

Carborundum Co

- Nothing asbestos specific
- 1972 Documents mentions company officials
- 1972 job/hazard sheets,
- Respirator use, dust collection, talc, and recirculation of air.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PART 1 PAGE 1

OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN)

1. ESTABLISHMENT—NAME, ADDRESS, ZIP CODE CARBORUNDUM CO. INC. P.O. BOX 311 HILLVIEW AVE. (RT 982) LATROBE, PA. 15650	2. PERSON INTERVIEWED—NAME, TITLE, TEL. NO. DONALD AIKEN - PLANT MGR. 412-537-3334
SAFETY SUPERVISOR: THOMAS SCHULTHEIS	
LEGAL OWNER—NAME, ADDRESS CORP.	

MO. DAY YR.

1 CARD 1
2.3 4.5 6.7 8.9 10.15
3. CODE 1 4. DATE 07 07 72 5. CODE 4 2 6. COMPANY NUMBER 300 269

7. (1) ORIGINAL INSPECTION - STATE & NSN

(2) Original Inspection - NSN

(3) Reinspection - NSN

16

2

8. What is your Chief Product or Service? REFRACTORY PRODUCTS AND TECHNICAL CERAMICS

17-20

SIC

3297

9. SIZE CODE? (Based on Total Number of Employees)

(1) 1-5 (3) 8-19 (5) 50-99 (7) 250-499 (9) 1,000 +
(2) 4-7 (4) 20-49 (6) 100-249 (8) 500-999

21

6

10. HOW MANY SHIFTS DO YOU HAVE?

ONE

22-26

00190

11. HOW MANY PEOPLE ARE ON THIS PLANT'S PAYROLL AT THE PRESENT TIME?

27-31

00165

12. OF THIS NUMBER, HOW MANY ARE NORMALLY IN THE WORK AREA AS OPPOSED TO THE OFFICE OR OUTSIDE AREA?

32-33

67

13. OF THOSE IN THE WORK AREA WHAT APPROXIMATE PERCENTAGE IS MALE?

14. DOES THIS PLANT DO FEDERAL CONTRACT WORK?

(1) Yes, Prime Contractor, (3) No,
(2) Yes, Subcontractor, (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: RONALD REED, BUILDING 91-1, THE CARBORUNDUM CO., P.O. BOX 337, NIAGARA FALLS, N.Y.

36-37

00

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

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: DR. W. HAZLETT, JR. MD. 501 WELDON ST. LATROBE, PA. 15650

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., (3) Yes, Both
(2) Yes, L.P.N., (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

Reproduction of an Original Record

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PA Historical & Museum Commission

CENTRAL OFFICE COPY

Carbondale Co. Inc.

PART 1 PAGE 2

D.S.N. # 500-269

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
4
- 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
4
- 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
4
- D. DO YOU PROVIDE PERIODIC PHYSIOLOGICAL FUNCTION TESTS (Excluding Audiograms) WHERE APPROPRIATE?
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable 52
4
- E. DO YOU PROVIDE PERIODIC CHEST X-RAYS WHERE APPROPRIATE?
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable 53
4
21. DO YOU HAVE AN IMMUNIZATION PROGRAM?
(1) Yes, (2) No. 54
2
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
2
- B. WHAT IS YOUR AVERAGE ABSENTEE RATE? (Days/Year/Employee)
(Don't Know Coded as 99) 56 - 57
08
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) EMPLOYERS INSURANCE OF WAUSAU
(2) Self Insured, (3) State Insurance Fund, (4) None. 59
1
25. IN YOUR ESTABLISHMENT, DO YOU FEEL THAT THERE ARE ANY HEALTH HAZARDS, EVEN IF YOU HAVE THEM UNDER CONTROL? (1) Yes, (2) No.
WHAT KINDS DUST
OF HAZARDS?
 60
1
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
5
28. HOW MANY HOURS DOES IT TAKE TO INSPECT THIS PLANT? 63 - 64
03
29. HOW OFTEN (In Years) SHOULD THIS PLANT BE ROUTINELY INSPECTED? 65
2

Part 1 of an Original Record

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Carborundum Company, Inc.

30. THIS PLANT HAS A HEALTH CONDITION(S) WHICH WARRANTS INVESTIGATION:

(1) Immediately (2) Within One Year (3) Not Warranted

N.S.U.# 500-267 ⁶⁶ 3

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

⁶⁷⁻⁶⁸01

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

⁶⁹1

33. A. AIR RECIRCULATION:

(1) Yes, Complete Approval
(2) Yes, Conditional Approval(3) Yes, No Approval
(4) No⁷⁰3

B. ARTICLE 434:

(1) Yes, Complete Approval
(2) Yes, Conditional Approval(3) Yes, No Approval
(4) No⁷¹4

C. ARTICLE 436:

(1) Yes, Registered
(2) Yes, Partially Registered(3) Yes, Not Registered
(4) No⁷²4

D. CONFINED SPACE ENTRY:

(1) Yes, Complete Approval
(2) Yes, Partial Approval(3) Yes, No Approval
(4) No⁷³4

E. REGION CODE:

⁷⁴⁻⁷⁶565

34. TOTAL AT RISK: (From Part II)

⁷⁷⁻⁸⁰0152

REMARKS: *Vibration compact pressers are enclosed to muffle the noise. The following have local exhaust ventilation: spray dryer, press room machines, cutters, sample operations, fused silica mixers. The company will exhaust the plaster shop dust collectors to the outside by Sept. 1, 1972.*

Spray dryer is operated at 550°F (air) with the material at 250°F. Gas kilns heated to 3000°F.

U.S.B.M. 2166 respirators are available.

