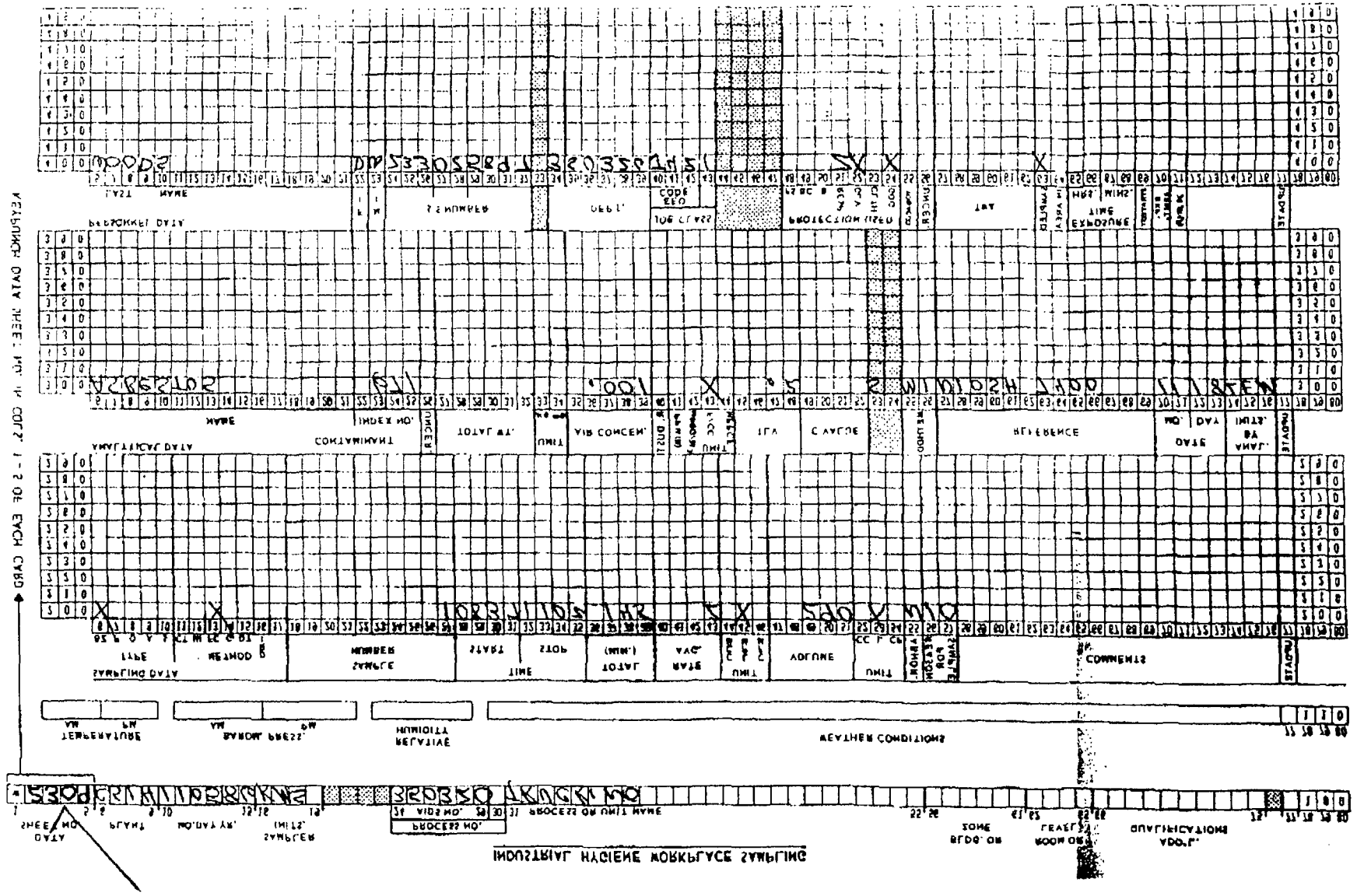
Sample Location, Employee Monitored	SSAN	JOB TITLE	Sample Duration, Minutes	Exposure Concentration; PPMV, mg/m3 (TWA/8 Hrs.)	Status
DW WOODS	233-02-5897	DRIVER	145MIN	.001F/CC	IC

Comments:

(1) (n.n) = Plant 514 Safety File Reference

(2) IC = In Compliance; NC = Non-Compliance; NEEL = No Established Exposure Limit
Applicable Standard, TWA/8 Hrs.: TLV® .2F/CC; OSHA ____; UCC ____;
Short Term Exposure Limit (STEL) ____; Ceiling Limit ____

(3) Please notify monitored employees of results in accordance with Plant 514 Safety/



UCC 0012446

IMPORTANT NOTICE REGARDING YOUR ACCOUNT
SIGNATURE
DATE
STATUS
TIME NO.

