PLAINTIFF'S EXHIBIT

ATT-54

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File
Asbestos

Western Electric

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TO ALL MEDICAL DIRECTORS

Re: Medical Surveillance Program for Personnel Exposed to Asbestos

Attached is a copy of the recommended medical surveillance program for employees exposed to asbestos.

In my opinion, we will not have many employees exposed to asbestos in our operations because we use very small quantities of asbestos in our products compared to other manufacturing companies. However, there is need for you to get together with the local engineers responsible for your environmental control program to insure that everyone who should be on this medical surveillance program is included in your program. Should engineering controls alter your operations to eliminate the asbestos fibers from the work environment, there will be no need to continue this medical surveillance of employees in this area.

As other medical practices are developed by NIOSH, we will keep you advised.

A copy of the entire standard, which was published in the Federal Register, Volume No. 37, No. 110, June 7, 1972, has been sent to your OSHA Administrators for implementation on June 14, 1972.

Att.

ABSTRACT OF MEDICAL SURVEILLANCE OF PERSONNEL EXPOSED TO

ASBESTOS

I. ACCEPTABLE CONCENTRATIONS OF ASBESTOS DUST

The 8-hour time-weighted average (TWA) airborne concentrations of asbestos dust not exceeding five fibers longer than five micrometers per cubic centimeter of air is the proposed standard.

Concentrations above five fibers but not to exceed 10 fibers (ceiling concentration) would be permitted up to 15 minutes in an hour, but for not more than 5 hours in any one 8-hour day.

These acceptable concentrations may be changed in two years.

These limits apply to all kinds of asbestos: chrysotile, amosite, crocidolite, tremolite, anthophyllite, and actinolite.

II. ENVIRONMENTAL MONITORING

Periodic monitoring of the work environment at intervals no longer than 6 months shall be conducted by personnel responsible for the environmental control program. The methods used and the frequency of sampling and analysis shall conform to those specified by the National Institute of Occupational Safety and Health (NIOSH) and published in the June 7, 1972 Federal Register, page 11321.

III. FREQUENCY OF MEDICAL EXAMINATIONS.

Employees whose assignment will expose them to asbestos dust shall have a medical examination at the beginning and termination of his exposure. In addition, he should have annual medical examinations.

IV. MEDICAL PROCEDURES

The following represent the minimum practices for the medical examination:

A. A chest roentgenogram (posterior-anterior 14 x 17 inches);

B. A history to elicit symptomatology of respiratory disease;

C. Pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second ($FEV_{1.0}$).

V. MEDICAL RECORDS

Complete and accurate records of all medical examinations conducted as a result of the asbestos medical monitoring program must be retained for at least 20 years.

VI. BASIS FOR MEDICAL MONITORING PROGRAM

As long as asbestos fibers are released into the work environment in any concentration, the exposed employee shall be placed on this medical surveillance program.