



INTERNAL CORRESPONDENCE

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R. N. WHEELER, JR.

CHEMICALS AND PLASTICS

SOUTH CHARLESTON PLANT P. O. BOX 8004, SOUTH CHARLESTON, W. VA. 25303

To (Name) Mr. D. E. Deese
Division Texas City Plant
Location P. O. Box 471
Texas City, Texas 77590

Date September 7, 1972

Originating Dept.

Answering letter date

Subject

Copy to Mr. A. S. Amatangelo
Mr. D. A. Ellwood
Mr. N. H. Ketcham
Mr. R. G. Lilley
Mr. H. H. McGriff
Mr. R. L. Barker
Mr. R. J. Murphy
Mr. R. N. Wheeler ✓

VC Research

Dear Don:

It was a pleasure to discuss with you by telephone our Environmental Health Program for monitoring vinyl chloride exposures at the South Charleston plant.

As you requested, attached is the calibration curve of J & W Model 55-P Serial No. 7055234 - calibrated on vinyl chloride 6/15/71.

Presently, the monitoring program for vinyl chloride consists of the following procedures.

1. Air dry and water wash autoclaves, (wash with high pressure water then purge for 1 - 2 hrs), before entering.
2. Instigate Master Tag Out Procedure(attached).
3. Issue Hazardous Work Permit (attached).
4. Detect oxygen concentration and combustible level inside autoclave before entering. (1)
5. Detect vinyl chloride concentration(toxicity) inside autoclave with drager gas detector. (2)

To detect lower concentrations (< 100 ppm) of vinyl chloride vapor in the working environment. We use the Analytical Instrument Development, Inc. (AID) portable.

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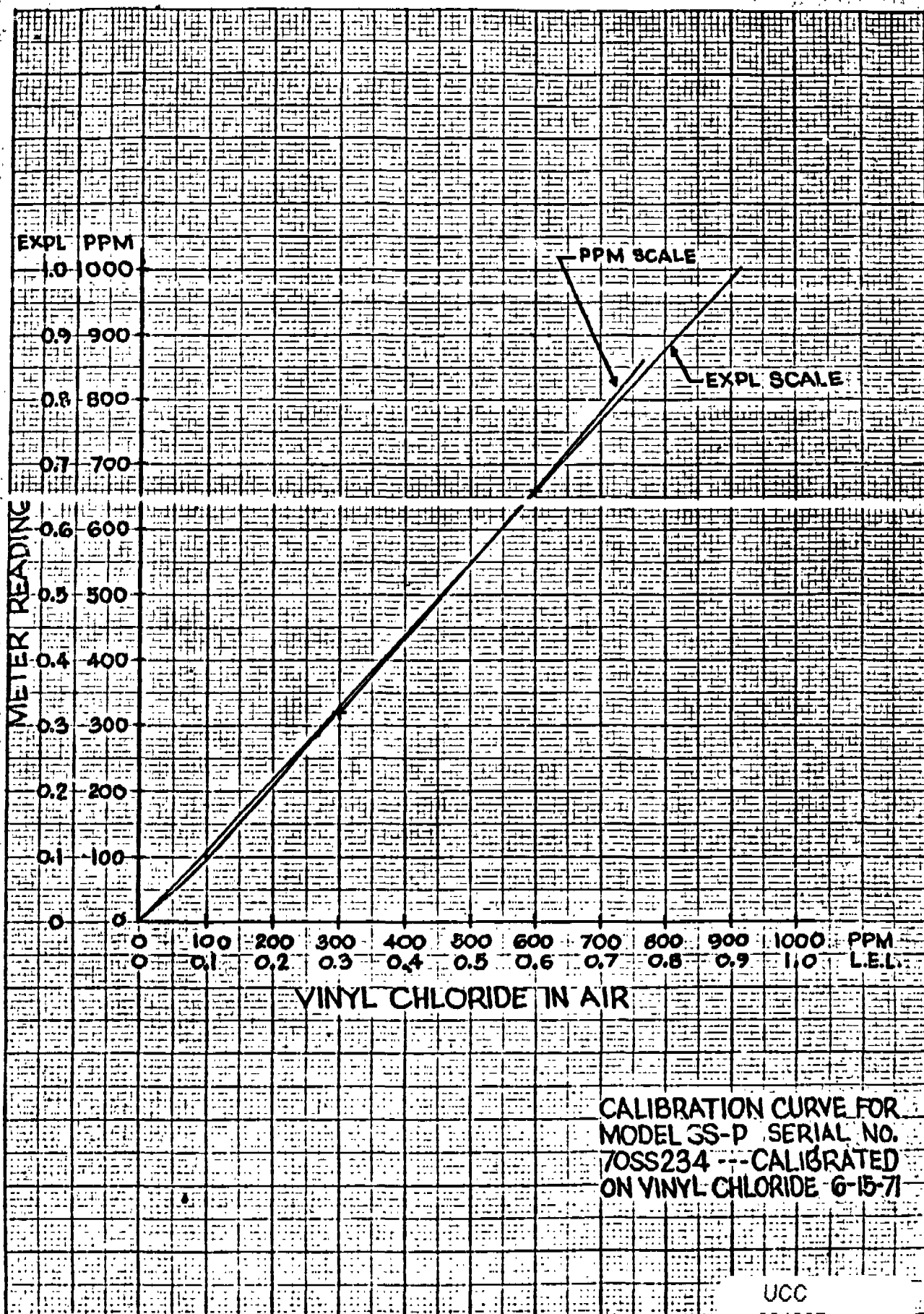
1. No. 505-150-Model GPK - Johnson & Williams Combined Oxygen/Combustible Gas Indicating Detector.
2. 19/31 - Drager Multi-Gas Detector with No. 100/a Vinyl Chloride Detector Tube. (100-3,000ppm) .Chromatograph. This instrument is capable of detecting vinyl chloride concentrations in the parts per billion range.

