FILE NAME: WR Grace (WRG)

DATE: 1965

DOC#: WRG311

DOCUMENT DESCRIPTION: 1965 Report of work injury

DOCTOR'S FIRST REPORT OF WORK INJURY

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STATISTICS AND RESEARCH
P. O. Box 965, San Francisco 1

Immediately after first examination mail one copy directly to the Division of Labor Statistics and Research. Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.) Answer all questions fully.

A. INSURANCE CARRIER: Aetna Life & Casualty

(Do not write in this space)

1. EMPLOYER: [illegible] Zonolite Company
2. Address (City, St. & City): 8440 San Fernando Road West Los Angeles 39
3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.): Insulation Mfg.
4. EMPLOYEE: William Locke
5. Address (No., St. & City): [illegible] Dowell, La Crescenta Calif.
6. Occupation: Furnace Operator — Age: 60 — Sex: M
7. Date injured: [illegible] 3/7/65 — Hour ____ M. — Date last worked: 3/11/65
8. Injured at (No., St. & City): 8440 San Fernando Road West — County: Los Angeles
9. Date of your first examination: 3/11/65 — Hour: 9 M. — Who engaged your services? Patient
10. Name other doctors who treated employee for this injury: [illegible] L. Holt Robison Internist 4/15/65, 3153 Los Feliz, L.A.

11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury? Yes — Employee's statement of cause of injury or illness: Patient did not know cause

12. NATURE AND EXTENT OF INJURY OR DISEASE (Include all objective findings, subjective complaints, and diagnoses. If occupational disease state date of onset, occupational history, and exposures.) Onset – 3/7/65

Diag: Pneumoconiosis due to inhalation of a combination of duponol and/or sodium nitrate and/or titanium and/or asbestos and/or vermiculite and/or C9.

Degree of exposure: 7 years of blending acoustical materials–furnace running 2 years to 4/1/65 giving exposure to vermiculite, C9 and asbestos.

13. X-rays: By whom taken? (State if none) Drs. Office – PA of Chest (4)–3/17, 4/1, 4/15, 5/12
Findings: Peribronchial fibrosis and evidence of Pneumoconiosis

14. Treatment: Expectorants; bronchial dilators; Heteril DM
Avoidance of above irritants (item 12)

15. Kind of case (Office, home or hospital): Office — If hospitalized, date ____ — Estimated stay ____
Name and address of hospital ____
16. Further treatment (Estimated frequency and duration): Weekly–Predicated on no further exposure to irritant inhalants approx. 2–3 mos
17. Estimated period of disability for: Regular work: Permanent for further exposure to above materials. — Modified work: Still guarded
18. Describe any permanent disability or disfigurement expected (State if none): As above
19. If death ensued, give date: ____

20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information.)

Lab: Histoplasmin and coccidioidin skin tests. Sputum culture, antibiotic sensitivity. Definitive papanicolaou smear.

Off work from 3/11/65 to present.–See above (17.)

Name (Type or print): Melvin J. Schilling — Degree: M.D. — [PERSONAL SIGNATURE OF DOCTOR] Melvin J Schilling MD

Date of report: 6/4/65 — Address (No., St. & City): 1369 Foothill Blvd. La Canada

FORM 5021 — *Use reverse side if more space required* — 15000-407 10-64 [illegible] OSP