INCIDENT NUMBER 1

TANK HISTORY AND CONDITIONS OF EXPOSURE
(Ethyl Corporation Representative - Lay or Physician)

TANK OWNED BY Standard Oil Co (Ind)

TANK OPERATED B Same

LOCATION OF TAN River Rouge Mich

ETHYL CORPORATION REGION Chicago Division

ETHYL CORPORATION DISTRICT _____

TANK NUMBER 22

MEN EMPLOYED BY Standard Oil Co

JOB SUPERVISED BY _____

SUPERVISOR EMPLOYED BY _____

DATA TO BE CODED

ATTENDED BY ETHYL CORPORATION REPRESENTATIVE — FULL TIME _____ PART TIME _____ NO ✓

TANK CAPACITY 60000 bbls.
TANK DIAMETER 120 ft.
TANK TYPE Floating Roof
LAST DATE PUT INTO LEADED GASOLINE SERVICE _____
MONTHS SINCE LAST CLEANED _____ mo.
LEAKING BOTTOM YES _____ NO _____
WATER BOTTOM YES _____ NO _____
TANK STEAMED PRIOR TO THIS ENTRY YES _____ NO _____
TIME IN DAYS IDLE - FROM PUMP DOWN TO CLEANING 60 days
HISTORY OF SPIKING YES _____ NO _____
MIXING DEVICE CIRCULATION _____
PROPELLER _____
JET _____
OTHER _____
APPROX. TEMPERATURE WHILE CLEANING HOT ✓ TEMPERATE _____ COLD _____
NUMBER OF MEN INVOLVED 5
NUMBER OF MEN WHO ENTERED TANK 5
NUMBER OF MEN SICK 5

INCIDENT NUMBER 1

MCG. PB/CU.FT. AIR IF SAMPLE TAKEN _____

TIME IN HOURS BETWEEN MEN QUITTING JOB AND AIR SAMPLE TAKEN _____ hrs.

VENTILATED DURING THIS INTERVAL YES _____ NO _____

SLUDGE SAMPLES TAKEN FROM INSIDE TANK YES ✓ NO _____

SLUDGE SAMPLES TAKEN FROM OUTSIDE TANK YES _____ NO _____

INTERVAL IN HOURS BETWEEN MEN QUITTING JOB AND SLUDGE SAMPLE TAKEN _____ hrs.

CONCENTRATION ORGANIC PB IN SLUDGE (%) 0,50 %

MEDICAL DEPARTMENT NOTIFIED - NUMBER OF DAYS AFTER FIRST ILLNESS _____ days

WHO IN MEDICAL DEPARTMENT DIRECTLY NOTIFIED _____

DATE _____

Signature _____

INCIDENT NUMBER 1

ESTIMATED TIME ON JOB EACH MAN (HOURS)
(Total work time both in and out of tank)

(NAME) [redacted] _____ hrs.

Job completed in one day "eight or nine hours" 3 worked 8-9 hrs and 2 worked 2-4 hrs. One man inside both entries day brief "he was not the richest"

ESTIMATED TIME IN TANK EACH MAN (HOURS)

(NAME) _____ hrs.

WAS MASK USED FULL TIME _____
PART TIME _____
NOT USED ✓

WAS RESPIRATORY EQUIPMENT ADEQUATE YES _____ NO _____

WAS SKIN OR CLOTHING WET WITH SLUDGE YES _____ NO _____

PATIENT NUMBER 1-1

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [redacted]

OPERATOR OF TANK Standard Oil Co (Ind)

LOCATION OF TANK River Rouge Mich

NAME OF HOSPITAL Henry Ford

LOCATION OF HOSPITAL Detroit Mich

DOCTOR RESPONSIBLE FOR PATIENT Archam

JOB STARTED (date) Apr 15-32

JOB COMPLETED (date) Apr 15-32

DATA TO BE CODED

AGE 50

SEVERITY OF ILLNESS
- NO SYMPTOMS
- MILD ✓
- MODERATE
- SEVERE
- RECOVERED ✓
- DIED

CONDITION OF EXPOSURE
(Other Details in Investigator's Report)

DATES WITHIN TANK 4/15/32

NUMBER OF DAYS PATIENT ON JOB 1 days

ESTIMATED TOTAL HOURS IN TANK _____ hrs.

