D. ALLEN CORRIE 2348 / WV-0195 # 177

WORKPLACE ENVIRONMENT MONITORING - FIELD DATA SHEET Page ___ of ___

Date 1-21-87 Project ASBESTOS Department 169100 / 327000 - B36

General Operating Conditions: REMOVING INSULATION FROM PIPES IN DUMPSTER RESPIRATOR, GLOVES, GOGGLES, ROPED OFF.

Sampling Method and Equipment: Personal ✓ : Area ___ : Portable Sampler Pump ✓ : Charcoal Tube ___ : Bag ___ : Other FILTER CASSETTE .25mm

Remarks:

Shift: Day ___ Eve. ___ Mid. ___ No. Employees ___ Sampled By LEMS III

Employee Name, Job Title, Payroll No., Soc. Sec. No., Bldg. No. - Monitoring Loc. Smoke - Chew?	Sample No.	Pump Ser. Number	Pump Kv	Pump Flow Control Set	Initial Pump Reading	Final Pump Reading	Net Pump Reading	Start (Time)	Stop (Time)	Net Sample Time, Min.	Volume, Liters.	F/cc
J. A. HUDSON 235-82-8290 F S —	1	6307	—	—	2LPM	→	→	1253	1415	82	164	.003

12 - 1 = 11 F/100 FIELDS

11 ÷ 100 X 385 = .003 F/cc

7.54 X 82

Remarks: (See Reverse Side)

UCC 0012541

INDUSTRIAL HYGIENE SURVEY REPORT

SOUTH CHARLESTON PLANT

To: J.K. CORRIE

Date: 1-27-87

cc: J. R. DEMENT
D. F. TETER, M.D
M.J. SHOGER
B. N. GLIATTA

From: W.J.VINCENT
L.E. MILLER III

BLDG 36

Survey Date 1-21-87 Department/Location 169100/327000

Contaminants ASBESTOS File No. OH

____ Area/Source (7.3)(1), ✓ Occupational Exposure (7.4), ____

Sample Location, Employee Monitored	JOB TITLE	Sample Duration, Minutes	Exposure Concentration, PPMV, mg/m3 (TWA/8 Hrs.)	Status
J. A. HUDSON	INSULATOR	82	.003F/CC	IST

Comments:

WORE SURVIVAIR 1090 CARTRIDGE RESPIRATOR

INSUFFICIENT SAMPLE TIME FOR TWA8

(1) (n.n) = Plant 514 Safety File Reference

(2) IC = In Compliance; NC = Non-Compliance; NEEL = No Established Exposure Limit
Applicable Standard, TWA/8 Hrs.: TLV® 0.2F/CC; OSHA 0.2F/CC; UCC 0.2F/CC;
Short Term Exposure Limit (STEL) ____; Ceiling Limit ____

(3) Please notify monitored employees of results in accordance with Plant 514 Safety/

UNION CARBIDE

INTERNAL CORRESPONDENCE

UNION CARBIDE CORPORATION P. O. BOX 8004, SOUTH CHARLESTON, WV 25303

SILICONES AND URETHANE INTERMEDIATES

SOUTH CHARLESTON PLANT

To: J. K. CORRIE

(Record date received _____)

Date: 1-27-87

Orig. Dept. Safety and Health

Within 5 days of date of receipt notify: J. A. HUDSON (Monitored Employee)

235-82-8290 (Soc. Sec. Number)

Subject: Employee Notification of Occupational Exposure Monitoring Results

On the following date(s) 1-21-87, at the described plant location SOUTH of BLDG 36 (REMOVING INSULATION FROM PIPES IN DUMPSTER), your personal exposure to ~~chemical~~/ ~~physical agent(s)~~ ASBESTOS was determined to be _____ * 003F/CC using prescribed Industrial Hygiene measurement methods (Reference: NIOSH 7400). Compliance Status: In compliance/Non-compliance/ *

No established exposure limit/Exposure appears substantially low/Other appropriate comment, e.g., respiratory protection used, etc. SURVIVAIR 1090 CARTRIDGE RESPIRATOR

Applicable Standard, 8-Hr. Time Weighed Average (TWA_8): TLV® 0.2F/cc; OSHA 0.2F/cc; UCC 0.2F/cc Short Term Exposure Limit (STEL) ——; Ceiling Limit ——

