

## POLY A INDUSTRIAL HYGIENE SAFETY MEETINGS

I ATTENDED THE INDUSTRIAL HYGIENE SAFETY MEETING FOR POLY A THAT COVERED THE FOLLOWING INFORMATION:

THE CONSEQUENCES OF EXPOSURE TO TOXIC AMOUNTS OF CHEMICAL AND PHYSICAL AGENTS.

THE RESULT OF THE EMPLOYEE EXPOSURE MEASUREMENTS AND AREA NOISE SURVEYS FOR 1984.

THE CONTROL MEASURES AVAILABLE TO MINIMIZE EMPLOYEE EXPOSURES.

Sheet  
A

Ron Richardson

Joe Aches

Bill Brown

Patricia Barber

Ray "Red" Daulton

Glenn Smith

Jim Doyle

Bill Young

Bill Brown

Bill Brown

Bill Brown

Bill Brown

Bill Brown

Justin W. Danchewicz Jr.

Don Brown

Mike Walker

John A. Baker

Bill Brown

Bill Brown

Bill Brown

B

"B"

Bill Brown  
Kenny Oleson  
Bill Brown  
DANNY Austin  
Jim Cook  
Evans Barber  
Brett H. H.  
Bill Brown  
John Perkins  
James L. McMurken  
Steve L. L.  
Phil G. Planché  
Bill Brown  
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Joe Huzenar  
Harley E. Kohn  
Steve Barber  
John H. H.  
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Brad Martin  
Karl H. H.  
Bill Brown

DO 088229  
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## POLY A INDUSTRIAL HYGIENE SAFETY MEETINGS

I attended the Industrial Hygiene Safety Meeting for Poly A that covered the following information:

The Consequences of exposure to toxic amounts of chemical and physical agents.

The result of the employee exposure measurements and area noise surveys for 1984.

The control measures available to minimize employee exposures.

10/20/85  
Don Stockman  
Benton Russell  
Ken Martin  
Larry Carter  
Buddy Marino  
Bill Root  
Jeri Davis  
Ed Dugas  
Jerry Trelawny  
Jim Jones  
Larry Pearson  
Larry Wilson  
Larry Kerk  
Wendy Roberts

CONSEQUENCES OF EXPOSURE TO TOXIC AMOUNTS

COMPOUND: SILICA, CRYSTALLINE

EYES: CONTACT WITH DUST CAN CAUSE MECHANICAL IRRITATION SIMILAR TO THAT CAUSED BY ANY SOLID PARTICLE.

SKIN: MECHANICAL INJURY CAN OCCUR.

INHALATION: SHORT TERM: HIGH CONCENTRATIONS (WELL ABOVE ACCEPTABLE LEVELS) MAY CAUSE ONLY MODERATE DISCOMFORT FROM MECHANICAL IRRITATION.

LONG TERM: DUST CAN CAUSE SCARRING OF THE LUNGS (SILICOSIS SYMPTOMS OF OVEREXPOSURE INCLUDE: A REDUCTION IN LUNG FUNCTION, COUGH, DYSPNEA, WHEEZING, A "TIGHTNESS OF CHEST", WEAKNESS, AND REPEATED NONSPECIFIC CHEST ILLNESSES.

COMMENTS: THE MARGIN OF SAFETY FOR THE EXPOSURE LIMIT TO CRYSTALLINE SILICA IS UNKNOWN. EVERY EFFORT SHOULD BE MADE TO MINIMIZE EXPOSURE AS LOW AS CURRENT TECHNOLOGY WILL PERMIT.

EXPOSURE LIMIT: 0.1 MG/M<sup>3</sup> RESPIRABLE MASS  
0.3 MG/M<sup>3</sup> TOTAL MASS

REFERENCE: CHEMICAL HAZARDS OF THE WORKPLACE, P., 441-442; TOX REPORT K-6645

AUTHOR: J. R. SANDERS

CHECKED BY: R. L. DANIEL - INDUSTRIAL HYGIENE  
R. V. JOHNSTON - TOXICOLOGY  
C. K. BROWDY - MEDICAL

ISSUE DATE: 8-14-80

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POLY A  
DUST PERSONNEL SAMPLES

SiO<sub>2</sub> TLV = .1 MG/M<sup>3</sup> RESPIRATORY; .3 MG/M<sup>3</sup> NON-RESPIRATORY  
NUISANCE DUST TLV - 10 MG/M<sup>3</sup> TOTAL DUST

| <u>JOB</u> | <u>SAMPLE<br/>TIME</u> | <u>*POTENTIAL<br/>NON-RESP.<br/>DUST EXPOSURE</u> | <u>*POTENTIAL<br/>RESP. DUST<br/>EXPOSURE</u> | <u>SILICA</u>         |
|------------|------------------------|---------------------------------------------------|-----------------------------------------------|-----------------------|
| LABORER    | 137 MIN.               | 9.2 MG/M <sup>3</sup>                             | .8 MG/M <sup>3</sup>                          | .2 MG/M <sup>3</sup>  |
| LABORER    | 315 MIN.               | .9 MG/M <sup>3</sup>                              | .4 MG/M <sup>3</sup>                          | .05 MG/M <sup>3</sup> |
| LABORER    | 205 MIN.               | .5 MG/M <sup>3</sup>                              | .3 MG/M <sup>3</sup>                          | .08 MG/M <sup>3</sup> |

\* BECAUSE A DUST RESPIRATOR IS WORN WHEN MIXING ADDITIVES THESE ARE  
POTENTIAL EXPOSURES.

MDR/LTB  
5-23-85

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CONSEQUENCES OF EXPOSURE TO TOXIC AMOUNTS

COMPOUND: ASBESTOS

EYES: CONTACT WITH THE DUST CAN CAUSE MECHANICAL IRRITATION  
SIMILAR TO THAT CAUSED BY ANY SOLID PARTICLE.

SKIN: UNLIKE FIBROUS GLASS, THE FIBERS DO NOT CAUSE DISCOMFORT  
OR MECHANICAL IRRITATION.

INGESTION: SOME EVIDENCE SUGGESTS THAT LONG TERM INGESTION OF  
ASBESTOS MAY INCREASE CHANCES OF STOMACH CANCER.

DUST INHALATION: SHORT TERM: HIGH CONCENTRATIONS (WELL ABOVE ACCEPTABLE  
LEVELS) MAY CAUSE ONLY MODERATE DISCOMFORT FROM  
MECHANICAL IRRITATION.

LONG TERM: THE FIBERS CAN CAUSE SCARRING OF THE  
LUNGS (ASBESTOSIS). A CANCER OF THE CHEST LINING  
(MESOTHELIOMA) MAY ALSO RESULT FROM ASBESTOS EXPOSURE.  
MOST IMPORTANT, ASBESTOS EXPOSURE AND CIGARETTE  
SMOKING GREATLY INCREASE THE RISK OF LUNG CANCER.

IHG: ACGIH TLV IS 2 FIBERS/CC

AUTHOR: G. H. FLORES

CHECKED BY: R. L. DANIEL - INDUSTRIAL HYGIENE  
G. C. JERSEY - TOXICOLOGY  
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ISSUE DATE: REVISED: 6-6-80

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## 2.2 Thermal Sensitivity

From a safety point of view the thermal sensitivity of an organic peroxide is very important. Most organic peroxides used in the plastics industry are stable at normal ambient temperatures. However, it is possible that at slightly higher temperatures the organic peroxide will start to decompose releasing heat. If the decomposition, which is an exothermic reaction, proceeds so quickly that the heat cannot be dissipated, the product temperature will increase, finally resulting in a self-accelerating decomposition of the organic peroxide. Depending on the circumstances i.e. the quantity, the degree of confinement, the particular organic peroxide etc., fierce decomposition, self-ignition or even a thermal explosion may occur. In the case of a decomposition without flame the vapors evolved are flammable and if ignited can burn explosively.

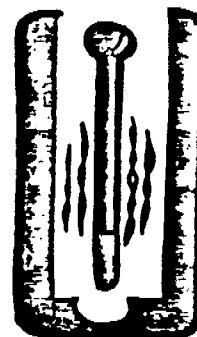
The polymer industry's need for more reactive organic peroxides has led to the development of a number of products requiring refrigerated storage. These particular organic peroxides can undergo self-accelerating decomposition at normal ambient temperatures or below, so special handling and storage techniques are required. Refer to individual technical bulletins for additional information.

Due to the thermal instability of all organic peroxides they must be stored at recommended temperatures and kept away from all sources of heat such as steam pipes, space heaters and hot materials.



## 2.3 Contamination

The stability of organic peroxides can be reduced by a wide variety of chemical compounds and metals. Contamination or contact with heavy metals, copper, iron, brass and their compounds, acids, bases and reducing agents must be avoided. Contamination of organic peroxides can result in an explosive decomposition or fire. Special care must be taken to avoid direct contact with accelerators, such as cobalt octoate or dimethyl aniline, used in the reinforced plastics industry to accelerate the cure of unsaturated polyester resins.



