FILE NAME: Selby & Battersby (SAB)

DATE: 1972 Feb 18

DOC#: SAB002

DOCUMENT DESCRIPTION: Unpublished Government Inspection Report

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PART I PAGE 1

OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION INSN

1. ESTABLISHMENT – NAME, ADDRESS, ZIP CODE	2. PERSON INTERVIEWED – NAME, TITLE, TEL. NO.
Selby, Battersby & Co. 5220 Whitby Avenue Phila., Pa 19143	J.J. Cashman - Treasurer (215) 474-4790
	SAFETY SUPERVISOR. ———

LEGAL OWNER – NAME, ADDRESS. J. W. Selby - Pres. Same

MO. DAY YR.

3. CARD CODE [1] (1) 4. DATE [0 2 / 1 6 7 2] (2-3 4-5 6-7) 5. STATE CODE [4 2] (8-9) 6. COMPANY NUMBER [1 0 0 6 6 2] (10-15)

7. (1) ORIGINAL INSPECTION - STATE & NSN (2) Original Inspection - NSN (3) Reinspection - NSN [2] (16)

8. What is your Chief Product or Service? Compressor Flanges SIC [3 2 5 6 3] (17-20)

9. SIZE CODE? (Based on Total Number of Employees)
(1) 1-3 (3) 8-19 (5) 50-99 (7) 250-499 (9) 1,000 +
(2) 4-7 (4) 20-49 (6) 100-249 (8) 500-999 [5] (21)

10. HOW MANY SHIFTS DO YOU HAVE? [1] Main-State Co-Pa. (22-26)

11. HOW MANY PEOPLE ARE ON THIS PLANT'S PAYROLL AT THE PRESENT TIME? [0 0 0 7 5] IN Pa (27-31)

12. OF THIS NUMBER, HOW MANY ARE NORMALLY IN THE WORK AREA AS OPPOSED TO THE OFFICE OR OUTSIDE AREA? [0 0 0 1 7] (32-36)

13. OF THOSE IN THE WORK AREA WHAT APPROXIMATE PERCENTAGE IS MALE? [9 9] (37-38)

14. DOES THIS PLANT DO FEDERAL CONTRACT WORK?
(1) Yes, Prime Contractor. (3) No.
(2) Yes, Subcontractor. (4) Don't Know. [2] (39)

15. A. DOES YOUR COMPANY EMPLOY AN INDUSTRIAL HYGIENIST? (1) Yes, at this Plant. (2) Yes, at Corporate Hq. (3) Yes, Consultant. (4) No. [4] (40)

His Name, Address and Telephone Number: ———

B. ESTIMATE THE AVERAGE NUMBER OF INDUSTRIAL HYGIENE MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. [— —] (41-42)

16. A. DO YOU HAVE AN AGREEMENT WITH A PHYSICIAN TO GIVE YOUR EMPLOYEES EMERGENCY OR OTHER MEDICAL CARE? (1) Yes, Full Time. (2) Yes, Part Time. (3) Yes, On Call. (4) No. [4] (43)

His Name, Address and Zip Code: Allied Catholic Medical Society

B. ESTIMATE THE AVERAGE NUMBER OF PHYSICIAN MAN-HOURS THAT ARE DEVOTED TO YOUR PLANT PER WEEK. [— —] (44-45)

17. A. DO YOU HAVE A REGISTERED NURSE IN YOUR FACILITY AT A REGULAR TIME?
(1) Yes, R.N. (3) Yes, Both
(2) Yes, L.P.N. (4) No. [4] (46)

B. ESTIMATE THE AVERAGE NUMBER OF NURSING MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. [— — —] (47-49)

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18. A. DO YOU HAVE AN EMPLOYEE RESPONSIBLE FOR GIVING FIRST AID WHEN NO DOCTOR OR NURSE IS PRESENT?
(1) Yes. (2) No. (3) Not Applicable

45: 2

B. DOES HE HAVE ANY FORMAL FIRST AID TRAINING?
(1) Yes, Red Cross (2) Yes, Armed Serv. Medic (3) Yes, Other (4) No (5) No. I Know (6) Not Applicable

46: 6

19. A. WHEN YOU HIRE A NEW EMPLOYEE, DO YOU RECORD INFORMATION FROM HIM, ABOUT HIS HEALTH, ON SOME REGULAR FORM?
(1) Yes, All Employees. (2) Yes, Some Employees. (3) No.

47: 1

B. BEFORE YOU HIRE A NEW EMPLOYEE, DO YOU REQUIRE HIM TO TAKE A MEDICAL EXAMINATION?
(1) Yes, All Employees. (2) Yes, Some Employees. (3) No.

48: 3

20. A. DO YOU PROVIDE PERIODIC MEDICAL EXAMINATIONS FOR YOUR EMPLOYEES IN HAZARDOUS JOBS?
(1) Yes, Adequate. (2) Yes, Inadequate. (3) No. (4) Not Applicable.

