FILE NAME: Insulation Contractors & Distributors (ICD)

DATE: 1971

DOC#: ICD066

DOCUMENT DESCRIPTION: Govt Inspection Results

Box 46

Frontier Insulating Contractors Inc.
46 Leroy Ave.
Buffalo, N.Y.

Sealed 58 85

16089-90

MEDICAL SECTION ASSIGNMENT AND REPORT DIGEST SHEET

☒ NEW YORK ☐ BUFFALO ☒ OCCUPATIONAL ☐ RADIOLOGICAL

1. ASSIGNMENT NO.	2. REFERENCE NOS.	3. DATE ASSIGNED	4. DATE DUE ADMINISTRATION
MO-168-71		5/21/71	6/21/71

5. FIRM: Name — Street Address — City or Town — County
Frontier Insulation 430 Lisbon Ave., Buffalo

6. PLANT LOCATION (If not as above)

7. WORKER: Name [redacted] — Street Address — City or Town — County

8. ASSIGNMENT
Medical evaluation of asbestosis case

9. ORIGIN: ☐ I.S.S. ☐ W.C.B. ☐ B.S.A. ☐ Other Labor Dept. Units ☐ Other Govt. Agencies ☐ Industry ☐ Workers & Unions ☒ Professional ☐ Special Study ☐ Other

10. SEND REPORT TO: Dr. M.K. — DATE SENT clo 5/27/71 C.

11. SEND LETTER TO:

12. COPY OF ☐ REPORT TO: ☐ LETTER TO:

13. ASSIGNED TO: Dr. Kooyman

14. NO. OF EMPLOYEES: Total / Female / Male

15. INDUSTRY: Construction 09

16. NO. VISITS THIS ASSGT.

17. DATE ASSGT. COMPLETED: 5/27/71

18. ACTIVITY: ☐ Plant Investigation ☐ Special Study ☑ Other

19. HEALTH FACILITIES

20. PHYSICAL HAZARDS (Noise, Illumination, Radiation, Temperature, Humidity, Pressure, Vibration or Other)

	A. Type	B. Source	C. Operation (Code No. & Name)	D. Degree	E. No. Exposed	F. No. Affected
1)						
2)						
3)						

21. CHEMICAL HAZARDS (Including Gases and Dusts)

	A. Agent (Code No. & Name)	B. Source	C. Operation (Code No. & Name)	D. Degree	E. No. Exposed	F. No. Affected
)	Asbestos 10		Insulation Nec 34	Mod. to severe	?	1
)						
)						

22. WORK SUMMARY

A. Workers Examined		B. Laboratory Work-up								
		Blood		Urine		X-Rays		Other Tests		
No. of Histories	No. of Physicals	No. Spec'ns. Taken	No. of Counts	No. Spec'ns. Taken	No. of Analyses	No. Taken	No. Read	No. Spec'ns. Taken	No. of Analyses	Other
1	1									

23. REMARKS
Case record in Medical File

24. Section Review by — Date
OJK 5/27/71

25. Division Review by — Date
JW/OJK 5/27/71

26. Assgt. Clk. — 27. Stat. — 28. McBee

308 (4-62) MED

Division of Industrial Hygiene
INVESTIGATORY ASSIGNMENT MEMO

ASSIGNMENT NUMBER: 170-168-71

Name and Address: Eastern Insulation 431 Hudson Ave Rochester

Re: _____ 5/21 1971

Assign To: ☒ Medical — Dr Hoffman

Engineering	Laboratories
☐ Air Pollution	☐ Bio. Chem.
☐ Field Eval.	☐ Ind. Tox.
☐ Exhaust Plans	☐ Textiles

Origin: Pitt

Assignment: Medical evaluation of asbestosis case

Ins # 5671045C [redacted]

Due Date: 6/21 1971

Report To: Dr Link From: OSK

Copies To: _____

Letter To: _____ From: _____

Copies To: _____

Remarks: _____

IH-8 (9-67)

DEPARTMENT OF LABOR - INTER-OFFICE MEMORANDUM

MO- 168-71 Date: 5/27/71

To: Morris Kleinfeld, M.D. Office: Administration
Director

From: Olive J. Kooyman, M.D. Office: Medical Section

Subject: Case Review and Medical Evaluation

Case # 86710450 Dia
Claimant [redacted]
vs
Company Frontier Insulation Co.

