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PPG INDUSTRIES, INC./ONE GATEWAY CENTER/PITTSBURGH, PENNSYLVANIA 15222/AREA 412/434-3846

December 20, 1971

LEE B. GRANT, M.D.
Medical Director

Mr. Charles E. Van Horne
Pittsburgh Corning Corporation
P. O. Box 3057
Tyler, Texas 75702

Subject: Emergency Standard for Asbestos

Dear Charlie:

Please see a copy of the Memorandum for Record on my meeting with NIOSH in Cincinnati, which is attached (Attachment #1). See also a copy of the subject Standard published and effective on December 7, 1971 (Attachment #2). See also a copy of my letter to Carl Olm, dated December 21, 1971, in which I discuss the subject Standard and respiratory requirements

From previous dust surveys at Tyler, I believe that you face the same problem as Port Allegany. I will keep you advised as to the response to my letter to the Bureau of Mines.

Very truly yours,

A handwritten signature in dark ink, appearing to be 'Lee' or 'L. Grant', written in a cursive style.

Lee B. Grant, M.D.
Medical Director

LBG:lc
Enclosures
cc: E. W. Holman
G. S. Gregory

December 17, 1971

MEMORANDUM FOR THE RECORD

SUBJECT: MEETING ON DECEMBER 13, 1971, CONCERNING NIOSH/PITTSBURGH CORNING CORPORATION RELATIONSHIPS

References:

1. Letter to James E. Peavy, M.D., Commissioner of Health, State of Texas, from William M. Johnson, M.D., Acting Deputy Director, Division of Field Studies and Clinical Investigations, NIOSH, dated November 16, 1971
2. Letter to William M. Johnson, M.D. from the undersigned dated November 29, 1971.

The subject meeting was requested by the undersigned to avoid further misunderstanding between Dr. Johnson and the undersigned as set forth in Reference 2 above. This meeting was attended by Dr. Joseph K. Wagoner, Director of the Division of Field Studies and Clinical Investigations, NIOSH and several members of his staff and also by Dr. Charles Powell from Dr. Marcus Key's office in Rockville, Maryland.

NIOSH expressed their concern for the employees of the Tyler Plant of Pittsburgh Corning whom they felt were being exposed to too much amosite asbestos and were evidencing some adverse effects based on data they had available from their own study of the employees, including a history, auscultation of the chest and inspection of the hands and data on mechanical ventilation studies of the lungs assumed by the undersigned to have been given them by Dr. George Hurst, Director, East Texas Chest Hospital, who is conducting a medical study at the request of and financially supported by Pittsburgh Corning Corporation. They were also concerned that Mr. McMillan, who was the former Plant Manager had died from lung cancer, Mr. Snaveley, the Plant Accountant, apparently has a partially disabling lung disease, and one other employee has a pleural lesion as yet undiagnosed.

They felt that little had been done to control the exposure to asbestos at the Tyler Plant since the Public Health Service Study in 1967, while they felt that the conditions at the Port Allegany Plant were much better. They wanted their panel of experts to review the chest x-rays taken of the employees by Dr. Hurst as soon as possible.

The undersigned indicated he has also evidenced a long-standing interest in the health of the Tyler employees. He said that following the Public Health Service Industrial Hygiene Survey in 1967, he discussed a medical examination follow-up

Exhibit #	1432
Case #	V
U.S. DISTRICT COURT EASTERN DISTRICT OF TENNESSEE	

with Dr. Hurst who agreed to perform same, but this was deferred on information from the Public Health Service that they anticipated performing such medical examinations on the Tyler and Port Allegany employees. The undersigned said that the Public Health Service never got around to performing these examinations, so in 1971 Dr. Hurst was requested by him to go ahead with the studies. These studies were delayed until August because of personnel shortages in Dr. Hurst's hospital. These facts were mentioned to put in perspective the urgency of NIOSH now to have their panel of experts review the Hurst films. The undersigned indicated he does not want to unnecessarily delay this review but feels that it will serve the best interest of the employees if the x-rays are released following his meeting with Dr. Hurst on January 5 and 6, 1972, at which time the complete study will be discussed so as to determine (a) If a health problem related to employment exists, (b) If so, the extent of the problem, (c) What further study or clinical care may be indicated, if any. A NIOSH representative was invited to participate in this meeting with Dr. Hurst and the undersigned.