TRADE NAMES:

*Dy-Check Penetrant WW-1, Turco Products, Chicago, Ill.
Agitene (contains hexachlorophene), Graymills Corp., Chicago, Ill.
Ludox (colloidal silica), Dupont.*

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INSPECTED BY:

D. PETRAITIS 0-044

W.I.N.'s

3.5

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

PAGE 1 OF 11*Carborandum Co., Inc.*CARD CODE ¹
2STATE CODE ⁸⁻⁹
4 2COMPANY NUMBER ¹⁰⁻¹⁵
500 264

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					
REFRACTORY FORMERS	99	+	014	TOTAL	+	014	+	+
	99	+	+	ALUMINUM OXIDE DUST	0160	014	+	+
	99	+	+	ALUMINUM SILICATE	0160	014	+	+
	99	+	+	CLAY	9160	014	+	+
	99	+	+	LARD OIL	5009	014	+	+
	99	+	+	KEROSENE	1570	014	+	+
	99	+	+	AMMONIUM ALGINATE	5999	014	+	+
	99	+	+	DEXTRIN	5999	014	+	+
	99	+	+	GRAPHITE	1366	014	+	+
	99	+	+	NOISE (INT.)	8120	014	+	+
BATCH WEIGHERS	99	+	001	TOTAL	+	001	+	+
	99	+	+	ALUMINUM OXIDE DUST	0160	001	+	+
	99	+	+	ALUMINUM SILICATE	0160	001	+	+
	99	+	+	CLAY	9160	001	+	+
	99	+	+	LARD OIL	5009	001	+	+

TOTAL THIS

PAGE: 151 - COMPLETE SURVEY
2 - PARTIAL SURVEY

41

1

TOTAL AT RISK

³⁷⁻⁴⁰
+

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PA Historical & Museum Commission

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

PAGE 2 OF 11*Carborundum Co., Inc.*CARD CODE ¹
2STATE CODE ⁸⁻⁹
4 2COMPANY NUMBER ¹⁰⁻¹⁵
500 269

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					
	99	++	++	KEROSENE	1570	001	++	++
	99	++	++	AMMONIUM ALGINATE	5999	001	++	++
	99	++	++	DEXTRIN	5999	001	++	++
	99	++	++	GRAPHITE	1366	001	++	++
	99	++	++	NOISE (INT.)	8120	001	++	++
MIXER	99	++	001	TOTAL	++	001	++	++
	99	++	++	ALUMINUM OXIDE	0160	001	++	++
	99	++	++	ALUMINUM SILICATE	0160	001	++	++
	99	++	++	CLAY	9160	001	++	++
	99	++	++	LARD OIL	5009	001	++	++
	99	++	++	KEROSENE	1570	001	++	++
	99	++	++	AMMONIUM ALGINATE	5999	001	++	++
	99	++	++	DEXTRIN	5999	001	++	++
SAMPLE OPERATOR	99	++	005	TOTAL	++	005	++	++
	99	++	++	BORON NITRIDE	5999	005	++	++

TOTAL THIS

PAGE:

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY

41

1

TOTAL AT RISK

37-40

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PA Historical & Library Commission

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

PAGE 3 OF 11Original Record
Filing Instruction
Filing Product

PA STATE ARCHIVES

360 North Street, Harrisburg, PA 17120-0090
PA Historical & Museum CommissionCARD CODE 2STATE CODE 42COMPANY NUMBER 500 2619

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	34-36
DESCRIPTION	CODE 16-17	18-20	21-23					
	99	++	++	ALUMINUM OXIDE DUST	0160	005	++	++
MATTISON SURFACE GRINDER	99	++	001	TOTAL	++	001	++	++
	99	++	++	WATER SOLUBLE OIL	5010	001	++	++
	99	++	++	DIAMOND DUST	9130	001	++	++
	99	++	++	ALUMINUM OXIDE DUST	0160	001	++	++
	99	++	++	TALC	9030	001	++	++
CASTERS	99	++	001	TOTAL	++	001	++	++
	99	++	++	ALUMINUM OXIDE	0160	001	++	++
	99	++	++	TALC	9030	001	++	++
MIXER	99	++	002	TOTAL	++	002	++	++
	99	++	++	ALUMINUM OXIDE	0160	002	++	++
	99	++	++	CALCIUM OXIDE	0520	002	++	++
	99	++	++	MAGNESIUM OXIDE	1610	002	++	++
	99	++	++	TALC	9030	002	++	++
	99	++	++	POLYVINYL ALCOHOL	2200	002	++	++

TOTAL THIS

PAGE: 41 - COMPLETE SURVEY
2 - PARTIAL SURVEY

41

1

TOTAL AT RISK

37-40
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

PAGE 4 OF 11*Carborundum Co., Inc.*CARD CODE ¹
2STATE CODE ⁸⁻⁹
4 2COMPANY NUMBER ¹⁰⁻¹⁵
500 269

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					
	99	++	++	CERAMIC FLOUR	5999	002	++	++
SPRAY DRYER OPERATOR	99	++	001	TOTAL	++	001	++	++
	99	++	++	HEAT (WET)	8330	001	++	++
	99	++	++	ALUMINUM OXIDE	0160	001	++	++
	99	++	++	CALCIUM OXIDE	0520	001	++	++
	99	++	++	MAGNESIUM OXIDE	1610	001	++	++
	99	++	++	TALC	9030	001	++	++
	99	++	++	POLYVINYL ALCOHOL	2200	001	++	++
ISOPRESS OPERATOR	99	++	001	TOTAL	++	001	++	++
	99	++	++	OIL	5009	001	++	++
	99	++	++	ALUMINUM OXIDE	0160	001	++	++
	99	++	++	CALCIUM OXIDE	0520	001	++	++
	99	++	++	MAGNESIUM OXIDE	1610	001	++	++
	99	++	++	TALC	9030	001	++	++
PRESS AND DRILL OPERATOR	99	++	002	TOTAL	++	002	++	++