## 2.4 Mechanical Sensitivity

Most commercial organic peroxides have a low degree of mechanical sensitivity to shock, impact or friction which means that they can be handled safely provided that severe friction, rough handling and heavy impact are avoided. Some organic peroxides i.e. dry pure benzoyl peroxide, have a high degree of mechanical sensitivity requiring special handling techniques. Refer to individual product bulletins for additional information.



## 2.5 Physiological Properties

### 2.5.1 Ingestion and Inhalation

In general organic peroxides are moderately toxic upon ingestion or inhalation. Owing to their corrosive character some organic peroxides can inflict severe injuries to the digestive organs on ingestion and to the respiratory tract on inhalation of the vapors.

## **FIRST AID**



## **FIRST AID**



## **FIRST AID**

If an organic peroxide is accidentally swallowed, large amounts of water or milk should be drunk, and immediate vomiting induced. Obtain medical attention at once to give additional stomach wash. If prompt medical attention is possible ketone peroxides i.e. Cadox M-105 and hydroperoxides i.e. Trigonox A-W 70 are better removed by administering large quantities of milk or water and obtaining immediate medical supervised lavage (stomach wash) due to their corrosive nature. If on inhalation a toxic effect like headache, sleepiness or nausea is observed, seek fresh air immediately. In case of narcosis the person involved should be moved to fresh air, clothing loosened and given 24 hours rest under medical supervision.

### **2.5.2 Contact with the Eyes**

Most organic peroxides are very corrosive to the eyes. Ketone peroxides i.e. Cadox M-105 and hydroperoxide i.e. Trigonox A-W 70 are particularly aggressive, causing extensive damage which may lead to blindness. On the other hand benzoyl peroxide will normally cause only temporary damage after short contact. Safety glasses must be worn when handling organic peroxides.

If organic peroxide gets into the eye(s) rinse immediately with water for at least 15 minutes. If possible, alternate rinsing with a freshly prepared 5% aqueous sodium ascorbate or 2% aqueous sodium bicarbonate solution. Call a physician immediately.

### **2.5.3 Contact with the Skin**

Owing to the corrosive character of many peroxides, direct contact with the skin must be avoided. Prolonged contact with even less corrosive organic peroxides such as benzoyl peroxide may lead to an allergic irritation. Always use protective gloves. Contaminated clothing should be removed immediately and laundered before using again.

If an organic peroxide comes in contact with the skin rinse immediately with water and wash thoroughly with soap. If irritated apply an ointment such as lanolin. If irritation persists contact a physician.

Refer to individual product bulletins and SPI Toxicological Data Bulletin for specific toxicity data.

POLY A  
T-BUTYL PEROXYPIVILATE PERSONNEL SAMPLES

| <u>JOB</u>     | <u>SAMPLE<br/>TIME</u> | <u>CONCENTRATION<br/>DETECTED</u> |
|----------------|------------------------|-----------------------------------|
| CATALYST MIXER | 22 MIN.                | 1.1 PPM                           |
| CATALYST MIXER | 12 MIN.                | 1.6 PPM                           |
| CATALYST MIXER | 23 MIN.                | 1.6 PPM                           |
| CATALYST MIXER | 15 MIN.                | 1.6 PPM                           |

T-BUTYL PERACETATE PERSONNEL SAMPLES

| <u>JOB</u>     | <u>SAMPLE<br/>TIME</u> | <u>CONCENTRATION<br/>DETECTED</u> |
|----------------|------------------------|-----------------------------------|
| CATALYST MIXER | 10 MIN.                | 2.9 PPM                           |
| CATALYST MIXER | 12 MIN.                | 1.4 PPM                           |
| CATALYST MIXER | 7 MIN.                 | 8.6 PPM                           |
| CATALYST MIXER | 16 MIN.                | 1.4 PPM                           |

MDR/cs  
12-28-84

DO 088236  
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## CONSEQUENCES OF OVER-EXPOSURE

COMPOUND: NOISE

PROLONGED AND REPEATED EXPOSURE TO LEVELS EXCEEDING 90 dB-A MAY CAUSE SEVERE DAMAGE TO THE NERVES IN THE INNER EAR.

THE INITIAL EFFECT IS TO REDUCE THE ABILITY TO HEAR SOUNDS IN THE HIGH FREQUENCY RANGE.

IF UNCHECKED, THE HEARING LOSS CAN EXTEND TO THE FREQUENCIES IN THE NORMAL SPEECH RANGE.

## METHODS OF CONTROL

DIHG - 85 dB-A - TO PREVENT HEARING LOSS FOR EXPOSURES OF MORE THAN 8 HOURS PER DAY.

12/75

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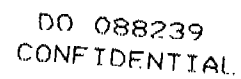
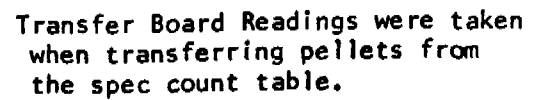
POLY A  
NOISE DOSIMETER SAMPLES

| <u>JOB</u>             | <u>NUMBER OF<br/>SAMPLES</u> | <u>POTENTIAL<br/>AVG. NOISE<br/>DOSE*</u> | <u>POTENTIAL<br/>HIGHEST NOISE<br/>DOSE</u> |
|------------------------|------------------------------|-------------------------------------------|---------------------------------------------|
| TECHNICAL              | 3                            | 20%                                       | 38%                                         |
| INSTRUMENT             | 2                            | 20%                                       | 38%                                         |
| DAY MAINTENANCE        | 3                            | 56%                                       | 100%                                        |
| SHIFT SUPERVISOR       | 3                            | 230%                                      | 404%                                        |
| RELIEF S.O.T.          | 2                            | 142%                                      | 152%                                        |
| TRAIN 5 S.O.T.         | 3                            | 664%                                      | 936%                                        |
| LITTLE BUILDING S.O.T. | 3                            | 106%                                      | 110%                                        |
| BIG BUILDING S.O.T.    | 4                            | 122%                                      | 192%                                        |
| TRANSFER BOARD S.O.T.  | 2                            | 32%                                       | 38%                                         |
| EXTRUSION S.O.T.       | 2                            | 100%                                      | 134%                                        |
| CATALYST MIXER         | 4                            | 44%                                       | 60%                                         |

\* BECAUSE EAR PROTECTION WAS WORN IN THE HIGH NOISE AREAS, THESE ARE POTENTIAL EXPOSURES.

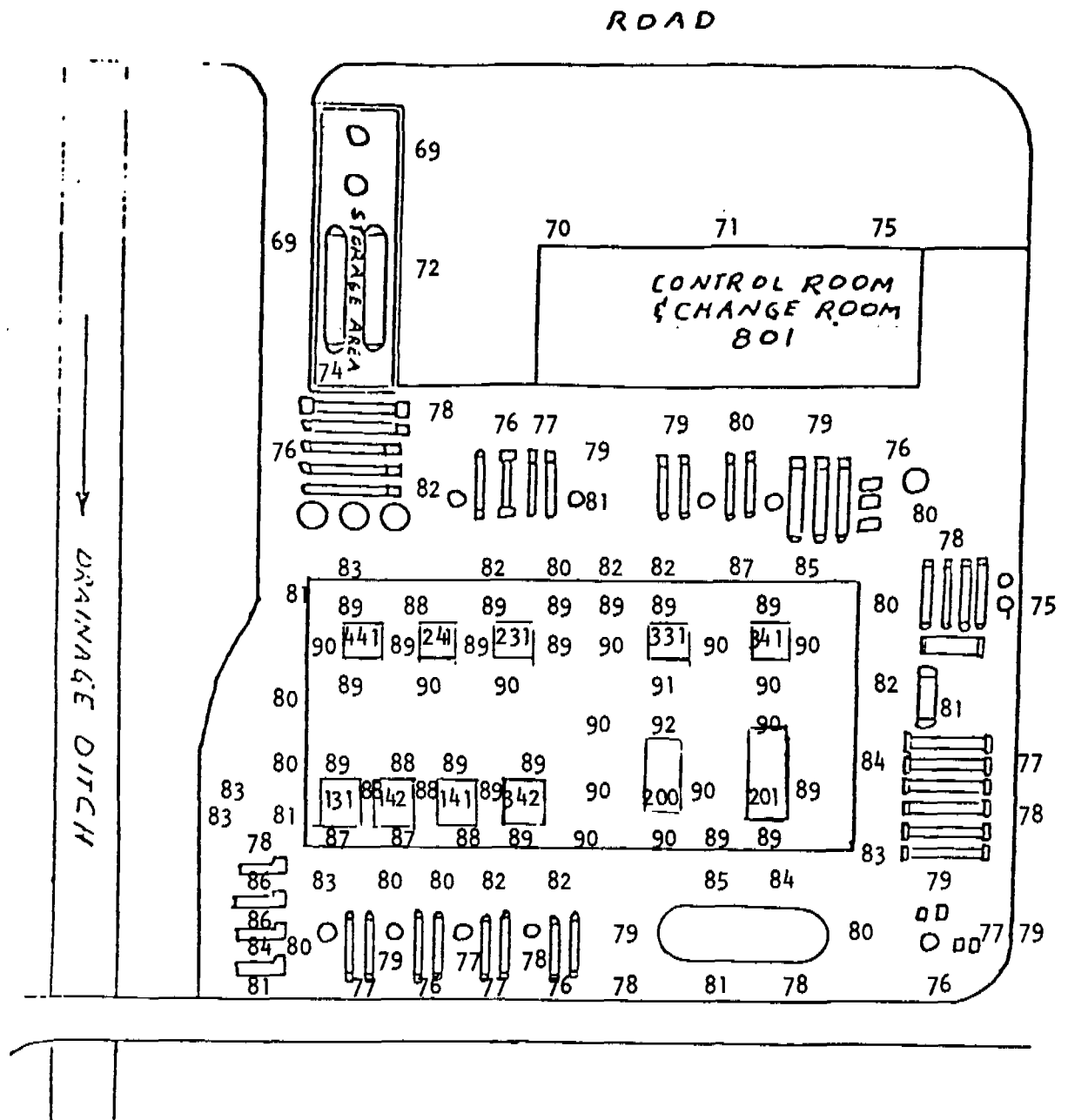
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5-23-85

