TGG: JCL: PGJ: AC: AJO: RF
None

TO: Distribution

FROM: T. G. Grumbles
DATE: November 12, 1991

Interoffice Communication

SUBJ: UNION CARBIDE ALFOL 1214 INCIDENT

VISTA

Attached is a report from Carbide regarding the incident. It was considered and OSHA recordable injury by the plant. We considered this a TSCA 8(c) health allegation because the type of effects described are not expected from ALFOL® 1214.

As discussed, we have provided Carbide additional information on inhalation effects of ALFOL® Alcohols and I discussed the incident with them.

T. G. Grumbles

dlj
.358

Attachment

Distribution: P. Douvry, T. O'Brien, L. Pearce, S. Frierson

Vista Chemical Company

900 Threadneedle
Houston, Texas 77079-2990
(713) 588-3000

P.O. Box 19029
Houston, Texas 77224-9029
Fax (713) 588-3236

VISTA

October 15, 1991

Mr. Tom Moody
Union Carbide Institute Plant
P.O. Box 2831
Charleston, West Virginia 25330

Dear Tom:

As we discussed I am providing a Toxic Substances Control Act (TSCA) Section 8(c) Health Allegation Form for you to complete and return to me. Section 8(c) of TSCA requires manufacturers, processors and distributors of chemical substances and mixtures to keep records of significant adverse reactions to health or the environment alleged to have been caused by a substance or mixture.

The details you discussed with me should be put on the attached form. If you need additional space please attach the pages to this form.

Dave Penney, our toxicologist, will be forwarding you a copy of the inhalation toxicity data we have on Alfol 1214.

Sincerely,

Thomas G. Grumbles, C.I.H.
Manager Environmental Affairs

/cb

Attachment

VVV 000008083

VISTA
Vista Chemical Company
Vista Polymers Inc.

Report of a Possible Adverse Effect To Health or the Environment

If you think a chemical substance or mixture has caused an adverse human effect, identify that substance and describe how affected. If you think the environment (for example, the air, water, soil, animals, or plants) has been adversely affected by one of the facility's chemical substances or mixtures, identify the substance (if known) and the affected plant and/or animal or contaiminated area of the environment.

If you cannot identify the suspected chemical substance or mixture, identify the product, material, or item believed to be the cause of the adverse effect or describe the process or operation or the effluent, emission, or discharge from the facility that you think has caused the adverse effect.

See attached Report

Thomas R Moody
Signature of Reporter

Date of Report

Thomas R Moody
Name of Reporter (Printed)

8-29-91
Date Adverse Effect Occured

Send Completed Form To:

Tom G. Grumbles

900 Threadneedle

Houston, Texas 77079-2990

VVV 000008084

M. J. MILLER
BLDG. 130

NOTIFICATION OF OSHA RECORDABLE INJURY

50-512

Jan 1960

Copy To: Dist. Lists A-1, 2, 3,
C-1, 2, 3, 4, 5, 6, 7,
E-3, 6, 10, 11, 12, 13, 14,
and All Bulletin Boards

REPORT DATE Sept. 24, 1991

REPORT NUMBER Vol. 28, No. 30

This is a report to inform personnel that a Serious Incident has occurred in the Plant and provides information to prevent a recurrence elsewhere.

LOCATION: 164 - Allethrin

DATE AND TIME: 8/29/91 - 9:15 a.m.

TYPE OF INJURY: OSHA Recordable Illness

DESCRIPTION OF EVENT: On August 29, a tank truck of ALFOL 1214 arrived from the vendor at the Allethrin Unit tank truck spot to be unloaded. The operator proceeded to connect a flex hose to the truck for unloading, but the truck was not equipped with a male fitting. The truck driver obtained the proper fitting from his truck while the operator retrieved some TEFLON tape to place on the pipe threads. The fitting was then installed using a pair of Channellocks to tighten the fitting. The transfer hose was connected and the unloading started. The piping connection started to drop, so the transfer was stopped and a stream of water placed in the area of the drips. After the line was cleared, the fitting was retightened and the transfer restarted. The operator remained in the area during the unloading and the truck driver stayed in his truck. A second operator passed by the area and inquired about the odor, so the first operator began to make some more checks. Proceeding to the top of the truck to make sure regulated nitrogen pressure was still on the truck, he discovered one of the two safety valves, set at 30 psig, discharging gas. Informing the truck driver, the truck driver tapped the safety valve and the venting stopped. The transfer then continued until its completion. The operator proceeded to the control room and then began to experience shortness of breath and a tightness in his chest. He went to the dispensary to be examined and began to feel better after a few minutes.

M. J. MILLER
BLDG. 130

RHÔNE-POULENC

RHÔNE-POULENC AG COMPANY
INSTITUTE PLANT

OFFICE MEMORANDUM

TO: Assistant Plant Managers
Department Heads
Maintenance Complex Administrators

COPY TO: E. L. Adkins
P. J. Morris
D. L. Nye

DATE: September 23, 1991

SUBJECT: STATUS OF FORMAL INVESTIGATION CORRECTIVE MEASURES

Mandatory Safety and Health GS-I-2 Injury, Accident/Incident Investigation Procedure requires all Department Heads to report, by the last working day of each month, the status of corrective actions for all formal investigations. This information is needed to prepare the Rhône-Poulenc Ag Company monthly report that must be submitted by the second working day of each month.

Listed on the reverse side of this page are Formal Investigations that require updating by 9/30/91. Please note that a column has been added to indicate if a report was received for the preceding month.

Please report data for all corrective actions on each active investigation. For each formal investigation reports will have to be submitted every month until all corrective actions are complete. This form can be copied and used for multiple investigations. All completed forms should be returned to the undersigned, Building 2, Room 171.

P. E. Peter

Department No.: 163 Date of Accident/Incident: 5-29-91

Name of Injured Person: K. W. CATEY

Serious Incident Title: IRRITated Throat.

Corrective Actions and Status:

Item 1, 4 - Complete

Item 2 - letter to be sent

Item 3 - incomplete

VVV 000008086

Department Head

PEP/pdw
3621k/1