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* PAGE:

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY

41

1

TOTAL AT RISK

37-40
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

PAGE 5 OF 11CARD CODE ¹
2STATE CODE ⁸⁻⁹
4 2COMPANY NUMBER ¹⁰⁻¹⁵
500 266

EMPLOYEES				EXPOSURES				
OCCUPATION		TOT. EST. W/I OCC. (P.O.)*	TOT. EST. AT RISK	HAZARD	HAZARD CODE 24-27	A 22-30	M 31-33	34-36
DESCRIPTION	CODE 16-17	18-20	21-23					
	99	+	+	ALUMINUM OXIDE DUST	0160	002	+	+
	99	+	+	CERAMIC DUST	5999	002	+	+
	99	+	+	TRICHLOROETHYLENE	2490	002	+	+
EXTRUSION PRESS OPERATOR	99	+	002	TOTAL	+	002	+	+
	99	+	+	CERAMIC DUST	5999	002	+	+
	99	+	+	ALUMINUM OXIDE	0160	002	+	+
	99	+	+	CALCIUM OXIDE	0520	002	+	+
	99	+	+	MAGNESIUM OXIDE	1610	002	+	+
	99	+	+	TALC	9030	002	+	+
MULTI CUTTER	99	+	003	TOTAL	+	003	+	+
	99	+	+	CERAMIC DUST	5999	003	+	+
SETUP MAN	99	+	003	TOTAL	+	003	+	+
	99	+	+	CERAMIC DUST	5999	003	+	+
	99	+	+	OIL MIST	5010	003	+	+
ASSEMBLER	99	+	001	TOTAL	+	001	+	+

TOTAL THIS

PAGE: 91 - COMPLETE SURVEY
2 - PARTIAL SURVEY

41

1

TOTAL AT RISK

³⁷⁻⁴⁰
+

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PA Historical & Museum Commission

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

PAGE 6 OF 11CARD CODE ¹
2STATE CODE ⁸⁻⁹
4 2COMPANY NUMBER ¹⁰⁻¹⁵
500 267

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					
	99	++	++	CERAMIC DUST	5999	001	++	++
CATALYST MIXER	99	++	006	TOTAL	++	006	++	++
	99	++	++	ALUMINUM OXIDE	0160	006	++	++
	99	++	++	SILICON CARBIDE	2236	006	++	++
	99	++	++	CLAY	9160	006	++	++
	99	++	++	COAL COB DUST	5280	006	++	++
	99	++	++	CERAMIC FLOUR	5999	006	++	++
	99	++	++	KEROSENE	1570	006	++	++
	99	++	++	HEAT (DRY)	8320	006	++	++
CATALYST FORMING AND SCREENING CREWS	99	++	012	TOTAL	++	012	++	++
	99	++	++	ALUMINUM OXIDE	0160	012	++	++
	99	++	++	CLAY	9160	012	++	++
	99	++	++	LIGNIN	9100	012	++	++
UTILITY MAN	99	++	018	TOTAL	++	018	++	++
	99	++	++	ALUMINUM OXIDE	0160	018	++	++

TOTAL THIS

PAGE:

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY

41

1

TOTAL AT RISK

37-40

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350 North Street, Harrisburg, PA 17101

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

PAGE 7 OF 11CARD CODE ¹
2STATE CODE ⁸⁻⁹
4 2COMPANY NUMBER ^{10 15}
500267

EMPLOYEES				EXPOSURES				
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
	99	+	+	CALCIUM OXIDE	0520	018	+	+
	99	+	+	MAGNESIUM OXIDE	1610	018	+	+
	99	+	+	TALC	9030	018	+	+
	99	+	+	POLY VINYL ALCOHOL	2200	018	+	+
	99	+	+	OIL	5009	018	+	+
POWER TRUCK OPERATOR	06	001	001	TOTAL	+	001	+	+
	06	+	+	CO	0560	001	+	+
	06	+	+	CO ₂	0530	001	+	+
	06	+	+	OXIDES OF NITROGEN	1900	001	+	+
JANITOR	99	+	002	TOTAL	+	002	+	+
	99	+	+	ALUMINUM OXIDE	0160	002	+	+
	99	+	+	SILICON CARBIDE	2236	002	+	+
	99	+	+	CALCIUM OXIDE	0520	002	+	+
	99	+	+	MAGNESIUM OXIDE	1610	002	+	+
	99	+	+	TALC	9030	002	+	+

TOTAL THIS

PAGE: 31 - COMPLETE SURVEY
2 - PARTIAL SURVEY

41

1

TOTAL AT RISK

³⁷⁻⁴⁰
+

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200 North Street, Harrisburg, PA 17101

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

PAGE 8 OF 11CARD CODE 2STATE CODE 42COMPANY NUMBER 500 2619*Carborundum Co., Inc.*

EMPLOYEES				EXPOSURES				
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
LABORERS	99	+	+	FUSED SILICA	9013	002	+	+
	99	+	011	TOTAL	+	011	+	+
	99	+	+	ALUMINUM OXIDE	0160	011	+	+
	99	+	+	SILICON CARBIDE	2236	011	+	+
	99	+	+	CALCIUM OXIDE	0520	011	+	+
TOOL AND DIE MAKERS	99	+	+	MAGNESIUM OXIDE	1610	011	+	+
	99	+	+	TALC	9030	011	+	+
	99	+	+	FUSED SILICA	9013	011	+	+
	99	+	+	POLYVINYL ALCOHOL	2200	011	+	+
	70	+	009	TOTAL	+	009	+	+
	70	+	+	TUNGSTEN CARBIDE	2537	009	+	+
	70	+	+	ALUMINUM	0160	009	+	+
	70	+	+	STAINLESS STEEL	5460	009	+	+
	70	+	+	SILICON CARBIDE	2236	009	+	+
	70	+	+	ALUMINUM OXIDE	0160	009	+	+

