

# ENGINEERING DEPARTMENT CONSTRUCTION LOSS CONTROL REPORT

5/19



|                    |      |
|--------------------|------|
| ENGINEERING REVIEW | DATE |
|--------------------|------|

☐ REFER TO WRITING OFFICE UNDERWRITER

INSURED Armstrong Contracting & Supply Company

MAIN OFFICE ADDRESS 120 No. Lime Street, Lancaster, Pennsylvania

LOCATION (Project or Job) Dupont Company, Old Hickory, Tennessee

REPORT PREPARED BY: W. A. Sharp

DATE: 7-12-68

AGENT Alexander & Alexander

KEY PERSONNEL INTERVIEWED (Names and Titles) S.E. Dyer, Manager, Walt Shipley, Safety Director for Dupont and Frank Redmile, Field Project Manager



1. CURRENT OPERATIONS Insulation of pipes, ducts and equipment.

2. COMPENSATION, BODILY INJURY AND PROPERTY DAMAGE HAZARDS

a. Major Employee Hazards (Be specific): Inhalation of dusts involving calcium silicate and asbestos.

b. How are these being controlled? Through housekeeping, vacuuming and an exhaust system.

c. Bodily Injury and Property Damage Hazards (Be specific) None observed. Visitors to job site are not permitted.

d. How are these being controlled? Through observance of "no visitors" allowed signs.

3. NEW OPERATIONS

a. What new operations will start before your next visit? Continuing as in 1. above.

b. How will insured control Major Hazards anticipated? As in (b) above.



## ACCIDENT DATA

Discussed with: Name

a. Cumulative Summary from job starting date 4-58

|                                             |    |
|---------------------------------------------|----|
| Lost-time Accidents                         | 1  |
| Lost-time Days                              | 15 |
| Medical-only Accidents                      | 1  |
| Bodily Injury and Property Damage Accidents | 0  |
| Automobile Accidents                        | 0  |

Title

b. Predominating Causes:

1. Employees Inattention
2. Bodily Injury and Property Damage -
3. Automobile -

## SAFETY MEETINGS

a. Frequency of Supervisory Meetings weekly

b. Conducted by: Name Dupont Safety Personnel & Insured Title (Armstrong)

c. Date of last meeting 7-8-68

d. Did subcontractors Representatives attend?

☒ Yes ☐ No

e. Are meetings well-planned and conducted?

☒ Yes ☐ No

f. When did you last attend?

Have not attended

g. Describe frequency and nature of "Tool Box" meetings: weekly



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# PROGRAM EFFECTIVENESS

Are you presently satisfied with scheduling, thoroughness and follow-up of insured in the following Loss Control Activities?

- |                                 |                                         |                                        |                                      |                                         |                             |
|---------------------------------|-----------------------------------------|----------------------------------------|--------------------------------------|-----------------------------------------|-----------------------------|
| a. Accident Investigation       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | Use of Personal Protective Equipment | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Necessary Action Taken          | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | Equipment Operation and Maintenance  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Job or Dept. Safety Inspections | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | Driver/Operator Selection & Training | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire and Explosion Controls     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | New Employee Indoctrination          | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Housekeeping Conditions         | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |                                      |                                         |                             |

b. Is insured's program effective? ☒ Yes ☐ No

c. If not, what are its weaknesses? (Be specific) -

d. Have you submitted recommendations for improvement? ☒ Yes ☐ No e. When? 7-12-68

f. Were they discussed this visit? ☒ Yes ☐ No If yes, with whom? Mr. Shipley, Mr. Redmile & Mr. Dyer.

g. What was his reaction? very good

## 7. RECOMMENDATIONS

a. Was copy of C-1488 left at location? ☐ Yes ☒ No

b. Was it necessary to submit recommendations to insured's headquarters ☒ Yes ☐ No

(If "Yes", attach copy of Form C-212 to each copy of report)

c. List outstanding essential recommendations by number, date first submitted, with brief rewording  
none

## 3. ASSISTANCE REQUIRED FROM ATNA LIFE AND CASUALTY HOME OFFICE

(Requisition Form AA-968 should be used when ordering extra stacked booklets, posters, supplies)

## 7. Summary (answer in sufficient detail but do not repeat information above) SEE ATTACHED PAGE

a. Management attitude and participation.

b. What did you contribute this visit?

c. Other items of special interest.

Distribution ☐ Home Office ☐ Agent ☐ Writing Office Baltimore

Insured ☒ (Names) J. E. Zeller, Supt. S. E. Dyer, Mgr.

M. B. Hofferth, Ins. Mgr.

R. B. Ross, District Mgr.

Other ☒ (Name) Reading Pa., Nashville ED

DO NOT WRITE IN THIS SPACE

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## S U M M A R Y

### 9 (a)

Dupont Safety personnel has always been most helpful in assisting those contractors doing work for them within the plant. This results in a very good safety attitude on the part of the management of Armstrong Contracting & Supply Company. This is evident in a lack of accidents on this job.

### 9 (b)

Discussed thoroughly the National Insulation Manufacturers Association pamphlet regarding warehousing, storage, handling, fabrication in job site shops, application, handling of cements, spraying, stripping and cleaning up. Then made inspection of fabrication shop and spraying operations in the power plant.

### 9 (c)

Air samples within the fabrication shop are taken over an 8 hour work shift at least once a month. Samples analyzed at the University of Pittsburgh. Those samples recently taken tested out to where ppm were well below the maximum allowable.

Fabrication shop has vacuum available for catching dust as asbestos is cut and in addition has exhaust fans at top of building near roof and at a lower level.

Unsafe conditions noticed concerned housekeeping and the use of a 30" rad stal fan for cooling purposes. This fan was scattering calcium silicate and asbestos dust into the air resulting in a very dusty work area.

Armstrong Contracting & Supply Company  
120 No. Lima Street  
Lancaster Pennsylvania

Dupont Company, Old Hickory, Tennessee

W. A. Sharp

7-12-68

ESSENTIAL:

1. Dust, as noticed in the fabrication shop at the Dupont plant in Old Hickory, Tennessee, should be removed from floor, tables and ledges by means of a vacuum. This should be done on a continuing schedule throughout the day to prevent excessive dust in the air.
2. The 30" pedestal fan located in the fabrication shop should be removed from its present position and should be so located that it will not blow dust into the air.

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