

8-12064 REV. 5-65



E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED

WILMINGTON, DELAWARE 19898

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THIS COPY FOR

June 19, 1969

W. D. RHODES - CHATTANOOGA
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F. C. MINER - SEAFORD
W. H. JEFFRESS - SPRUANCE
W. M. READING, JR. - KINSTON
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R. H. STAMM - WAYNESBORO
C. P. FISHER - CAPE FEAR

ASBESTOS DUST CONTROL

Attached is an outline of a safety talk on this subject that Martinsville presented to its insulators. Also included is a write-up of questions and answers from this session.

Concerns about asbestos hazards were initiated when a non-company insulator and acquaintance of several Martinsville insulators died of asbestosis. The review by Martinsville supervision was well received by their insulators. They are satisfied that we are "on top of the situation" and expressed appreciation for Du Pont's concern of employee safety.

Last March, we recommended a program of ventilation, housekeeping, work practices, and dust level audits to control asbestos dust within safe limits. We agreed at this time not to initiate talks with our wage roll, but we do intend to provide full and forthright answers to their questions, if and when these are raised.

I suggest that you inform your supervision of the information reviewed at Martinsville and advise them to be especially attentive to comments or questions from their people on this subject, as you may find it necessary to take similar action.

MANUFACTURING DIVISIONS
J. A. Sigman
Division Engineer

Per J. D. Drummond
D. D. Drummond

DDD/ddb
attachments

RECEIVED

JUN 23 1969

HASKELL LABORATORY

BETTER THINGS FOR BETTER LIVING ... THROUGH CHEMISTRY

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Martinsville, Virginia
June 11, 1969

ANSWERS TO QUESTIONS ASKED BY INSULATORS

1. What are early symptoms of asbestosis?

Asbestosis is caused by the inhalation of small particles of asbestos. There is apparently some chemical reaction within the lungs to the asbestos as well as an irritating effect by the fibers of asbestos. There are several factors in the development of this disease that should be noted. Of the three common kinds of asbestos available one kind is much more toxic than the other two and we do not use the more toxic kind. The size of the fibers inhaled have a definite bearing on how much is inhaled and how far into the lungs these can be breathed. The amount of asbestos in the air obviously affects how much is inhaled; further, the number of hours of exposure per day will influence how much is inhaled. Another factor we do not have any measurement of is the resistance of any individual that might be exposed.

The most common symptom experienced by those people that have been diagnosed as having asbestosis is shortness of breath on exertion. Obviously, this is also a symptom of many other diseases which include not only pulmonary or chest conditions but any systemic illness and especially circulatory illnesses. The second most common symptom is a dry hacking cough. Other symptoms do occur when the disease is more advanced.

2. Can asbestosis be cured, and how?

When asbestosis has developed enough to be recognized I do not believe it is curable. By this I mean that I do not believe the asbestos can be removed from the lungs; however, we would certainly not allow any further exposure to asbestos or any other type of pulmonary irritant. This again points to why we are continually monitoring the conditions under which we work and the preventive measures that we have insisted upon such as good ventilation and masks. In this instance prevention is the only cure that is of any great value.

DUP 1120229

DU 055251

3. Can insulators have more frequent respiratory examinations?

If all of our preventive measures are carried out we feel that the frequency of a complete examination and x-ray annually is all that is necessary, but if any one of you has any symptom that you would like to discuss at any time we hope you will do this. The protection of your health is your own personal responsibility first the same as your safety is and I hope that we can be made aware of any conditions that might jeopardize your health immediately when you think such exists.

You also raised the question of could you see your x-rays. If any of you as individuals would like to see your x-ray, if you will make an appointment I will be glad to show you your x-ray and interpret it for you.

4. Why did Construction change from Unibestos to Thermasil?

Cost, at the time. This is no longer applicable, and future projects will specify Unibestos. Concerning dust, Thermasil has the smaller particle size.

5. Will Construction quit using Code 502.1 (one-coat) cement?
(Excessive dusting during tear-down.)

On future jobs, Johns-Manville #450 cement and #352 (finish coat) will be specified.

6. Is Unibestos the safest insulation to use?

It is as safe as any on the market today.

7. Will the Company -

- A. Furnish Insulators coveralls?

Only where now furnished (Fiberglas and rotoclone cleaning)

- B. Install vacuum system in shops to replace brooms?

Further study required. ✓

- C. Provide dust collection system for exhaust fan?

Further study required. ✓

- D. Put Emiron on floors?

Yes, R.O. issued.

- E. Allow insulators to see their x-rays?

Yes, with Medical help to interpret what they are looking at.

- F. Have labor group housekeep on large overhaul jobs. (Example: S.M. 15)

No, each group housecleans its own job.

- G. Isolate saws from rest of shop?

Yes, with curtain.

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ANSWERS TO QUESTIONS ASKED BY INSULATORS

Page 3

8. Why did the Company quit using Air-Cell and Sponge Felt Insulation?

Cost. These are not considered safer types, because the particle size in them is smaller.

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