



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

July 12, 1985

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

Re: [REDACTED]

R. E. Kramig & Co.
Cincinnati, Ohio

Dear Ms. Spencer:

On June 14, 1985, a visit was made to R. E. Kramig & Company, 323 S. Wayne Avenue, Cincinnati, Ohio 45215. The purpose was to collect industrial hygiene evidence relevant to the occupational disease claim of [REDACTED]. [REDACTED] was diagnosed as having contracted asbestosis related to occupational exposure to asbestos. He has been an insulator for 34 years.

The company is the oldest insulation contractor in the United States. According to their records, the claimant began working for them as an insulator on November 6, 1951 and has worked for this company exclusively. He was not working on the day of this investigation because of a strike, but his employment has not been terminated, and he has not lost time due to this claim.

[REDACTED] now is said to install many different types of insulation: fiberglass, metal work, foam rubber, cal-sil, and others. Before 1969 he would have also installed asbestos insulation. At that time, his exposures may have been quite high, as asbestos was widely believed then to be harmless except under very dusty conditions. He currently does remove asbestos from pipes and laggings from time to time.

The company has air monitoring records for the last ten or twelve years for all jobs involving asbestos. There are no records of physicals, according to the company, because the union has steadfastly refused to allow workers to take them. The claimant has been issued a 3M 9920 paper respirator for working in asbestos and fiber glass, and the company said it now complies with all the OSHA regulations concerning asbestos.

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The company knew of no other jobs, hobbies or other activities of the claimant which would have involved exposure to asbestos. was characterized as a heavy smoker; records in the file indicate the smoking history was 1-1/2 packs per day for 30 years.

No sampling was performed, as the results would not have been representative of the claimant's working conditions, especially those prior to 1969.

Asbestos fibers find entry into the body by inhalation and ingestion. The fibers are retained in the body tissues throughout the lifetime of the host, even long after cessation of exposure. Fibers migrate to other organs following retention in the lung. Asbestosis and certain malignancies are related to exposure to fibers of the asbestos minerals.

Asbestosis is a progressive restrictive pulmonary fibrosis associated with inhalation of asbestos fibers. Pleural thickening and pleural plaques have also been found to be associated with even low-level exposures to asbestos. There is some limited evidence which suggests that smoking may increase the risk of asbestosis by two to three times. The symptoms of asbestosis often become evident only after a long period of exposure or a long latency period, sometimes 20 to 40 years after the first exposure.

In summary, the claimant has been exposed to asbestos for about 34 years as an insulator. His exposures before 1969 were probably more severe than after that year, as he regularly installed asbestos insulation until that time. He continues to remove asbestos insulation occasionally to the present day. The claimant's smoking probably increases his risk of developing asbestosis. There is sufficient industrial hygiene evidence to indicate work-related asbestos exposure.

Respectfully submitted,

Robert J. Crackel / ncm

Robert J. Crackel
Industrial Hygienist

RJC/rr