PLAINTIFF'S EXHIBIT ASA-336

CC-M-9-75

SUPPLY DEPARTMENT

REQUEST FOR QUOTATION

American Smelting and Refining Co.
CENTRAL ENGINEERING
AMERICAN SMELTING AND REFINING COMPANY
P. O. BOX 4767
CORPUS CHRISTI, TEXAS 78404

IN REPLY REFER TO
CC-CE-109-6
INQUIRY NUMBER

20, 1975

Sechrist Hall Company
P. O. Box 5207
Corpus Christi, Texas

IS NOT AN ORDE
INATION GIVEN FO
YOUR INFORMATION ONL
Unless total approximate shippin weight is shown on tender you proposition will not be considered

DESTINATION AMERICAN SMELTING & REFINING COMPANY, CENTRAL ENGINEERING WAREHOUSE

REACHED VIA

Please quote on the following, indicating in the spaces provided below: Terms of payment, Approximate Shipping Weight, and earliest deliver

QUANTITY	ARTICLE	ITEMIZED PRIC
	Please quote material and erection of siding and roofing as shown on ASARCO Drawings: CC-3801 CC-3802 CC-3803 Roofing and Siding Specifications: H. H. Robertson Huski - Rib Galbestos Willow Green No. 1320 20 Ga. Roofing 22 Ga. Siding Fasteners: Stainless Steel Self-Tapping Screws XXXXXXXX XXXXX Painted Heads. Erection drawing shall be provided by vendor. All questions concerning the above quotation may be directed to Richard Schmidt, A.C. 512/882-1431. All quotations may be directed to the attention of Mr. G. G. Litchfield no later than June 2, 1975. Note: This bid does not include, removal of old sheets or painting of steel RS/ka Enclosures IMPORTANT Irrespective of the F. O. B. point shown on your quotation, it is essential that you indicate in each case, the actual point of origin, the total shipping weight, and state if Purchaser will be given the option of specifying the routing.	

iest Shipping Date 12 weeks ARPO
l Approximate Shipping Weight
. B. Point Erected Corpus Christi Plant
ns of Payment Net 30 Days

Price $23,550.00

is Tender must be signed and returned to us as quickly as possible and in event of acceptance, a purchase order will be sent

ereby undertake to supply the above materials on the terms inserted in the column for that purpose and also agree to ship

n 12 Weeks ARPO - Installation time approximately 4 weeks

ments to be made from Ambridge, Pa.

June 3, 1975

(Signed) Gilbert McNeese Gilbert McNeese

Address P.O. Box 5207, Corpus Christi, Texas 78405

ANZ 0004354

U.S. DEPARTMENT OF LABOR
Occupational Safety and Health Administration

CSHO NO.	OSHA-1 NO.	FY
S9361	32	74
AREA	REGION	
6090	6	

CITATION

1.
1015 Jackson Keller Road
San Antonio, Texas 78213
Phone: 512/225-5511, Ext. 4591

TO: 2.
American Smelting and Refining Company
Attn: Mr. C. B. White, Plant Manager
5500 Up River Road
Corpus Christi, Texas 78403

3. Citation Number 1

4. Page 4 of 5. 4

6.
TYPE OF ALLEGED VIOLATION(S): NONSERIOUS

7.
Inspections: 6/17/74 1:50pm - 4:30pm, 6/18/74 7:00am - 4:00pm, 6/19/74 7:00am to 3:00pm & 6/20/74 8:00am - 11:35am.

An inspection was made on June 17,18,19&20 1974 of a place of employment located at:

8. 5500 Up River Road, Corpus Christi, Texas 78403 and described as follows:

9. Smelting and Refining

On the basis of the inspection it is alleged that you have violated the Occupational Safety and Health Act of 1970, 29 U.S.C. 651 *et seq.*, in the following respects:

10. Item number	11. Standard, regulation or section of the Act allegedly violated	12. Description of alleged violation	13. Date by which alleged violation must be corrected
5	29 CFR 1910.94 (a) (5) (i)	Respiratory protective equipment used for protection against dust produced during abrasive blasting operations was not approved by the Bureau of Mines, U. S. Department of the Interior. Sandblasters were wearing a nonapproved hood.	Immediately upon receipt of this citation.