The undersigned, again attempting to put the industrial hygiene data obtained at Tyler in 1967 by the Public Health Service into proper perspective, made the following analysis based on a reasonable industrial hygiene interpretation of the data in terms of the TLV for asbestos of 5 million particles per cubic foot of dust. It was pointed out that the material being manufactured was only 60% amosite asbestos, not 100%: (The complete report as submitted to the Tyler Plant Management is shown in Attachment #1).

<u>Mixing Area</u>	-	5 samples taken: 5, 13, 9, 7 for a <u>8 MPPCF</u> average. One sample of 51 was considered contaminated since it was 6X greater than average of other samples.
<u>Forming Area</u>	-	8 samples taken: None above TLV for average of <u>3.1 MPPCF.</u>
<u>Curing</u>	-	1 sample: <u>.1 MPPCF.</u>
<u>Finishing</u>	-	6 samples taken: 1.9, 1.6, 2.6, 2.0, 2.4 for <u>2.1 MPPCF</u> average. One sample was 10.9 and was considered contaminated since it was 5X greater than average of other samples.
<u>Inspection</u>	-	3 samples taken: 2.5, 2.1 for <u>2.3 MPPCF</u> average. One sample, 45, was considered contaminated since it was 20X greater than average of other samples.

In no case was the average of the samples that agreed relatively closely, one with the other, in excess of the then TLV. This TLV was not changed to 12 fibers/ML until 1970, at which time the intended value became TLV.

The undersigned pointed out that in a study done by University of California at Berkeley, at the request of and supported by Pittsburgh Corning comparing Unibestos and 4 leading asbestos-containing thermal pipe insulation materials indicated that none of these products would be used in the construction industry without exceeding the 12 fibers/ML TLV and that this study intensified the research effort in Pittsburgh Corning to find an asbestos substitute. Being

unsuccessful in finding such a product that was economically competitive with the asbestos-containing products was a factor in the Pittsburgh Corning decision to get out of this market. The undersigned had provided copies of this University of California Study back in September, 1971, to Dr. Johnson.

The undersigned requested the following be provided to him, if possible:

- (1) Copy of OCAW request to NIOSH to investigate asbestos exposures at Tyler, Texas.
- (2) Copy of NIOSH Survey of October 26-29, 1971, at Tyler.
- (3) History and physical findings of NIOSH on Tyler employees.
- (4) NIOSH recommendations on type of medical follow-up on current and past employees of Tyler Plant.
- (5) NIOSH recommendations on immediate corrective action to reduce asbestos exposure at Tyler.
- (6) Report of medical studies on Port Allegany Plant employees.



Lee B. Grant, M.D.
Medical Director

LBG:lc

Attachments

cc: Dr. J. K. Wagoner
Dr. Charles Powell
Dr. Marcus Key
Mr. E. W. Holman
Mr. C. E. Van Horne

To be a valid assay, the percent column recovery should be 100 ± 2 percent.

(6) *Identity*. Proceed as directed in § 141.521 of this chapter, using a 0.5 percent potassium bromide disc prepared as described in paragraph (b) (1) of that section.

(7) *Crystallinity*. Proceed as directed in § 141.504(a) of this chapter.

§ 150g.11 Minocycline hydrochloride capsules.

(a) *Requirements for certification*—

(1) *Standards of identity, strength, quality, and purity*. Minocycline hydrochloride capsules are composed of minocycline hydrochloride and one or more suitable and harmless lubricants and diluents enclosed in a gelatin capsule. Each capsule contains minocycline hydrochloride equivalent to 100 milligrams of minocycline. Its potency is satisfactory if it is not less than 90 percent and not more than 115 percent of the number of milligrams of minocycline that it is represented to contain. Its moisture content is not more than 12 percent. The minocycline hydrochloride used conforms to the standards prescribed by § 150g.1(a) (1).

(2) *Labeling*. It shall be labeled in accordance with the requirements of § 144.3 of this chapter.

(3) *Requests for certification; samples*. In addition to complying with the requirements of § 144.3 of this chapter, each such request shall contain:

(i) Results of tests and assays on:

(a) The minocycline hydrochloride used in making the batch for potency, safety, moisture, pH, minocycline content, identity, and crystallinity.

(b) The batch for potency and moisture.

(ii) *Samples required*:

(a) The minocycline hydrochloride used in making the batch: 10 packages, each containing approximately 300 milligrams.