WERE ALL REGULATIONS FOLLOWED YES ___ NO ✓

WAS MASK WORN
- FULL TIME
- PART TIME
- NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES ___ NO ___

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ___ NO ___

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

PATIENT NUMBER 1-1

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 10
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness ✓
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-~~Vomiting~~ ✓
7. Anorexia
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation ✓
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational
20. Disorientation
21. Hallucination
22. Mania

ESCAPE YES____ NO ✓

COMPLICATIONS YES____ NO ✓

CONTRIBUTING FACTORS YES____ NO ✓

DURATION OF ILLNESS (Days) _____ days
(From first symptom to recovery or death)

DATE _____ SIGNATURE _____

NAME OF PATIENT [redacted]

PATIEN

COURSE OF ILLNESS

CONDITION OF PATIENT 1. MILD
2. MODERATE
3. SEVERE
4. DECEASED

DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHY-RINS	HB	RBC	WBC	STIP.	TEM
Reported 5/25/72						0.34						

PATIENT NUMBER 1-2

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [redacted]

OPERATOR OF TANK Standard Oil Co (Ind)

LOCATION OF TANK River Rouge Mich

NAME OF HOSPITAL Henry Ford

LOCATION OF HOSPITAL Detroit Mich

DOCTOR RESPONSIBLE FOR PATIENT Barham

JOB STARTED (date) April 15-32

JOB COMPLETED (date) " 15-32

DATA TO BE CODED

AGE 48

SEVERITY OF ILLNESS
- NO SYMPTOMS ____
- MILD ✓
- MODERATE ____
- SEVERE ____
- RECOVERED ____
- DIED ____

CONDITION OF EXPOSURE
(Other Details in Investigator's Report)

DATES WITHIN TANK 4/15/32

NUMBER OF DAYS PATIENT ON JOB 1 days

ESTIMATED TOTAL HOURS IN TANK ____ hrs.

WERE ALL REGULATIONS FOLLOWED YES ___ NO ✓

WAS MASK WORN
- FULL TIME ____
- PART TIME ____
- NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES ___ NO ___

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ___ NO ___

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

 PATIENT NUMBER 1-2

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 10
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness ✓
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-~~Vomiting~~ ✓
7. Anorexia
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation ✓
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational
20. Disorientation
21. Hallucination
22. Mania

ESCAPE YES_____ NO_____

COMPLICATIONS YES_____ NO_____

CONTRIBUTING FACTORS YES_____ NO_____

DURATION OF ILLNESS (Days) _____ days
(From first symptom to recovery or death)

DATE_____ SIGNATURE_____

NAME OF PATIENT [redacted]

COURSE OF ILLNESS

CONDITION OF PATIENT 1. MILD
2. MODERATE
3. SEVERE
4. DECEASED

DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHYRINS	HB	RBC	WBC	STIP.	TEM
Reported 5/28/32						0.24						

PATIENT NUMBER 1-3

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [redacted]

OPERATOR OF TANK Standard Oil Co (Ind)

LOCATION OF TANK River Rouge Mich

NAME OF HOSPITAL Henry Ford

LOCATION OF HOSPITAL Detroit Mich

DOCTOR RESPONSIBLE FOR PATIENT Bucham

JOB STARTED (date) 4/15/32

JOB COMPLETED (date) 4/15/32

DATA TO BE CODED

AGE _____

SEVERITY OF ILLNESS
- NO SYMPTOMS _____
- MILD ✓
- MODERATE _____
- SEVERE _____
- RECOVERED _____
- DIED _____

CONDITION OF EXPOSURE
(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 1 days

DATES WITHIN TANK 4/15/32

ESTIMATED TOTAL HOURS IN TANK _____ hrs.

WERE ALL REGULATIONS FOLLOWED YES ___ NO ✓

WAS MASK WORN
- FULL TIME _____
- PART TIME _____
- NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES ___ NO ___

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ___ NO ___

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

PATIENT NUMBER 1-3

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 10
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness ✓
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-~~Vomiting~~ ✓
7. Anorexia
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational
20. Disorientation
21. Hallucination
22. Mania

ESCAPE YES_____ NO_____

COMPLICATIONS YES_____ NO_____

CONTRIBUTING FACTORS YES_____ NO_____

DURATION OF ILLNESS (Days) _____ days
(From first symptom to recovery or death)

DATE _____ SIGNATURE _____

NAME OF PATIENT [redacted]

PATIENT

COURSE OF ILLNESS

CONDITION OF PATIENT 1. MILD
2. MODERATE
3. SEVERE
4. DECEASED

DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHYRINS	HB	RBC	WBC	STIP.	TEMP
Repeated 5/28/72						0.27						

PATIENT NUMBER 1-4

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [redacted]

OPERATOR OF TANK Standard Oil Co (Ind)

LOCATION OF TANK River Range Mich

NAME OF HOSPITAL Henry Ford

LOCATION OF HOSPITAL Detroit Mich

DOCTOR RESPONSIBLE FOR PATIENT Durham

JOB STARTED (date) 4/15/32

JOB COMPLETED (date) 4/15/32

DATA TO BE CODED

AGE 55

SEVERITY OF ILLNESS

NO SYMPTOMS	
MILD	✓
MODERATE	
SEVERE	
RECOVERED	
DIED	

CONDITION OF EXPOSURE
(Other Details in Investigator's Report)

NUMBER OF DAYS PATIENT ON JOB 1 days

DATES WITHIN TANK 4/15/32

ESTIMATED TOTAL HOURS IN TANK _____ hrs.