TOTAL THIS

PAGE: 201 - COMPLETE SURVEY
2 - PARTIAL SURVEY41
1

TOTAL AT RISK

37-40
+
+
+

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800 North Street, Harrisburg, PA 17126-0985
PA Historical & Museum Commission

COMMONWEALTH OF PENNSYLVANIA
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OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

PAGE 9 OF 1*Carborundum Co., Inc.*CARD CODE 2STATE CODE 42COMPANY NUMBER 500269

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	34-36
DESCRIPTION	CODE 16-17	18-20	21-23					
	70	++	++	DIAMOND DUST	9130	109	++	++
MOLD MAKERS	99	++	006	TOTAL	++	006	++	++
	99	++	++	EPOXY RESINS	1020	006	++	++
	99	++	++	PLASTER	2127	006	++	++
	99	++	++	WAX	5420	006	++	++
	99	++	++	SILICONE	5999	006	++	++
	99	++	++	SOAP	5410	006	++	++
FUSED SILICA FORMERS & FINISHERS	99	++	007	TOTAL	++	007	++	++
	99	++	++	FUSED SILICA	9013	007	++	++
	99	++	++	LYDOX	5199	007	++	++
	99	++	++	GRAPHITE	1366	007	++	++
MIXER	99	++	001	TOTAL	++	001	++	++
	99	++	++	FUSED SILICA	9013	001	++	++
	99	++	++	LYDOX	5999	001	++	++
	99	++	++	GRAPHITE	1366	001	++	++

TOTAL THIS

PAGE: 141 - COMPLETE SURVEY
2 - PARTIAL SURVEY

41

1

TOTAL AT RISK

37-40

++

CONTINUED NEXT PAGE

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PA Historical & Museum Commission

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

PAGE 10 OF 11CARD CODE 2STATE CODE 42COMPANY NUMBER 500269

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					
KILN OPERATORS AND LOADERS	99	++	016	TOTAL	++	016	++	++
	99	++	++	HEAT (DRY)	8320	016	++	++
	99	++	++	CO	0560	016	++	++
	99	++	++	CO ₂	0530	016	++	++
	99	++	++	CERAMIC DUST	5999	016	++	++
MILL MAINTENANCE	68	++	006	TOTAL	++	006	++	++
	68	++	++	AGITENE	5950	006	++	++
	68	++	++	WELDING GASES	5380	006	++	++
	68	++	++	U.V.	8370	006	++	++
	68	++	++	I.R.	8380	006	++	++
	68	++	++	IRON OXIDE FUME	1520	006	++	++
	68	++	++	OIL	5009	006	++	++
SHIPPERS	57	++	008	TOTAL	++	008	++	++
	57	++	++	CERAMIC DUST	5999	008	++	++
	57	++	++	PAPER DUST	9100	008	++	++

TOTAL THIS

PAGE:

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY41
1

TOTAL AT RISK

37-40
++

CONTINUED NEXT PAGE



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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

To Me & Typed 7-27-72ph

REGION V
PROD. MFG. OR SERVICE
Refractory Products
DATE OF ACTIVITY 7-26-72FIELD ACTIVITY REPORT
(Occupational Health)*File*

PLANT <u>Carborundum Company, Incorporated</u>			
ADDRESS <u>P. O. Box 311, Hillview Avenue, Latrobe, Pennsylvania</u>		ZIP CODE <u>15650</u>	TELEPHONE <u>412-537-3334</u>
PERSON INTERVIEWED <u>Donald Aiken</u>		TITLE <u>Plant Manager</u>	
EMPLOYEES	IND. CODE	COUNTY	
MALE <u>190</u>	<u>32</u>	<u>65</u>	
FEMALE			
PUNCH CARD YES ☒ NO ☐		FOLDER YES ☒ NO ☐	
		N.S.N. YES ☐ NO ☒	

PURPOSE: INVEST.; SURVEY; INSP.; PRELIM.; F.U.; CONF.; VISIT; OTHER _____

REASON: SELF-INIT.; P.D. REP.; COMPL.; REQUEST; SOURCE LetterSAMPLES COLLECTED N/A TOTAL N/A

(NO. & KIND)

DETERM. MADE N/A TOTAL N/A

(NO. & KIND)

MEDICAL - O.D. REPORTED, NO. & KIND N/A

RECOMMENDATIONS AND REMARKS

SPECIFIC HAZARD OR CONDITION	WORKERS EXPOSED	RECOMMENDATIONS		ACCOMPLISHED		
		WRITTEN ... VERBAL		YES	NO	IN PROG.

Remarks:

During an inspection on July 7, 1972, a requirement was made to apply to approval for air recirculation of a dust collector in the plaster shop. Since the inspection, the company has decided to exhaust the system to the outside and expects completion of the exhaust duct by September 1, 1972.

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☐ OVER

To Hbg: 7/26/72ph

BY D. Petraitis WINS 0RIH 11



CARBORUNDUM

The Carborundum Company • Refractories Division • Latrobe Plant • P.O. Box 311 • Latrobe, Pennsylvania • 15650

July 24, 1972

Mr. Douglas A. Klimchok
Acting Regional Industrial Hygienist
Commonwealth of Pennsylvania
Department of Environmental Resources
505 State Office Building
300 Liberty Avenue
Pittsburgh, Pa. 15222

Dear Mr. Klimchok:

We have received your letter of July 11, 1972 which reported the results of the inspection of the Carborundum plant at Latrobe on July 7, 1972.

