FILE NAME: Westinghouse Pennsylvania Archives (WHPA)

DATE: 1969-1971

DOC#: WHPA011

DOCUMENT DESCRIPTION: WH Bedford Plant Documents

Westinghouse Bedford

- 1971 Inspection at Industrial Division documents asbestos paper in remarks
- 1971 Occupation/Hazard forms mentions asbestos dust hazard for "Treaters"
- 1970 letter with recommendation of ventilation system
- 1970 Sample and Laboratory Report for mica and asbestos where industrial insulating tape manufactured- Nothing detected
- 1969 Field report

H722.184 7-70

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

(41)

PART 1 PAGE 1

OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN)

1. ESTABLISHMENT – NAME, ADDRESS, ZIP CODE	2. PERSON INTERVIEWED – NAME, TITLE, TEL. NO.
WESTINGHOUSE ELECTRIC CORP. (INDUSTRIAL PLASTICS DIV.) BEDFORD, Penna. 15522	MR. CHARLES G. KEPPLE Works Eng. Supervisor Tele # 814-623-9014
	SAFETY SUPERVISOR: MR. Charles Kepple

LEGAL OWNER – NAME, ADDRESS. CORP. (Westinghouse Corp, Pittsburgh, Pa)
MO. DAY YR.

1 — CARD CODE 3. [1]

2-3 4-5 6-7 — 4. DATE [0 9 | 0 9 | 7 1]

8-9 — STATE CODE 5. [4 2]

10-15 — COMPANY NUMBER 6. [4 0 0 | 3 4 1]

16 — 7. (1) ORIGINAL INSPECTION - STATE & NSN (2) Original Inspection - NSN (3) Reinspection - NSN [2]

17-20 — 8. What is your Chief Product or Service? Industrial Tape Mfg + Processing SIC [2 6 4 1]

21 — 9. SIZE CODE? (Based on Total Number of Employees)
(1) 1-3 (2) 4-7 (3) 8-19 (4) 20-49 (5) 50-99 (6) 100-249 (7) 250-499 (8) 500-999 (9) 1,000 + [5]

10. HOW MANY SHIFTS DO YOU HAVE? Three

22-26 — 11. HOW MANY PEOPLE ARE ON THIS PLANT'S PAYROLL AT THE PRESENT TIME? [0 0 0 6 0]

27-31 — 12. OF THIS NUMBER, HOW MANY ARE NORMALLY IN THE WORK AREA AS OPPOSED TO THE OFFICE OR OUTSIDE AREA? [0 0 0 4 3]

32-33 — 13. OF THOSE IN THE WORK AREA WHAT APPROXIMATE PERCENTAGE IS MALE? [9 9]

34 — 14. DOES THIS PLANT DO FEDERAL CONTRACT WORK?
(1) Yes, Prime Contractor, (2) Yes, Subcontractor, (3) No, (4) Don't Know. [2]

35 — 15. A. DOES YOUR COMPANY EMPLOY AN INDUSTRIAL HYGIENIST? (1) Yes, at this Plant, (2) Yes, at Corporate Hq., (3) Yes, Consultant, (4) No. [2]

His Name, Address and Telephone Number: Mr. Speicher, Westinghouse Electric Corp 814-256-700 Pittsburgh, Pa

36-37 — B. ESTIMATE THE AVERAGE NUMBER OF INDUSTRIAL HYGIENE MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. [0 1]

38 — 16. A. DO YOU HAVE AN AGREEMENT WITH A PHYSICIAN TO GIVE YOUR EMPLOYEES EMERGENCY OR OTHER MEDICAL CARE? (1) Yes, Full Time, (2) Yes, Part Time (3) Yes, On Call. (4) No. [4]

His Name, Address and Zip Code:

39-40 — B. ESTIMATE THE AVERAGE NUMBER OF PHYSICIAN MAN-HOURS THAT ARE DEVOTED TO YOUR PLANT PER WEEK. [0 0]

41 — 17. A. DO YOU HAVE A REGISTERED NURSE IN YOUR FACILITY AT A REGULAR TIME?
(1) Yes, R.N., (2) Yes, L.P.N., (3) Yes, Both (4) No. [4]

