EMPLOYEE HEALTH/INDUSTRIAL HYGIENE

Monitor employee health, determine and monitor workplace factors affecting employee health, and maintain Monsanto workplace environmental standards set in accordance with Monsanto policy on human exposure limits to protect the health of people at work.

PROGRAM

1. Continue to perform industrial hygiene program evaluations at Monsanto locations every 1-3 years. Use findings and recommendations to develop and improve industrial hygiene practice as the state of the art progresses.

2. Achieve and maintain compliance with Monsanto workplace environment standards as required by law or prescribed by DMEH.

3. Monitor employee health by periodic and special examinations in U.S. plants — and in ex-U.S. locations where not precluded by local laws or customs. Utilize METU ("Medical Van") to perform health surveillance exams requiring special or innovative expertise or where local medical facilities are inadequate.

4. Collect workplace exposure, work history and employee health data in MEHI computer system (except where precluded by national laws). Use exposure and health data to perform appropriate epidemiological studies assuring protection of employee health.

5. Continue surveillance of workplace to identify potential health risks. Evaluate those risks based on current toxicological knowledge and initiate appropriate safeguards to protect the health of employees.

STATUS/OBSERVATIONS

1. Over 95% of the plants in the U.S. and Europe have completed initial data base surveys and baseline monitoring for regulated substances. The development of sustaining industrial hygiene programs — which includes extending the baselining phase to unregulated substances — is underway at these same locations.

2. All ROW plants have accomplished the initial base data survey goal. Better than 90% of these plants have completed baseline monitoring for those agents assigned appropriate exposure limits. Most of these plants are currently developing sustaining industrial hygiene programs and, in terms of employee numbers, these I-H programs cover well over 90% of our people.

3. There have been ten OSHA inspections so far in 1983, resulting in only one citation and fine at Fovil Manufacturing in Abbeville, where a fatality occurred involving hydraulic press equipment; 15 inspections and three citations were experienced in 1982.

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4. With the recent institution of the DMEH comprehensive industrial hygiene program guide, evaluations are being conducted jointly by DMEH and the operating companies to assure the existence of a quality sustaining industrial hygiene program. To date, 90 such evaluations have been completed. Evidence of the need for continuing vigilance was the possible appearance of mild chloracne at two plants. Studies are underway to determine if the symptoms are a) truly chloracne; b) new; or c) represent previous exposure.

5. Major industrial hygiene project completions include ammonia vapor and PNA-ONA dust exposure reductions at Krummrich, SO_2 reductions in furnance at Soda Springs, new employee shower and change facilities at Luling and Muscatine, vapor exposure reduction in CAC at Muscatine, significant noise reduction in Blownware plants by replacing Plax trimmers with rotary slice design, compressor noise reduction at Nitro by use of curtains, ventilation improvement at Nitro for xylene, morpholine and kerosene, reduced benzene exposure at Texas City, effective control of hypersensitivity pneumonitis at Pensacola and maintenance of low DMAC exposure at Decatur.

6. Use of METU ("Medical Van") has documented lack of health effects in Phosphate ore plants, Fovil Manufacturing, and several Blownware plants, and provided quality exams to a number of plants for the first time.

7. MEHI is functioning effectively and programs have begun to provide routine useful data for health surveillance and epidemiological evaluation. Concentrated efforts are underway with operating units to enhance quality and timeliness of data inputs from specific U.S. and ex-U.S. sites. Enhancement of output programs has increased utility to physicians and reduced amount of data needing review. Priorities have been set with DEO's for future epidemiology studies.

(Revised and Approved: Environmental Policy Committee, October 17, 1983, as Worldwide Environmental Protection Guideline No. 4.)

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