

silicosis, heart disease, uncorrectable vision deficiency, and so on. Applicants getting a red card may not be hired except for work in special nonhazardous situations. Old employees so classified on surveys are treated the same as men with yellow cards and some position is found compatible with their condition.

V. The Nurse's Records

The plant nurse's records are of vital interest to the industrial hygiene department. Every employee's visit to the nurse, whether for actual injuries and re-dressing or for other complaints such as headache, cold, or sore throat should be recorded and recapitulated by department each week or month. A critical review of these records by the industrial hygienist may uncover a previously unsuspected atmospheric contamination, such as carbon monoxide from a defective flue, giving rise to an unusual number of headache complaints from the area affected. Even more obvious is this review as a means of picking up new sources of dermatitis, for as soon as a material that is an active skin irritant is introduced, the nurse will be deluged with complaints. In such acute conditions the alert nurse will call in the industrial hygienist before the situation has gone very far.

VI. Safety Records

Safety and industrial hygiene services in the plant will inevitably overlap, and co-operation between the two is mutually beneficial. Four eyes see more than two, and the safety engineer frequently can call the hygienist's attention to conditions that he (the former) observes in his plant visits. No industrial hygiene survey is complete without a record of safety conditions observed in the course of the work, to be referred to the safety department for its consideration. Each department should be fully informed about the work of the other by exchange of reports and records. This exchange of reports also helps to promote a better understanding among persons working in these closely related fields of endeavor. Where this is not done there is too often a rivalry between these departments as to jurisdiction over certain phases of the work.

VII. Personnel Records

Where the industrial hygiene service is a division of the medical department the personnel records pertinent to the work of this service are readily available. When this is not the case or when special work such as the control of a lead exposure is being conducted, the personnel department can furnish the information on new men essential for the interpretation of the results. At times a new employee may show a high rate of lead excretion that can be explained only by the personnel record of his previous history, which might show that he had been employed in another plant that had a lead exposure.

Labor unions are taking an increasing interest in health conditions and are now including health clauses in their contracts. Copies of such contracts should be

on file with the industrial hygiene department so that a check may be made to see that the plant is kept up to these agreements. It also would be most desirable if the industrial hygienist would sit in on grievance committee meetings to learn of health complaints and to reply to many of them. In this capacity, he can possibly clear up some misunderstandings between labor and management.

VIII. Compensation Claim Records

Compensation claim records are another key to industrial hygiene control, and to be of greatest value should be current and complete. Pertinent data regarding the development of each case through to its final disposition, and including total cost, should be supplied the industrial hygiene laboratory. When thus immediately available to the laboratory, whether company, insurance carrier, or state, technical investigations can be made while facts are fresh to determine the cause of the claim and the means of preventing similar occurrences. These records serve as a guide for trouble-shooting service and are an indicator of problems involved and results achieved. They show where additional control measures are needed, and should be filed under plant or department so that they may be reviewed by the industrial hygienist immediately before a visit to the plant. With tabulations of diseases, substances causing diseases, occupations, industries, years, and cost, they furnish valuable information. However, unless competent men review and investigate these claims and assign correct diagnoses of disease and cause, the records are misleading and worse than useless.

IX. Industrial Hygiene Reports

The industrial hygiene survey report is the medium through which the results of the survey and the recommendations arising therefrom are transmitted to management. This report should include a brief description of the plant or department (unless it succeeds the first of a series on the same subject), the nature of the operations or any significant changes in operations since previous surveys, a discussion of control measures already in operation, tables listing the samples collected and results found, and an interpretation of these results. If available, the results of medical examinations or other findings on the individuals exposed should be correlated with the sample results. Finally, the report should include specific recommendations for control of the hazards found—an industrial hygiene report that includes only criticism of conditions without constructive recommendations is better retained in the hygienist's files. Space should be devoted to a brief summary of observations on housekeeping, on safety, and on employee reaction.

Before leaving the plant the hygienist should go over the report with the plant superintendent or department head. Such a discussion permits the inclusion in the final draft of operating objections to proposed changes and often develops ideas for correction that would not occur to the hygienist alone. It may also disclose any abnormality of operation at the time of the survey that may influence the sample