The law requires that a copy of this citation shall be prominently posted in a conspicuous place at or near each place that an alleged violation referred to in the citation occurred. The citation must remain posted until all alleged violations cited therein are corrected, or for 3 working days*, whichever period is longer.

RIGHTS OF EMPLOYEES

Any employee or representative of employees who believes that any period of time fixed in this citation for the correction of a violation is unreasonable has the right to contest such time for correction by submitting a letter to the U.S. Department of Labor at the address shown above within 15 working days* of the issuance of this citation.

"No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act." Sec. 11(c)(1) of the Occupational Safety and Health Act of 1970, 29 U.S.C. 651, 660(c)(1).

*Under the Occupational Safety and Health Act, the term "Working Day" means Mondays through Fridays but does not include Saturdays, Sundays, or Federal Holidays.

14. Herbert M. Kurtz
Area Director's Signature HERBERT M. KURTZ Issuance Date July 12, 19 74

Occupational Safety and Health Administration

CITATION

1015 Jackson Keller Road
San Antonio, Texas 78213
Phone: 512/225-5511, Ext. 4591

S9361	32	74
AREA 6090	REGION 6	

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5	29 CFR 1910.94 (a) (5) (i)	Respiratory protective equipment used for protection against dust produced during abrasive blasting operations was not approved by the Bureau of Mines, U. S. Department of the Interior. Sandblasters were wearing a nonapproved hood. Posted 7-16-74 @ Paint Shop 7-12-74 3-MSA Hoods 6-24-74 2-Cesco Hoods Removed from Paint Shop 7-19-74 (H5)	Immediately upon receipt of this citation.

The law requires that a copy of this citation shall be prominently posted in a conspicuous place at or near each place that an alleged violation referred to in the citation occurred. The citation must remain posted until all alleged violations cited therein are corrected, or for 3 working days*, whichever period is longer.

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14. Area Director's Signature Herbert M. Kurtz HERBERT M. KURTZ Issuance Date July 12, 19 74

NOTICE: Attached Important Information On Back Side

ANZ 0004356

RECEIVED JUN20 374 Corpus Christi cc HLM KW RCD CORPUS CHRISTI

MAY ROP SNK JPS JBR DAR

U.S. DEPARTMENT OF LABOR
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

Form Approved OMB No. 044R1449

RECEIVED JUN 4 1974
CORPUS CHRISTI OFFICE
U. S. DEPARTMENT OF LABOR - OSHA

Log # 6 per Betty 6-4-74

COMPLAINT

For Official Use Only		
Area 6944	Date Received 6/4/74	Time 10:30
Region 06	Received By S9361	

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the U.S. Department of Labor.

The undersigned *(check one)*

☐ Employee ☑ Representative of employees ☐ Other *(specify)* _____

believes that a violation at the following place of employment of an occupational safety or health standard exists which is a job safety or health hazard.

Does this hazard(s) immediately threaten death or serious physical harm? ☑ Yes ☐ No

Employer's Name AMERICAN SMELTING AND REFINING CO.

Address (Street UP RIVER ROAD, SHELL ROAD Telephone 882-6505

(City CORPUS CHRISTI State TEXAS Zip Code _____

1. Kind of business SMELTING AND REFINING

2. Specify the particular building or worksite where the alleged violation is located, including address. ~~1~~ SEE BELOW

3. Specify the name and phone number of employer's agent(s) in charge.
C. B. WHITE MGR.

4. Describe briefly the hazard which exists there including the approximate number of employees exposed to or threatened by such hazard.

1/ Both Cell Houses AND LEAD POT - LEAD EXPOSURE (OXIDE PLANT, SULFIDE PLANT ~~OXIDE~~)
2/ SULFIDE PLANT - CADMIUM
3/ ZINC OXIDE AND SULFIDE PLANT - ZINC DUST
4/ ACID PLANT (ROASTER) AND ROASTER AREA - ACID
5/ GRINDER AREA - DUST
6/ BOTH DOCK STORAGE AREAS - TOXIC MATERIAL OR DUST

(Continue on reverse side if necessary)

Sec. 8(f)(1) of the Williams-Steiger Occupational Safety and Health Act, 29 U.S.C. 651, provides as follows: Any employees or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the Secretary or his authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employees or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (g) of this section. If upon receipt of such notification the Secretary determines there are reasonable grounds to believe that such violation or danger exists, he shall make a special inspection in accordance with the provisions of this section as soon as practicable, to determine if such violation or danger exists. If the Secretary determines there are no reasonable grounds to believe that a violation or danger exists he shall notify the employees or representative of the employees in writing of such determination.

