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not applicable Lee 9/14

THE FLINTKOTE COMPANY

INTER-OFFICE CORRESPONDENCE

FROM: J. C. Schmitt

DATE: September 9, 1976

SUBJECT: OSHA Bulletin #76-7
Medical Examinations
OSHA Asbestos Standard

FLINTKOTE • HEAVY EMPHASIS ON H E L P LOSS PREVENTION

This Bulletin is a restatement of OSHA Bulletin No. 30 issued December 18, 1972, which is hereby superseded.

OSHA Standard 1910.1001 pertaining to asbestos dust exposure specifies that hourly and salaried employees exposed to airborne concentrations of asbestos fiber be given pre-placement, termination and annual physical examinations. The first of the annual examinations was to have been given on or before January 31, 1973.

The definition of employees who are exposed to airborne concentrations of asbestos fiber is not provided in the standard. The standard requires that medical examinations be provided for each employee "exposed to airborne concentrations of asbestos fibers". The Review Commission has ruled that the Standard places no quantitative limitation on the amount of exposure, therefore medical examinations must be provided "_ _ _ whenever employees are exposed to any trace of asbestos - no matter how temporary or insignificant _ _ _". (See OSHA Bulletin #75-16 dated December 15, 1975).

The use of respirators does not relieve the employer from the responsibility of providing medical examinations for employees.

In addition to the matter of exposure definition, there are other factors pertaining to the physical examinations which bear consideration. They are as follows:

1. Examination Content

The minimum examination procedure is stated in OSHA standard 1910.1001 a (j). One of the requirements is a history to elicit symptomology of respiratory disease. This history should be expanded to include cardiovascular, gastrointestinal and cardiopulmonary symptomatology. The medical history should be taken by the examining physician

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PLAINTIFF'S EXHIBIT 11640.0

or other qualified medical personnel and it should develop data on smoking habits and previous exposure to harmful dusts.

A suggested medical questionnaire to be provided to the examining physician for his consideration is attached, as Enclosure A. It should be noted, however, that the form and content of the questionnaire for purposes of obtaining a medical history is up to the examining physician.

2. Selection of Physician

In most cases, the regular plant physician will perform the examination or make arrangements for the testing work. If assistance is needed in the selection of an examining physician, the local office of the workmen's compensation insurance carrier or compensation service organization should be contacted for a reference. Some mobile Health Services are qualified to conduct both physical and medical tests, and may be used for this routine testing. In all cases, qualifications of physicians or medical services should be checked. Upon request, the Corporate Insurance Department will obtain names of recommended physicians, or Health Services, if local efforts to select one have been unsuccessful.

3. Medical Files

The availability and maintenance of medical records is described in the OSHA Standard 1910.1001a (j) (6) (i&ii). All concerned should become familiar with these sections. In part, these provide that the examining physician must provide the employer with a complete and accurate written record of all medical examinations. These records are to be maintained in the local personnel files for twenty years. Copies of examination reports which reveal medical problems are to be forwarded to the Corporate Insurance Department.

4. Notification to Employees to Medical Problems

In the event a medical or physical problem is discovered during an examination, the employee is to be advised

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orally by the examining physician at the time of the examination. If, in the opinion of the examining physician this problem is serious, or of such a nature as to recommend further medical attention, notification will be sent to the employees personal physician.

This notification can be made only with the consent of the employee, in writing, using the form illustrated in Enclosure B, or a similar form supplied by the examining physician. This form is to be completed by each employee prior to the medical examination. The examining physician will then submit a report directly to the employee's personal physician. If the medical problem is occupationally connected, the local office of the workmen's compensation insurance carrier or compensation service organization must be notified.

Any questions relative to examinations of personnel engaged in occupations having an exposure to airborne concentrations of asbestos fiber should be referred to the Corporate Insurance Department.