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42-44 — B. ESTIMATE THE AVERAGE NUMBER OF NURSING MAN-HOURS THAT ARE DEVOTED TO YOUR PARTICULAR PLANT PER WEEK. [0 0 0]

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400-341

PART 1 PAGE 2

18. A. DO YOU HAVE AN EMPLOYEE RESPONSIBLE FOR GIVING FIRST-AID WHEN NO DOCTOR OR NURSE IS PRESENT? (45) 2
(1) Yes, (2) No, (3) Not Applicable

B. DOES HE HAVE ANY FORMAL FIRST-AID TRAINING? (46) 6
(1) Yes, Red Cross (3) Yes, Other (5) Don't Know
(2) Yes, Armed Serv. Medic (4) No (6) Not Applicable

19. A. WHEN YOU HIRE A NEW EMPLOYEE, DO YOU RECORD INFORMATION FROM HIM, ABOUT HIS HEALTH, ON SOME REGULAR FORM? (47) 1
(1) Yes, All Employees, (2) Yes, Some Employees, (3) No.

B. BEFORE YOU HIRE A NEW EMPLOYEE, DO YOU REQUIRE HIM TO TAKE A MEDICAL EXAMINATION? (48) 1
(1) Yes, All Employees, (2) Yes, Some Employees, (3) No.

20. A. DO YOU PROVIDE PERIODIC MEDICAL EXAMINATIONS FOR YOUR EMPLOYEES IN HAZARDOUS JOBS? (49) 3
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable

B. DO YOU PROVIDE PERIODIC AUDIOMETRIC EXAMINATIONS FOR YOUR EMPLOYEES THAT ARE EXPOSED TO NOISE? (50) 3
(1) Yes, Adequate (2) Yes, Inadequate, (3) No, (4) Not Applicable

C. DO YOU PROVIDE PERIODIC BLOOD AND URINE EXAMINATIONS FOR YOUR EMPLOYEES WHERE APPROPRIATE? (51) 4
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable

D. DO YOU PROVIDE PERIODIC PHYSIOLOGICAL FUNCTION TESTS (Excluding Audiograms) WHERE APPROPRIATE? (52) 4
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable

E. DO YOU PROVIDE PERIODIC CHEST X-RAYS WHERE APPROPRIATE? (53) 4
(1) Yes, Adequate, (2) Yes, Inadequate, (3) No, (4) Not Applicable

21. DO YOU HAVE AN IMMUNIZATION PROGRAM? (54) 2
(1) Yes, (2) No.

22. ARE YOUR EMPLOYEE ABSENTEEISM RECORDS (55) 3
A. (1) Not Kept, (2) Kept, without Showing Nature of Absence, (3) Kept, Showing Nature of Absence,
(4) Kept, Showing Nature of Sickness

B. WHAT IS YOUR AVERAGE ABSENTEE RATE? (Days/Year/Employee) (56 - 57) 99
(Don't Know Coded as 99)

23. DOES YOUR COMPANY HAVE A FORMAL SAFETY PROGRAM? (58) 1
(1) Yes, (2) No.

24. IS YOUR WORKMEN'S COMPENSATION INSURANCE CARRIED WITH AN INSURANCE COMPANY OR ARE YOU SELF INSURED? (1) Insurance Company (Name) _____ (59) 2
(2) Self Insured, (3) State Insurance Fund, (4) None.

25. IN YOUR ESTABLISHMENT, DO YOU FEEL THAT THERE ARE ANY HEALTH HAZARDS, EVEN IF YOU HAVE THEM UNDER CONTROL? (1) Yes, (2) No. (60) 2
WHAT KINDS _____
OF HAZARDS? _____
_____

26. HAVE YOU HAD ANY OCCUPATIONAL DISEASE IN YOUR PLANT IN THE LAST YEAR? (61) 4
(1) Yes, Dermatitis (3) Yes, Combination (5) Don't Know.
(2) Yes, Other (4) No

27. HOW MANY YEARS HAS THIS TYPE OF WORK BEEN CONDUCTED IN THESE FACILITIES? (62) 1
(1) 0-5 (3) 11-20 (5) 31-50
(2) 6-10 (4) 21-30 (6) Greater Than or Equal to 51

