

September 13, 1967

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Dr. Lewis J. Cralley
Director, Epidemiology and Field Studies
National Center for Urban and Industrial Health
Public Health Service
1011 Broadway
Cincinnati, Ohio 45202

Dear Dr. Cralley:

SUBJECT: U.S.P.H.S. Environmental Survey for Asbestos at Pittsburgh
Corning Tyler, Texas and Port Allegany Plants

I am still awaiting copies of the reports on the subject
plant surveys. Your assistance in this matter will be appreciated.

For your information, I have enclosed a copy of a report of a
survey done at Tyler by J. T. Destefano, our Glass Division's Industrial
Hygiene Engineer.

Sincerely,

Lee B. Grant, M.D.

lnr
cc: Mr. J. W. McMillan
Mr. L. O. Griffith

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INDUSTRIAL HYGIENE SURVEY

PITTSBURGH-CORNING, TYLER, TEXAS

At the request of Lee B. Grant, M.D., a dust survey was made of the Tyler plant on November 29, and 30, 1966. The purpose of this survey was to re-evaluate the plant in terms of any significant changes in levels of airborne dust since the last survey of August, 1963, by the Industrial Hygiene Foundation.

In evaluating a dust exposure, the threshold limit values as promulgated by the American Conference of Governmental Industrial Hygienists are used as guidelines. They represent levels of dustiness which should not be exceeded on a time-weighted average basis for an eight hour day for a man's useful working life. The threshold limit value for asbestos dust is 5 million particles per cubic foot of air (mppcf).

Before discussing the results it would be well to explain some of the changes that have taken place in recent years with regard to dust counting techniques. Most of the threshold limit values for dust (particularly silica dust) were developed in the 1930's in the granite sheds of Vermont. In those studies, the counting technique called for light-field illumination at 100X magnification. Since that time, however, better optics, giving better resolution at higher magnification have become more common. Therefore, the desire to use the more sophisticated optical systems of today must be balanced against the excellent correlation with medical findings that the Vermont granite studies produced. This is perhaps, an over-simplification of the situation, but the point being made is that one of the better optical systems was used for evaluation of the samples from the current study. It is believed that this is the reason for the dust counts reported herein being approximately ten times greater than previous studies of the same plant. In addition to total dust counts, however, this study also presents fibrous dust counts. It can be seen that these fibrous dust counts are of the same order of magnitude as previous studies. The reason being that a fiber, which is defined as a particle with a length at least three times greater than its width, is large enough to be seen at the old 100X magnification as well as the more sophisticated systems.

The results of the study are shown in Table 1. A comparison of the fibrous dust counts with the threshold limit value of 5 mppcf indicates that seven of the sixteen values exceed this limit. It is felt that the values reported herein are representative of conditions in the plant at the time of the visit, and the following recommendations are being made from the test results as well as personal observations:

1. Better ventilation, or a better materials handling system, or a combination of both, is needed on the feeders.
2. Constant inspection and immediate correction of any air leaks in the equipment is needed as is indicated by a dust count of 20 mppcf in the general area of No. 2 mill.
3. Better ventilation is needed in the sawing area. An evaluation of the present system by means of suitable air velocity measuring equipment would be a logical first step.
4. The use of sand on the floor as a lubricant for the movement of cardboard boxes should be discontinued. The addition of a silica hazard to an asbestos problem is unwarranted.

5. The air cleaners should not be located inside the building. Positive pressure bag collectors of this sort may be inexpensive, but undetected leaks can put a significant amount of dust back into the air. Furthermore, re-circulation of exhausted air is poor practice, in addition to being illegal in some states, because it assumes a collection efficiency approaching 100% which is rarely true, especially in older installations. The proper type of dust collector would eliminate the excessive dust concentrations from shaking the dust bags.

J. I. Destefano

J. T. Destefano
Safety & Industrial Hygiene Engineer

JTD/jcw
9/11/67

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QUESTIONNAIRE ON RESPIRATORY SYMPTOMS

Name.....Sex.....Race.....Date of Birth.....

Address.....

Date of questionnaire.....

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COUGH

Do you usually have a cough?..... Yes/No

Do you cough at all on getting up, or first thing in the morn-

ing..... In winter? Yes/No

In summer? Yes/No

Do you go on coughing during the day or at night: In winter? Yes/No

In summer? Yes/No

PHLEGM

Do you usually bring up phlegm from your chest (not from the
back of your nose)?..... Yes/NoDo you bring up any phlegm at all on getting up, or first thing
in the morning:..... In winter? Yes/No

In summer? Yes/No

Do you continue to bring up any phlegm during the
day..... In winter? Yes/No

In summer? Yes/No

What color is this phlegm: (a) always clear white, gray, or
blackish? (Check (b) before recording)

(b) occasionally yellow or green, at least in parts?.....

(c) usually yellow or green?.....

(d) don't know?.....

How long have you had this cough and/or phlegm..Less than 3 years?

3 years or more?.....

Do you get bouts of (increased) cough and phlegm last-

ing for at least 3 weeks each winter?..... Yes/No

If yes:.....Last 3 winters only?.....

More than 3 winters?.....

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Have you ever coughed up blood?.....

Yes/No

If yes: When was this?(Years of occurrence).....

How much? (greatest amount).....