JCS/plb

Attachments

cc: S. Weiss - Rochelle Park

MEDICAL EXAMINATION REPORT

ENCLOSURE A

ATION	JOB TITLE	TYPE OF EXAMINATION - OSHA Standard 1910.1001	SEX	BIRT DATE

E	ADDRESS	STREET	CITY	STATE	ZIP

RSONAL PHYSICIAN:	NAME	ADDRESS	PHONE NUME

TIFY IN EMERGENCY:	NAME	ADDRESS	PHONE NUME

TO BE ANSWERED BY INDIVIDUAL

VE YOU EVER BEEN AFFLICTED WITH ANY OF THE FOLLOWING PHYSICAL AILMENTS:

) NO ( ) YES	Allergies	( ) NO	( ) YES	Hay Fever
) NO ( ) YES	Asbestosis	( ) NO	( ) YES	Headache Severe
) NO ( ) YES	Asthma	( ) NO	( ) YES	Kidney Trouble
) NO ( ) YES	Bladder Disorder	( ) NO	( ) YES	Pleurisy
NO ( ) YES	Bronchitis	( ) NO	( ) YES	Pneumonia
) NO ( ) YES	Cancer or Tumor	( ) NO	( ) YES	Silicosis
) NO ( ) YES	Dermatitis (Skin)	( ) NO	( ) YES	Sinus Trouble
) NO ( ) YES	Emphysema	( ) NO	( ) YES	Tuberculosis of Lungs or Other Parts of Bod
) NO ( ) YES	Eye Trouble			
) NO ( ) YES	Frequent Colds or Sore Throats	( ) NO	( ) YES	Ulcer

THER	IF ANY OF THE ABOVE HAVE BEEN ANSWERED "YES"-EXPLA

HAVE YOU EVER BEEN UNDER OBSERVATION OR TREATMENT IN ANY HOSPITAL, CLINIC, OR SANITAIUM RELATED TO ANY OF THE ABOVE LISTED AILMENTS?
( ) NO ( ) YES-EXPLAIN

HAVE YOU ANY PHYSICAL DISABILITY RELATED TO ANY OF THE ABOVE LISTED AILMENTS?
( ) NO ( ) YES-EXPLAIN

HAVE YOU EVER BEEN DISABLED, LAID OFF OR COMPENSATED BECAUSE OF A GOVERNMENT OR OCCUPATIONAL DISABILITY RELATED TO ANY OF THE ABOVE LISTED AILMENTS?
( ) NO ( ) YES-EXPLAIN

YOU EVER BEEN REJECTED FOR INSURANCE OR EMPLOYMENT BECAUSE OF A PHYSICAL
TION RELATED TO ANY OF THE BEFORE MENTIONED AILMENTS?
( ) YES-EXPLAIN

ANY PARENT, BROTHER, OR SISTER HAD TUBERCULOSIS, ASTHMA, EMPHYSEMA OR OTHER
ONARY CONDITION?
NO ( ) YES-EXPLAIN

YOU EVER BEEN EXPOSED TO AN ENVIRONMENT HAVING ANY OF THE FOLLOWING IN
CONCENTRATION:
NO ( ) YES Chemicals (Kind) ( ) NO ( ) YES Gas (Kind)

NO ( ) YES Dust (Kind) ( ) NO ( ) YES Noisy Environment (Where

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DID YOU LAST CONSULT A PHYSICIAN? REASON:

WOULD YOU CLASSIFY YOUR HEALTH:
EXCELLENT ( ) GOOD ( ) POOR

YOU SMOKE? ( ) NO ( ) YES HAVE YOU EVER SMOKED? ( ) NO ( ) YES
WHAT EXTENT? HOW LONG?

ENCLOSURE B

NAME OF EXAMINING PHYSICIAN
ADDRESS

Name of Employee (Please Print) _____

Employee's Personal or Family Physician

Name _____

Address _____

_____

(Insert name of Examining Physician) is authorized to forward at his discretion, results of my routine medical examination to the physician listed above.

Signed _____
employee

Date _____

Thank you

Very

interesting

Dick