CORPUS CHRISTI TECHNICAL CENTER

TOXIC SUBSTANCES CONTROL ACT - 8(c)

RECORD OF HEALTH/ENVIRONMENTAL EFFECT ALLEGATIONS

PLAINTIFF'S EXHIBIT CEL-640

1. Date the allegation was received:

2. Location and address:

3. Date for the time period the effect was observed:

4. Chemical, product, or process of concern:

5. Person reporting the effect is a: (check one)

_____ Employee _____ Plant Neighbor

_____ Contractor Employee _____ Customer

6. For a reported health effect, please provide the following information:

   a. Number of persons affected

   b. Sex and age of persons affected

   c. Describe the health effect, including a doctor's diagnosis if available

   d. Describe how the affected person(s) came into contact with the chemical, product, or process

7. For a reported environmental effect, please provide the following information:

   a. Alleged cause of the effect was

   _____ Air Emission

   _____ Wastewater Effluent

   _____ Other

   b. Alleged environmental effect (please describe)

8. Name of person(s) making the allegation:

9. Signature of person(s) making the allegation:

10. Comments and Follow-Up:

By _____ Title _____ Location _____

Signature _____ Date _____

Attach any written information submitted by the person(s) reporting the allegation, and forward to:

INDUSTRIAL HYGIENIST,
ESHA DEPARTMENT

008881