

FILE NAME: Insulation Contractors & Distributors (ICD)

DATE: 1975

DOC#: ICD065

DOCUMENT DESCRIPTION: Worker's Comp Claim with Cover Letter Denying
Asbestos Exposure & Liability

CD
SPECIAL INVESTIGATION DISTRIBUTORS
350 Hertel Avenue
Buffalo, New York (Erin)

Box 22

DEPARTMENT OF LABOR - INTER-OFFICE MEMORANDUM

Date: June 20, 1975

BEF-63-75

To: Dr. Irvin Klein, Medical Director
From: Mr. Fred Johns, P.E.

Office: Workmens Compensation Board
New York City
Office: Buffalo

Subject: Buffalo Insulation Distributors
356 Hertel Avenue
Buffalo

Claimant: [REDACTED]
[REDACTED] Orchard Park Rd.
West Seneca

W.C.B. No. 87417957

REPORT

On June 18, 1975, Mr. Frank J. McAfee, contract manager for the above firm was interviewed to obtain the work history of the claimant, [REDACTED]

The claimant was employed by the above firm for only four days, August 22nd through August 25th, 1972. During all of that time, according to Mr. McAfee, he was assigned to the Buffalo City Court Building which was then under construction. His duties consisted entirely of applying four foot lengths of prefabricated fiberglass insulation to piping. The lengths of insulation are split longitudinally. The two halves are joined around the pipe simply by removing the protective tape from the longitudinal seams which have previously been coated with a contact adhesive and pressing the halves together manually. He was laid off when the job was completed.

CONCLUSION

The claimant was not exposed to asbestos during his employment with the above firm.

FCJ:SCL

Frederick C. Johns
Frederick C. Johns, P.E.
Sr. Industrial Hygiene Engineer

ENGINEERING SECTION ASSIGNMENT AND REPORT DIGEST SHEET

☐ NEW YORK ☒ BUFFALO ☒ FIELD EVALUATION ☐ EXHAUST PLANS ☐ AIR POLLUTION

1. ASSIGNMENT NO. BEF-59-74 2. REFERENCE NOS. 3. DATE ASSIGNED 2/26/74 4. DATE DUE ADMINISTRATION 3/26/74
 5. FIRM: Name Buffalo Insulation Distributors, 356 Hertel Ave., Buffalo City or Town Buffalo County Erie
 6. PLANT LOCATION (If not as above)

7. WORKER: Name dust Street Address City or Town County

8. ASSIGNMENT

9. ORIGIN: ☐ I.S.S. ☐ W.C.B. ☐ B.S.A. ☐ Other Labor Dept. Units ☐ Other Govt. Agencies ☐ Industry
☐ Workers & Unions ☐ Professional ☐ Special Study ☒ Other Anon.

10. SEND REPORT TO:

DATE SENT

7/23/74

11. SEND LETTER TO:

12. COPY OF ☐ REPORT TO
☐ LETTER TO

13. ASSIGNED TO

14. NO. OF EMPLOYEES: Total Female Male

15. INDUSTRY

16. NO. VISITS THIS ASSGT. 17. DATE ASSGT. COMPLETED

18. ACTIVITY: ☐ Plant Investigation ☐ Special Study ☐ Plan Examination ☐ Other

19. FINDINGS:

A. Toxic Agent (Code No. and Name)	B. Operation (Code No. and Name)	C. Hazard		D. No. of Workers Exposed	A. Toxic Agent (Code No. and Name)	B. Operation (Code No. and Name)	C. Hazard		D. No. of Workers Exposed
		Yes	No				Yes	No	

20. FIELD DATA: A. No. Air Samples B. No. Dust Counts C. No. Other Determinations
 D. Physical Measurements: ☐ Air Flow ☐ Noise ☐ Radiation ☐ Temp./Humidity ☐ Other

21. CONTROL SYSTEM DATA (If none, check here ☐): ☐ (11) Air Contaminant Emission Data ☐ Fire and Explosion
☐ (12) Control by Local Exhaust ☐ (13) by Dilution Ventilation ☐ (14) by Other
☐ (15) Hood Performance Data ☐ (16) Air Cleaning Equipment Performance Data
☐ (17) Unusual Control System Design ☐ (18) Field Test Data ☐ (19) Other

22. EXHAUST PLAN DATA: ☐ New ☐ Amended ☐ Approved ☐ Conditionally Approved ☐ Disapproved
☐ Installed before Approval Code Rule No. Authorized Agent
 No. Plans No. Fan Systems No. Machines No. Persons Protected

23. REMARKS

24. Unit Review by APR 1/3/74 Date

25. Section Review by Date

26. Division Review by Date

27. Asst. Chk. 7/23/74 28. Stat. Chk. 29. Mc Bee

ENGINEERING SECTION ASSIGNMENT AND REPORT DIGEST SHEET

☐ NEW YORK ☒ BUFFALO ☒ FIELD EVALUATION ☐ EXHAUST PLANS ☐ AIR POLLUTION

1. ASSIGNMENT NO. EEF-63-75 2. REFERENCE NOS. WCB 87417957 3. DATE ASSIGNED 4/7/75 4. DATE DUE ADMINISTRATION 5/7/75
 5. FIRM: Name Buffalo Insulation Distributors, 356 Hertel Ave., Buffalo City or Town Buffalo County Erie