Action to be taken to prevent recurrence of overexposure: _____

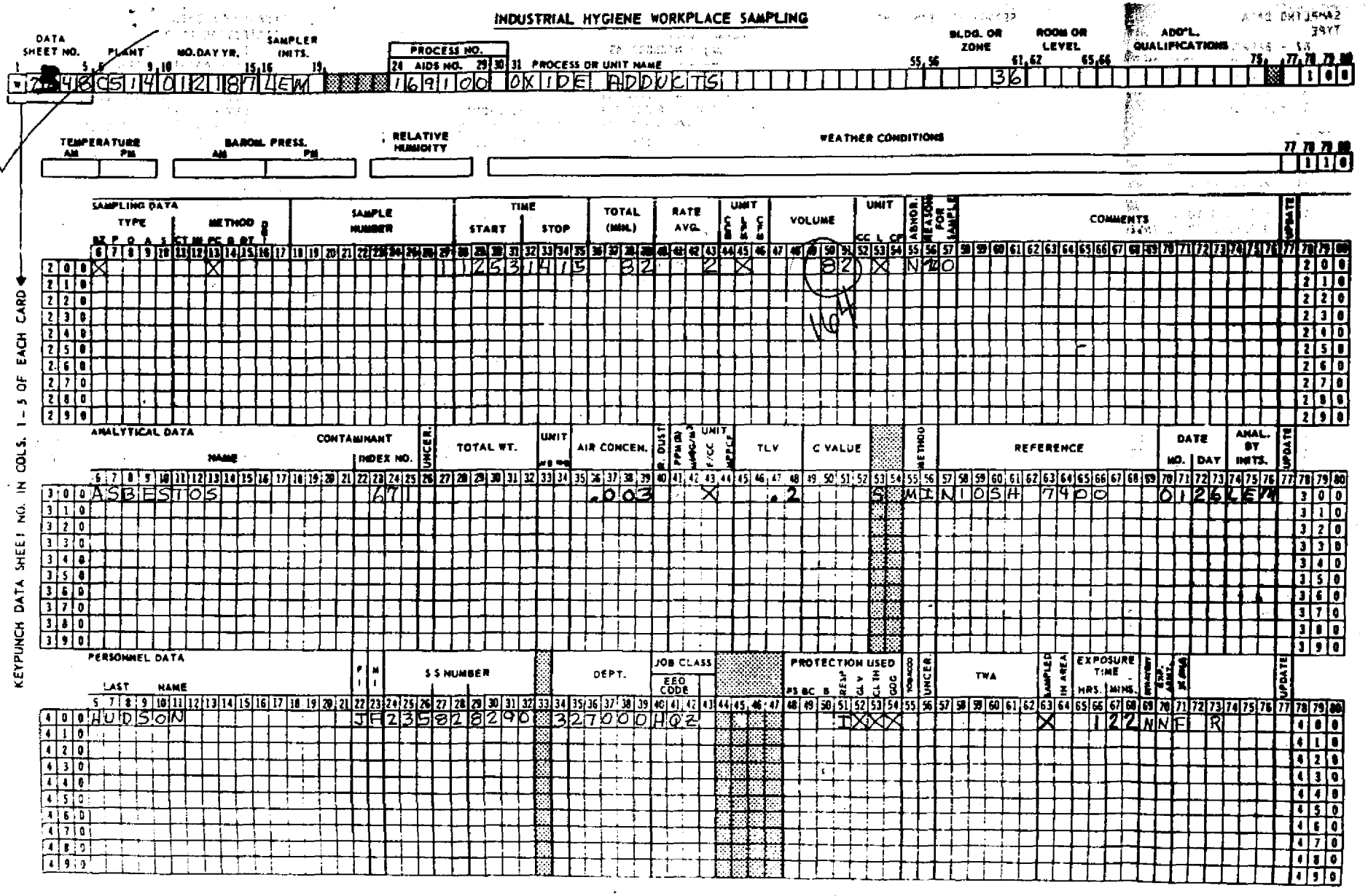
* INSUFFICIENT SAMPLE TIME FOR TWA_8

(Supervisor's Signature/Date)

I, _____(employee), on _____(date), acknowledge having been notified of the above occupational exposure monitoring results in accordance with South Charleston Plant Safety and Health Policy/Procedure, Informing Employees of Health Hazards 2.16.

NOTE - This document or a signed copy shall become a permanent record maintained in the department file described in IV.5.C. of the above procedure.

INDUSTRIAL HYGIENE WORKPLACE SAMPLING



UCC 0012544

INDUSTRIAL HYGIENE WORKPLACE SAMPLING SUPPLEMENTAL COMMENTS

1–5	6–9 PLANT	10–15 MO DAY YR
W2248	C514	012187

UPDATE | LINE NO.

REMOVING INSULATION FROM PIPES IN DUMPSTER | | | 101

SIGNATURE | DATE