Streaks

More

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WHEEZING

Does your chest ever sound wheezy or whistling?

(If no: check: not even when you have a cold?)

Yes/No

If yes:.....Only with colds?

Occasionally (apart from colds?)

Most days or nights?

TIGHTNESS

Does your chest ever feel tight or your breathing become difficult?

Yes/No

If Yes:.....Only with colds?

Other occasions specify

BREATHLESSNESS

Are you troubled by shortness of breath?.....

Yes/No

(If No: check: Not even on hurrying on level or walking up a slight hill?)

If disabled by a neurological or muscle-skeletal disease put
"disabled" here...

If Yes: Do you have to walk slower than people of your age on the
level because of breathlessness?.....

Yes/No

If Yes: Do you ever have to stop for breath when walking at your
own pace on the level?.....

Yes/No

If Yes: Do you have to stop for breath after walking about 100 yards
(or after a few minutes) on the level?.....

Yes/No

If Yes: Are you too breathless to leave the house or breathless on
undressing?.....

Yes/No

COLDS

If you get a cold, does it usually go to your chest?.....

Yes/No

NASAL CATARRH

Apart from colds do you usually have a stuffy nose or catarrh at the
back of your nose?.....In winter?

Yes/No

In summer?

Yes/No

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Does the weather affect your chest?..... Yes/No

If yes: What sort of weather?.....Fog-mist Yes/No

Damp-wet Yes/No

Cold Yes/No

Heat Yes/No

Does any other sort of weather affect your chest? (Specify)..... Yes/No

Does this weather: make you wheeze?..... Yes/No

increase cough or phlegm?..... Yes/No

make you more breathless?..... Yes/No

have any other effect on your chest (Specify)..... Yes/No

CHEST ILLNESSES

During the past 3 years have you had a chest illness which has kept you
off work, indoors at home or in bed?..... Yes/No

(If No: check: Not even "flu"?)

(If Yes: Give details of each illness. If doctor not seen put "none"
in first column.)

Doctor's Diagnosis	Duration in Days	Year	Incr. cough Yes/No	Incr. phle Yes/No
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PAST ILLNESSES. If more than three attacks put "recurrent" after age at first attack.

Have you ever had:

Each age of occurrence

Pulmonary Tb.	Yes/No.....56	Bronchial Asthma.....Yes/No	61
Pneumonia	Yes/No.....57	If Yes: Age started.....	
		Age stopped.....	
		Still present?....Yes/No	62
Pleurisy	Yes/No.....58	Heart trouble.....Yes/No	63
Bronchitis	Yes/No.....59	Details.....	
Sinusitis	Yes/No.....60		

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SMOKING

Do you smoke?..... Yes/No 64

If No: Have you ever smoked?..... Yes/No 65

If Yes:

	Now	Changes in Past 10 Years
Cigarettes per week.....		
Oz. tobacco/week (handrolled).....		
Oz. tobacco/week (pipe).....		
Cigars/week.....		
Age started regular cigarette smoking..		Age started regular pipe/cigar smok:
Age stopped regular cigarette smoking..		Age stopped regular pipe/cigar smok:
If smoking stopped or reduced give reason.....		

OCCUPATION

How long have you been employed at Pittsburgh Corning? _____ 66

Do you work in a dusty atmosphere? Yes/No 67

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PREVIOUS OCCUPATION

Dates	Ages	Residence	Materials Handled	Actual Occupation (j b)

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FORM II

NAME _____ AGE _____ RACE/SEX _____ DATE _____

PHYSICAL FINDINGS

HT _____ WT _____ P _____ R _____ BP _____
 CHEST _____ LUNGS _____ HEART _____

EXTREMITIES

LABORATORY

Ventilatory Studies

	Predicted	Observed	Z Predicted
FVC			
FEV		Observed	Z Total
0.5 sec			
1.0 sec			

Maximum Breathing Capacity (MBC)

Predicted	Observed

Diffusion Studies
 Single Breath CO method

Predicted	Observed

Arterial Blood Gas Studies

rest	exercise
pH	
pCO ₂	
pO ₂	
O ₂ sat	

Radiographs:

Normal limits ☐

Abnormal ☐
 see below

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TABLE 1

Process Area	Total Dust mopcf	Fiber Dust mopcf
1. *BZ Scrap Crusher Operator	34.7	3.8
2. BZ Feeder Operators	38.8	6.3
3. No. 2 Mill - General Area	77.5	20.0
4. Production Floor - between Nos. 1 and 2	12.5	2.5
10. BZ Feeder Operator	45.0	20.2
11. No. 3 Mill - General Area	2.5	1.3
15. BZ Scrap Crusher Feeder	56.3	0
16. Production Floor - between Nos. 2 and 3	10.0	2.5
Sawing Area		
5. BZ Butt End Catcher - big end cut & rip saw	43.2	15.0
6. BZ Tie Machine Operator - packing (inspection also)	10.0	2.5
7. BZ Block Band Saw	53.0	10.5
8. Saw Room-Inspection Station & Tying	26.2	2.5
9. BZ Butt End Catcher - big saws	7.5	0
13. BZ Saw Operators - both block saws operating	30.0	7.5
14. BZ Saw Feeder - big saws	15.0	2.5
Miscellaneous		
12. BZ Operator shaking dust bags	17.5	32.6

BZ - Breathing Zone

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