NOISE LEVELS db(A)

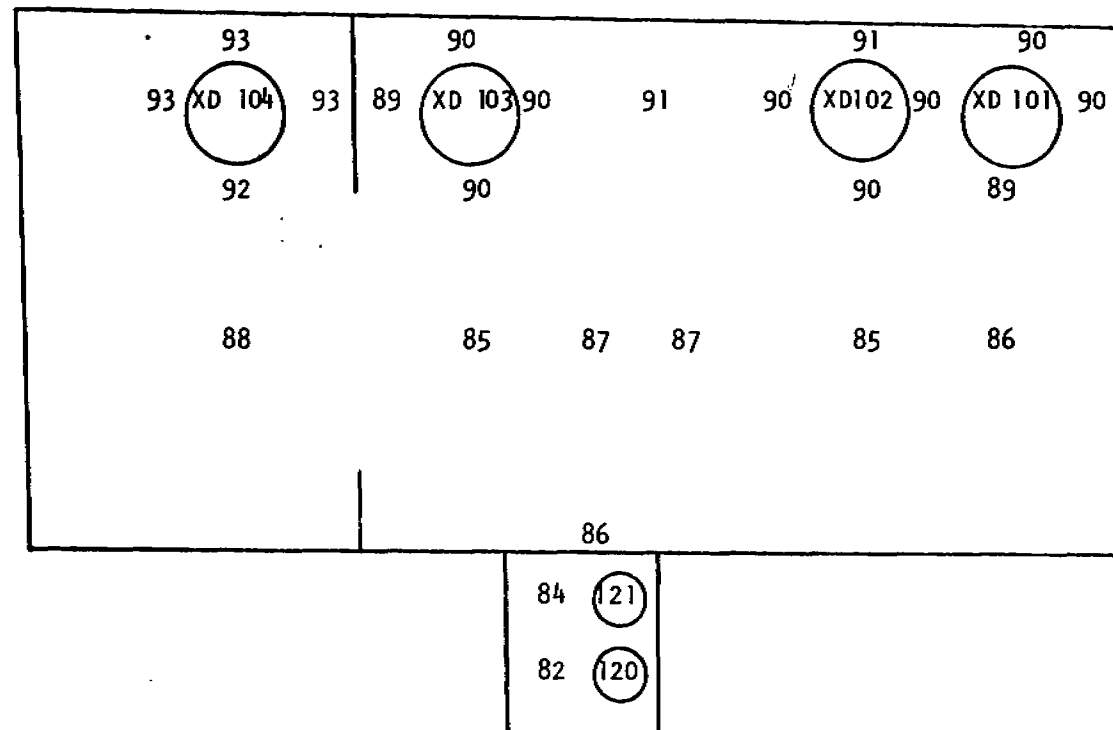


# PRIMARY COMPRESSOR BUILDINGS

NOISE LEVELS db(A)