(Continued on reverse side)

ANZ 0004357

5. List by number and/or name the particular standard *(or standards)* issued by the Department of Labor which you claim has been violated, if known.

1910, 93.(b)(1)

1910,93(c)

6. (a) To your knowledge has this violation been considered previously by any Government agency? NO

(b) If so, please state the name of the agency _____

(c) and, the approximate date it was so considered. _____

7. (a) Is this complaint, or a complaint alleging a similar violation, being filed with any other Government agency? NO

(b) If so, give the name and address of each. _____

8. (a) To your knowledge, has this violation been the subject of any union/management grievance or have you *(or anyone you know)* otherwise called it to the attention of, or discussed it with, the employer or any representative thereof? This has been a union dispute with management

(b) If so, please give the results thereof, including any efforts by management to correct the violation. _____

9. Please indicate your desire:

☐ I do not want my name revealed to the employer.

☑ My name may be revealed to the employer.

Continue Item 4 here, if additional space is needed.

COMPLAINANT'S NAME

Signature Manuel O. Narvaez Date 6-4-1974

Typed or Printed Name MANUEL O. NARVAEZ

Address (Street 4637 JANSSEN DR Telephone 854-54-08

(City CORPUS CHRISTI State TEXAS Zip Code 78411

If you are a representative of employees, state the name of your organization United Steelworkers of America

GPO 924-910

AN7 0004358

CSHO No.	OSHA-1 No.
6090	06
Area	Region

JOB SITE CHECKLIST ON CARCINOGENS AND TARGET HEALTH HAZARDS

Do you have use or store any of the following: (This information should be supplied by chemist, industrial hygienist, purchasing agent or other competent person).

	Yes	No
1. Poly vinyl chloride, vinyl chloride or vinyl chloride resins		
2. 4 - Nitrobi phenyl		
3. Alpha-naphthylamine		
4. 4, 4' - Methylene bis(2-chloro aniline)		
5. Methyl chloromethylether		
6. 3,3' DICHLOROBENZIDINE (AND ITS SALTS)		
7. bis-Chloro methyl ether		
8. beta - Naphthylamine		
9. Benzidine		
10. ETHYLENEIMINE		
11. beta-Propiolactone		
12. 2 - Acetylaminofluorene		
13. 4 - Dimethlaminoazobenzene		
14. N - Nitrosodimethylamine		
15. Target Health Hazards		
(a) Asbestos		
(b) Lead		
(c) Silica		
(d) Cotton Dust		
(e) Carbon Monoxide		

THE ABOVE INFORMATION IS TRUE AND CORRECT

Employers Signature_____ Title_____

Date_____

JOB SITE QUESTIONAIRE
--PLEASE PRINT--

CSHO NO.	F/YR	OSHA-1 No.
AREA		REGION

NAME OF COMPANY AMERICAN SMELTING AND REFINING COMPANY

TYPE OF BUSINESS Non-Ferrous Smelter

DESCRIPTION OF WORK IN PROCESS Zinc manufacturing

JOB SITE ADDRESS 5500 UpRiver Road CITY Corpus Christi

STATE Texas ZIP 78403 JOB SITE TELEPHONE NO. 512-882-6505

PERSON IN CHARGE OF JOB C. B. White TITLE Plant Manager

MAILING ADDRESS SUPERVISING OFFICE P.O. Box 810, Corpus Christi P. O. BOX

CITY STATE Texas ZIP

OFFICE PHONE NO. & AC 512-882-6505 NAME OF TOP SUPERVISOR & TITLE C.B. White Plant Manager

IF CORPORATION, GIVE NAME OF PRESIDENT AND HIS MAILING ADDRESS American Smelting and Refining Company, 120 Broadway, New York City, N.Y. 10005

IF PARTNERSHIP, GIVE THEIR NAME AND THEIR MAILING ADDRESS

IF SOLE OWNER, GIVE HIS NAME AND HOME MAILING ADDRESS

IF ASSOCIATION OR OTHER LEGAL ENTITY, GIVE NAME AND MAILING ADDRESS

NUMBER OF YOUR EMPLOYEES AT THIS SITE: MALE 771 FEMALE 17

LARGEST SHIFT: MALE 486 FEMALE 17 TOTAL EMPLOYED AT ALL LOCATIONS 788

DO YOU HAVE A FEDERAL GOVERNMENT CONTRACT: YES NO x , CONTRACT NO. AMOUNT

ARE YOU UNION: YES x NO IF SO, NAME United Steelworkers of America LOCAL NO. 5022

