Acceturo v. Abex Corp., et al, Superior Ct, Law Division, Middlesex Cty., New Jersey, Docket No. MID-L-6601-99-AS; 10/03/05.

Generally, symptoms of asbestos diseases do not appear for many years after the initial exposure to asbestos. However, early disease detection is possible by medical examinations including medical histories, breathing capacity tests, and chest x-rays, which are provided to all employees who have an exposure potential to an airborne concentration above 0.1 fibers per cubic centimeter of air.

Medical studies have shown that exposure to asbestos and cigarette smoking combine to create a significantly higher risk of developing an asbestos-related disease. The combined effect of smoking and asbestos exposure appears to be more than the simple addition of the individual risks. In fact, statistics compiled by the National Institute of Occupational Safety and Health indicate that the risk of contracting lung cancer for a smoker exposed to asbestos is rather like a multiplication of the individual risks of exposure to asbestos and smoking. EPA reports that some information suggests that quitting smoking can reduce this high risk.

A standard for asbestos has been promulgated by the Occupational Safety and Health Administration (OSHA), which includes permissible exposure limits as an eight-hour time-weighted average concentration of 2 fibers, longer than five micrometers, per cubic centimeter of air (fibers/cc) and as a ceiling concentration of 10 fibers/cc. Because OSHA determined that workers exposed to asbestos under conditions existing under that standard faced a grave danger of developing incurable cancer and asbestosis, and that an immediate reduction in exposure levels to 0.5 fibers/cc, eight-hour, time weighted average was necessary to protect such employees from this grave danger, OSHA reduced the permissible exposure limit in an Emergency Temporary Standard (ETS) issued on November 4, 1983. Although this ETS has been stayed in the court, it is being followed pending a permanent revision of the standard. The current standard also presents requirement methods for compliance (engineering controls and work practices), personal protective equipment, exposure monitoring, caution signs and labels, housekeeping, recordkeeping, and medical examinations.

The asbestos-containing materials used in the manufacturing process are brake blocks and brake linings. These materials, as received from suppliers, are resin-bonded and are relatively non-friable, which reduces the potential for asbestos fibers to be released and become airborne. However, it is recognized that fibers may be released during various phases of the manufacturing process, such as unpacking, handling, installation, riveting, grinding, and repackaging. Therefore, various precautionary measures have been implemented in our manufacturing process to reduce the potential for exposure to airborne asbestos fibers.

These precautionary measures include engineering controls such as enclosure of certain operations, exhaust ventilation at work stations, and dust filtration of air from ventilation systems. For housekeeping, HEPA vacuuming equipment, dust suppressant agents, and properly labeled disposal containers have been provided. Respiratory protection meeting the requirements of the ETS is provided and required for all employees who work with asbestos-containing materials or wastes.

Personal and environmental monitoring for asbestos exposure concentrations are conducted semi-annually. The monitoring data are used to determine compliance with permissible exposure limits and to assess any work practices that might require correction. This data is available for review by

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