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~~AAP~~; ~~Cook~~; REP

UNION CARBIDE CORPORATION

17625 EL CAMINO REAL BOULEVARD

HOUSTON, TEXAS 77058

4 April 1983

TO:	C. W. Carman	511
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	R. E. Peele	511
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	W. E. Duke	Danbury K-2
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Attached is a letter from Dr. Tom Lincoln, the Corporate Medical Director, providing examples of occupational diseases in the seven categories that are reportable on the OSHA 200 log.

Please contact me if I can help in the interpretation of the guidelines at any time the reporting requirements are not clearly understood.

T. L. Collins

T. L. Collins

TLC:ka
Attachment
2186K

INTERNAL
CORRESPONDENCE

MAR 21 1983

UNION CARBIDE CORPORATION OLD RIDGEBURY ROAD, DANBURY, CT 06817

To (Name) GOHC/GSC
Division
Location
Area

Date March 16, 1983
Originating Dept. HS&EA
Area P-2

Copy to T. G. Fortney, M.D. - Indianapolis
A. A. Lang, M.D. - Danbury
T. A. Lincoln, M.D. - Danbury
H. C. Lewinsohn, M.D. - Danbury

Subject Union Carbide Corporation:
Report of Occupational Illnesses

The procedure for reporting Occupational Illnesses to the Corporation was revised in a memorandum to you dated 11/24/83, issued by Mr. R. Van Mynen.

All Components are now required to complete the attached form and return it to the Corporate Safety Department each month. They have agreed to provide Corporate Medical with copies of all illness reports. In the case of domestic components, the illnesses listed should be the ones recorded on the OSHA 200 Log. On the back of the OSHA 200 log sheet are examples of illnesses in each of seven categories. For the additional guidance of personnel responsible for entering occupational illnesses, I have listed below the same categories and examples of occupational diseases in each. Where there is doubt as to whether an item should be included in the report, the appropriate Assistant Corporate Medical Director or myself are available to assist you.

11/24/82

(a) Occupational skin diseases or disorders

Examples: Contact dermatitis, eczema or rash that requires treatment (other than first aid) administered by a physician or by registered professional personnel under the standing orders of a physician; oil acne, etc.

(b) Pneumoconioses and pulmonary abnormalities

Examples of reportable pulmonary abnormalities: Plueral plaques, pleural thickening, pulmonary fibrosis and other radiological lesions in employees with a definite history of exposure to asbestos and/or other fibrogenic dusts.

Examples of pneumoconioses: Silicosis, asbestosis, coal worker's pneumoconiosis, occupational asthma due to TDI or other sensitizing agents.

(c) Respiratory conditions due to toxic agents

Examples: Pneumonitis, pharyngitis and/or rhinitis due to chemical exposure which required medical treatment (see b above). A single exposure which may have caused unpleasant symptoms for a short time but did not require treatment should not be included.

(d) Systemic effect of toxic materials

Examples: Poisoning by lead, mercury, cadmium, carbon monoxide, solvents, pesticides, etc. If an employee has to be moved to another job only because the body burden of the material was determined to be too high by bioassay of body fluids, the condition is reportable. An example would be a high blood level even though no obvious signs of lead poisoning were present.

(e) Disorders due to physical agents

Examples: Heat stroke would always require treatment and would be reportable whereas mild heat exhaustion might not require more than removal to a cool room for recovery. Radiation injury, welding flash, if it required treatment, are other examples.

(f) Disorders associated with repeated trauma

Examples: Noise induced hearing loss even though no medical treatment or work restriction was required. (Determination of occupational origin would require a confirmation by a consulting otologist experienced in noise induced hearing loss and a careful evaluation of UCC noise exposure by the Industrial Hygiene Department); tenosynovitis, vibration disease, etc.

(g) All other occupational illnesses

Examples: Anthrax, brucellosis, malignant tumors associated with work exposures (hemangiosarcoma of the liver with vinyl chloride or pleural mesothelioma with asbestos) and other diseases caused by work exposures not covered in any of the above groups.

Your assistance in this matter is urgently solicited. Peter Wolkonsky, the Corporate Medical Director of Standard Oil of Indiana has advised me that they have been cited by OSHA for failure to record asbestos related abnormalities in the OSHA 200 log. They appealed, but the Administrative Law Judge confirmed OSHA's requirement. I am sure you agree that occupational illnesses need to be recorded and require Corporate review.

If you have any questions regarding the general concepts outlined above please call Hilton Lewinsohn (5214) or me (5212).

Thank you for help.

T. A. Lincoln, M.D.

TAL:jsh
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