MONITORING ENVIRONMENTAL SURFACE - FIELD DATA SHEET

Page ___ of ___

Date: 11-1-95 Project: Chevron Distribution

Department: Operations Location: 25035 Hesperian Blvd

Sampled by: [illegible] Date sampled: 11-1-95 Time: 1000 Temp: 70°F

Weather: Sunny

Purpose: Monitor Soil Vapor Extraction System

Sample No.	Pump Set. Number	Pump KV	Pump Flow Control Set	Initial Pump Reading	Final Pump Reading	Net Pump Reading	Start (Time)	Stop (Time)	Net Sample Time, Min.	Volume, Liters
Smoke - Chem Risk, Top Left, Monitoring Proc. No. 1005.25.2 Rev. 1 Sampler Name and Signature: [illegible]										
Bldg. No. - Monitoring Proc. No. 1005.25.2 Rev. 1 Sampler Name and Signature: [illegible]										
[illegible]										
[illegible]										

INDUSTRIAL HYGIENE SURVEY REPORT

SOUTH CHARLESTON PLANT

To: M A Perry 428-2/514 Date: 11-24-86

cc: JC Cogar 307-2/514 From: W.J.VINCENT
KM Stalnaker

RG Hull 309-2/514

JR Dement 309-2/514

Survey Date 11-6-86 Department/Location TRUCKING

Contaminants Asbestos File No. OH

_____ Area/Source (7.3)(1), 1 Occupational Exposure (7.4), _____

Sample Location, Employee Monitored	SSAN	JOB TITLE	Sample Duration, Minutes	Exposure Concentration; PPMV, mg/m3 (TWA/8 Hrs.)	Status(2)
DW Woods	233-02-5897	Driver	65min	.09F/cc	IC

Comments:

(1) (n.n) = Plant 514 Safety File Reference

(2) IC = In Compliance; NC = Non-Compliance; NEEL = No Established Exposure Limit
Applicable Standard, TWA/8 Hrs.: TLV® .2F/cc; OSHA _____; UCC _____;
Short Term Exposure Limit (STEL) _____; Ceiling Limit _____

(3) Please notify monitored employees of results in accordance with Plant 514 Safety/

UNION CARBIDE

INTERNAL CORRESPONDENCE

UNION CARBIDE CORPORATION P. O. BOX 8004, SOUTH CHARLESTON, WV 25303

SILICONES AND URETHANE INTERMEDIATES

SOUTH CHARLESTON PLANT

:M A Perry

(Record date received _____)

Date: 11-24-86

Orig. Dept. Safety and Health

Within 5 days of date of receipt notify: D W WOODS
(Monitored Employee)

233-02-5897
(Soc. Sec. Number)

Subject: Employee Notification of Occupational Exposure Monitoring Results

On the following date(s) 11- -86, at the described plant location INSTITUTE LANDFILL, your personal exposure to chemical/physical agent(s) Asbestos was determined to be .09 F/CC using prescribed Industrial Hygiene measurement methods (reference: NIOSH 7400). Compliance Status: [In compliance] Non-compliance/

No established exposure limit/Exposure appears substantially low/Other appropriate comment, e.g., respiratory protection used, etc._____

Applicable Standard, 8-Hr. Time Weighed Average (TWA_8): TLV® .2F/CC; OSHA_____;

