



STATE OF FLORIDA DEPARTMENT OF COMMERCE

Division of Labor
Bureau of Workmen's Compensation
1321 Executive Center Drive East, Tallahassee 32301

April 23, 1975

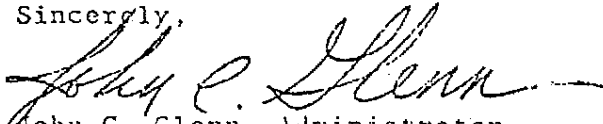
Mr. Robert I. Gilbert, Jr.
Research Associate
College of Social and
Behavioral Sciences
Dept. of Anthropology
Tampa, Florida 33620

Dear Mr. Gilbert:

Our organization is extremely interested in your efforts to assist the employers of our state who are exposed to carcinogenic substances. We hope the importance of your survey is realized and that you are given the cooperation necessary for this worthwhile project.

We would like to express our full endorsement of your efforts and assure you that we will be happy to provide you with any assistance you feel possible. Please feel free to call on any of our District Safety Supervisors. Their locations and phone numbers are shown on attached map.

Sincerely,


John C. Glenn, Administrator
Industrial Safety

JCG/11
Attachment

AP00031033

QUESTIONNAIRE

NAME OF COMPANY? _____

ADDRESS? _____

1. Please list your principal products in decreasing order of economic importance to the company.

- | | | |
|----------------------------|---|-----------|
| 1. <u>PIC</u> | 5. <u>None</u> | 9. _____ |
| 2. <u>Ammonium Nitrate</u> | 6. <u>NH₄NO₃ solution</u> | 10. _____ |
| 3. <u>Ammonia</u> | 7. <u>used for ...</u> | 11. _____ |
| 4. <u>Nitric acid</u> | 8. <u>Phosphoric anhydride</u> | 12. _____ |

Below is a list of substances which are known or believed to be carcinogenic (capable of producing cancer). Please check the substance which you use by listing the product and processing material(s). Also please give the number of employees who may be in direct physical contact (by breathing it, touching it, etc.). If the substance is used in more than one product and processing material, please list the substance, product and processing material on the back of this sheet.

NAME	PRODUCT	NUMBER OF EMPLOYEES	PROCESSING MATERIAL (S)	NUMBER OF EMPLOYEES
laminofluorene	_____	_____	_____	_____
diphenyl	_____	_____	_____	_____
chlorobenzidine	_____	_____	_____	_____
4-aminodiphenylamine	_____	_____	_____	_____
4-aminodiphenylamine	_____	_____	_____	_____
4-aminodiphenylamine	_____	_____	_____	_____
4-aminodiphenylamine	_____	_____	_____	_____
4-aminodiphenylamine	_____	_____	_____	_____
4-aminodiphenylamine	_____	_____	_____	_____

AP00031034



Date 23 May 1975

INTEROFFICE
MEMORANDUM

Subject VCM MEDICAL SURVEILLANCE PROGRAM --
LABORATORY LICENSING

To SEE BELOW

(Location, Organization, or Department)

From HOWARD L. WATSON

Valley Forge

(Location, Organization, or Department)

J. F. ODOM

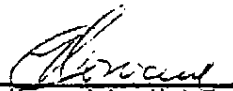
JUN 02 1975

cc: A. R. Adams/Valley Forge
J. T. Barr/Valley Forge
T. L. Carey/Valley Forge
R. Fleming/Valley Forge
J. V. Heider/Valley Forge
Dr. Marvin Kushner/Stoneybrook
J. Odom/Escambia

Listed below are the laboratories and license numbers which Dr. Beidleman uses to do the testing required under our VCM Medical Surveillance Program:

Regional Medical Lab - #800000666

Medical Center Lab - #379


Howard L. Watson

HL: heg

(320)

AP00031035