

CHEMICALS



INTEROFFICE / LAKE CHARLES

REC'D AUG 14 1974

TO R. E. Hanna

DATE August 13, 1974

FROM Dr. H. B. Lovejoy

SUBJECT Dr. Grant's Report & Mr. Dailey's
Answer to Mr. Widing

VCM

Please see comments on Mr. Widing's guidelines enclosed with this.

Mercury

Personnel monitoring for mercury is a much more difficult problem than it would appear on the surface and we are doing nothing about this at the present time. We have not forgotten it however. It is a matter of personnel availability as well as equipment availability. When Dr. Bell returns to Lake Charles we will again discuss this matter and attempt to develop a plan for regular personnel monitoring as well as development of additional data which may be published.

Asbestos

We are asking that PPG Exposure Control Guidelines Questionnaire be forwarded in sufficient quantity to include all exposed employees.

Silica Pigments

Recommendation #3 - Recommendation regarding advising employees of the health aspects of amorphous silica.

I am not aware of any particular health hazards of exposure to amorphous silica and am asking Dr. Grant to advise me if he has heard of any hazards from this particular chemical so that I may in turn advise employees.

Heat Stress

Electrocardiograms - The use of electrocardiograms in the annual physical examinations for the employees over 40 who are in high heat stress jobs poses many problems in my opinion. The electrocardiogram interpretations, if done by me, will require a considerable period of time. I do not yet know how many employees we have over 40 who are in "high heat stress jobs" and am asking that Mr. Davis and Personnel advise me how many are employed in:

- 1) The cut-out crew working in the Diaphragm Area.
- 2) The cut-out crew working in the Mercury Cell Area.
- 3) The people who are working in the Caustic Area or the boil-out area in Caustic.
- 4) Who are regularly exposed to the heat of the furnace in the Pigment Area who are over 40.

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I am not sure if there are other areas in the plant to be included as heat stress areas. I do feel that many other people are intermittently exposed to high heat. With those four areas above I have a starting point. Whether I should read the cardiograms, or we should employ a computer, or what the expense will be, I have not had a chance to investigate. I would like Dr. Grant's recommendation whether these be interpreted by me, a local cardiologist, or a computer.

We have had an electrocardiogram machine on a trial basis from the local Cambridge distributor. This is what I would like to utilize if I am to be using it because the local distributor gives excellent service. I think we should utilize whatever unit the cardiologist would prefer if we go that route, and if we go to the computer route we would use whatever they provide. I would like to have Dr. Grant's recommendations here also.

In regard to computerized electrocardiograms, I have had recent experience over the past year with this at the hospital in Sulphur. It is my opinion as well as the local internists opinion that the computer readouts are frequently in error and have to be re-read by the attending physician or his consulting cardiologist. I have read all the electrocardiograms made at the hospital in Sulphur from 1956 until September, 1973, when the computer service was employed.

HBL/bc

Enclosure

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CHEMICALS



REC'D AUG 19 1974

INTEROFFICE / LAKE CHARLES

TO A. T. Raetzsch DATE August 15, 1974
FROM D. L. Duncan SUBJECT VCM Guidelines

The VCM Guidelines issued by R. E. Widing on July 26, 1974, have been reviewed. We are presently complying or taking the necessary action to comply with the following exceptions:

1. We are making use of the "Comfo" respirator which is not approved as defined but is known to be effective. We strongly urge that this be added to our definition of "respiratory protection" under paragraph III (i) to reduce the possibility of personal exposure.
2. We are proceeding to install signs as indicated but we do not interpret this to cover tank cars and barges, etc., which come under other regulations and with which fire and explosion hazards are dominant.
3. Under paragraph VII (3) we assume that if VCM is not detectable, respiratory protection is not required. Regular escape masks which have a limited effectiveness will, of course, always be at hand.
4. We feel that paragraph VII (b) is too broad. We routinely furnish proper gloves and coveralls for work inside vessels or columns. We require hard hats and safety glasses or goggles and have a safety shoe program. We strongly feel that no useful purpose will be served by further burdensome requirements.
5. We do not feel that paragraph IX (a) is achievable as written. We provide extensive training and test for understanding and performance by use of situation response checks. We have a certain number of written instructions and procedures, one of which is to avoid exposure, but to anticipate and provide specific written procedures for any conceivable situation and further to rehearse such procedures is beyond practical achievement. We feel we are in good shape in this area but are not in compliance with the guidelines as written.
6. We are in the process of installing an ARCAS analyzer which is destined to monitor nine selected points which will satisfy the monitoring requirements.

We are in good shape in our record keeping and medical surveillance.

DLD/mm

cc: R. E. Widing
J. A. Clapperton
Z. G. Bell

bcc: ~~M. Davis/Dr. Lovejoy~~
T. G. Taylor
R. P. Lynch
G. A. Work
Hoenes/Wood

A large, stylized handwritten signature, likely of R. E. Widing, written in dark ink.

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