UCC_____. Short Term Exposure Limit (STEL)_____; Ceiling Limit_____

Action to be taken to prevent recurrence of overexposure:_____

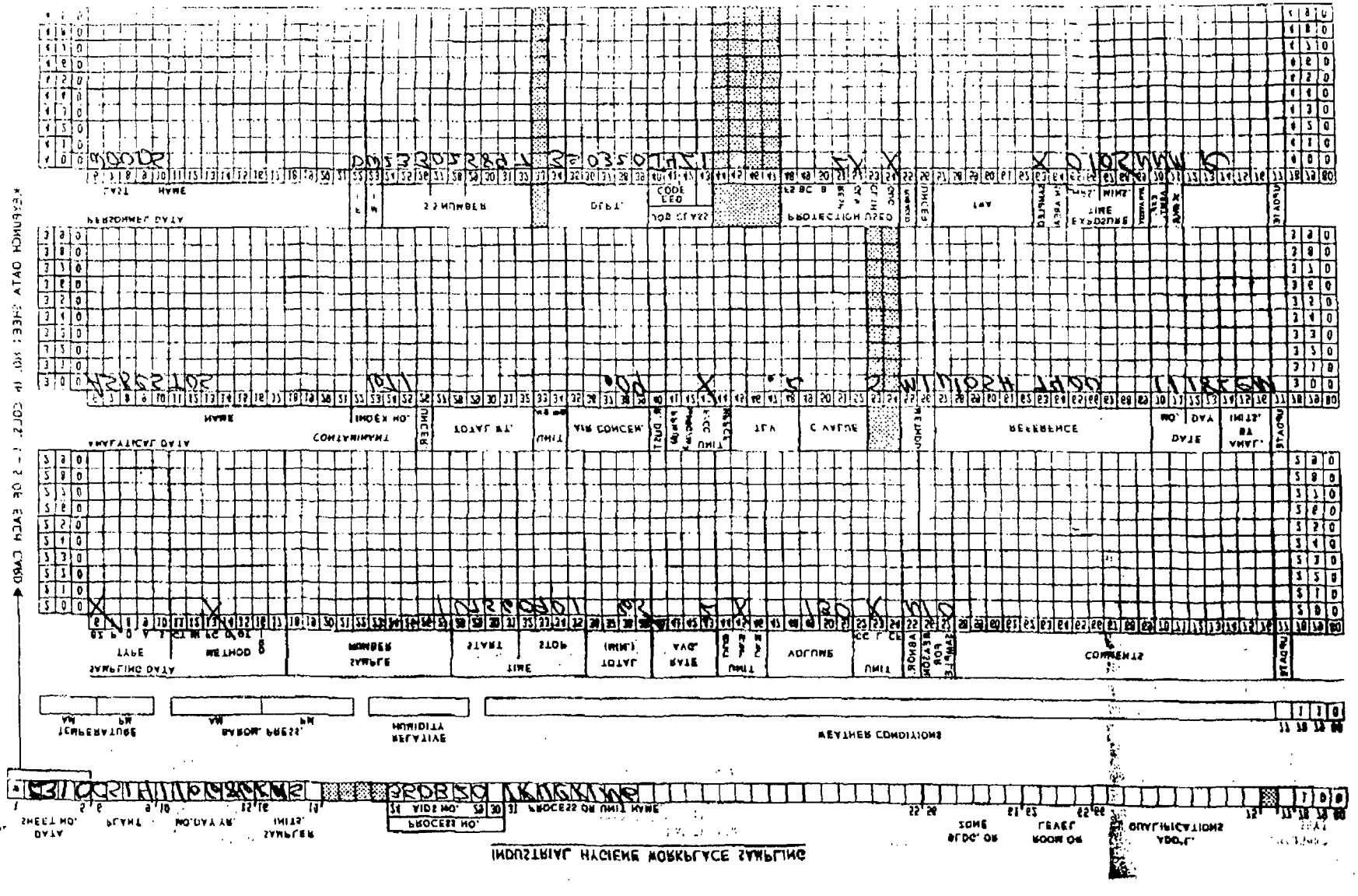
_____

_____

_____
(Supervisor's Signature/Date)

I, _____(employee), on _____(date), acknowledge having been notified of the above occupational exposure monitoring results in accordance with South Charleston Plant Safety and Health Policy/Procedure, Informing Employees of Health Hazards 2.16.

NOTE - This document or a signed copy shall become a permanent record maintained in the department file described in IV.5.C. of the above procedure.


