

AN 8500
20756

January 17, 1991

D. Benderly
ALTC

I have reviewed the FDA status of the toner systems used as well as the recipes for Geons:

86410 - 0027
86412 - 0027
86414 - 0027
86415 - 0027
86416 - 0027

All of the above compounds meet the current requirements of the FDA for:

- 1) General use in contact with foods of high water content only, and;
- 2) For use in contact with all types of foods when used in a manner consistent with 21CFR 175.300 and 177.1210.

The ingredients in the above Geon compounds are either listed on an applicable regulation (21CFR), or are GRAS (generally recognized as safe) or prior sanctioned for such use.

When used under the provisions of 21CFR 175.300 and/or 177.1210, the final food contact article must meet the extractive requirements imposed by these regulations.

Geons 86469 and 86489 are acceptable for use as indicated in Bob Campbell's 1/3/91 memo. The ? under the individual regulations can be changed to OK.

If you have any questions, please call me at Ext. 3422.

W.C. Bachtel
W. C. Bachtel

0117-1/jp

cc: Elizabeth McKay - CL-OTM

22454001

BFG20964

BFGoodrich**OCCUPATIONAL INJURY/ILLNESS REPORT**DO NOT FOLD OR STAPLE
USE #2 PENCIL ONLY. MARK BOXES
FIRMLY AS SHOWN (X)

CASE NO.

E 3695

LOCATION OF PLANT, TIRE CENTER, WAREHOUSE, ETC. Calvert City		DATE OF ACCIDENT 05 04 79	
EMPLOYEE'S NAME Samuel J. East Oliver		EMPLOYEE'S SOCIAL SECURITY NO. 407-44-2397	
EMPLOYEE'S JOB TITLE Foreman		DEPT. Vinyl Chloride	
NAME OF DEPT. Vinyl Chloride		NUMBER 5 7 3 2	
PATROL OR L.O. NUMBER 0 0 2 2	SERVICE DATE 07 01 57	MO. DAY YR. 01 17 35	BIRTHDATE 01 17 35
HOURS WORKED 8	DAYS WORKED 5	WAGES PER HOUR	WAGES PER WEEK
PER DAY	PER WEEK		

Employee states he was almost overcome by VCI when he isolated the leak on the bull's-eye of #2 caustic scrubber.

EMPLOYEE'S SIGNATURE <i>Samuel J. East Oliver</i>	DATE 5 8 79
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The spare operator was in process of taking #2 caustic scrubber in East Cracking out of service. Liquid VCI was being pressured out of this vessel. VCI was released to the atmosphere when a gasket blew out of the bull's-eye on #2 scrubber. Sam Oliver was exposed to VCI while blocking out the bull's-eye.

PLAIN CAUSE OF INJURY/ILLNESS AND MARK MAJOR CAUSE AT RIGHT (ITEM #7)
Inhaled vinyl chloride.

NAME OF EQUIPMENT, MATERIAL, OR PROCESS INVOLVED
No. 2 NaOH Scrubber -- East Cracking

WHAT HAS BEEN DONE TO PREVENT A SIMILAR ACCIDENT?
A meeting was held to discuss this incident. The possibility of better bull's-eyes will be investigated. Also, more use of Scott AIR-PAKS was discussed. Attempts will be made to make Scott AIR-PAKS easier to put on, lighter weight, and more accessible to operating personnel.

SUPERVISOR'S SIGNATURE <i>Samuel J. East Oliver</i>	DATE 5 8 79
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APPROXIMATE DATE OF RETURN TO WORK	MO.	DAY	YR.
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EXPLAIN "PART OF BODY INJURED" IF "OTHER" IS MARKED AT RIGHT (ITEM #11)

EXPLAIN "TYPE OF INJURY/ILLNESS" IF "OTHER" IS MARKED AT RIGHT (ITEM #12 OR #13)

EXPLAIN "TYPE OF CASE" IF "OTHER" IS MARKED AT RIGHT (ITEM #14)

DOCTOR **William J. Colburn**
Calvert City, Ky 42029

HOSPITAL **22455001**
LOCATION IF ACCIDENT OCCURRED OTY PREMISES

SUPERVISOR	NAME	NO.	DAY	YR.
	DATE	MO.	DAY	YR.
PERSONNEL OR MEDICAL	NAME	NO.	DAY	YR.
	DATE	MO.	DAY	YR.
SAFETY EQUIPMENT	NAME	NO.	DAY	YR.
	DATE	MO.	DAY	YR.

BFG20965

[illegible]

PERSONNEL OF MEDICAL SUPERVISOR		NAME		TITLE		EDUCATION		EXPERIENCE		SPECIALTY		CAREER HISTORY		CURRENT ASSIGNMENT		STATUS	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
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343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360
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415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432
433	434																

SUPERVISOR

BFGoodrich

OCCUPATIONAL INJURY ILLNESS REPORT

DO NOT FOLD OR STAPLE
USE #2 PENCIL ONLY, MARK BOXES
[X] - EXACTLY AS SHOWN

CASE NO.

EMPLOYER'S NAME East City		EMPLOYER'S SOCIAL SECURITY NO. 405-45-8562		EMPLOYER'S JOB TITLE Chemical Operator	
LOCATION OF PLANT, THE CENTRAL, WAREHOUSE, ETC. East City		DATE OF ACCIDENT 05 04 78		NAME OF DEPT. East City	
PATROL NO. 14	SERVICE NO. 7	DATE 05 03 66	BIRTHDATE 01 02 62	WAGES PER WEEK 5	WAGES PER MONTH 14
HOURS WORKED 8		DAYS WORKED 5		PER WEEK 5	
EMPLOYEE'S DESCRIPTION OF ACCIDENT (IF MORE SPACE NEEDED, ATTACH SEPARATE PAPER)					
Employee stated he received a liquid vinyl splash and slight frostbite while attempting to isolate #2 caustic scrubber. Employee also stated he inhaled VCI vapors but was not overcome by them.					
SUPERVISOR'S SIGNATURE <i>[Signature]</i>					
SUPERVISOR'S REMARKS (IF MORE SPACE NEEDED ATTACH SEPARATE PAPER)					
The spare operator was in process of taking #2 caustic scrubber in East Cracking out of service. VCI was being pressured out of this vessel. VCI was released to the atmosphere when a gasket blew out of the bull's-eye on #2 scrubber. Bill Bates was exposed to VCI trying to block out the bull's-eye.					
NAME OF EQUIPMENT, MATERIAL, OR PROCESS INVOLVED No. 2 NaOH Scrubber - East Cracking					
WHAT HAS BEEN DONE TO PREVENT A SIMILAR ACCIDENT? A meeting was held to discuss this incident. The possibility of better bull's-eyes will be investigated. Also, more use of Scott Air-Paks was discussed. Attempts will be made to make Scott Air-Paks easier to put on, lighter weight, and more accessible to operating personnel.					
APPROXIMATE DATE OF RETURN TO WORK 05 05 78					
EXPLAIN TYPE OF BODY INJURED IF "OTHER" IS MARKED AT RIGHT (ITEM #11) None					
EXPLAIN TYPE OF INJURY/ILLNESS IF "OTHER" IS MARKED AT RIGHT (ITEM #12 OR #13) None					
DOAP USE ONLY ICDA CODE None					
EXPLAIN TYPE OF CASE IF "OTHER" IS MARKED AT RIGHT (ITEM #14) None					
DOCTOR William J. Colburn					
CITY East City					
DATE 05 04 78					

[illegible]

BFG20967