The mandatory requirement that we obtain approval for the recirculation of air in the plant plaster shop was what we indicated we wanted to do to Mr. Petraitis during his inspection.

We have since decided that the installation of an exhaust duct from the dust collector exhaust directly to the roof and outside air would be possible and make the special recirculation approval unnecessary in this instance.

We plan to complete the exhaust duct installation by 9-1-72.

I trust that this action is satisfactory and will eliminate the need for the special approval request forms for this installation.

Very truly yours,

D. B. Aiken /jv

D. B. Aiken
Plant Manager

DBA/jv

CC: W. J. Kandor
M. S. Unger
T. P. Schultheis
W. J. Breitsman
C. H. Seymour
M. J. Auer

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cc: Air Recirculation Committee (2)
Central Office File (1) ✓
Region V File (1)
F/U File (1): 15 days following receipt = 7/27/72

File

Occupational Health Division
Region V Office
505 State Office Building
300 Liberty Avenue
Pittsburgh, Pennsylvania 15222

July 11, 1972

Harborandum Company, Inc.
P. O. Box 311
Hillview Avenue
Latrobe, Pennsylvania 15650

Attention: Mr. Donald Aiken
Plant Manager

Gentlemen:

On July 7, 1972, an inspection was conducted by Mr. D. Petraitis, industrial hygienist, at your plant. Based on this inspection, the following is a mandatory requirement under the provisions of Chapter 201:

1. Obtain approval for the recirculation of air in the plaster shop in accordance with Chapter 201, Section 201.21.
(Complete in triplicate and return all three copies of the application to this office.)

Enclosed are the Application for Approval of Air Recirculation System forms and our Hygienic Information Guide entitled "Air Recirculation."

Please return completed applications within 15 days following the receipt of this letter.

If you have any questions regarding the completion of these forms or need additional forms, please do not hesitate to contact me (565-5102).

Very truly yours,

[Signature]
Douglas A. Klinchock
Acting Regional Industrial Hygienist

DAK/DC/jal
Enclosures

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PA Historical & Museum Commission

Encl. 1/16

The Carborundum Company - Refractories Division - Latrobe Plant - P.O. Box 311 - Latrobe, Pennsylvania - 15650

January 13, 1970

Commonwealth of Pennsylvania
Department of Health
Division of Occupational Health
505 State Office Building
300 Liberty Avenue
Pittsburgh, Pennsylvania 15222

Attention: Mr. Nicholas Fannick
Regional Industrial Hygienist
Human Services Region V

Gentlemen:

In response to your letter of January 8, 1970, regarding our application for approval of the dust collection system used in the oxide refractory - fused silica area, we plan to exhaust the Pangborn Model 1500 CN to the outside. This should be completed by February 15, 1970.

It is our understanding that outside exhausting removes the need for approval from your agency.

We trust that the above action complies with your request. Thank you for your assistance in this matter.

Sincerely,

E. Dennis Bash

E. Dennis Bash
Safety Officer

EDB/jv

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PA Historical & Museum Commission

cc: Central Office (1) ✓
File (1)
F/U

Division of Occupational Health
505 State Office Building
300 Liberty Avenue
Pittsburgh, Pennsylvania 15222
January 8, 1970

The Carborundum Company
P. O. Box 311 - Hillview Avenue
Latrobe, Pennsylvania 15650

Attention: Mr. Donald Aiken
Plant Manager

Gentlemen:

Your Application for Approval of Air Recirculation System has been reviewed. This system has not been approved by the Department.

Approval has not been granted for the sanding and sawing operation since amorphous silica is used at this operation.

Since your request has not been approved, steps must be taken as soon as possible to exhaust this system to the outside. Please notify this office within 15 days of the steps you are taking and the expected completion date.

We regret the delay in reviewing this application. Enclosed is the original application.

Thank you for your cooperation in this matter. If we can be of any assistance or if you have any questions, please let us know.

Very truly yours,

Nicholas Fannick
Regional Industrial Hygienist
Human Services Region V

NF/DAK/jal
Enclosure

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COMM. HEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH
Mr. D. Bash (contact)
August 2, 1969

FIELD ACTIVITY REPORT

DATE	8/25	TIME	6:5
REMARKS	0	NO. OF	
TOTAL	225		32

Company: Carborundum Corporation (Latrobe Division)

Address: Box 311, Hillview Ave., Latrobe, Pa.

ZIP: 15650

PHONE: 412-KE7-3331

Person interviewed:
Mr. D. Bash

TITLE:
Sup. of personnel

REASON: INVEST. SURVEY, INSPECT., PRELIM. F.U., CONF. VISIT.

REASON: SELF-INIT. OR REP. COMPL. REQUEST, SOURCE

OCCUPATIONAL HAZARD OR CONDITION	WORKERS EXPOSED	RECOMMENDATIONS	ACCOMPLISHED		
		WRITTEN --- VERBAL	YES	NO	IN PROG.
Al. Silica dust	7	Obtain approval for air recir. at various oper. See letter. (Ltr. sent: 7/11/69)			X

SAMPLES COLLECTED: _____ TOTAL: _____
NO. & KIND: _____

TESTS MADE: _____ TOTAL: _____
NO. & KIND: _____

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

PUNCH CARD

YES ☒

NO ☐

FOLDER

YES ☒

NO ☐

REMARKS

Mr. Bash said he was in progress of filling out the forms. He will send them out as soon as he finishes them.

