



**57th ALL-OHIO SAFETY AND HEALTH
CONGRESS & EXHIBIT
CLEVELAND CONVENTION CENTER
APRIL 7, 8, 9, 1987**

PLAINTIFF'S EXHIBIT

K-2008

December 17, 1986

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Ms. Judy Spencer
Legal Section
Industrial Commission of
Ohio
246 North High Street
Columbus, Ohio 43215

Re: OD 24195-22
Delores Wolfe
Owens-Corning Fiberglas
Newark, Ohio

Att'n: Judy Spencer

Dear Ms. Spencer:

On September 2, 1986, a visit was made to Owens-Corning Fiberglas, Case Avenue, Newark, Ohio 43055. The purpose was to collect industrial hygiene data relative to the occupational disease claim of Delores Wolfe, OD 24195-22. Ms. Wolfe allegedly contracted occupational asthma as a result of exposure to contaminants at work.

According to the company, her work history was as follows:

1959 - 1961	Clerk - Lazarus
1961 - 1963	Clerk - Thomas McAnn Shoes
1964 - 1965	Clerk - Newberry Dept. Stores
1965 - 1966	Clerk - Maris Bargain Land
1966 - 1968 &	
1969 - 1972	Clerk - Super Finest Grocery
8/10/77 first day	Owens-Corning
6/28/85 last day	Owens-Corning

She had the following relevant medical absences:

2/1/78 - 2/17/78	Pneumonia
3/26/79 - 3/29/79	Asthmatic Episode
5/18/83 - 6/27/83	Asthma and Bronchitis
4/2/84 - 4/10/84	Bronchitis and Asthma

Her pre-employment physical examination (see attachment) indicated normal pulmonary function but recent treatment for bronchitis.

A physical examination by PHS Multiphase Testing

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reported on October 18, 1979 the following:

FBCD right upper lobe; NAPID no change

FVC, FEV-1 99%

Wheezing

Probably physically unable to wear a respirator mask

Has appointment with allergist in Columbus. Has chronic congestion and hive-like condition of chest and neck. Feels this started after employment at OCF. No actual asthmatic attacks.

When she coughs heavily, she has "hive-like" condition on neck and chest. No rash otherwise.

Do you feel that your exposure to the in-plant work environment has contributed to any poor health that you may have had since your last exam? - Yes

An April 7, 1983 exam noted:

ECG abnormal

Poor R Progression V1-V4

Consider septal infarction or fibrosis

A March 1985 exam indicated:

FEV-1 is normal, flow rates appear depressed, suggesting a possible early stage mild obstructive deficiency

The company said Ms. Wolfe worked primarily at the #16 Aerocor machine. They have submitted a summary log (see attachment) indicating she worked a very small percentage of the time at the P-80 machine.

At the Aerocor machine, the selector/packer packages rolls of water heater insulation in plastic bags. At the P-80 machine, uncured fibrous glass blankets are coated with a phenol formaldehyde urea resin product.

After a considerable delay, the company furnished a summary of industrial hygiene data collected at the Aerocor and P-80 operations. Some such data about the P-80 machine were already in the File. The collection methods and the time sampled were not specified, and the original data were not furnished.

The results show that total dust levels were occasionally somewhat high but did not exceed the current ACGIH standards. The formaldehyde, phenol, and ammonia results were quite low. However, it should be noted that the TLV for formaldehyde (1 ppm) was not set at a low

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enough level to preclude hypersensitive workers from suffering irritation or complaining.

During this investigation the company did mention that plastic curtains had been installed around part of the P-80 machine because the ammonia levels on some days were approaching the TLV (levels of 25 to 30 ppm, they said.)

Besides the formaldehyde, all of the three other contaminants listed by the company may also act as respiratory irritants. (The company stated that no toluene diisocyanate was used in this building.) While exposure to each individual toxin is well below the TLV, the combined effect of the four (i.e., phenol, ammonia, formaldehyde, fibrous glass dust) on the respiratory system must be considered.

It is difficult to estimate what amount of exposure the claimant did have. It should be noted that at least one of her leaves for asthma occurred right after working at the P-80 machine (week of May 15, 1983). Although she did not smoke (according to the File), some of her co-workers at the Aerocor machine were allowed to smoke, and the many toxic contaminants in the exhaled and side-stream smoke (including formaldehyde) certainly added to her respiratory burden.

In summary, Ms. Wolfe had exposure to relatively low levels of phenol, ammonia, formaldehyde, and dust (probably fibrous glass, principally). No exposure to diisocyanates was found. The formaldehyde levels were high enough, however, to cause hypersensitive workers to experience respiratory problems. The concurrent exposure to phenol, ammonia (occasionally high levels) and dust (occasionally moderately high levels) could potentiate or aggravate such distress. Exposure to cigarette smoke from nearby workers would add to the burden. However, the total time spent at the machine for the worst potential exposure (P-80) to all these noxae was relatively short. This industrial hygiene evidence could be used by a physician to support a diagnosis of work-related pulmonary disease.

Respectfully submitted,



Robert J. Crackel
Industrial Hygienist

RJC/dk

Enclosures:

Letter - Summary Log
Sampling Data
Pre-employment Physical

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