

SHELL CHEMICAL COMPANY

FGR

PRIVATE & CONFIDENTIAL

TO LOCATION MANAGERS

DATE JANUARY 31, 1973

FROM GENERAL MANAGER - MANUFACTURING

PLAINTIFF'S EXHIBIT

SH-1375

SUBJECT DOL ASBESTOS EXPOSURE STANDARD

Reference our subject memo of 10/31/72, we now have the majority of the test results in hand from the required round of air samples for asbestos exposure. The original sampling sheets are attached for retention by each location.

Thirty-nine (39) samples representing currently used process and insulating materials have been tested and in no case has the permissible exposure level of 5 fibers TWA or 10 fibers ceiling been exceeded. The range was 0.02 to 3.64 fibers. The higher figures were only obtained where little or no precautions were taken; where care was exercised the results were generally less than 0.5. This confirms that your current work procedures will result in very low exposures to asbestos fibers.

Although test results under reasonably controlled conditions are well below maximum permissible exposure, we recommend that you proceed to make medical examinations available to Shell employees who work on a continuing basis with insulating materials (i.e., the insulating craft). Contract employees remain the responsibility of their employers. Sample results from the asbestos mixing operation in the CA Plant at Houston are so low that we do not recommend inclusion of these employees in the medical test program. In addition, we suggest that the medical examinations being made available at this time not be treated as the first of an annual program since the generally low test values obtained and the impending switch by insulation manufacturers to nonasbestos materials may eliminate the need for future medical examinations.

The minimum medical examination required is given in the standard and we attach a form for your use supplied by the Corporate Medical Director. We suggest you supply this form to the examining physician. Legal access to the results of the examination is given in the standard. As a practical matter, we suggest that employees be informed verbally of the results. All abnormalities revealed should be passed on to the employee without conjecturing or theorizing as to the origin of the abnormalities and you should encourage the employee to seek on his own any additional diagnostic evaluation indicated. The Company should not assume financial liability for further diagnostic work and/or treatment until the case has been reviewed by this department. Since the DOL has indicated

SHELL CHEMICAL
HOUSTON PLANT
RECEIVED

FEB 2 1973

1	Plt Mgr
2	Plt Supt
	Emp Rel
	Trans
	Purch
3	Safety/Tng
	E & S
	Supt Engr
	Lab Engr
	Maint Engr
	Insp-Matl
	Sual Tech
	Tech-Chem
	Tech-Ofc
	Qual Cont
	Supt Poly
	Tech-Poly
	R Dept
	P Dept
	Proc Supt-Ofc
	Lt Olefins
	BD/U Dept
	Pyrolysis
	Proc Supt-Chem
	A Dept
	E Dept
	S Dept
	E/U Dept
	Shipping

Plt. Mgr.

Date Ans. NA

Ans. By

To Be Filed By
Central Files

← THIS COPY - FOR -

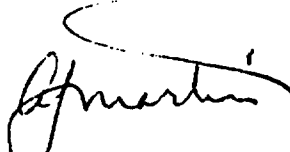
cc with attach to SHB

LAM 024379

ABS-007558

a sensitivity to indiscriminate distribution of medical results, we recommend that arrangements be made with your local physician to keep the generated records in his custody (20 years retention is required).

Please contact us if you have any questions.



A. J. Martin

Attachments

cc - Messrs. J. W. Elger
B. W. Dunbar
R. E. Joyner
B. C. Bell
J. A. Evans
L. J. Tichacek
R. K. MacIntyre
G. S. Williamson

LAM 024380

ABS-007559

APPENDIX A

SPECIAL MEDICAL EXAMINATION (Asbestos)

Medical Department - Shell

- ☐ Shell Oil Company
☐ Shell Chemical Company
☐ Shell Development Company

- ☐ Preplacement
☐ Annual
☐ Termination
☐ Other

Employee _____
 No. _____ Date _____
 Location _____

Pursuant to OSHA Regulations published in the Federal Register (37 F.R. 11318), the following procedures were performed on the above-named employee:

I. MEDICAL HISTORY: (Please check Yes or No)

1. Have you had shortness of breath in the past few months?
2. Does your shortness of breath make you stop for breath after climbing one flight of stairs?
3. Does shortness of breath interfere with your work?
4. Does shortness of breath ever awaken you from sleep?
5. Does shortness of breath ever occur at rest?
6. Do you have to sleep on several pillows at night in order to breathe easily?

YES	NO

7. Do you have a bothersome cough nearly every day?
8. Is your cough mainly on lying down?
9. Is your cough mainly on arising in the morning?
10. Is your cough about the same all through the day?
11. Do you cough up yellowish or greenish sputum?
12. Have you coughed up blood within the past six months?
13. Do you think the blood came from your nose, throat, or chest? (Circle one)
14. Are you frequently aware of whistling or wheezing when you breathe?
15. Has a Doctor ever said you have emphysema?
16. Do you get frequent chest colds?

YES	NO

Remarks:

Employee's Signature

II. SPIROMETRY: Ht. _____ Wt. _____ Age _____ Predicted Vital Capacity _____
 Measured Vital Capacity _____, which is _____% of Predicted Vital Capacity
 Forced Exp. Vol. (1 second) _____, which is _____% of Measured Vital Capacity

III. CHEST X-RAY: Date _____ Where performed? _____
 Where is film filed? _____

Result: (Attach reading of chest x-ray.)

Remarks:

IV. PHYSICIAN'S EVALUATION:

- ☐ History and test results above do not show evidence of chronic respiratory disease.
☐ Marginal findings. Recommend follow-up as noted below.
☐ Recommend immediate further study as noted below.
☐ Employee may wear respirator.
☐ Employee should not wear respirator.

Remarks:

Physician's name (print)

Physician's signature

Date

V. CLINICAL EXAMINATION: (when indicated) - (Attach report of examination).

VI. ADDITIONAL PROCEDURES, REMARKS, ETC.:

LAM 024381

Signature

ABS-007560