



57th ALL-OHIO SAFETY AND HEALTH CONGRESS & EXHIBIT

CLEVELAND CONVENTION CENTER

APRIL 7, 8, 9, 1987

March 4, 1987

PLAINTIFF'S
EXHIBIT
BRK-271

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

Attn: Judy Spencer

Re: OD 26780-22
Maudell Fisher
Fisher Guide Division
General Motors Corp.
200 Georgesville Rd.
Columbus, Ohio 43228

Dear Ms. Spencer:

On December 19, 1986 and January 12, 1987, visits were made to Fisher Guide Division of the General Motors Corporation, 200 Georgesville Road, Columbus, Ohio 43228. The purpose was to collect industrial hygiene data relative to the occupational disease claim of Maudell Fisher, OD 26780-22. Ms. Fisher was diagnosed as having contracted bilateral dermatitis on her hands and fingers with the strong probability that this was caused by exposure to oil at work.

The claimant works in an area that makes door locking mechanisms for automobiles. According to the company's records, she first worked at this plant on July 18, 1977 in Department 7 (Inspect and Pack Lights). She began working in Department 3 (Punch Press Heavy) on August 1, 1983 and is still working there.

The company said Ms. Fisher works about 90% of her time on the pallettron machine, which is a multi-function line for fabricating door locks. The other 10% is spent on off-line or sub-assemblies where, for example, a screw hole may be tapped. The claimant may work in any of the worker stations on the pallettron machine; she works a normal 40-hour work week with little overtime.

Material Safety Data Sheets for the two oils which may coat parts in this department are attached. Their effective date is December 15, 1980; they offer very incomplete data, especially in Section 5--"Health Hazard Data".

Cutting fluid dermatitis may have many causes. Plugging of the follicular canals with the oil and chemical irritation are particularly important. Many additives to

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the basic oil may also cause either primary or contact dermatitis. Detergents, soaps, wetting agents, and alkaline chemicals attack the skin. Sulfur- and chlorine- based additives may be direct irritants. Other possible sensitizers include some perfumes and dyes, odor-disguising agents (e.g., pine oils), and some fungicides.

Even when the oil itself is not the problem, it may act as a carrier for contaminants which can, individually or collectively, cause skin disease in some individuals. Factory dust and waste, dead insects and rodents, waste solvents, metal dust, and various bacteria, viruses, and fungi in the oil may be the real culprits.

Ms. Fisher's working conditions certainly did not cause her to have her hands drenched with oil. Many of the parts she handled were not oiled; all of the others shown to me had only a light film of oil. Some of the oil came on parts from outside companies. Some of the oil, too, was recycled oil. Oil used in machines to make these parts was only changed once per week. (Consequently, this oil was significantly more likely to be contaminated.)

Employees may wear cloth, vinyl-impregnated, wrist-high gloves if they desire. These were chosen, the company said, not to protect specifically against this oil but because they were being used in another department and the employees liked them. Several colors of the gloves are available; the colors differentiate sizes, not composition.

Such gloves probably offer inadequate protection against dermatitis. They need to be higher to avoid possible seepage of chemicals under the glove. Also, the company said that if someone worked in these gloves long enough, oil would soak through. (Then the glove would serve as a reverse barrier, trapping the chemical on the surface of the skin.)

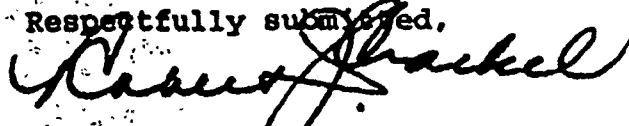
The claimant had not yet received training about the hazards of these chemicals (OSHA required this training to be completed by May, 1986.) The company does not require employees to wash up at anytime, and eating and drinking in the area are common.

The company said it rejected the claim because "very few other people [in this department] filed such claims." Also, they said, "She has been working since 1977, and I would think a dermatitis would have shown up long before now." Neither of these objections addresses the fact that hypersensitive individuals or those with dry skin are more prone to this condition. Nor do they take into account that the type and contaminant level of the oils used may change as may the susceptibility of each individual employee.

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In summary, the claimant was exposed to cutting oils. The company admitted the gloves used offered inadequate protection. She was not trained about these hazards and how to prevent them. She was not required to wash up and was allowed to eat and drink in the area with contaminated hands. Both the base oils, the additives, and some contaminants of these oils can account for problems such as those described by the claimant. A physician could certainly use these industrial hygiene data to support a medical diagnosis of work-related skin disease.

Respectfully submitted,



Robert Crackel
Industrial Hygienist

RC/eg
Enclosures: 2 MSDS's