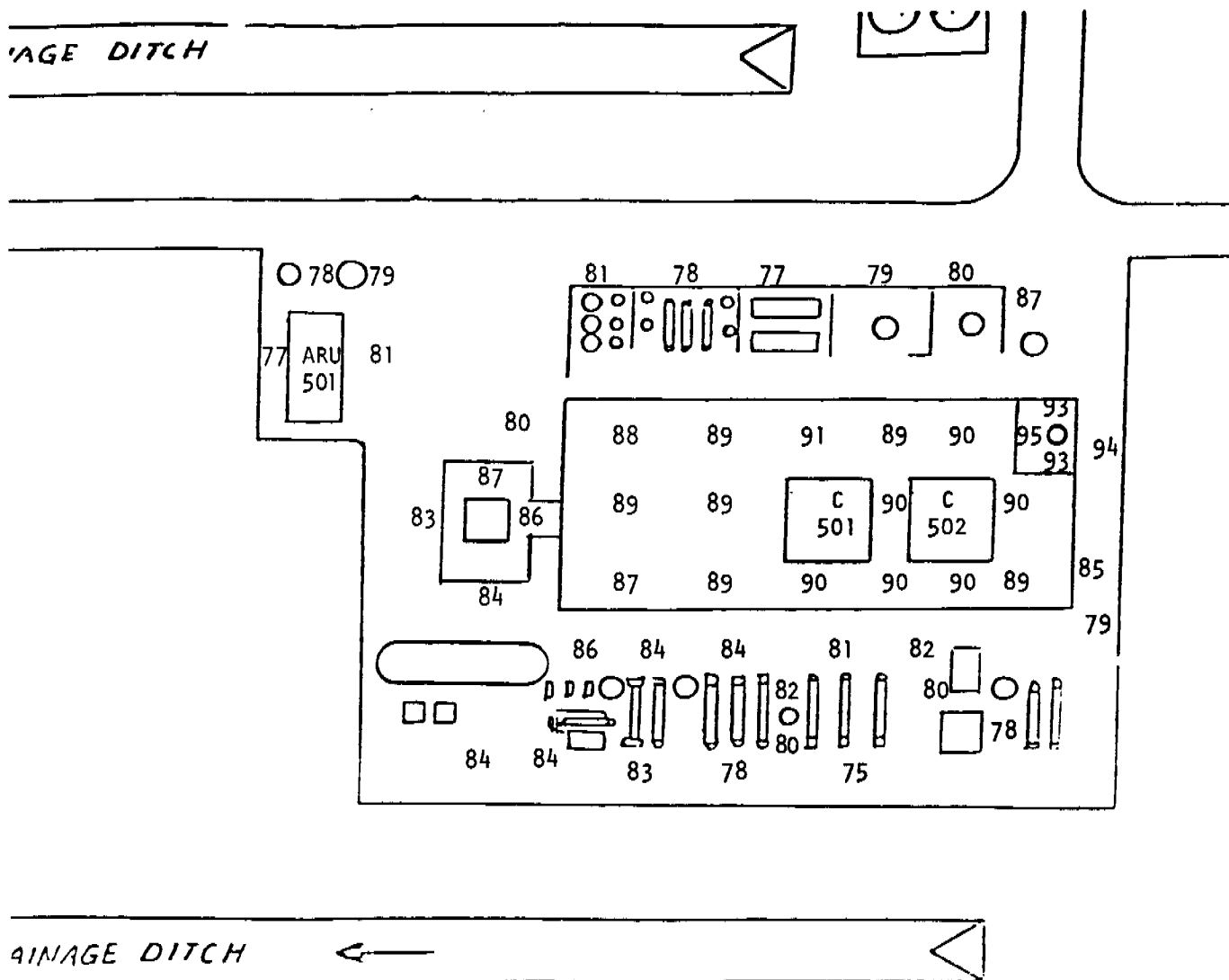
# CLASSIFIER SCREEN AREA



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# TRAIN 5 COMPRESSOR AREA

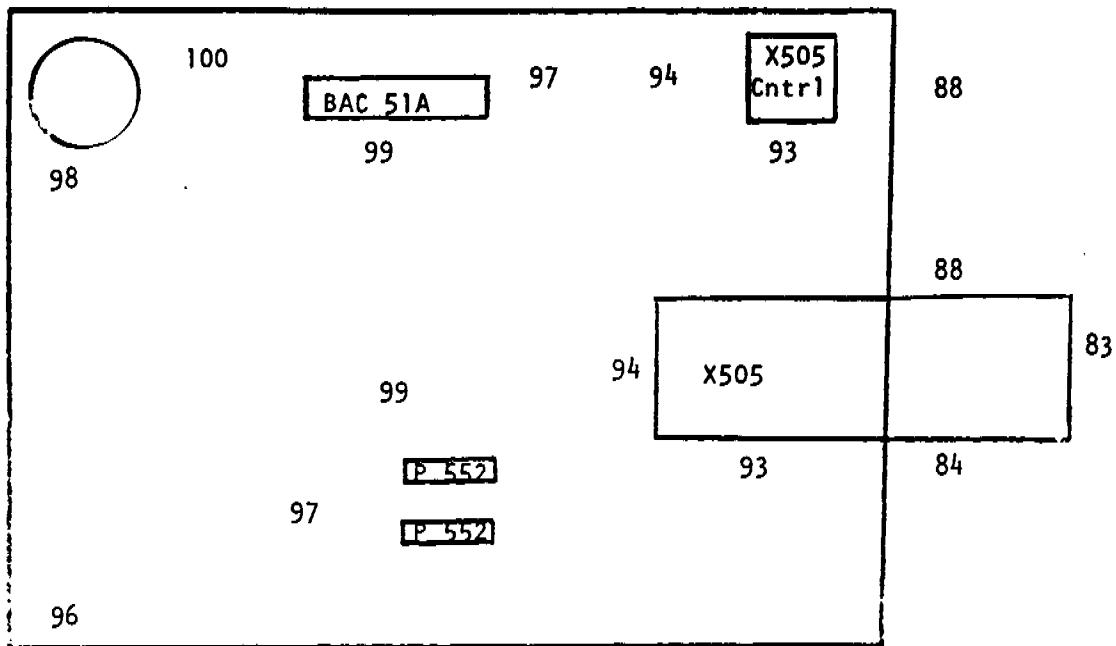
NOISE LEVELS db(A)

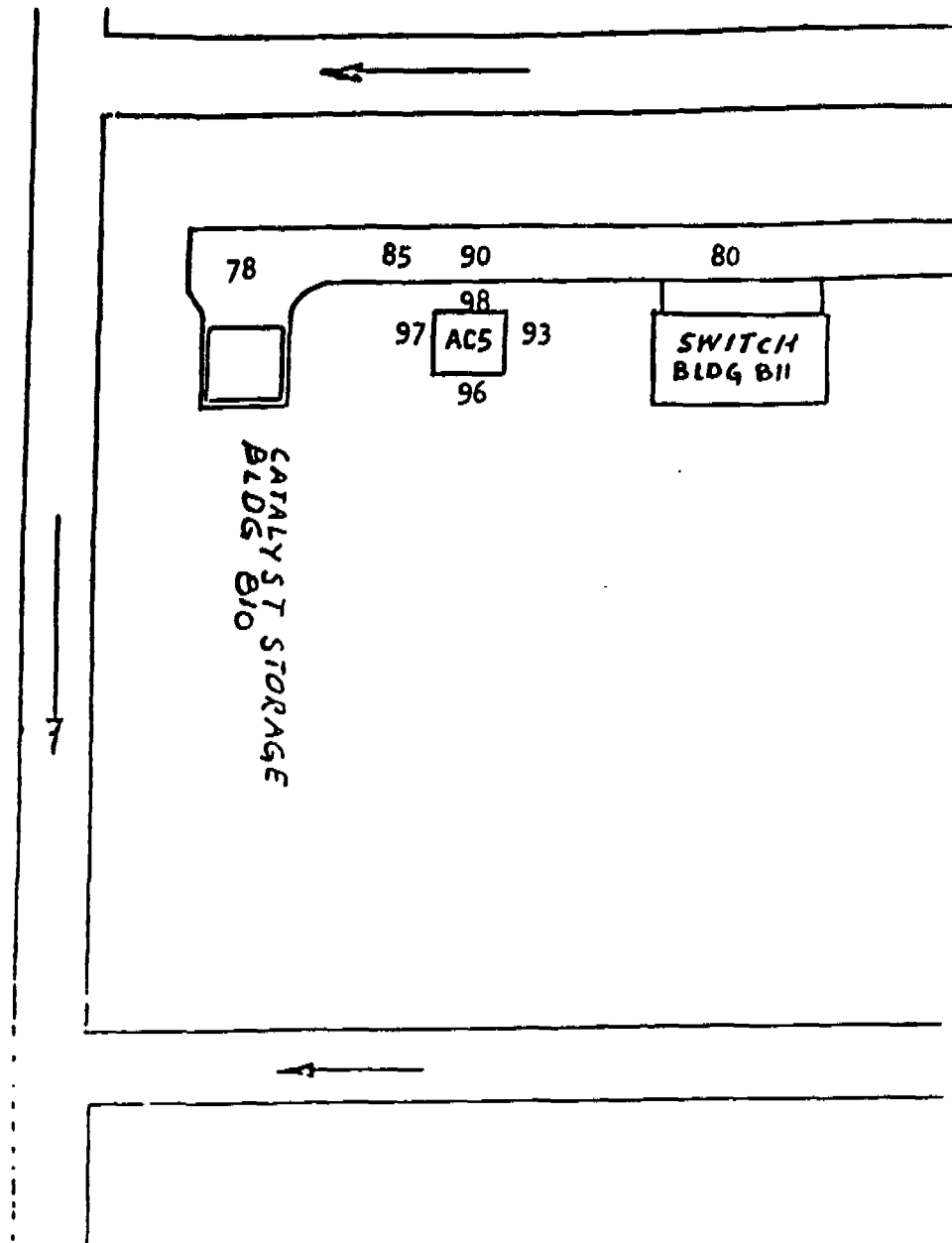


DO 088242  
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TRAIN 5 EXTRUSION AREA

NOISE LEVELS db(A)





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**1984 POLY A  
INDUSTRIAL HYGIENE QUIZ**

**1. WHAT IS TINNITUS?**

TINNITUS IS HEAD NOISES THAT FREQUENTLY ARE A SYMPTOM OF VARIOUS EAR DISEASES. PERSONS WITH IMPAIRED HEARING OFTEN COMPLAIN OF IT. BUT THESE HEAD NOISES CAN BE THE RESULT OF MANY THINGS SUCH AS MIDDLE EAR INFECTIONS, HARD MASSES OF WAX IN THE EARS AND EVEN CERTAIN DRUGS (QUININE, ASPIRIN AND ALCOHOL).

**2. WHAT IS THE MAJOR PROBLEM EXPERIENCED BY PERSONS WITH A HEARING LOSS FROM NOISE EXPOSURE?**

MISSING PARTS OF WORDS AND SENTENCES SO THAT THEY OFTEN MISUNDERSTAND WHAT IS BEING SAID.

**3. DO HEARING AIDS CORRECT THIS TYPE OF HEARING LOSS?**

NO! HEARING AIDS AMPLIFY THE SOUND BUT DOES NOT MAKE IT CLEARER. EAR PROTECTION TO PREVENT OVEREXPOSURE IS YOUR BEST BET!

**4. IN ORDER FOR A HARMFUL AGENT TO EXERT ITS TOXIC EFFECT, IT MUST COME INTO CONTACT WITH A BODY CELL. TO MAKE THAT CONTACT, ENTRY INTO THE BODY MUST BE MADE IN ONE OF THREE WAYS. WHAT ARE THEY?**

INHALATION ----- SKIN ABSORPTION ----- INGESTION

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**1984 POLY A  
INDUSTRIAL HYGIENE QUIZ**

**PAGE 2**

**5. WHAT IS THE DIFFERENCE BETWEEN TOXICITY AND HAZARD?**

**TOXICITY IS THE CAPACITY OF A MATERIAL TO PRODUCE INJURY OR HARM.**

**HAZARD IS THE LIKLIHOOD THAT HARM OR INJURY WILL OCCUR.**

**6. NAME THREE SIMPLE ASPHYXIANTS WE USE IN POLY A.**

**ETHYLENE ----- NITROGEN ----- PROPYLENE**

**7. WHAT SUBSTANCE DO WE USE IN POLY A THAT CAN CAUSE ACNE?**

**PETROLEUM OILS**

**8. IN WHAT SECTION OF THE SAFE WORK MULTI-PERMIT IS REFERENCE MADE TO SPECIAL EXPOSURE TO PROTECT AGAINST.**

**SECTION I, GENERAL WORK PERMIT**

**MDR/LTB  
12-31-84**

**DO 088246  
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# SAFE WORK MULTI-PERMIT

Issued By: \_\_\_\_\_

LOUISIANA DIVISION

Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Time: From \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Responsibility Transferred To (Name): \_\_\_\_\_

To: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Plant Supt. Signature (If Required): \_\_\_\_\_

REV. 1/68 L287-00

Complete Section I on all permits. Completion of Section I ONLY indicates that work is controlled by departmental procedures. Completion of Sections II, III and/or IV requires an On-Site Inspection.