WERE ALL REGULATIONS FOLLOWED YES ___ NO ✓

WAS MASK WORN

FULL TIME	
PART TIME	
NOT USED	✓

ANY EVIDENCE MASK INADEQUATE YES ___ NO ___

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ___ NO ___

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

PATIENT NUMBER 1-4

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 10
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness ✓
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-~~Vomiting~~ ✓
7. Anorexia
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational
20. Disorientation
21. Hallucination
22. Mania

ESCAPE YES____ NO ✓

COMPLICATIONS YES____ NO ✓

CONTRIBUTING FACTORS YES____ NO ✓

DURATION OF ILLNESS (Days) _____ days
(From first symptom to recovery or death)

DATE _____ SIGNATURE _____

NAME OF PATIENT [redacted]

COURSE OF ILLNESS

CONDITION OF PA[redacted]

2. MODERATE
3. SEVERE
4. DECEASED

DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHYRINS	HB	RBC	WBC	STIP.
Reported 5/18/72						0.25					

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PATIENT NUMBER 1-5

ALLEGED ORGANIC LEAD INTOXICATION
(REPORT OF ATTENDING ETHYL CORPORATION PHYSICIAN)

NAME OF PATIENT [redacted]

OPERATOR OF TANK Standard Oil Co (Ind)

LOCATION OF TANK River Rouge Mich

NAME OF HOSPITAL Henry Ford

LOCATION OF HOSPITAL Detroit Mich

DOCTOR RESPONSIBLE FOR PATIENT Bucham

JOB STARTED (date) 4/15/32

JOB COMPLETED (date) 4/15/32

DATA TO BE CODED

AGE 50

SEVERITY OF ILLNESS
- NO SYMPTOMS
- MILD ✓
- MODERATE
- SEVERE
- RECOVERED
- DIED

CONDITION OF EXPOSURE
(Other Details in Investigator's Report)

DATES WITHIN TANK 4/15/32

NUMBER OF DAYS PATIENT ON JOB 1 days

ESTIMATED TOTAL HOURS IN TANK _____ hrs.

WERE ALL REGULATIONS FOLLOWED YES ___ NO ✓

WAS MASK WORN
- FULL TIME
- PART TIME
- NOT USED ✓

ANY EVIDENCE MASK INADEQUATE YES ___ NO ___

WAS SKIN OR CLOTHING WET WITH SLUDGE YES ___ NO ___

SUMMARY RELEVANT CONDITIONS OF EXPOSURE

PATIENT NUMBER 1-5

SYMPTOMS

TIME ELAPSED CESSATION OF EXPOSURE - FIRST SYMPTOM 0 days
(0 = first symptom while still at work or less than 24 hours after exposure)

CHARACTER FIRST SYMPTOMS 10
(Use symptoms number as below)

ALL SYMPTOMS DURING ENTIRE ILLNESS
(Please Check)

1. Weakness ✓
2. "Nervous" ✓
3. General Illness
4. Vertigo ✓
5. Headache ✓
6. Nausea-~~Vomiting~~ ✓
7. Anorexia
8. Tremor
9. Apprehension-Fear
10. Insomnia ✓
11. Terrifying Dreams
12. Pallor
13. Constipation
14. Diarrhea
15. Belly Pain
16. Hypotension
17. Hyperactive Reflexes
18. Muscle Pain
19. Irrational
20. Disorientation
21. Hallucination
22. Mania

ESCAPE YES_____ NO_____

COMPLICATIONS YES_____ NO_____

CONTRIBUTING FACTORS YES_____ NO_____

DURATION OF ILLNESS (Days) _____ days
(From first symptom to recovery or death)

DATE _____ SIGNATURE _____

NAME OF PATIENT [redacted]

COURSE OF ILLNESS

CONDITION OF PATIENT 1. MILD
2. MODERATE
3. SEVERE
4. DECEASED

DATE	DAY OF ILLNESS	CHELATE START	CHELATE STOP	OTHER MEDICATION	BLOOD PB MG./100 G.	URINE PB MG./L.	PORPHYRINS	HB	RBC	WBC	STIP.
Reporting 5/28/32						0.19					