Very truly yours,

B. L. Murray
B. L. Murray

BLM/us

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MASTER TAG NO. 1099

FRONT

EQUIPMENT DESCRIPTION: C-46 Pulley

SHOP ORDER NO. _____

	Date	Time
Outage Requested By: <u>D. J.</u>	<u>8/15/72</u>	<u>9:15</u>
Out of Service By Operations Foreman: <u>M. J. Miller</u>	<u>8/15/72</u>	<u>10:15</u>
Reason For Outage: <u>Broken 4 (Pulley)</u>		
Tag Numbers: (See Reverse Side)		

MEN WORKING ON EQUIPMENT								
Signed On			Signed Off					
			Job Not Completed			Job Completed		
Name	Date	Time	Name	Date	Time	Name	Date	Time
<u>McCallister</u>	<u>8/15</u>	<u>10:15</u>				<u>McCallister</u>	<u>8/15</u>	<u>12:45</u>

Equipment Repaired and Ready
For Service by Maintenance:

(Maintenance Foreman's Signature)

Back in Service and All Tags Removed
Operations Foreman: M. J. Miller

(Operations Foreman's Signature)

Remarks: _____

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MASTER TAC NO.

BACK

[illegible]

(Back)

HAZARDOUS WORK PERMIT

514-781-W

DESCRIPTION

☐ Major Project☐ Interdepartmental☒ Departmental

Describe the work to be done and the location of the equipment.

Take down (clean)2nd floorStarting at 10:30 a.m.
p.m.to 5:30 a.m.
p.m.on Date 8/13/77

HAZARDS

- ☐ Electric tools, drills, saws, etc.
☐ Electrical work
☒ Entry of operating equipment
☐ Entry of sewers
☐ Flame
☐ Hot solder, lead, or roofing tar
☐ Internal combustion engine
☐ Pneumatic tools, jack or chipping hammer, etc.

- ☐ Radioactive materials
☐ Sandblasting
☐ Welding, electric
☐ Other _____

Requested By W.H. FaulknerConditions Specified By SOP

PREPARATION

- ☒ Empty equipment, drain lines
☒ Blank or disconnect lines
☒ Clean or wash
☐ Steam for _____ hours
☒ Purge with N₂
☒ Ventilate
☒ Lock out electrical equipment

- ☐ Make safe radioactive source
☒ Tag
☐ Other _____

Foregoing preparations have been completed.

Signed W.H. Faulkner Operations

PRECAUTIONS

- ☐ Charged fire hose
☐ Face mask
☒ Fresh air blower
☐ Fresh air mask
☒ Life lines
☐ Proper hand extinguishers
☐ Protective clothing
☐ Radiation dosimeter
☒ Tests: Indicate, in blocks below, frequency in hours or "S" for start only. Record starting results on lines.

- ☐ Safety monitor (continuous)
☒ Safety monitor (spot check)
☐ Spark resistant tools
☐ Special goggles
☐ Water for wetting area
☐ Other _____

	Acetylides	Combustibles	Oxygen	Toxic Gases (Specify)
Inside Equipment	☐ _____	☒ <u>150 ft</u>	☒ <u>20 ft</u>	☒ <u>150 ft</u>
Outside Area	☐ _____	☐ _____	☐ _____	☐ _____

Foregoing precautions are understood and will be carried out. Signed W.H. Faulkner Operations

Maintenance or Construction

Safety Monitor W.H. Faulkner 0.01Completed at 12:45 a.m.
p.m.on Date 8/13Signed W.H. Faulkner

Job Foreman

Approved for return to service by W.H. Faulkner

Operations

on Date 8/13/77

White copy must be in hands of job foreman before work is started. It must be signed and returned to the Operating Department Head at completion of work or when permit expires.

Pink copy to be retained by operations personnel approving permit, and passed on to relief at shift change.

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