PLAINTIFF'S EXHIBIT

BEA-100

The Industrial Commission
Of Ohio
Division Of Safety & Hygiene
246 N. High St., Col., O. 43215

May 23, 1985

Ms. Judy Spencer
Legal Section
Industrial Commission of Ohio
246 North High Street
Columbus, Ohio 43215

RE: OD 185421
James Wollard
Koppers Company
Heath, Ohio

Dear Ms. Spencer:

On March 15, 1985, a visit was made to the Koppers Company, 800 Irving Wick Drive, Heath, Ohio 43056. The purpose was to collect industrial hygiene evidence relative to the occupational disease claim of James Wollard, OD 185421. Mr. Wollard allegedly contracted dermatitis as a result of exposure to asphalt and other substances at work.

The company manufactures asphalt. According to their records, the claimant began as a laborer on June 4, 1980. He was a laborer at the time of onset of this illness, became a pumper, and is now working again as a laborer. The company's records of the claimant's previous work history were completely different from that given in the file.

1979-1980	Laborer for Jim Swain, local contractor
1978-1979	Assistant operator, Continental Can
1976-1978	Night manager, Phillips, Newark, Ohio

The company gave Mr. Wollard a pre-employment physical. He listed no allergy, and the notation after "Skin" on the exam was "Clear."

Mr. Wollard works five eight-hour days per week and is frequently laid off from this job during the winter for two to four months. He was said to have other employment during lay-off, e.g., as a plumber for Nutter Plumbing.

As a laborer, Mr. Wollard reportedly spent 90% of his time making roofing cartons and 10% cleaning up around the plant. The cartons are mostly cardboard; some are metal. The cardboard containers hold about 100 pounds of asphalt, and filling them

2

takes about two hours. Filling consists of moving a long metal tube/spout extruding hot asphalt from container to container. The filling takes place in a very large metal building.

The company does not provide protective gloves or clothing and leaves this up to the worker. During a previous visit, a worker pouring asphalt was seen wearing jersey gloves riddled with holes. He did not have a long-sleeved shirt on and said he was frequently burned by the asphalt. Because the asphalt is difficult to remove from clothing, workers who do not rent their clothing face the difficult task of removing the asphalt. The company noted that some workers use trichloroethylene from the lab to soak and wash their clothes and even their skin. Kerosene might also be used. These are, of course, extremely poor practices.

Mr. Wollard also noted he was exposed to naphtha. The company said this was no longer used, but that employees used to soak their clothes in it.

Trichloroethylene liquid defats the skin and can cause dermal irritation, vesication, and paralysis of fingers when immersed in liquid trichloroethylene. G. C. Smith sums up the dermal hazards of asphalt as follows:

> "Handling of hot asphalt can cause severe burns because it is sticky and is not readily removed from the skin . . . . These fumes may cause dermatitis and acne-like lesions as well as mild keratoses on prolonged and repeated exposure. The greenish-yellow fumes given off by boiling asphalt can also cause photosensitisation and melanosis." ("Asphalt" in Encyclopedia of Occupational Safety and Health, 3rd Edition, Luigi Parmeggiani (Ed.), Geneva: International Labour Office, 1983, p. 199.)

The company received a letter from Homer Williams, M.D., which was not in the facsimile file received for review (see enclosure). Dr. Williams did not feel the dermatitis was industrial in origin. Dr. Williams did not note whether he took into account the possibility of exposure to asphalt and residual solvents on the claimant's clothes as well as the possible practice of cleaning with solvents.

The company said it had had a similar claim filed by another worker, Jack Seel, OD 181520. They said this claim had been allowed.

In summary, the claimant had dermal contact with asphalt, probably both in liquid and fume form, and trichloroethylene. Both may cause dermatitis. He may have engaged in the practice of cleaning his skin and/or clothes with solvent. There is, in short, sufficient industrial hygiene evidence to support a workplace exposure to known dermatogens.

Respectfully submitted,

Robert J. Crackel

Robert J. Crackel
Industrial Hygienist

RJC/klp

Enclosure: 1

4