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| SECTION I<br>GENERAL<br>- WORK<br>PERMIT | 1. Work Limited to the Following: (Description & Area/Equipment) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |
|                                          | 2. The Following Has Been Reviewed with Job Supervisor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |
|                                          | A. Safety Shower, Eye Wash - Location & Use.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> N. A.    |
|                                          | B. Emergency Alarms, Evacuation, Assembly Point.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> N. A.    |
|                                          | C. Procedure for Safe Job Completion.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| SECTION II<br>EXCAVATION                 | D. Have tools & equip. of outside contractors been inspected...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> N. A.    |
|                                          | E. Have all contract personnel received the Maint. & Block Safety Orientation.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> N. A.    |
|                                          | 3. An On-Site Inspection Conducted..... <input type="checkbox"/> Yes <input type="checkbox"/> No Initials of Inspector: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |
|                                          | 4. Special Exposure to Protect Against: <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |
|                                          | Chemical (name): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |
| SECTION III<br>HOT<br>WORK               | <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Pressure Extreme <input type="checkbox"/> Falls<br><input type="checkbox"/> Toxic <input type="checkbox"/> Reactive <input type="checkbox"/> Thermal Burn <input type="checkbox"/> Electrical<br><input type="checkbox"/> Skin Contact <input type="checkbox"/> Hot Water/Steam <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Inert Atmosphere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |
|                                          | 5. Safety Equipment: (Other than area requirements): <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |
|                                          | <input type="checkbox"/> Slicker Suit <input type="checkbox"/> Chemical Goggles <input type="checkbox"/> Canister Mask<br><input type="checkbox"/> Chemical Suit <input type="checkbox"/> Face Shield <input type="checkbox"/> Supplied Air<br><input type="checkbox"/> Rubber Boots <input type="checkbox"/> Hood <input type="checkbox"/> Air Pack<br><input type="checkbox"/> Gloves <input type="checkbox"/> Safety Belt <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Hearing Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |
|                                          | Complete this Section and Section I for Opening Lines Equipment/Excavations. Yes N.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |
|                                          | 1. Equipment Drained/Depressured..... <input type="checkbox"/> <input type="checkbox"/><br>2. Equipment Purged/Cleaned..... <input type="checkbox"/> <input type="checkbox"/><br>3. Fuses Removed/Switches open..... <input type="checkbox"/> <input type="checkbox"/><br>4. Lock Required (List on Red Tag Master)..... <input type="checkbox"/> <input type="checkbox"/><br>5. Field Switches Tested..... <input type="checkbox"/> <input type="checkbox"/><br>6. Red Tags Attached (Refer SS-303) (Master # _____)..... <input type="checkbox"/> <input type="checkbox"/><br>7. Adjacent Area Safe (If Limited Describe Below)..... <input type="checkbox"/> <input type="checkbox"/><br>8. Area Roped Off..... <input type="checkbox"/> <input type="checkbox"/><br>9. Blinds/Block & Bleed in place (List blinds on Red Tag Master)..... <input type="checkbox"/> <input type="checkbox"/><br>10. Excavation Safe to Perform (Refer SS-301)..... <input type="checkbox"/> <input type="checkbox"/><br>11. Blue Flag in use on RR Tracks (Refer SS-306)..... <input type="checkbox"/> <input type="checkbox"/> |                                                                |
| SECTION III<br>HOT<br>WORK               | Complete this Section and Sections I and II for Hot Work (Refer SS-315) Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                |
|                                          | 1. Safety Observer (Name)..... <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |
|                                          | 2. Fire Extinguishers: Type: _____ Size: _____ <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |
|                                          | 3. Fire Blankets (Location)..... <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |
|                                          | 4. Water Fog (Location)..... <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                |
| SECTION III<br>HOT<br>WORK               | 5. Purge (Gas Used)..... <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |
|                                          | 6. Heat Exposure to Gasket, Seals, Liners, (Describe Precautions)..... <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |
|                                          | 7. Other Work in Area which should be Stopped (Describe Below)..... <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |
|                                          | 8. Material Present which Emits Vapor when Heated (Describe Below)..... <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                |
|                                          | 9. Pipe stoppers in Use (Refer Safety Ref. # A-6)..... <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |
| SECTION III<br>HOT<br>WORK               | 10. Equipment Operating or Contains original Contents..... <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                |
|                                          | (If Yes, written procedures are required & Plant Supt. must Co-Sign Permit)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                |
|                                          | 11. Adjacent Areas Safe (If Limited Describe Below)..... <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |
| SECTION III<br>HOT<br>WORK               | 12. Explosimeter, Oxygen Tests Acceptable..... <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |

**ISOPAR C (KIXON)**

**STUDY DONE ON ISOPAR G BUT APPLICABLE TO OTHER ISOPARS**

**ACUTE TOXICITY**

**LOW ORAL TOXICITY**

**LOW DERMAL TOXICITY**

**LC<sub>50</sub> (RAT) - 2240 PPM, 4 HOUR EXPOSURE, 14 DAYS**

**DERMAL**

**RABBITS     PRIMARY IRRITANT (MILD)**

**HUMAN       PRIMARY IRRITANT PARTICULARLY WHEN OCCLUDED**

**EYE**

**ONLY SLIGHTLY IRRITATING - CAUSED NO DAMAGE**

**SUBCHRONIC INHALATION**

**AT 900 PPM - KIDNEY TUBULAR DAMAGE IN MALE RATS ONLY**

**MALE RAT MAY BE MORE SENSITIVE**

**TERATOGEN - NEITHER TERATOGENIC OR FETOTOXIC**

**DOMINANT LETHAL - NEGATIVE**

**NO EFFECT ON MALE GENITALIA**

# CHEMICAL AND PHYSICAL AGENT INVENTORY

NAME: Woody Robert S INDEX: Poly A 807  
 FILLED OUT BY: Mark Ryland DATE: 12/85

JOB CLASSIFICATION: Computer INDEX NUMBER:  NO. OF EMPLOYEES IN CLASSIFICATION:

| MATERIALS OR PHYSICAL AGENTS       | INDUSTRIAL HYGIENE GUIDE<br>ppm or mg/m <sup>3</sup> | DEGREE OF EXPOSURE | HAZARD RATING | DATA SHEET AVAILABLE |
|------------------------------------|------------------------------------------------------|--------------------|---------------|----------------------|
| <u>Process chemicals</u>           |                                                      |                    |               |                      |
| <u>Ethylene</u>                    |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Isobutane</u>                   |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Propylene</u>                   |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Catalyst Components</u>         |                                                      |                    | <u>5</u>      |                      |
| <u>Isopar C</u>                    |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>tert-butyl Peroxide</u>         |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>tert-butyl Peroxide</u>         |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>tert-butyl Peroxypropionate</u> |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Additives:</u>                  |                                                      |                    |               |                      |
| <u>calcium carbonate</u>           |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Iron</u>                        |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Inganox 1010</u>                |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Inganox 1076</u>                |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Kemamide "E"</u>                |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Kemamide "S"</u>                |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Kemamide "U"</u>                |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Mineral Oil</u>                 |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Nasacel</u>                     |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Suprasil (Silicon dioxide)</u>  |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Zinc Stearate</u>               |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Products:</u>                   |                                                      |                    |               |                      |
| <u>low density Polyethylene</u>    |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Non-Process chemicals:</u>      |                                                      |                    |               |                      |
| <u>Alpha 1015</u>                  |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Alpha 2026</u>                  |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Rel Cor Shield (K9)</u>         |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Beta Semicide (J-12)</u>        |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Genetron (Freon)</u>            |                                                      | <u>I</u>           | <u>5</u>      |                      |
| <u>Isopar M</u>                    |                                                      | <u>I</u>           | <u>5</u>      |                      |

DO 088249  
 CONFIDENTIAL

\* See Industrial Hygiene Data Sheet.

\*\* To be filled in by Industrial Hygiene.