Exposure Asbestos -
Covered boilers, pipes, Tanks etc. & insulation

Duration of Exp. 1924-1966

Status
Partial Disability
Total Disability — 1967
Death

Diagnosis Asbestosis
Emphysema
Cor pulmonale

Remarks

O.J. Kooyman MD

Case abstract in medical file

IH-381 (5-71)

MEDICAL SECTION ASSIGNMENT AND REPORT DIGEST SHEET

[X] NEW YORK [ ] BUFFALO [X] OCCUPATIONAL [ ] RADIOLOGICAL

1. ASSIGNMENT NO.	2. REFERENCE NOS.	3. DATE ASSIGNED	4. DATE DUE ADMINISTRATION
MON-38-71	WCB#86710450	5/24/71	6/24/71

5. FIRM: Name: Frontier Insulation Street Address: 430 Lisbon Ave., City or Town: Buffalo County:

6. PLANT LOCATION (If not as above)

7. WORKER: Name: [redacted] Street Address: City or Town: County:

8. ASSIGNMENT

Abstract case record

9. ORIGIN: [ ] I.S.S. [ ] W.C.B. [ ] B.S.A. [ ] Other Labor Dept. Units [ ] Other Govt. Agencies [ ] Industry [ ] Workers & Unions [X] Professional [ ] Special Study [ ] Other

10. SEND REPORT TO: Dr. M.K. DATE SENT 6/1/71

11. SEND LETTER TO:

12. COPY OF [ ] REPORT TO: [ ] LETTER TO:

13. ASSIGNED TO	14. NO. OF EMPLOYEES Total	Female	Male
Mr. Wolf			

15. INDUSTRY	16. NO. VISITS THIS ASSGT.	17. DATE ASSGT. COMPLETED
09 Construction	1	6/1/71

18. ACTIVITY: [ ] Plant Investigation [✓] Special Study [ ] Other

19. HEALTH FACILITIES

20. PHYSICAL HAZARDS (Noise, Illumination, Radiation, Temperature, Humidity, Pressure, Vibration or Other)

	A. Type	B. Source	C. Operation (Code No. & Name)	D. Degree	E. No. Exposed	F. No. Affected
1)						
2)						
3)						

21. CHEMICAL HAZARDS (Including Gases and Dusts)

	A. Agent (Code No. & Name)	B. Source	C. Operation (Code No. & Name)	D. Degree	E. No. Exposed	F. No. Affected
1)	10 Asbestos	~~Asbestos spray paint~~ Various asbestos containing materials	~~32 Spray painting~~ Covering pipes 49	high	1	1
2)						
3)						

22. WORK SUMMARY

A. Workers Examined		B. Laboratory Work-up								
		Blood		Urine		X-Rays		Other Tests		
No. of Histories	No. of Physicals	No. Spec'ns. Taken	No. of Counts	No. Spec'ns. Taken	No. of Analyses	No. Taken	No. Read	No. Spec'ns. Taken	No. of Analyses	Other
1										

23. REMARKS

Case record in Medical File

24. Section Review by DJK Date 6/1/71

25. Division Review by JW/DJK Date 6/1/71

26. Cent. Clk.	27. Stat.	28. McBee
6/1/71		

-308 (4-62) MED.

Division of Industrial Hygiene
INVESTIGATORY ASSIGNMENT MEMO

ASSIGNMENT NUMBER: MON-38-71

Name and Address: Frontier Insulation 430 Lisbon Ave. Buffalo

Re: _____ 5/21 19 71

Assign To: Res. Wrk

- [x] Medical
- Engineering: [ ] Air Pollution; [ ] Field Eval.; [ ] Exhaust Plans
- Laboratories: [ ] Bio. Chem.; [ ] Ind. Tox.; [ ] Textiles

Origin: Prof.

Assignment: Abstract case record

WCB #6710450 [redacted]

Due Date: 6/21 1971

OJK

Report To: Dr. Mik From: _____

Copies To: _____

Letter To: _____ From: _____

Copies To: _____

Remarks: _____

IH-8 (9-67)

DEPARTMENT OF LABOR - INTER-OFFICE MEMORANDUM

MON-38-71

Date: May 28, 1971

To: Morris Kleinfeld, M.D.
Director

Office: Administration

From: Morris A. Wolf, R.N.

Office: Medical Section

Subject: Frontier Insulation
430 Lisbon Ave.
Buffalo, New York

On May 20th, 1971 the undersigned visited the Division of Research and Statistics, Workmen's Compensation Board, New York City, to obtain information concerning [redacted] formerly an employee of the above named company.

The data were given to Olive J. Kooyman, M.D., Industrial Hygiene Physician II, for evaluation and transmittal.

Consultant Industrial Health Nurse

MAW:pc