6. PLANT LOCATION (If not as above)

7. WORKER: Name Claimant: James Lawson, Mr., 1021 Orchard Park Rd., West Seneca 14224 Street Address 1021 Orchard Park Rd. City or Town West Seneca County West Seneca

8. ASSIGNMENT

DUST

9. ORIGIN: ☐ I.S.S. ☒ W.C.B. ☐ B.S.A. ☐ Other Labor Dept. Units ☐ Other Govt. Agencies ☐ Industry
☐ Workers & Unions ☐ Professional ☐ Special Study ☐ Other

10. SEND REPORT TO: Dr. Irvin Klein, WCB N.Y. DATE SENT

11. SEND LETTER TO:

12. COPY OF ☐ REPORT TO ☐ LETTER TO

13. ASSIGNED TO J. E. Jones 14. NO. OF EMPLOYEES: Total Female Male

15. INDUSTRY Insulation 16. NO. VISITS THIS ASSGT. 17. DATE ASSGT. COMPLETED 6/20/75

18. ACTIVITY: ☐ Plant Investigation ☐ Special Study ☐ Plant Examination ☐ Other

19. FINDINGS:

A. Toxic Agent (Code No. and Name)	B. Operation (Code No. and Name)	C. Hazard		D. No. of Workers Exposed	A. Toxic Agent (Code No. and Name)	B. Operation (Code No. and Name)	C. Hazard		D. No. of Workers Exposed
		Yes	No				Yes	No	
<u>Asbestos</u>	<u>mixing spraying, etc.</u>	☒	☐						

20. FIELD DATA: A. No. Air Samples B. No. Dust Counts C. No. Other Determinations
 D. Physical Measurements: ☐ Air Flow ☐ Noise ☐ Radiation ☐ Temp./Humidity ☐ Other

21. CONTROL SYSTEM DATA (If none, check here ☐): ☐ (11) Air Contaminant Emission Data ☐ Fire and Explosion
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 No. Plans No. Fan Systems No. Machines No. Persons Protected

23. REMARKS

24. Unit Review by J. E. Jones Date 6/20/75
 25. Section Review by J. E. Jones Date 6/20/75
 26. Division Review by Date

27. Asst. Chk. 28. Stat. Chk. 29. Mc Bee

STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD

135E-62

REQUEST FOR INVESTIGATION AND REPORT IN OCCUPATIONAL DISEASE CASE

FROM: N Y C DISTRICT Buffalo DATE 3/25/75

1. W. C. B. CASE NO.	2. CARRIER CASE NO.	3. CODE	4. DATE OF ACCIDENT
87417957	-----	47	? ? 74
NAME		ADDRESS	
5. CLAIMANT	[REDACTED]		[REDACTED] Orchard Park Road West Seneca, N Y 14224
6. CLAIMANT'S REPRESENTATIVE	Lipsitz & Green, etal		1 Niagara Square, Buffalo, NY
7. EMPLOYER	Buffalo Insulation Distributors		356 Hertel Ave, Buffalo, NY
8. CARRIER	Maryland Casualty Co.		10 Lafayette Square, Buffalo, NY
9. PHYSICIAN	Dr. Thomas Houston		1110 Abbott Rd, Buffalo, NY
10. HOSPITAL	Erie County Chest Clinic		

11. DISABILITY CLAIMED: total disability

12. DIAGNOSIS (ITEM 9 ON FORM C-4): pulmonary fibrosis, pulmonary asbestosis

13. OCCUPATION: Mechanic

14. PLACE OF EMPLOYMENT: 356 Hertel Ave, Buffalo, N. Y.

15. MATERIALS WITH WHICH CLAIMANT WORKED: (☐ SAMPLE ATTACHED) asbestos

16. OTHER MATERIALS TO WHICH CLAIMANT WAS EXPOSED: (☐ SAMPLE ATTACHED)
dusty environment

17. BASIS OF CLAIM FOR COMPENSATION:

Lost time and medical expenses

18. HOW DID DISEASE BEGIN:

Constant cough, chest tightness

19. PURPOSE OF INQUIRY: (x) INVESTIGATION () MEDICAL OPINION (x) LABORATORY ANALYSIS

20. REMARKS:

To: ☐ DIVISION OF INDUSTRIAL HYGIENE AND SAFETY STANDARDS

☒ DUST ENGINEER

PLEASE FORWARD REPORT IN QUADRUPLICATE TO

☐ MEDICAL DIRECTOR, WORKMEN'S COMPENSATION BOARD, 50 Park Place, New York, N.Y. 10007

☒ SUPERVISING REFEREE, WORKMEN'S COMPENSATION BOARD, ~~50 Park Place~~ 2 World Trade Center
N Y