# CHEMICAL AND PHYSICAL AGENT INVENTORY

| F. 201                                                        |                                                      | DATE               |                                    |
|---------------------------------------------------------------|------------------------------------------------------|--------------------|------------------------------------|
| JOB CLASSIFICATION                                            |                                                      | INDEX NUMBER       | NO. OF EMPLOYEES IN CLASSIFICATION |
| MATERIALS OR PHYSICAL AGENTS                                  | INDUSTRIAL HYGIENE GUIDE<br>ppm or mg/m <sup>3</sup> | DEGREE OF EXPOSURE | HAZARD RATING                      |
| NON Process Chemicals (cont'd):                               |                                                      |                    |                                    |
| John Crane Lapping Vehicle                                    |                                                      | I                  | 5                                  |
| Lithium Bromide                                               |                                                      | I                  | 5                                  |
| Isule Kals / Gresses                                          |                                                      | I                  | 5                                  |
| Wentherist (Antifreeze)                                       |                                                      | I                  | 5                                  |
| Nitrogen                                                      |                                                      | I                  | 5                                  |
| Chlorox (Sodium Hypochlorite)                                 |                                                      | I                  | 5                                  |
| Physical Agents:                                              |                                                      |                    |                                    |
| Cesium 137 (level detection)                                  |                                                      | I                  | 5                                  |
| Heat                                                          |                                                      | I                  | 5                                  |
| Noise                                                         |                                                      | II                 | 4                                  |
| Ultraviolet light                                             |                                                      | I                  | 5                                  |
| By-products:                                                  |                                                      |                    |                                    |
| Waste Catalyst                                                |                                                      | I                  | 5                                  |
| I insert this section after products on 1 <sup>st</sup> page. |                                                      |                    |                                    |

DO 088250  
 CONFIDENTIAL

DO 088250  
CONFIDENTIAL

\* See Industrial Hygiene Data Sheet.

**\*\* To be filled in by Industrial Hygiene.**

# CHEMICAL AND PHYSICAL AGENT INVENTORY

DATE WHEN FILLED BY NAME

Woody Robert + s

CLASS

Poly A

807

FILLED OUT BY

Mark Ryland

12/85

JOB CLASSIFICATION

Janitor

INDEX NUMBER

NO. OF EMPLOYEES IN CLASSIFICATION

| MATERIALS OR PHYSICAL AGENTS                         | INDUSTRIAL HYGIENE GUIDE<br>ppm or mg/m <sup>3</sup> | DEGREE OF EXPOSURE | HAZARD RATING | DATA SHEET AVAILABLE |
|------------------------------------------------------|------------------------------------------------------|--------------------|---------------|----------------------|
| Process chemicals                                    |                                                      |                    |               |                      |
| Ethylene                                             |                                                      | I                  |               |                      |
| Isobutane                                            |                                                      | I                  |               |                      |
| Propylene                                            |                                                      | I                  |               |                      |
| Catalyst components                                  |                                                      |                    |               |                      |
| Isopar C                                             |                                                      | II                 |               |                      |
| Test. butyl peracetate                               |                                                      | I                  |               |                      |
| Test butyl Peroxide                                  |                                                      | I                  |               |                      |
| Test butyl Peroxypropionate                          |                                                      | I                  |               |                      |
| Additives:                                           |                                                      |                    |               |                      |
| Calcium carbonate                                    |                                                      | II                 |               |                      |
| Iron                                                 |                                                      | II                 |               |                      |
| Inganox 1010                                         |                                                      | II                 |               |                      |
| Inganox 1076                                         |                                                      | II                 |               |                      |
| Kemamide "F"                                         |                                                      | II                 |               |                      |
| Kemamide "S"                                         |                                                      | II                 |               |                      |
| Kemamide "U"                                         |                                                      | II                 |               |                      |
| Mineral Oil                                          |                                                      | II                 |               |                      |
| Nasacel                                              |                                                      | II                 |               |                      |
| Sup. H <sub>2</sub> O <sub>2</sub> (Silicon dioxide) |                                                      | II                 |               |                      |
| Zinc Stearate                                        |                                                      | II                 |               |                      |
| Product:                                             |                                                      |                    |               |                      |
| Low Density Polyethylene                             |                                                      | III                |               |                      |
| Non-Process chemicals.                               |                                                      |                    |               |                      |
| Alpha 1015                                           |                                                      | IV ?               |               |                      |
| Alpha 202.6                                          |                                                      | IV ?               |               |                      |
| Rel. Cor. Shield (K-9)                               |                                                      | I                  |               |                      |
| Beta Semicide (J-12)                                 |                                                      | I                  |               |                      |
| Genetron (Freon)                                     |                                                      | I                  |               |                      |
| Isopar M                                             |                                                      | I                  |               |                      |

DO 088251  
CONFIDENTIAL

\* See Industrial Hygiene Data Sheet.

\*\* To be filled in by Industrial Hygiene.

5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042

1994

11441, 629 001

**LAST**

**JOB CLASSIFICATION**

**INDEX NUMBER**

|                                      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |
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| NO OF EMPLOYEES<br>IN CLASSIFICATION | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 |  |
|--------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|

DO 088252  
CONFIDENTIAL

**\*\* T be filled in by Industrial Hygiene.**

# CHEMICAL AND PHYSICAL AGENT INVENTORY

CONTROLLING UNIT NAME

Woody Roberts

PLANT

Poly A

807

FILLED OUT BY

Mark Ryland

12/85

JOB CLASSIFICATION

INDEX NUMBER

NO. OF EMITTING  
IN CLASSIFICATION

DAY Maintenance

| MATERIALS OR PHYSICAL AGENTS | INDUSTRIAL<br>HYGIENE GUIDE<br>ppm or mg/m <sup>3</sup> | DEGREE OF<br>EXPOSURE | HAZARD<br>RATING | DATA SHEET<br>AVAILABLE |
|------------------------------|---------------------------------------------------------|-----------------------|------------------|-------------------------|
| Process chemicals            |                                                         |                       |                  |                         |
| Ethylene                     |                                                         | II                    |                  |                         |
| Isobutane                    |                                                         |                       |                  |                         |
| Propylene                    |                                                         |                       |                  |                         |
| Catalyst Components          |                                                         |                       |                  |                         |
| Isopar C                     |                                                         | II                    |                  |                         |
| Test Butyl Peroxide          |                                                         | III                   |                  |                         |
| Test Butyl Peroxide          |                                                         | III                   |                  |                         |
| Test Butyl Peroxide          |                                                         | III                   |                  |                         |
| Additives:                   |                                                         |                       |                  |                         |
| Calcium carbonate            |                                                         |                       |                  |                         |
| Iron                         |                                                         |                       |                  |                         |
| Ingram 1010                  |                                                         |                       |                  |                         |
| Ingram 1576                  |                                                         |                       |                  |                         |
| Kemamide "E"                 |                                                         |                       |                  |                         |
| Kemamide "S"                 |                                                         |                       |                  |                         |
| Kemamide "U"                 |                                                         |                       |                  |                         |
| Mineral Oil                  |                                                         |                       |                  |                         |
| Nasare                       |                                                         |                       |                  |                         |
| Sup. (Silicon dioxide)       |                                                         |                       |                  |                         |
| Zinc Stearate                |                                                         |                       |                  |                         |
| Product:                     |                                                         |                       |                  |                         |
| Low Density Polyethylene     |                                                         | IV                    |                  |                         |
| Non-Process chemicals:       |                                                         |                       |                  |                         |
| Alpha 1015                   |                                                         |                       |                  |                         |
| Alpha 2026 (2044)            |                                                         |                       |                  |                         |
| Rohm Cor Shield (K-9)        |                                                         |                       |                  |                         |
| Beta Slimicide (J-12)        |                                                         |                       |                  |                         |
| Genetron (Freon)             |                                                         |                       |                  |                         |
| Isopar M                     |                                                         | IV                    |                  |                         |

DO 088253  
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\* See Industrial Hygiene Data Sheet.

\*\* To be filled in by Industrial Hygiene.

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**CASE**

INDEX NUMBER

|                                       |  |
|---------------------------------------|--|
| NO. OF EMPLOYEES<br>IN CLASSIFICATION |  |
|---------------------------------------|--|

| MATERIALS OR PHYSICAL AGENTS                                            | INDUSTRIAL<br>HYGIENE GUIDE<br>ppm or mg/m <sup>3</sup> | DEGREE OF<br>EXPOSURE | HAZARD<br>RATING | DATA SHEET<br>AVAILABLE |
|-------------------------------------------------------------------------|---------------------------------------------------------|-----------------------|------------------|-------------------------|
| NON Process Chemicals contd:                                            |                                                         |                       |                  |                         |
| John Crane Lapping Vehicle                                              |                                                         |                       |                  |                         |
| Lithium Bromide                                                         |                                                         |                       |                  |                         |
| Ind. Sol. / Gases                                                       |                                                         | II                    |                  |                         |
| Weathermist (Antifreeze)                                                |                                                         |                       |                  |                         |
| Nitrogen                                                                |                                                         |                       |                  |                         |
| Chlorox (Sodium Hypochlorite)                                           |                                                         |                       |                  |                         |
| Physical Agents:                                                        |                                                         |                       |                  |                         |
| Cesium 137 (level detection)                                            |                                                         |                       |                  |                         |
| Heat                                                                    |                                                         |                       |                  |                         |
| Noise                                                                   |                                                         | IV                    |                  |                         |
| Ultraviolet light                                                       |                                                         |                       |                  |                         |
| By-products:                                                            |                                                         |                       |                  |                         |
| Waste Catalyst                                                          |                                                         |                       |                  |                         |
| <p>→ Insert this section<br/>after Products on 1<sup>st</sup> page.</p> |                                                         |                       |                  |                         |

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CONFIDENTIAL

\* See Industrial Hygiene Data Sheet.