ADDRESS 2315 Agnes Street CITY Corpus Christi STATE Texas ZIP 78405
(Use reverse side if more than one union)

DO YOU HAVE AN EMPLOYEE REPRESENTATIVE: YES X NO IF SO, NAME Valentin Elizando

ADDRESS 4930 Monitor CITY Corpus Christi STATE Texas ZIP 78415

DO YOU MAINTAIN INJURY & ILLNESSES RECORDS: OSHA-100, 101, and 102 YES X NO

IF SO, WHERE Doctor's Office; Personnel Department

DO YOU DISPLAY THE OSHA POSTER: YES X NO IF SO, WHERE Entrance - time clock area

TYPE OF FIRE PROTECTION Plant

ARE YOU RESPONSIBLE FOR TOILET FACILITIES: YES Yes NO

IS PERSON WITH VALID CERTIFICATE IN FIRST AID AVAILABLE AT WORKSITE: YES X NO

IF SO, NAME Dr. Roger S. Johnson Mrs. Bernice Schuh, R.N. WHOSE EMPLOYEE our employee - part time. our employee - full time.

DO YOU HAVE A SAFETY PROGRAM: YES X NO EMPLOYEE PARTICIPATION: YES X NO

DO YOU HAVE REGULAR SAFETY MEETINGS: YES X NO IF SO, HOW OFTEN Monthly

IS FIRST AID KIT AVAILABLE ON JOB SITE: YES X NO , WHO FURNISHES IT First aid office and/or Plant Dispensary

HAVE ARRANGEMENTS BEEN MADE FOR HOSPITAL OR DOCTOR CARE IN CASE OF ACCIDENT: YES X NO

WHERE ARE EMERGENCY TELEPHONE NUMBERS POSTED at Guard Office.

WHO IS RESPONSIBLE FOR HOUSEKEEPING AT JOB SITE Director of Safety, Welfare & Employment.

WHO WILL BE THE EMPLOYER REPRESENTATIVE DURING INSPECTION-GIVE NAME & TITLE R.M. Hudson, Director of Safety, Welfare & Employment.

SIGNATURE & TITLE OF PERSON FILLING OUT REPORT C.B. White Plant Manager

JOB SITE CHECKLIST
ON CARCINOGENS
AND TARGET HEALTH HAZARDS

CCHO No.	OSHA-1 No.
6090 Area	06 Region

Do you have use or store any of the following: (This information should be supplied by chemist, industrial hygienist, purchasing agent or other competent person).

	Yes	No
1. Poly vinyl chloride, vinyl chloride or vinyl chloride resins		NO
2. 4 - Nitrobi phenyl		NO
3. Alpha-naphthylamine		NO
4. 4, 4' - Methylene bis(2-chloro aniline)		NO
5. Methyl chloromethylether		NO
6. 3,3' DICHLOROBENZIDINE (AND ITS SALTS)		NO
7. bis-Chloro methyl ether		NO
8. beta - Naphthylamine		NO
9. Benzidine		NO
10. ETHYLENEIMINE		NO
11. beta-Propiolactone		NO
12. 2 - Acetylaminofluorene		NO
13. 4 - Dimethlaminoazobenzene		NO
14. N - Nitrosodimethylamine		NO
15. Target Health Hazards		
(a) Asbestos	Yes	
(b) Lead	Yes	
(c) Silica	Yes	
(d) Cotton Dust		NO
(e) Carbon Monoxide		NO

over

THE ABOVE INFORMATION IS TRUE AND CORRECT

Employers Signature C Bruchu Title Plant Manager

Date June 18, 1974

ANZ 0004361

15 (a) We use about 2000 lbs. of asbestos cloth and about 1150 ft.^{2} of transite sheet a year.

15 (b) Approx. 202 tons of ingot lead was used to make lead anodes the past year.

15 (b) 135 tons of sheet lead was used for tank linings the past 12 mos

15 (c) 30 tons of silicate sand was used for sandblasting the past 12 mos.