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PLAINTIFF'S  
EXHIBIT  
KRC-233

## KERR-McGEE CORPORATION INTERNAL CORRESPONDENCE

TO Waylon Litton  
FROM Janet Smith

DATE January 26, 1987  
SUBJECT Southwestern Asbestos  
Program

As per our phone conversations, I have reviewed the asbestos program. For small scale operations where it is not feasible to utilize glove bags, I recommend powered air purifying respirators. These respirators afford employees a higher degree of protection.

C. L. Russell has reviewed the procedure and has recommended one addition to Section VI:

I. Location and access of training material and OSHA regulations.

Should you have any questions, please contact me at ext. 2534.

JCS/lh

enclosure

### Copies to:

E. R. Goltra, M.D.  
C. L. Russell  
C. Tuttle



## SOUTHWESTERN REFINERY ASBESTOS PROGRAM

### I. PERMISSIBLE EXPOSURE LIMIT (PEL)

- A. No employee shall be exposed to an airborne concentration of asbestos, tremolite, anthophyllite, actinolite or a combination of these minerals in excess of 0.2 fiber per cubic centimeter of air as an eight hour time-weighted average (TWA).
- B. The Safety Office will be notified whenever asbestos is removed. Exposure shall be determined from breathing zone air samples that are representative of an eight hour TWA of each employee.
- C. Employees will be notified in writing of the results of the monitoring as soon as possible.

### II. ENGINEERING CONTROL AND WORK PRACTICES

Any of the following control methods shall be used to achieve compliance with the PEL

- A. Vacuum cleaner equipped with HEPA filters
- B. Enclosure or isolation
- C. Use of wet methods, wetting agents or removal encapsulants
- D. Use of glove bags
- E. Prompt disposal of wastes in leaktight containers

### III. RESPIRATORY PROTECTION AND PROTECTIVE CLOTHING

- 1A. Half face airpurifying respirators with high efficiency filters shall be worn at all times when airborne concentrations of asbestos are not in excess of 2 f/cc. For exposures exceeding 2 f/cc, respirators shall be selected in accordance with Table D4 of 1926.58.
- B. An employee shall be evaluated by a physician to determine that an employee will be able to function normally wearing a respirator.
- C. Qualitative fit tests will be performed every six months.
- 2A. Disposable coveralls, head coverings, gloves, and foot coverings shall be worn at all times.
- B. Contaminated clothing and respirator cartridges shall be placed in impermeable bags and properly labeled for disposal.

### IV. HYGIENE FACILITIES AND PRACTICE

- A. Protective clothing and respirators must be put on before entering the asbestos work area.

IV. HYGIENE FACILITIES AND PRACTICE cont.

- B. Before removing protective equipment, all tools shall be decontaminated and all asbestos materials placed in disposable bags.
- C. Protective clothing shall be cleaned with a HEPA vacuum before removing.
- D. Wash face and respirator before removing the respirator.
- E. All employees must shower after each asbestos exposure job.

V. WARNING SIGNS

- A. Warning signs shall mark the asbestos work area.
- B. Asbestos shall be disposed of in properly labeled bags and should include the following:

Danger  
Contains asbestos fibers  
Avoid creating dust  
Cancer and lung disease hazard

VI. EMPLOYEE TRAINING

All employees exposed to asbestos shall be trained annually. The training shall include the following:

- A. Methods of recognition
- B. Health effects
- C. Relationship between smoking and asbestos exposure
- D. The nature of operations that could result in exposure
- E. The purpose, proper use, fitting instructions, and limitations of respirators
- F. Appropriate work practices
- G. Medical surveillance requirements

VII. MEDICAL SURVEILLANCE

- A. Medical examination prior to initial assignment and annually thereafter shall be made available.
- B. Medical examinations shall include:
  - 1. Medical and work history directed to pulmonary, cardiovascular, and gastrointestinal systems

VII. MEDICAL SURVEILLANCE cont.

2. A standardized questionnaire shall be filled out, and on annual examination, the abbreviated questionnaire will be used.
3. The physical examination shall include a chest roentgenogram and a pulmonary function test. Interpretation of chest roentgenogram shall be performed by a B Reader, a board eligible/certified radiologist, or an experienced physician in pneumoconioses.

VIII. THE FOLLOWING INFORMATION SHALL BE PROVIDED TO THE PHYSICIAN

- A. A copy of 1926.58 and Appendices D, E, and I
- B. A description of the affected employee's duties as they relate to exposure
- C. The employee's representative exposure level
- D. Description of personal protective equipment and respirator used.

IX. THE EXAMINING PHYSICIAN SHALL FORWARD TO THE SAFETY MANAGER A WRITTEN OPINION INCLUDING THE FOLLOWING:

- A. Whether the employee has detected medical conditions that would place the employee at an increased risk of health impairment from asbestos exposure
- B. Any recommended limitations on the employee or use of personal protective equipment
- C. A statement that the employee has been informed by the physician of the results of the medical examination
- D. The written opinion shall not reveal specific findings or diagnoses unrelated to occupational exposure to asbestos
- E. A copy of the physician's written opinion shall be given to the affected employee within 30 days of receipt.

X. RECORDKEEPING

- A. Employee exposure records shall be maintained for at least 30 years.
- B. A copy of information provided to the physician and a copy of the physician's written opinion shall be kept in the employee's file
- C. A copy of the employee's medical examination results including medical history questionnaire responses and result of any tests shall be kept in the medical files
- D. All medical records shall be maintained for the duration of employment plus thirty years

X. RECORDKEEPING cont.

- E. Training records shall be maintained one year beyond the last date of employment.

XI. MISCELLANEOUS

- A. All employees will receive asbestos training in order to become familiar with methods of recognition and appropriate work practices.

CT:ah  
11/13/86