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Date: July 29, 1980

Location

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From J. S. Tobin, M.D.

REC-1
AMERICAN CYANAMID
2500 W. 127th St.
CHICAGO, ILL. 60643

Location Wayne

Subject BLOOD LEAD ANALYSES

AUG 4 1980

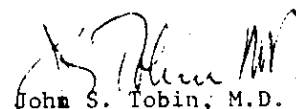
Reference

As you know, the quality assurance laboratory at Willow Island has for many years done the blood lead analyses for our medical surveillance program. With the discontinuing of lead chromate manufacturing at Willow Island, the laboratory has asked to be relieved of that responsibility. In consultation with Dr. Philip Falk of the Clearing Industrial Clinic in Chicago, we have explored other laboratories. For the past three blood lead samplings we have sent duplicate samples to the Industrial Toxicological Laboratory, at West Allis Memorial Hospital, West Allis, Wisconsin. Dr. Guertin's staff, at Stamford, was kind enough to assist us in comparing techniques and quality control procedures at the two laboratories. We have determined that they are almost identical. The results of the last two samplings showed very close correlations.

Beginning August 1, 1980, we will use the West Allis laboratory exclusively for our medical surveillance program. Dr. Falk and I have already agreed to make this transition immediately. The other plants with lead exposures should send future samples to this laboratory:

Industrial Toxicology Laboratory
West Allis Memorial Hospital
West Allis, Wisconsin 53227

using the collection equipment provided by this office.


John S. Tobin, M.D.

JST:rme

DISTRIBUTION

Mr. J. C. Caporossi
Dr. R. M. Clyne
Dr. P. Falk
Mr. W. A. Fead
Mr. H. C. Gaffney ✓
Dr. A. T. Guertin
Mr. R. W. Hagy
Dr. R. J. Leswing
Dr. W. Meriwether
Dr. J. R. Winburn

cc to A. J. Jones

To:	FULL-TIME & PART-TIME PHYSICIANS ALL PLANT MANAGERS	Date:	January 22, 1980
Location:		Copy to:	W. P. Brown E. W. Cantrall J. C. Caporossi W. A. Fead J. F. Terenzi
From:	R. M. Clyne, M.D.		
Location:	Wayne		
Subject:	MEDICAL REMOVAL FROM LEAD EXPOSURE		
Reference:			

Your attention is invited to the fact that as of March 1, 1980, the blood lead level at which an employee must be removed from exposure to inorganic lead drops from 80 micrograms per 100 grams of blood to 70 micrograms. This is the first step in a four-year process of reduction of the removal level to 50 micrograms.

Accordingly, after March 1, 1980, it will be necessary to remove from exposure any employee whose blood lead level is at or above 70 micrograms. A second blood specimen should be obtained on employees so removed within two weeks of your receiving the results of the first analysis. Repeat samples should be obtained and analyzed at least monthly until two consecutive samples indicate that the employee's blood lead level is at or below 60 micrograms.

In preparation for the more stringent removal criteria, it is recommended that every effort be made now to maintain employee blood levels below 80 micrograms beginning March 1, 1980.

1980
Robert M. Clyne
Robert M. Clyne, M.D.

RMC:rm
80-2

RECEIVED
AMERICAN CYANAMID
1500 N. 15th
CHICAGO, ILL. 60623
JAN 28 1980



Memorandum

To: H. C. Gaffney

Date: July 27, 1978

Location:

Reference:

From: J. S. Tobin, M.D.

Location: Wayne

Extension: 3024

Copy to: W. V. Andresen
F. B. Dorf

Subject: BIOLOGICAL MONITORING:
BLOOD LEAD DETERMINATIONS

*no change in
negotiations*

As your request, I have examined our current protocol for blood lead determinations at the Chicago plant. As you know we are currently scheduling tests at monthly intervals for employees whose blood lead level is 0.060 mg/dl or over and at bimonthly intervals for those under 0.060.

Examination of blood lead levels for 1976, 1977 and 1978 shows that a number of employees have levels consistently in the thirties and low forties. Accordingly, I believe we can prudently modify our program as follows:

<u>Blood Lead Level</u> (mg/dl)	<u>Interval</u>
0.060 or over	Monthly
0.045 to 0.059	Bimonthly
Under 0.045	Quarterly

We should keep in mind that when OSHA issues the permanent lead standard, it may well have different requirements and we must make additional changes.

JST:es

J. S. Tobin, M.D.

Based on June-July results
quarterly - 8
bimonthly - 20
monthly - 2-3

AUG 2 1978

Chicago Plant - 2/23/77

Foremen

C. Dadko
R. Johnson
L. Maye
B. Terzic

Blood Leads

The blood lead standard we must address ourselves to is 0.059 maximum. The improvement in the plant ventilation system, the progress in housekeeping, and the enforcement of the plant hygiene rules should assure all employees maintain blood lead levels below the above mentioned standard.

Currently there are two men [REDACTED] above 0.07, and two men [REDACTED] above 0.06. If twenty other employees, with essentially the same exposure, can achieve and maintain much lower blood lead levels, then I can see no reason for anyone to be above 0.06.

H. C. Gaffney

HCG:ak

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INFORMATION
REDACTED

CYWI 3-000893

N14665.03

3/5/76

The cooperation of all personnel is essential if we are to achieve our goal of having all blood lead levels below the .07 level.

We are embarking on a campaign now to upgrade all of our existing ventilation and exhaust systems, and to install additional dust collecting units where required. However, the following statistics verify that high blood leads are not a function of lead dust exposure, but rather an effect of sloppy personal hygiene habits.

Note that the men working in the litharge shop (the high exposure area) are relatively low on the blood lead scale.

No excuse for high blood leads is accepted.

1975 average blood leads:

(m) Carite	-	(bp) Tate	-
(f) Banasiak	-	(l) Howard	-
(po) Davis	-	(l) Hodge	-
(bp) Calvin	-	(l) Martin	-
(f) Perz	-	(j) Stanford	-
(g) E. Maye	-	(m) Lee	-
(po) Powers	-	(po) Hawkins	-
(f) L. Maye	-		
(l) Cross	-		

m - maint

f - foreman

pc - process operator

bp - binder - packer

G - general

L - litharge

J - janitor

HCG:ak

H. C. Gaffney

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