(b) The batch: A minimum of 30 capsules.

(b) *Tests and methods of assay*—(1) *Potency*. Proceed as directed in § 141.111 of this chapter, preparing the sample for assay as follows: Place a representative number of capsules into a high-speed glass blender jar with sufficient 0.1N hydrochloric acid to give a stock solution of convenient concentration containing not less than 150 micrograms of minocycline per milliliter (estimated). Blend for 2 to 5 minutes. Remove an aliquot and further dilute with 0.1M potassium phosphate buffer, pH 4.5 (solution 4), to the reference concentration of 0.100 microgram of minocycline per milliliter (estimated).

(2) *Moisture*. Proceed as directed in § 141.502 of this chapter.

Data supplied by the manufacturer concerning the subject antibiotic have been evaluated. Since the conditions pre-

requisite to providing for its certification have been complied with and since not delaying in so providing is in the public interest, notice and public procedure and delayed effective date are not prerequisites to this promulgation.

Effective date. This order shall be effective upon publication in the *Federal Register* (12-7-71).

(Sec. 207, 38 Stat. 465, as amended; 21 U.S.C. 357)

Dated: November 21, 1971.

H. E. SNOWS,
Director, Bureau of Drugs.

(FR Doc. 71-17773 Filed 12-4-71; 8:46 am)

Title 29—LABOR

Chapter XIII—Bureau of Labor Standards, Department of Labor

PART 1518—SAFETY AND HEALTH REGULATIONS FOR CONSTRUCTION

Standard for Exposure to Asbestos Dust

Pursuant to section 4(b) (2) of the Williams-Steiger Occupational Safety and Health Act of 1970 (84 Stat. 1592, 29 U.S.C. 655), § 1518.55 of Title 29, Code of Federal Regulations, is hereby amended in the manner indicated below in order to prescribe a new standard limiting the exposure of workers to asbestos dust. The new standard limiting the exposure of employees to asbestos dust is that adopted under section 6(c) of the Williams-Steiger Occupational Safety and Health Act of 1970 and published in the *Federal Register* on this date. The standard is hereby determined to be more effective than that presently provided under § 1518.55 to the extent that it prescribes minimum levels of exposure to asbestos dust. Therefore, by operation of section 4(b) (2) of the Act the new standard issued under section 6(c) supersedes the construction safety standard relating to exposure to asbestos dust.

Section 1518.55 is hereby amended by adding a new paragraph (c) thereto. As amended § 1518.55 reads as follows:

§ 1518.55 Cases, vapors, fumes, dusts, and mists.

(c) Paragraphs (a) and (b) of this section do not apply to the exposure of employees to airborne asbestos dust. Whenever any employee is exposed to airborne asbestos dust, the requirements of § 1910.93a of this title shall apply.

Effective date. This amendment shall become effective upon publication in the *Federal Register* (12-7-71).

(Sec. 4(b) (2), 84 Stat. 1592, 29 U.S.C. 655; Secretary's Order No. 12-71, 36 F.R. 8754)

Signed at Washington, D.C., this 2d day of December 1971.

G. C. QUENTHER,
Assistant Secretary of Labor.

(FR Doc. 71-17835 Filed 12-6-71; 8:47 am)

Chapter XVII—Occupational Safety and Health Administration, Department of Labor

PART 1910—OCCUPATIONAL SAFETY AND HEALTH STANDARDS

Emergency Standard for Exposure to Asbestos Dust

Pursuant to section 6(c) of the Williams-Steiger Occupational Safety and Health Act of 1970 (84 Stat. 1596, 29 U.S.C. 655), Part 1910 of Title 29, Code of Federal Regulations (36 F.R. 10400, May 29, 1971) is hereby amended in the manner indicated below in order to provide an emergency standard dealing with the exposure of employees to asbestos dust.

In light of increasing information on the results of exposure of employees to airborne asbestos dust, including recent studies by the National Institute for Occupational Safety and Health and others, and recommendations by the American Conference of Governmental Industrial Hygienists (ACGIH), it is hereby determined that (1) exposure under the present standard for asbestos dust in Table G-3, § 1910.93, of 12 fibers per milliliter greater than 5 microns in length or 2 million particles per cubic foot of air, which is derived from an established Federal standard promulgated under the Walsh-Healey Public Contracts Act on May 20, 1969, constitutes a grave danger to employees exposed to this 8-hour time-weighted average concentration; and that (2) an emergency standard is necessary to protect employees from this excessive exposure. The National Institute for Occupational Safety and Health concurs that the proposed change in the asbestos dust standard recommended by the American Conference of Governmental Industrial Hygienists should be the substantial base for the emergency standard.