**\*\* To be filled in by Industrial Hygiene.**

# CHEMICAL AND PHYSICAL AGENT INVENTORY

|                                                     |  |                        |                                   |
|-----------------------------------------------------|--|------------------------|-----------------------------------|
| NAME<br><b>Woody Roberts</b>                        |  | ALIAS<br><b>Poly A</b> | 807                               |
| FILLED OUT BY<br><b>Mark Ryland</b>                 |  | DATE<br><b>12/85</b>   |                                   |
| JOB CLASSIFICATION<br><b>Maintenance / Contract</b> |  | INDEX NUMBER           | INDUSTRIAL HYGIENE CLASSIFICATION |

| MATERIALS OR PHYSICAL AGENTS | INDUSTRIAL HYGIENE GUIDE<br><small>ppm or mg/m<sup>3</sup></small> | DEGREE OF EXPOSURE | HAZARD RATING | DATA SHEET AVAILABLE |
|------------------------------|--------------------------------------------------------------------|--------------------|---------------|----------------------|
| Process chemicals            |                                                                    |                    |               |                      |
| Ethylene                     |                                                                    | II                 |               |                      |
| Isobutane                    |                                                                    | II                 |               |                      |
| Propylene                    |                                                                    | II                 |               |                      |
| Catalyst Components          |                                                                    |                    |               |                      |
| Isopar C                     |                                                                    | II                 |               |                      |
| Test Butyl Peroxide          |                                                                    | I                  |               |                      |
| Test Butyl Peroxide          |                                                                    | I                  |               |                      |
| Test Butyl Peroxypropionate  |                                                                    | I                  |               |                      |
| Additives:                   |                                                                    |                    |               |                      |
| Calcium carbonate            |                                                                    | I                  |               |                      |
| Iron                         |                                                                    | I                  |               |                      |
| Irganox 1010                 |                                                                    | I                  |               |                      |
| Irganox 1076                 |                                                                    | I                  |               |                      |
| Kemamide "F"                 |                                                                    | I                  |               |                      |
| Kemamide "S"                 |                                                                    | I                  |               |                      |
| Kemamide "U"                 |                                                                    | I                  |               |                      |
| Mineral Oil                  |                                                                    | I                  |               |                      |
| Nasaron                      |                                                                    | I                  |               |                      |
| Suphlox (Silicon dioxide)    |                                                                    | I                  |               |                      |
| Zinc Stearate                |                                                                    | I                  |               |                      |
| Products:                    |                                                                    |                    |               |                      |
| Low Density Polyethylene     |                                                                    | II                 |               |                      |
| Non-Process chemicals:       |                                                                    |                    |               |                      |
| Alpha 1015                   |                                                                    | I                  |               |                      |
| Alpha 2026                   |                                                                    | I                  |               |                      |
| Relin Corn Shield (K-9)      |                                                                    | I                  |               |                      |
| Beta Slimicide (J-12)        |                                                                    | I                  |               |                      |
| Genetron (Freon)             |                                                                    | I                  |               |                      |
| Isopar M                     |                                                                    | II                 |               |                      |

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INDEX NUMBER

NO. OF EMPLOYEES  
IN CLASSIFICATION

DO 088256  
CONFIDENTIAL

**\*\* To be filled in by Industrial Hygiene.**

# CHEMICAL AND PHYSICAL AGENT INVENTORY

INTERVIEWEE NAME

Woody Roberts

PLANT

Poly A

Reviewed

1985

807

JOB CLASSIFICATION

Shift Supervisor

INDEX NUMBER

NO. OF EMPLOYEES IN CLASSIFICATION

| MATERIALS OR PHYSICAL AGENTS | INDUSTRIAL HYGIENE GUIDE<br>ppm or mg/m <sup>3</sup> | DEGREE OF EXPOSURE | HAZARD RATING | DATA SHEET AVAILABLE |
|------------------------------|------------------------------------------------------|--------------------|---------------|----------------------|
| Process chemicals            |                                                      |                    |               |                      |
| Ethylene                     |                                                      | II                 | 5             |                      |
| Butane                       |                                                      | I                  | 5             |                      |
| Propylene                    |                                                      | I                  | 5             |                      |
| Catalyst components          |                                                      |                    |               |                      |
| Diisopropyl                  |                                                      | I                  | 5             |                      |
| T. H. Hydro Peroxide         |                                                      | I                  | 5             |                      |
| Test 1-hydro Peroxide        |                                                      | I                  | 5             |                      |
| Test 1-hydro Peroxide        |                                                      | I                  | 5             |                      |
| Additives:                   |                                                      |                    |               |                      |
| Carbon disulfide             |                                                      | I                  | 5             |                      |
| Carbon                       |                                                      | I                  | 5             |                      |
| Carbon 10.0                  |                                                      | I                  | 5             |                      |
| Carbon 1076                  |                                                      | I                  | 5             |                      |
| Carbon "E"                   |                                                      | I                  | 5             |                      |
| Carbon "S"                   |                                                      | I                  | 5             |                      |
| Carbon "U"                   |                                                      | I                  | 5             |                      |
| Mineral oil                  |                                                      | I                  | 5             |                      |
| Mineral                      |                                                      | I                  | 5             |                      |
| Sulfur dioxide               |                                                      | I                  | 5             |                      |
| Zinc stearate                |                                                      | I                  | 5             |                      |
| Product:                     |                                                      |                    |               |                      |
| Non-Polyethylene             |                                                      | III                | 5             |                      |
| Non-Polyethylene             |                                                      |                    |               |                      |
| Alpha 1015                   |                                                      | III                | 5             |                      |
| Alpha 1015                   |                                                      | III                | 5             |                      |
| Pol. Cor-shield (10-1)       |                                                      | III                | 5             |                      |
| Pol. Shimmerite (J-12)       |                                                      | III                | 5             |                      |
| Chlorine (Freon)             |                                                      | III                | 5             |                      |
| Isopropyl                    |                                                      | III                | 5             |                      |

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\* See Industrial Hygiene Data Sheet.

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17

FILLED OUT BY

DATE \_\_\_\_\_

**JOE CLASSIFICATION**

**INDEX NUMBER**

[illegible]

DO 088258  
CONFIDENTIAL

**\*\* To be filled in by Industrial Hygiene.**

# CHEMICAL AND PHYSICAL AGENT INVENTORY

|                                             |  |                        |                                    |
|---------------------------------------------|--|------------------------|------------------------------------|
| SUPERINTENDENT NAME<br><b>Woody Roberts</b> |  | PLANT<br><b>Poly A</b> | <b>807</b>                         |
| FILLED OUT BY<br><b>MARK Ryland</b>         |  | DATE<br><b>12/85</b>   |                                    |
| JOB CLASSIFICATION<br><b>SOT - B-802</b>    |  | INDEX NUMBER           | NO. OF EMPLOYEES IN CLASSIFICATION |

| MATERIALS OR PHYSICAL AGENTS | INDUSTRIAL HYGIENE GUIDE<br>ppm or mg/m <sup>3</sup> | DEGREE OF EXPOSURE | HAZARD RATING | DATA SHEET AVAILABLE |
|------------------------------|------------------------------------------------------|--------------------|---------------|----------------------|
| Process chemicals            |                                                      |                    |               |                      |
| Ethylene                     |                                                      | II                 | 5             |                      |
| Isobutane                    |                                                      | II                 | 5             |                      |
| Propylene                    |                                                      | II                 | 5             |                      |
| Catalyst components          |                                                      |                    |               |                      |
| Isopar C                     |                                                      | II                 | 4             |                      |
| Test butyl Peracetate        |                                                      | III                | 5             |                      |
| Test butyl Peroctoate        |                                                      | II                 | 5             |                      |
| Test butyl Peroxypropionate  |                                                      | II                 | 5             |                      |
| ADDitives:                   |                                                      |                    |               |                      |
| Calcium carbonate            |                                                      | I                  | 5             |                      |
| Ionol                        |                                                      | II                 | 5             |                      |
| Igninox 1010                 |                                                      | II                 | 5             |                      |
| Ignanox 1576                 |                                                      | II                 | 5             |                      |
| Kemamide "E"                 |                                                      | II                 | 5             |                      |
| Kemamide "S"                 |                                                      | II                 | 5             |                      |
| Kemamide "U"                 |                                                      | II                 | 5             |                      |
| Mineral Oil                  |                                                      | II                 | 5             |                      |
| Naugard                      |                                                      | II                 | 5             |                      |
| Suprafloss (Silicon dioxide) |                                                      | II                 | 5             |                      |
| Zinc Stearate                |                                                      | II                 | 5             |                      |
| Product:                     |                                                      |                    |               |                      |
| Low Density Polyethylene     |                                                      | I                  | 5             |                      |
| Non-Process chemicals:       |                                                      |                    |               |                      |
| Alpha 1015                   |                                                      | II                 |               |                      |
| Alpha 202.6                  |                                                      | III                |               |                      |
| Belt Con Shield (K-9)        |                                                      | I                  | 5             |                      |
| Belt Slinicide (I-12)        |                                                      | II                 | 5             |                      |
| Cenectron (Freon)            |                                                      | I                  | 5             |                      |
| Isopar M                     |                                                      | IV                 |               |                      |

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\* See Industrial Hygiene Data Sheet.

