PLAINTIFF'S EXHIBIT

DOW-617

THE DOW CHEMICAL COMPANY

MIDLAND, MICHIGAN 48674

06 November 1987

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RE: OSHA ASBESTOS REGULATION AND CHANGE IN DOW U.S. AREA MSR

See proposed revision of the MSR attached.

Any employee undergoing the asbestos MSR (priority 1 and 2) examination will need to complete the Dow U.S. Area Medical and Respiratory questionnaire and the OSHA Medical questionnaire, either initial type or periodic type.

All x-rays taken under this MSR must be read by a certified Grade B or ILO-trained radiologist who must report on the NOISH approved form. It is suggested you keep in your files a current copy of the radiologist certification.

For priorities 1 and 2 a written opinion of the attending physician, Dow or otherwise, must be in the medical record reporting the results of the examination. It is required that the attending physician inform the employee of his findings and recommendations, and it is recommended that this be documented in the medical record. Should the attending physician or consultant not be a Dow Medical clinic staff member, then Dow must provide --

1. A copy of the regulation and Appendix I
2. A description of the work involving asbestos
3. Exposure levels; actual or anticipated
4. Personal protective equipment used, including respirators

The information of 2, 3 and 4 above will have to be acquired from Industrial Hygiene. It is also required that this or similar comments be made by the physician assigned to the employee and it is recommended that such be documented. The use of standard statements should be considered where appropriate.

I hope we can streamline these requirements sometime, especially regarding the two questionnaires. Our questionnaire has been

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validated by testing and the OSHA one has not. There are significant differences and OSHA has indicated it is adamant in use of its present questionnaire. It does not appear that a supplement to either questionnaire would make any sense without many redundant questions. We may expect our affected employees to object to the duplicate questionnaires and they and their management should be advised of the necessity of this in advance.

This revised MSR is not construed to address all issues in this matter. The precise identification of which employees require this examination is an issue that should be reviewed with respective industrial hygienists. Your comments are invited. I hope to make a disposition on the MSR by 1 December 1987.

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Director of Health Surveillance
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pm

Attachment

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