28. HOW MANY HOURS DOES IT TAKE TO INSPECT THIS PLANT? (63 - 64) 04

29. HOW OFTEN (In Years) SHOULD THIS PLANT BE ROUTINELY INSPECTED? (65) 1

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30. THIS PLANT HAS A HEALTH CONDITION(S) WHICH WARRANTS INVESTIGATION: (see remarks) — 66: 2
(1) Immediately (2) Within One Year. (3) Not Warranted

31. NUMBER OF CONTROL RECOMMENDATIONS MADE AS A RESULT OF THIS INSPECTION: — 67-68: 0 0

32. (1) Self Initiated, (2) B.O.S.H. Request, (3) Complaint — 69: 1

33. A. AIR RECIRCULATION: (1) Yes, Complete Approval (2) Yes, Conditional Approval (3) Yes, No Approval (4) No (see remarks) — 70: 1

B. ARTICLE 434: (1) Yes, Complete Approval (2) Yes, Conditional Approval (3) Yes, No Approval (4) No — 71: 4

C. ARTICLE 436: (1) Yes, Registered (2) Yes, Partially Registered (3) Yes, Not Registered (4) No — 72: 4

D. CONFINED SPACE ENTRY: (1) Yes, Complete Approval (2) Yes, Partial Approval (3) Yes, No Approval (4) No — 73: 4

E. REGION CODE: — 74-76: 4 0 5

34. TOTAL AT RISK: (From Part II) — 77-80: 0 0 4 0

REMARKS:

#30 - Plan to do a noise survey within year at treaters area. and CO for fork lifts

#33 - Had submitted air sec. forms for mica dust + appeal given for units at sutter machine.
Had asbestos paper coating but very sporadic, special order only.
No confined space / tank entry noted.
Many of the operations are electronic, automatic operated, solvents are in pipes + ~~no~~ small tanks. Has pre-place physicals. Plant plans to encrease employment in near future.

Mr. Martin Chlystek is plant manager.
at Wiper operation 1,1,2, + 1,1,1, Trichloroethane used very seldom.

INSPECTED BY: Andrew J. Majer (0-026) W.I.N.'s 2.0

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

CARD CODE (1) [2] STATE CODE (8-9) [4 2] COMPANY NUMBER (10-15) [4 0 0 3 4 1]

EMPLOYEES				EXPOSURES				
OCCUPATION DESCRIPTION	CODE 16-17	TOT. EST. W/I OCC. (P.O.)* 18-20	TOT. EST. AT RISK 21-23	HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	I 34-36
Treaters	99		021	(TOTAL)		015		006
	99			noise (cont)	8110	015		006
	99			noise (dnt)	8120	021		
	99			Resins	2200	021		
	99			Heat stress - dry	8320	021		
	99			mica dust	9075	010		
	99			Asbestos dust	9020	010		
	99			ethyl alcohol	1060	021		
	99			Toluene	2460	021		
	99			varnish	5390	005		
	99			paper dust	9100	021		
	99			CO	0560	021		
	99			Aztec-t-butyl perbenzoate	5999	010		
	99			Peroxide Organic liquid	5999	010		
	99			Bakelite vinyl	5999	010		

TOTAL THIS PAGE: 21

TOTAL AT RISK (37-40):

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY (41) [1]

CONTINUED NEXT PAGE ☒

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

CARD CODE (1) [2]

STATE CODE (8-9) [4 2]

COMPANY NUMBER (10-15) [4 0 0 3 4 1]

EMPLOYEES				EXPOSURES				
OCCUPATION		TOT. EST. W/I OCC. (P.O.)*	TOT. EST. AT RISK	HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	I 34-36
DESCRIPTION	CODE 16-17	18-20	21-23					
Treaters (cont'd)	99			Corezyn-2-Monomer	5999	010		
	99			Xylene	2590	021		
Fork Lift Oper	06	003	003	(TOTAL).				003
	06			noise (dnt)	8120	003		
	06			CO	0560			003
	06			Ef. of Gas Comb	1260	003		
	06			wood dust	9210	003		
	06			paper dust	9100	003		
	06			H_2SO_4 mist	2310	003		

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TOTAL THIS PAGE: 3

TOTAL AT RISK (37-40)

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY (41) [1]

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

CARD CODE (1) [2] STATE CODE (8-9) [4 2] COMPANY NUMBER (10-15) [4 0 0 3 4 1]