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PA Historical & Museum Commission

By: D. A. Klimchuck

RIH

WINS

1.5

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

EACH SYSTEM REQUIRES
SEPARATE APPLICATION

APPLICATION FOR APPROVAL OF AIR RECIRCULATION SYSTEM

DATE 8-5 '69

PLANT NAME <u>The Carborundum Company</u>	ADDRESS <u>P.O. Box 311 Hillview Avenue</u>
CITY AND ZIP CODE <u>Latrobe, Pa. 15650</u>	COUNTY <u>Westmoreland</u>
CONTAMINANTS COLLECTED <u>Alumina and Silica</u>	LOCATION OF AIR RECIRCULATION SYSTEM (DEPARTMENT, BUILDING, ROOM, ETC.) <u>Between Oxide Refractory Area and Shipping Dept.</u>

LIST OPERATIONS EXHAUST VENTILATED TO COLLECTOR AND ALL MATERIALS USED IN THESE OPERATIONS

OPERATIONS

MATERIALS USED IN OPERATION (SPECIFIC INGREDIENTS)

Sanding and Sawing

Alumina and Silica

99% Amorphous Silica

AIR RECIRCULATION SYSTEM INFORMATION

MANUFACTURER OF COLLECTOR <u>Pangborn</u>	
MODEL NUMBER <u>1500 CN</u>	TYPE COLLECTOR <u>Cloth Bag</u>
AIR VOLUME RATE OF SYSTEM <u>5250</u> CFM	DAILY OPERATION TIME <u>8 hours</u>

COLLECTOR EFFICIENCY DATA 99.9%

DIMENSIONS OF ROOM TO WHICH AIR IS RECIRCULATED

LENGTH	<u>240</u>	FT.
WIDTH	<u>120</u>	FT.
HEIGHT	<u>20</u>	FT.

NUMBER OF EMPLOYEES IN THE AREA	FULL TIME	<u>96</u>
	PART TIME	<u>0</u>

QUANTITY OF MAKE-UP AIR SUPPLIED TO AREA 11 CFM

LIST SPECIFIC REASONS WHY SYSTEM
CANNOT BE EXHAUSTED TO THE OUTSIDE Indoor
collector

MAINTENANCE PROGRAM (DESCRIBE) Weekly cleaning

SOURCE OF MAKE-UP AIR Louvers

OTHER EXHAUST VENTILATION
SYSTEMS IN THE AREA (DESCRIBE) 4 Exhaust Fans

TITLE
Supervisor, Personnel

SIGNATURE
E. Dennis Berish

PHONE
412-537-3331

EXTENSION NUMBER
41

FOR DEPARTMENTAL USE ONLY

☒ REGION REPORT AND RECOMMENDATIONS ON REVERSE SIDE

APPLICATION NO.

REGION V DATE REC'D 8/7/69 BY M. Bannick

COMMITTEE DATE REC'D BY

REGION DATE REC'D BY

PLANT NOTIFIED DATE NOTIFIED BY

COMMITTEE ACTION:

CONDITIONS:

☐ APPROVED ☐ DISAPPROVED
☐ APPROVED (CONDITIONAL)

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(USE REVERSE SIDE FOR ADDITIONAL COMMENTS)

Division of Occupational Health
505 State Office Building
300 Liberty Avenue
Pittsburgh, Pennsylvania 15222

July 11, 1969

Carborundum Corporation
Latrobe Division
Box 311
Hillview Avenue
Latrobe, Pennsylvania 15350

Attention: Mr. Don Aiken
Plant Manager

Gentlemen:

Re: Recirculation of Air - Article 432, Section 6

On June 12, 1969 an inspection was made at your plant by Mr. D. A. Klimchuck, industrial hygienist. It was noted that 3 air recirculation systems were utilized.

The units in question are:

1. The sawing and abrasive belt sanding operations in the Wear-White area. (Outside Refractory Area)
2. Spraying at refractory treatment spray in the Press Department.
3. The three surface grinders in Machine Shop 410.

Such systems must be exhausted to the outside or must be approved by the Department in accordance with Section 6A, Article 432 (enclosed). Complete the attached applications in triplicate and return them within 15 days.

If you have any questions regarding the completion of these forms or need additional forms, please do not hesitate to contact me (565-5102).

Very truly yours,

Nicholas Fannick
Regional Industrial Hygienist
Region V

NF/DAK/ss
Enclosures

cc: Air Recirculation Committee
File
F/U

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PA Historical & Museum Commission

FORM 1000, REV. 12-67

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

FROM: NAME OR SERVICE
Ceramic Parts
DATE OF ACTIVITY 6/12/69

FIELD ACTIVITY REPORT

EMPLOYEES	COUNTY
MALE <u>225</u>	<u>65</u>
FEMALE <u>85</u>	IND. CODE
TOTAL <u>310</u>	<u>32</u>

PLANT Carborundum Corp., (Latrobe Division)

ADDRESS Box 311, Hillview Avenue, Latrobe, Pa.

ZIP
15350

PHONE
412-537-3331

PERSON INTERVIEWED Mr. Donald Bash

TITLE
Supervisor of Personnel

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	ACCOMPLISHED		
		WRITTEN --- VERBAL	YES	NO	IN PROG.
<u>Al₂O₃ Dust</u>	<u>22</u>	<u>Obtain approval for the recirculation of air at: 1. Sawing and belt sanding in Wear-White area. 2. Refractory treatment spray in Press Department.</u>			
		<u>3. Machine Shop 410 - 3 surface grinders.</u>			

(Ltr. sent: 7/11/69)

SAMPLES COLLECTED _____ TOTAL _____
(NO. & KIND)

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

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

PUNCH CARD

YES ☒

NO ☐

FOLDER

YES ☒

NO ☐

jal

REMARKS:

Changes on Front: Safety Supervisor - Mr. Donald Bash. Past recommendations all accomplished. General preplacement exam which includes x-rays given. Every three years a periodic exam is given which also includes x-rays.