\*\* To be filled in by Industrial Hygiene.

Products  
see  
next  
page



# CHEMICAL AND PHYSICAL AGENT INVENTORY

NAME OF INVENTOR: Wood Robert S INDEX NUMBER: Poly A 807

FILED BY: MARK Ryland DATE: 12/85

JOB CLASSIFICATION: Instrument INDEX NUMBER: \_\_\_\_\_ NO. OF INSTRUMENTS IN CLASSIFICATION: \_\_\_\_\_

| MATERIALS OR PHYSICAL AGENTS | INDUSTRIAL HYGIENE GUIDE<br>ppm or mg/m <sup>3</sup> | DEGREE OF EXPOSURE | HAZARD RATING | DATA SHEET AVAILABLE |
|------------------------------|------------------------------------------------------|--------------------|---------------|----------------------|
| Process chemicals            |                                                      |                    |               |                      |
| Ethylene                     |                                                      | II                 |               |                      |
| Isobutane                    |                                                      | II                 |               |                      |
| Propylene                    |                                                      | II                 |               |                      |
| Catalyst components          |                                                      |                    |               |                      |
| Isopar C                     |                                                      | I                  |               |                      |
| Test butyl Peroxide          |                                                      | I                  |               |                      |
| Test butyl Peroxide          |                                                      | I                  |               |                      |
| Test butyl Peroxide          |                                                      | I                  |               |                      |
| Additives:                   |                                                      |                    |               |                      |
| Calcium carbonate            |                                                      | I                  |               |                      |
| Iron                         |                                                      | I                  |               |                      |
| Ingrinex 1010                |                                                      | II                 |               |                      |
| Ingrinex 1076                |                                                      | II                 |               |                      |
| Kemamide "E"                 |                                                      | I                  |               |                      |
| Kemamide "S"                 |                                                      | I                  |               |                      |
| Kemamide "U"                 |                                                      | I                  |               |                      |
| Mineral Oil                  |                                                      | I                  |               |                      |
| Nasman                       |                                                      | I                  |               |                      |
| Suplhos (Silicon dioxide)    |                                                      | I                  |               |                      |
| Zinc Stearate                |                                                      | I                  |               |                      |
| Product:                     |                                                      |                    |               |                      |
| Low Density Polyethylene     |                                                      | II                 |               |                      |
| Non-Process chemicals:       |                                                      |                    |               |                      |
| Alpha 1015                   |                                                      | I                  |               |                      |
| Alpha 2026                   |                                                      | I                  |               |                      |
| Rein Coat Shield (K-9)       |                                                      | I                  |               |                      |
| Beta Semicide (J-12)         |                                                      | I                  |               |                      |
| Genetron (Freon)             |                                                      | I                  |               |                      |
| Isopar M                     |                                                      | I                  |               |                      |

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\* See Industrial Hygiene Data Sheet.

\*\* To be filled in by Industrial Hygiene.



FIGURE 8

## HOOD SURVEY DATA

|                                                   |                     |                                                      |                                        |
|---------------------------------------------------|---------------------|------------------------------------------------------|----------------------------------------|
| FILE NUMBER                                       | BUILDING NUMBER 807 | DATE 7/12/85                                         | TYPE OF HOOD LAB Fume Ventilation Hood |
| HOOD LOCATION, DESIGNATION Poly 0 LAB - East Wall |                     |                                                      |                                        |
| INTERNAL BAPPLE?                                  | EXTERNAL BAPPLE?    | CHEMICALS HANDLED IN THIS HOOD Hexane + Xylene, HDPE |                                        |
| OTHER HOODS CONNECTED TO THE SAME EXHAUST SYSTEM  |                     |                                                      |                                        |
| SOURCES OF AIR DISTURBANCE EXTERNAL TO THIS HOOD  |                     |                                                      |                                        |
| STATIC PRESSURE                                   |                     | REMARKS                                              |                                        |
| IN. WATER                                         |                     | SMOKE observations indicate                          |                                        |
| 100 - is functioning adequately                   |                     |                                                      |                                        |

RECOMMENDED MEAN FACE VELOCITY FOR THIS HOOD \_\_\_\_\_ F. P. M., DOOR OPEN \_\_\_\_\_ IN.

RECOMMENDED EXHAUST RATE FOR THIS HOOD \_\_\_\_\_ C. F. M.

|     |     |     |
|-----|-----|-----|
| 14  | 125 | 115 |
| 11  | 100 | 110 |
| 110 | 110 | 125 |

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## HOOD CONDITIONS DURING THE SURVEY

|                                                                                         | MAXIMUM       | MINIMUM      | MEAN         | VARIANCE<br>(s <sup>2</sup> ) |
|-----------------------------------------------------------------------------------------|---------------|--------------|--------------|-------------------------------|
| ACTUAL FACE VELOCITIES                                                                  | _____ F.P.M.  | _____ F.P.M. | _____ F.P.M. | _____                         |
| HOOD FACE AREA DURING SURVEY                                                            | _____ SQ. FT. |              |              |                               |
| EXHAUST RATE DURING SURVEY                                                              | _____ C.F.M.  |              |              |                               |
| MAXIMUM OPENING: HEIGHT _____ IN., WIDTH _____ IN. MAXIMUM HOOD FACE AREA _____ SQ. FT. |               |              |              |                               |

|                                               |               |          |
|-----------------------------------------------|---------------|----------|
| INSTRUMENT USED FOR AIR VELOCITY MEASUREMENTS | SERIAL NUMBER | SURVEYOR |
|-----------------------------------------------|---------------|----------|

FIGURE 8

## HOOD SURVEY DATA

|                                                  |                     |                                |                      |
|--------------------------------------------------|---------------------|--------------------------------|----------------------|
| FILE NUMBER                                      | BUILDING NUMBER     | DATE                           | TYPE OF HOOD         |
|                                                  | 801-Poly 1/25/73/25 | 1/25/73                        | LAB Fume Ventilation |
| HOOD LOCATION, DESIGNATION                       |                     |                                |                      |
| Poly 0 LAB - West Wall                           |                     |                                |                      |
| INTERNAL BAFPLET                                 | EXTERNAL BAFPLET    | CHEMICALS HANDLED IN THIS HOOD |                      |
|                                                  |                     | Carbon disulfide               |                      |
| OTHER HOODS CONNECTED TO THE SAME EXHAUST SYSTEM |                     |                                |                      |
| SOURCES OF AIR DISTURBANCE EXTERNAL TO THIS HOOD |                     |                                |                      |
| STATIC PRESSURE                                  |                     | REMARKS                        |                      |
|                                                  |                     | Smoke concentrations indicate  |                      |
| 1/2 in. fan - 1/2 in. duct                       |                     |                                |                      |

RECOMMENDED MEAN FACE VELOCITY FOR THIS HOOD \_\_\_\_\_ F. P. M., DOOR OPEN \_\_\_\_\_ IN.

RECOMMENDED EXHAUST RATE FOR THIS HOOD \_\_\_\_\_ C. F. M.

|     |     |     |
|-----|-----|-----|
| 150 | 160 | 150 |
| 150 | 150 | 155 |
| 140 | 100 | 150 |

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## HOOD CONDITIONS DURING THE SURVEY

|                                                    | MAXIMUM                              | MINIMUM      | MEAN         | VARIANCE<br>(s <sup>2</sup> ) |
|----------------------------------------------------|--------------------------------------|--------------|--------------|-------------------------------|
| ACTUAL FACE VELOCITIES                             | _____ F.P.M.                         | _____ F.P.M. | _____ F.P.M. | _____                         |
| HOOD FACE AREA DURING SURVEY                       | _____ SQ. FT.                        |              |              |                               |
| EXHAUST RATE DURING SURVEY                         | _____ C.F.M.                         |              |              |                               |
| MAXIMUM OPENING: HEIGHT _____ IN., WIDTH _____ IN. | MAXIMUM HOOD FACE AREA _____ SQ. FT. |              |              |                               |

|                                               |               |          |
|-----------------------------------------------|---------------|----------|
| INSTRUMENT USED FOR AIR VELOCITY MEASUREMENTS | SERIAL NUMBER | SURVEYOR |
|-----------------------------------------------|---------------|----------|