EMPLOYEES				EXPOSURES				
OCCUPATION DESCRIPTION	CODE 16-17	TOT. EST. W/I OCC. (P.O.)* 18-20	TOT. EST. AT RISK 21-23	HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	I 34-36
Misers	99		002	(TOTAL)		002		
	99			noise (cont)	8110	002		
	99			noise) (int)	8120	002		
	99			1,1,2-Trichloroethane	2495	002		
	99			1,1,1-Trichloroethane	1720	002		
	99			heat stress-dry	8320	002		
	99			Glue	5348	002		
	99			Glue vapors	5350	002		
	99			stoddard	2270	002		
	99			CO	0560	002		
	99			CO_2	0530	002		
	99			natural gas	1830	002		
	99			pet. Naph	2037	002		

TOTAL THIS PAGE: 2

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY (41) [1]

TOTAL AT RISK (37-40)

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

CARD CODE (1) [2]

STATE CODE (8-9) [4][2]

COMPANY NUMBER (10-15) [4][0][0][3][4][1]

EMPLOYEES				EXPOSURES				
OCCUPATION		TOT. EST. W/I OCC. (P.O.)*	TOT. EST. AT RISK	HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	I 34-36
DESCRIPTION	CODE 15-17	18-20	21-23					
Maint Repair - other	68		002	(TOTAL)		002		
	68			noise (clnt)	8120	002		
	68			Al_2O_3	0160	002		
	68			Welding gases	5380	002		
	68			C8	0560	002		
	68			Ef. of Gas Comb.	1260	002		
	68			Heat stress - dry	8320	002		
	68			ion & comp	1520	002		
	68			mang & comp	1610	002		
	68			fluorides	1280	002		
	68			I.R.	8380	002		
	68			U.V.	8370	002		
	68			pet. Naphtha	2037	002		
	68			stoddard	2270	802		
	68			oil	5009	002		

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TOTAL AT RISK (37-40)

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY (41) [1]

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

CARD CODE (1) 2 | STATE CODE (8-9) 42 | COMPANY NUMBER (10-15) 4003 11

EMPLOYEES				EXPOSURES				
OCCUPATION		TOT. EST. W/I OCC. (P.O.)*	TOT. EST. AT RISK		HAZARD CODE	A	M	I
DESCRIPTION	CODE (16-17)	(18-20)	(21-23)	HAZARD	(24-27)	(28-30)	(31-33)	(34-36)
Maint/Repair (cont)	68			Grease	5015	002		
	68			wood dust	9210	002		
	68			paper dust	9100	002		
	68			plastic dust	9180	002		
Shipper/Rec	57		002	(TOTAL)		002		
	57			noise (dnt)	8120	002		
	57			CO	0560	002		
	57			Ef. of Gas Ef.	1260	002		
	57			wood dust	9210	002		
	57			paper dust	9100	002		
	57			Glue	5348	002		
	57			ink	5029	002		

TOTAL THIS PAGE: 2

TOTAL AT RISK (37-40):

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY (41): 1

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

PENNSYLVANIA OCCUPATIONAL HEALTH INSPECTION (NSN) PART II

PAGE 6 OF 6

CARD CODE (1) 2 | STATE CODE (8-9) 42 | COMPANY NUMBER (10-15) 400341

EMPLOYEES				EXPOSURES				
OCCUPATION DESCRIPTION	CODE 16-17	TOT. EST. W/I OCC. (P.O.)* 18-20	TOT. EST. AT RISK 21-23	HAZARD	HAZARD CODE 24-27	A 28-30	M 31-33	I 34-36
Slitters	99		010	(TOTAL)		010		
	99			noise (dust)	8120	010		
	99			paper dust	9100	010		
	99			Talc dust	9030	010		
	99			mica dust	9075	005		
	99			Asbestos	9020	002		
	99			paraffin dip	2000	002		
	99			Heat stress - dry	8320	010		
	99			silica dust	9010	010		
	99			Toluene Vap	2460	010		

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TOTAL THIS PAGE: 10

1 - COMPLETE SURVEY
2 - PARTIAL SURVEY (41) 1

TOTAL AT RISK (37-40) 0040

CONTINUED NEXT PAGE ☐

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224 East Fourth Street
Williamsport, Penna.
April 20, 1970

Westinghouse Electric Corp.,
Bedford, Pennsylvania 15522

ATTENTION: Mr. Vince J. Eichenlaub
Works' Engineering Supervisor

Gentlemen:

On April 10, 1970, a routine inspection was conducted in your plant. At that time the matter of air recirculation from a ventilation system in the cutting area was discussed with you and a sample of the mica collected by the system was taken for analysis. Results have not yet been received from the laboratory. In the meantime the following recommendation is made:

Submit an original and two copies of the enclosed forms for the ventilation system mentioned above.