OPERATION

HAZARD

CONTROL MEASURE

New Addition

Shipping Via Battery
Operated Towmotor

None apparent

None required at present

Battery Charging

H₂, Arsine &
Stibine Gases

G.E.V. in area, occas. oper.

NOTE: Wear-White area has been relocated in this new building. Additional operations to those on P/C are:

(over)

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350 North Street, Harrisburg, PA 17120-0099
PA Historical & Museum Commission

BY D. A. Klimchok

Sum
8/15/69
3/5
WINS

OPERATION	HAZARD	CONTROL MEASURE
Forming	Al_2O_3 Dust	Wetted, mechan. oper.
Kiln Drying (gas - 2750°F)	As On P/C	Enc. unit with L.E.V. to outside, G.E.V. - ceiling exhausts, man cool fans in area
Sawing (2)	Al_2O_3 Dust	Unit attached to inside dust collector
1 - Belt Sander	do.	do.
<u>Press Department</u>		
Pressing	do.	All machines have L.E.V. to outside, room is air conditioned
Refractory Treatment Spray	do. + Al_2O_3 Mist	Unit has L.E.V. to inside dust collector
<u>Catalyst Carrier Department</u>		
Machining	Al_2O_3 Dust	Unit has L.E.V. to outside
<u>Machine Shop</u>		
3 - Grinders (surface)	do. + SiC Dust	Units have L.E.V. to inside collector

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

EACH SYSTEM REQUIRES
SEPARATE APPLICATION

APPLICATION FOR APPROVAL OF AIR RECIRCULATION SYSTEM

DATE August 30 1967

PLANT NAME <u>Carborundum Company - Technical Ceramics Plant</u>	ADDRESS <u>Hillview Avenue</u>
CITY AND ZIP CODE <u>Latrobe, Pa. 15650</u>	COUNTY <u>Westmoreland</u>

CONTAMINANTS COLLECTED <u>Alumina, wax, talc, clay, aluminum powder - all within the same product. Alumina is 96% of the product.</u>	LOCATION OF AIR RECIRCULATION SYSTEM (DEPARTMENT, BUILDING, ROOM, ETC.) <u>Building 1</u>
--	---

LIST OPERATIONS EXHAUST VENTILATED TO COLLECTOR AND ALL MATERIALS USED IN THESE OPERATIONS	
OPERATIONS <u>Pressing</u>	MATERIALS USED IN OPERATION (SPECIFIC INGREDIENTS) <u>Alumina, wax, talc, clay, aluminum powder</u>

AIR RECIRCULATION SYSTEM INFORMATION

MANUFACTURER OF COLLECTOR <u>Aget Manufacturing Company</u>		COLLECTOR EFFICIENCY DATA <u>99% efficiency</u>
MODEL NUMBER <u>20-C-30</u>	TYPE COLLECTOR <u>Dustkop cloth bag</u>	
AIR VOLUME RATE OF SYSTEM <u>2405</u> CFM	DAILY OPERATION TIME <u>24 hours</u>	MAINTENANCE PROGRAM (DESCRIBE) <u>Weekly cleaning of dust particles</u>
DESCRIPTION OF AREA TO WHICH AIR IS RECIRCULATED		
LENGTH	<u>40</u> FT.	
WIDTH	<u>40</u> FT.	
HEIGHT	<u>12</u> FT.	
NUMBER OF EMPLOYEES FULL TIME	<u>1</u>	SOURCE OF MAKE-UP AIR <u>None</u>
IN THE AREA PART TIME	<u>0</u>	
QUANTITY OF MAKE-UP AIR SUPPLIED TO AREA	<u>0</u> CFM	OTHER EXHAUST VENTILATION SYSTEMS IN THE AREA (DESCRIBE) <u>None</u>
LIST SPECIFIC REASONS WHY SYSTEM CANNOT BE EXHAUSTED TO THE OUTSIDE <u>This collector is used in experimental operations. It is an indoor collector.</u>		

TITLE <u>Mgr. Plant Engineering</u>	SIGNATURE <u>William J. K...</u>	PHONE <u>412-537-3331</u>	EXTENSION NUMBER <u>---</u>
--	-------------------------------------	------------------------------	--------------------------------

FOR DEPARTMENTAL USE ONLY		☒ REGION REPORT AND RECOMMENDATIONS ON REVERSE SIDE	
REVIEWED	DATE REC'D <u>8/31/67</u> BY <u>DAT</u>	COMMITTEE ACTION	☒ APPROVED ☐ DISAPPROVED
COMMITTEE	DATE REC'D	BY	☒ APPROVED (ADMINISTRATIVE)
REGION	DATE REC'D	BY	CONDITIONS:
PLANT NOTIFIED	DATE NOTIFIED	BY	

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Remarks - Air Recirculation

Al₂O₃ is mainly used. I understand this test operation will only be temporary. I recommend approval.

