UNION CARBIDE INTERNAL CORRESPONDENCE

CHEMICALS AND PLASTICS

P. O. BOX 471, TEXAS CITY, TEXAS 77590

TO (NAME) Mr. J. C. Akins
COMPANY Mr. R. M. Arnold/
LOCATION F. D. Murphy
Mr. A. L. Denson
Mr. B. N. Felts
Mr. C. Fruge
Mr. R. C. Gaskill
Mr. W. C. Hunter
Mr. J. L. Jones
Mr. W. R. Niemeyer

DATE October 14, 1975

SUBJECT VCM Training

Copy to: Mr. R.L. Frantz
Miss Rosemary Kendall
Mr. K. E. Ross
Mr. G. F. Tacquard

Attached are copies of the Vinyl Chloride/Respiratory Equipment Information letter. Please relay this information to your affected people. Have them sign a Safety Training Attendance Record headed "VCM/Respiratory Equipment Information" indicating they have received this training. Route the record per SOP.

Save these letters since you will need to use them again in January 1976.

Thanks,

L. J. Kunke

LJK/st
Attachment

VINYL CHLORIDE/RESPIRATORY EQUIPMENT INFORMATION

You have previously elected not to wear a respirator at VCM levels below 25 ppm. OSHA requires, therefore, that you be informed at least quarterly of the hazards of vinyl chloride and the purpose, proper use, and limitations of respiratory devices.

1. Vinyl chloride has been classed as a cancer-suspect agent. Prolonged exposure to concentrations of 50 ppm has resulted in cancer in several species of rats and mice.

2. Respiratory devices are designed to either remove vinyl chloride from inhaled air or to supply a fresh-air source. This reduces personnel exposure.

3. At concentrations of 1 - 25 ppm, canister respirators are recommended; 25 - 3600 ppm, type C supplied air respirators; 3600 + ppm or unknown, self contained breathing gear (for release control or life rescue only). Manufacturers' instructions and Plant SOP should be followed.

4. OSHA acknowledges that respirators have many drawbacks; they are restrictive, inconvenient, may require additional personnel, interfere with production, or may require extensive retraining. In addition, some people should not use respirators because of physical limitations.

If you have any questions concerning the above information, or VCM or Respiratory Equipment in general, please do not hesitate to ask.

After completing the information sheet, please sign the Training Roster.

October 13, 1975

OIP AND OTHER TYPES OF REARRANGEMENT PROJECTS

	ROUTING:	NAME	APPR.	DATE
1				
2				
3	MAINT. OIP COORDINATOR			
4	AREA MAINT. ENGINEER			
5	DEPT. HEAD — OPER./AUX.	R.L.Frantz	RLF	10/27/75
6	DEPT. HEAD — MAINTENANCE			
7	ASSISTANT PLANT MGR.	R.W.Sesler	RWS	10/27/75
8	PRODUCTION MANAGER	M.E.Eisenhour	MEE	10/29/75
9	ASSISTANT PLANT MGR.			
10	PLANT ENGINEERING			
11	PLANT CONTROLLER		JES	11/5/75

FOR DEPARTMENT HEAD

IS ENGINEERING REQUIRED?
☐ YES ☐ NO
IF YES, ROUTE THRU ENGR.

FOR ASSISTANT PLANT MGR.
APPR. FOR ENGR. _____
PRIORITY _____

FOR PLANT ENGINEERING MGR.
ACCEPTED _____ DATE _____
PROJ. ENGR. _____
PROJ. NO. AW- _____

FOR PLANT CONTROLLER

OIP PROJECT NO. _____
NON-OIP PROJ. NO. 4944
"09" CHARGE 53566
ACCEPTED _____ DATE _____

FOR OIP COORDINATOR
ACCEPTED _____ DATE _____
O C R NR D EC P PH2

☐ OIP
☒ SAFETY
☒ POLLUTION CONTROL - WATER
☐ POLLUTION CONTROL - AIR

☐ QUALITY IMPROVEMENT
☐ CUSTOMER SERV./NEW PROD.
☐ OTHER _____
☐ _____

BENEFITTING SYSTEM NO. 08420 SYSTEM NAME Suspension Vinyl OPER. TEAM 70 RESPONSIBILITY R.L. Frantz EXPECTED IMPLEM. 1 Q 19 76

STATEMENT OF PROJECT (WHAT IS TO BE DONE)

Install pressure controlling motor valve in slurry lines from autoclaves to Nos. 2, 3, 5, & 6 blowdown tanks as already done on #1 blowdown tank. SUG. NO. 174

OBJECTIVE OF PROJECT (WHAT IT WILL ACCOMPLISH)

Help to prevent blowing rupture discs on blowdown tanks which will decrease VCl emissions to atmosphere and decrease personnel exposure.

COST DATA	EST. COST	ACTUAL COST
CAPITAL (930)	$_____	$_____
EXPENSE (09)	$15,000	$_____
(SYSTEM NO. 08420)		

SUGGESTERS (OIP PROJECTS ONLY)	SUGGESTER'S DEPARTMENT	SUGGESTER CLASS (CIRCLE ONE)
_____	_____	EX NON-EX HRLY
_____	_____	EX NON-EX HRLY
_____	_____	EX NON-EX HRLY

SAVINGS DATA - FOR PHASE 1 OIP PROJECTS ONLY

	EST. SAVS.	ACT. SAVS.
RECURRING	$_____	$_____
NON-RECUR.	$_____	$_____

☐ COST IMPROVEMENT
☐ COST AVOIDANCE

ESTIMATED DURATION OF RECURRING SAVINGS: _____ YEARS

GROSS MARGIN DATA - PHASE 2 OIP PROJECTS ONLY (RECURRING ONLY - ATTACH GROSS MARGIN FORM)

INITIAL EST.	FINAL EST.
$_____	$_____

EXPLANATION: (ON OIP PROJECTS, SHOW PLANNED, DELIBERATE CHANGE AND SAVINGS CALCULATIONS)

SIGNED A.A.Peterson DATE 10/24/75

IF CLOSING NOTICE, MAKE FINAL COMMENTS HERE (IF NEEDED, MAKE ATTACHMENT)

UCC 091545

COPY 2 - ☐ CLOSING NOTICE ☐ AFTER-THE-FACT OIP CLAIM (DISCARD COPY 1)

CT-1708-D