Enclosed is a copy of Article 432, as amended.

If you have any questions, please let me know.

Sincerely yours,

RB

Russell Bobkoskie
Regional Industrial Hygienist
Region IV - Williamsport

RB/b
Enclosure

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H 722.002

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

5828 file

PAGE 1 OF 1
REGION IV
DATE COLLECTED 4/10/70
DATE SUBMITTED 4/13/70
DATE REC'D IN LAB. 4/15/70

SAMPLE AND LABORATORY REPORT

NAME OF COMPANY	ADDRESS
Westinghouse Corp.	Bedford

PRODUCT MANUFACTURED OR SERVICE	MATERIAL SAMPLED	APPARATUS AND SUCTION SOURCE
Industrial insulating tape	Bulk samples	N/A
COLLECTED BY	**COLLECTION MEDIUM**	**ANALYSIS DESIRED**
R. Bobkoskie	N/A	% SiO_2 & qualitative for asbestos

OTHER SUBSTANCES PRESENT

Mica

COMMENTS

SAMPLE NUMBER	SAMPLING LOCATION AND OPERATION	AIR VOLUME	LABORATORY RESULTS % Free SiO_2
4-708	Bulk mica sample	—	N.D.*

REPORT OF ANALYSIS

*None Detected nor asbestos

By X-ray Diffraction

Neither cristobolite nor tridymite detected in sample

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ANALYSIS F. Vonder Heiden DATE 4/21/70 CHEMIST T Donovan

DATE REC'D. 4/22/70 DATE TYPED 2/27/70 DATE SUBMITTED TO REQUESTING AGENCY

jem

MIH-19003 REV. 12-67

REGION IV

PROD. MFG. OR SERVICE Industrial plastics & Elect. Equipment.

DATE OF ACTIVITY Aug. 26, 1969

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
OCCUPATIONAL HEALTH

FIELD ACTIVITY REPORT

N E W

File

EMPLOYEES: MALE 59; FEMALE 5; TOTAL 64

COUNTY 05

IND. CODE 36

PLANT: Westinghouse Corp. (Industrial Plastics Div.)

ADDRESS: Rt. 31 and #30 - Bedford

ZIP 15522

PHONE 814-623-9014

PERSON INTERVIEWED: Mr. Robert D. Sweet

TITLE: Mgr. Ind. Relations

PURPOSE: INVEST.; SURVEY; INSPECT.; PRELIM.; F.U.; CONF.; VISIT;

REASON: SELF-INIT.; O.D. REP.; COMPL.; REQUEST; SOURCE

SPECIFIC HAZARD OR CONDITION	WORKERS EXPOSED	RECOMMENDATIONS WRITTEN - - - VERBAL	ACCOMPLISHED YES	NO	IN PROG.

SAMPLES COLLECTED (NO. & KIND) TOTAL

DETERM. MADE (NO. & KIND) TOTAL

MEDICAL - O.D. REPORTED, NO. & KIND

PUNCH CARD YES [X] NO [ ] FOLDER YES [X] NO [ ]

REMARKS:
Visit was made to conduct plant inspection. This is a new plant which is now in production. One previous visit was made but ,no industrial operations were being done.
Due to high-level plant meeting held this day, I was requested to return at a later date which will be either Sept. 3 or 4th. to do an inspection, having the safety director, plant manager and section foreman showing me around. Plant officials are very polite and cooperative; also are well aware of our requirements and duties.
Mr. Vince Eichenlaub is Safety Director. Mr. Wilbert Speiher is the Corp. Industrial Heazlth Engineer.
A complete punch card to be made.

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BY A.J.Majer RIH RB

WINS 2.0