OK JS 9/27/7

MMJ/jal
9/1/67



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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

EACH SYSTEM REQUIRES
SEPARATE APPLICATION

APPLICATION FOR APPROVAL OF AIR RECIRCULATION SYSTEM

DATE August 30, 1967

PLANT NAME <u>Carborundum Company</u>	ADDRESS <u>Hillview Avenue</u>
CITY AND ZIP CODE <u>Latrobe 15650</u>	COUNTY <u>Westmoreland</u>

CONTAMINANTS COLLECTED <u>Alumina, clay, talc, wax - all within the same product - Alumina is 96% of the product.</u>	LOCATION OF AIR RECIRCULATION SYSTEM (DEPARTMENT, BUILDING, ROOM, ETC.) <u>Building 2 - Press Department</u>
--	--

LIST OPERATIONS EXHAUST VENTILATED TO COLLECTOR AND ALL MATERIALS USED IN THESE OPERATIONS	
OPERATIONS	MATERIALS USED IN OPERATION (SPECIFIC INGREDIENTS)
<u>Milling</u>	<u>Alumina, clay, talc, wax</u>
<u>Cutting</u>	<u>Same as above</u>
<u>Sawing</u>	<u>Same as above</u>
<u>Sanding</u>	<u>Same as above</u>

AIR RECIRCULATION SYSTEM INFORMATION	
MANUFACTURER OF COLLECTOR <u>Pangborn Corp.</u>	COLLECTOR EFFICIENCY DATA <u>99.9% efficiency</u>
MODEL NUMBER <u>#400 Type CN</u>	TYPE COLLECTOR <u>Cloth Bag</u>
AIR VOLUME RATE OF SYSTEM <u>1400</u> CFM	DAILY OPERATION TIME <u>16 hours</u>
DESCRIPTION OF AREA TO WHICH AIR IS RECIRCULATED	
LENGTH	<u>108</u> FT.
WIDTH	<u>60</u> FT.
HEIGHT	<u>14</u> FT.
NUMBER OF EMPLOYEES IN THE AREA	FULL TIME PART TIME <u>18</u>
QUANTITY OF MAKE-UP AIR SUPPLIED TO AREA	<u>0</u> CFM
LIST SPECIFIC REASONS WHY SYSTEM CANNOT BE EXHAUSTED TO THE OUTSIDE <u>Indoor type dust collector</u>	MAINTENANCE PROGRAM (DESCRIBE) <u>Daily shakedown of bags and weekly cleanout</u>
	SOURCE OF MAKE-UP AIR <u>None</u>
	OTHER EXHAUST VENTILATION SYSTEMS IN THE AREA (DESCRIBE) <u>Cloth bag dust collections systems not exhausting into the area</u>

TITLE <u>Mgr. Plant Engineering</u>	SIGNATURE <u>William J. Kenda</u>	PHONE <u>412-537-3331</u>	EXTENSION NUMBER <u>--</u>
FOR DEPARTMENTAL USE ONLY		REGION REPORT AND RECOMMENDATIONS ON REVERSE SIDE	
RECEIVED	DATE REC'D	BY	BY
RECEIVED	DATE REC'D	BY	BY
RECEIVED	DATE REC'D	BY	BY
PLANT NOTIFIED	DATE NOTIFIED	BY	BY

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300 North Street, Harrisburg, PA 17120-0099
PA Historical & Museum Commission

Division of Occupational Health
505 State Office Building
300 Liberty Avenue
Pittsburgh, Pennsylvania 15222

August 15, 1967

Carborundum Corporation
Box 311, Hillview Avenue
Latrobe, Penna. 15650

Attention: Mr. Donald Aiken
Plant Manager

Gentlemen:

Re: Recirculation of Air - Article 432, Section 6

An inspection was made at your plant on August 1, 1967 by Mr. D.A. Klimchuck, industrial hygienist. It was noted that five air recirculation systems were utilized. The units recirculating air are: the new experimental pressing operation in the air condition control area, the lathe, mill, cut off saw, and sander in the press room.

Such systems must be approved by the Department in accordance with Section 6A, Article 432 (enclosed). Complete the attached applications in triplicate and return them within 15 days.

If you have any questions regarding the completion of these forms or need additional forms, please do not hesitate to contact me (565-5102).

Very truly yours

D. A. Tyler *DK*
Regional Industrial Hygienist
Region IV

DAT/DAK/ns
Enclosures (2)

1. Chapter 4, Article 432, Regulations Establishing Threshold Limits in Places of Employment.
2. Application for Approval of Air Recirculation System (5) (to be returned).

cc: Mr. John W. Knauber, Air Recirculation Committee (2)

File

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John
5/51

OPERATION	HAZARD	CONTROL MEASURE
QUALITY CONTROL LAB.		
Making clay slips (stored in covered cans)	Same dusts P.V. A. vapors H ₂ O mist Dermatitis from PVA	Wetted process. G. V. Small amounts used G. V. & safety cans Protective gloves Personal hygiene
Pressing & Forming Dept. (see remarks)		
Cutting	Various ceramic dusts	Very minimal amt. present Intermittent operation
Grinding	do. & Carborundum dusts	L.E.V. to dust collector
Lathing	Same as in cutting	do.
<u>Glazing</u>		
Spraying	"Glaze" mist & vapor (contains Feldspar, Flint & Fisher Scientific Fuschic (Red Dye)	Spray area with L.E.V. to dust collector Intermittent operation Occas. exposure
<u>Catalyst Carrier</u>		
Mixing	SiC, Various clay dusts "Nordig L Resin" mist (same Co.) Dermatitis	Canopy hood with LEV to dust collector Wetted process G.V. Occas. exposure Personal hygiene
Drying (gas)	Convective heat CO, CO ₂ gases	Oven vented to outside do.
Maintenance		
Sawing	Fe dust	G. V. Intermittent oper.
Lathing	do.	do.
Drilling	do.	do.
Grinding	do. & Carborundum dust	do.
Brazing	Fe fumes	do.
	O ₃ , N _x O _x , CO, CO ₂ gases	do.
	Convective heat	do.
	I R, U V & Intense visible light	Helmet

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Operation	Hazard	Control Measure
Testing (Strength, etc.)	None	Mechanical
Machining (Shaping, etc.)	Dust	Local exhaust
Spraying	Glaze Water Mist	Local exhaust & hood - Some automatic
Radio Sounds Assembly (Electronics)	Dust	Wet application of ceramic material on wire shapers

Production items change from time to time
requiring physical changes in plant.