INDUSTRIAL HAZIENE WORKPLACE SAMPLING
SAMPLING DATA
ANALYTICAL DATA
WEATHER CONDITIONS
COMMENTS
REFERENCE
TEMPERATURE
BAROM. PRESS.
HUMIDITY
RELATIVE

UCC 0012451

UCC 0012452

SUMMARY FOR DEPARTMENTAL USE

DATE: 11/12/87

FROM: W. J. VINCENT

DEPT: INDUSTRIAL HYGIENE

TO: [illegible] 25215

CC: [illegible]

CONTAMINANT: ASBESTOS

SURVEY DATE: 08/21/87

SAMPLE LOCATION OR EMPLOYEE

	DURATION (MIN)	JOB TITLE	EXPOSURE (TWA8/ACGIH)		STATUS
FIRST FLOOR EAST SIDE	288		0.0009	F/CC	(ACGIH) IC
SECOND FLOOR WEST SIDE	280		0.0018	F/CC	(ACGIH) IC
SECOND FLOOR EAST SIDE	270		0.0043	F/CC	(ACGIH) IC
THIRD FLOOR WEST SIDE	285		0.0048	F/CC	(ACGIH) IC
	562		0.007	F/CC	(ACGIH) IC

PLANT LOCATION: (X) AREA/SOURCE ( ) OCCUPATIONAL EXPOSURE

COMMENTS:

( ) PROTECTIVE CLOTHING RECOMMENDED

( ) RESPIRATORY PROTECTION RECOMMENDED

NIOSH ESTABLISHED EXPOSURE LIMIT FOR TWA8

TEST=IMAGE SAMPLE EXPOSURE TIME FOR TWA8

DETECTED

ACGNC=AIR CONCENTRATION, VALUE FOR 8 HOURS TIME-WEIGHTED

TWA8=TIME-WEIGHTED AVERAGE FOR 8 HOURS

IC=IN COMPLIANCE

OC=NON-COMPLIANCE

APPLICABLE STANDARD, TWA/8 HOUR: TRY ____0.2 F/CC; OSHA 0.2 F/CC; NIOSH ____; CEILING LIMIT ____; (TEST) LIMIT ____

SHORT TERM EXPOSURE LIMIT ____

PLEASE NOTIFY MONITORED EMPLOYEES OF RESULTS IN ACCORDANCE WITH PLANT SAFETY/HEALTH PROCEDURE NO. 2.10.8 AND APPLICABLE OSHA REGULATIONS.

25208

UCC 0012453

SUMMARY FOR GROUP FEEDBACK

TO: Lyndhurst Lab 825-2515

CC:

FROM: W. J. VINCENT

DEPT: INDUSTRIAL HYGIENE

DATE: 11/12/87

SURVEY DATE: 08/21/87 ASSESSOR: (_) DOCCO BLDG 82 EXPOSURE

CONTAMINANT: (X) AREA/SOURCE

JOB TITLE LOCATION OR SAMPLE LOCATION (MIN) DURATION EXPOSURE (TWA8/ACONC) STATUS

FIRST FLOOR EAST SIDE	288	0	0.0009 F/CC (ACONC)	IC
FIRST FLOOR WEST SIDE	082	0	0.0018 F/CC (ACONC)	IC
SECOND FLOOR EAST SIDE	012	0	0.0043 F/CC (ACONC)	IC
SECOND FLOOR WEST SIDE	282	0	0.0044 F/CC (ACONC)	IC

GEOMEMBER PROTECTIVE CLOTHING RECOMMENDED

(_) RESPIRATORY PROTECTION RECOMMENDED

COMMENTS:

IC=IN COMPLIANCE
NC=NON-COMPLIANCE

TWA8=TIME-WEIGHTED AVERAGE, VALUE FOR 8 HOURS
ACONC=AIR CONCENTRATION, TWA\8 HOURS: TLV ___0.2 F/CC___; OSHA PEL 0.2 F/CC
1ST=INADEQUATE SAMPLE TIME FOR TWA8
NEXT=NO ESTABLISHED EXPOSURE LIMIT

APPLICABLE STANDARD, TWA\8 HOURS: TLV ___0.2 F/CC___; OSHA PEL 0.2 F/CC; UCC 0.2 F/CC

SHORT TERM EXPOSURE LIMIT (STEL) _____; CEILING LIMIT _____

PLEASE NOTIFY MONITORED EMPLOYEES OF RESULTS IN ACCORDANCE WITH PLANT SIA SAFETY/HEALTH PROCEDURE NO. 2.18 AND APPLICABLE OSHA REGULATIONS.

zzsec

UCC 0012454

INDUSTRIAL MACHINE WORKERS UNION AGREEMENT COMMENTS

UCC 0012456