49: 1

B. DO YOU PROVIDE PERIODIC AUDIOMETRIC EXAMINATIONS FOR YOUR EMPLOYEES THAT ARE EXPOSED TO NOISE?
(1) Yes, Adequate (2) Yes, Inadequate. (3) No. (4) Not Applicable.

50: 4

C. DO YOU PROVIDE PERIODIC BLOOD AND URINE EXAMINATIONS FOR YOUR EMPLOYEES WHERE APPROPRIATE?
(1) Yes, Adequate. (2) Yes, Inadequate. (3) No. (4) Not Applicable.

51: 4

D. DO YOU PROVIDE PERIODIC PHYSIOLOGICAL FUNCTION TESTS (Including Audiograms) WHERE APPROPRIATE?
(1) Yes, Adequate. (2) Yes, Inadequate. (3) No. (4) Not Applicable

52: 4

E. DO YOU PROVIDE PERIODIC CHEST X-RAYS WHERE APPROPRIATE?
(1) Yes, Adequate. (2) Yes, Inadequate. (3) No. (4) Not Applicable.

53: 1

21. DO YOU HAVE AN IMMUNIZATION PROGRAM?
(1) Yes. (2) No.

54: 2

22. ARE YOUR EMPLOYEE ABSENTEEISM RECORDS
A. (1) Not Kept. (2) Kept, without Showing Nature of Absence, (3) Kept, Showing Nature of Absence. (4) Kept, Showing Nature of Sickness

55: 2

B. WHAT IS YOUR AVERAGE ABSENTEE RATE? (Days/Year/Employee) (Don't Know Coded as 99).

56 - 57: 9 9

23. DOES YOUR COMPANY HAVE A FORMAL SAFETY PROGRAM?
(1) Yes. (2) No.

58: 2

24. IS YOUR WORKMEN'S COMPENSATION INSURANCE CARRIED WITH AN INSURANCE COMPANY OR ARE YOU SELF INSURED? (1) Insurance Company (Name) *Employer's Insurance of Wau[illegible]*
(2) Self Insured. (3) State Insurance Fund. (4) None.

59: 1

25. IN YOUR ESTABLISHMENT, DO YOU FEEL THAT THERE ARE ANY HEALTH HAZARDS, EVEN IF YOU HAVE THEM UNDER CONTROL? (1) Yes. (2) No.
WHAT KINDS OF HAZARDS? *Free Silica Dust*

60: 1

26. HAVE YOU HAD ANY OCCUPATIONAL DISEASE IN YOUR PLANT IN THE LAST YEAR?
(1) Yes, Dermatitis (2) Yes, Other (3) Yes, Combination (4) No (5) Don't Know.

61: 4

27. HOW MANY YEARS HAS THIS TYPE OF WORK BEEN CONDUCTED IN THESE FACILITIES?
(1) 0-5 (2) 6-10 (3) 11-20 (4) 21-30 (5) 31-50 (6) Greater Than or Equal to 51

62: 4

28. HOW MANY HOURS DOES IT TAKE TO INSPECT THIS PLANT?

63 64: 0 1

29. HOW OFTEN IN YEARS SHOULD THIS PLANT BE ROUTINELY INSPECTED?

65: 3

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 100-63.2

30. THIS PLANT HAS A HEALTH CONDITION(S) WHICH WARRANTS INVESTIGATION.
(1) Immediately (2) Within One Year. (3) Not Warranted

66: 1

31. NUMBER OF CONTROL RECOMMENDATIONS MADE AS A RESULT OF THIS INSPECTION.

67-68: 0 0

32. (1) Self Initiated. (2) B.O.S.H. Request. (3) Complaint

69: 1

33. A. AIR RECIRCULATION. (1) Yes, Complete Approval (2) Yes, Conditional Approval (3) Yes, No Approval (4) No

70: 4

B. ARTICLE 434 (1) Yes, Complete Approval (2) Yes, Conditional Approval (3) Yes, No Approval (4) No

71: 4

C. ARTICLE 436 (1) Yes, Registered (2) Yes, Partially Registered (3) Yes, Not Registered (4) No

72: 4

D. CONFINED SPACE ENTRY (1) Yes, Complete Approval (2) Yes, Partial Approval (3) Yes, No Approval (4) No

73: 4

E. REGION CODE

74-76: 1 6 0

34. TOTAL AT RISK (from Part II)

77-80: 0 0 1 6

REMARKS: Folder & P.C. on file. No organic solvents used by the company now; they may begin in about a year. Surveys for silica dust & carbon monoxide to be done. U.S.B.M. respirators are supplied but not utilized by all employees. Previous surveys for silica dust at bagging & loading operations showed high levels. Housekeeping is fair. Mixing & bagging areas equipped with L.E.V. Company has chest x-ray program, results were due at time of visit. Company employee found to have asbestosis, this year. Exposure to asbestos was in 1930's-40's during W.W.II. Most of company's asbestos was sprayed on all U.S. war ships. Most of companies employees are employed out at this plant as installers. Bulk samples of settled dust sent to lab for % free silica analysis.

INSPECTED BY: Leonard Rosen - 000

W.I.N.'s: 2 0

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