Action concerning the standard will be commenced under section 6(b) in the immediate future. Any notice of proposed rulemaking under section 6(b) will give notice of the emergency standard as a proposed rule and also of any appropriate subsidiary proposals which may be required under subparagraphs (5) and (7) of section 6(b) relating to the exposure of employees to toxic substances.

Part 1910 is amended as follows:

1. Table G-3 following § 1910.93 (36 F.R. 13104, Aug. 13, 1971) is hereby amended by deleting the following:

Asbestos—12 fibers per milliliter greater than 5 microns in length or.....	3 Mppcf.
Tremolite.....	5 Mppcf. 20mc./M ³
	5 B10.

As amended, Table G-3 reads as follows:

TABLE G-3—MINERAL DUSTS

Substance	Mppcf*	Mg/M ³
Silica:		
Crystalline:		
Quartz (respirable).....	250	10mg/M ³ =
	%SiO ₂ +4	%SiO ₂ +7
Quartz (total dust).....		50mg/M ³
		%SiO ₂ +2
Cristobalite: Use 1/4 the value calculated from the count or mass formulae for quartz.		
Tridymite: Use 1/4 the value calculated from the formulae for quartz.		
Amorphous, including natural diatomaceous earth.....	20	50mg/M ³
		%SiO ₂
Silicates (less than 1% crystalline silica):		
Mica.....	30	
Soapstone.....	30	
Talc.....	30	
Portland cement.....	50	
Graphite (natural).....	15	
Coal dust (respirable fraction less than 8% SiO ₂).....		2.4mg/M ³ or 10mg/M ³
For more than 8% SiO ₂		%SiO ₂ +2
Inert or Nuisance Dust:		
Respirable fraction.....	15	5mg/M ³
Total dust.....	30	15mg/M ³

Note: Conversion factors—
mppcfX35.5=million particles per cubic meter
=particles per c.c.

* Millions of particles per cubic foot of air, based on sampling samples counted by light-field techniques.

† The percentage of crystalline silica in the formula is the amount determined from air-borne samples, except in those instances in which other methods have been shown to be applicable.

‡ As determined by the membrane filter method at 400X phase contrast magnification.

§ Both concentration and percent quartz for the application of this limit are to be determined from the fraction passing a size-selector with the following characteristics:

Aerodynamic diameter (unit density sphere)	Percent passing selector
2	99
2.5	75
3.5	50
5.0	25
10	0

The measurements under this note refer to the use of an AEC instrument. If the respirable fraction of coal dust is determined with a MRE the figure corresponding to that of 2.4 Mg/M³ in the table for coal dust is 4.4 Mg/M³.

2. A new § 1910.93a is added to Part 1910. The new § 1910.93a reads as follows:

§ 1910.93a Asbestos dust.

(a) The 8-hour time-weighted average airborne concentration of asbestos dust to which employees are exposed shall not exceed 5 fibers per milliliter greater than 5 microns in length, as determined by the membrane filter method at 400-450X magnification (4 millimeter objective) phase contrast illumination. Concentrations above 5 fibers per milliliter but, not to exceed 10 fibers per milliliter, may be permitted up to a total of 15 minutes in an hour for up to 5 hours in an 8-hour day.

(b) Engineering methods, such as but not limited to, enclosure, vacuum sweeping, and local exhaust ventilation, shall

be used to meet the exposure limits prescribed in paragraph (a) of this section. Where such engineering methods are not feasible, or do not otherwise reduce the concentrations below those prescribed in paragraph (a) of this section, respiratory protective devices shall be provided and used in accordance with paragraph (c) of this section.

(c) (1) (i) When the limits of exposure to asbestos dust prescribed in paragraph (a) of this section are exceeded and when engineering controls required by paragraph (b) of this section are not feasible or do not otherwise reduce the concentration of asbestos dust below those prescribed in paragraph (a) of this section, the employer shall require the use of respiratory protective devices. The selection of respiratory protective devices shall be limited to those specified in the remaining subparagraphs of this paragraph (c).

(ii) The employer shall require that each employee test his respiratory protective device before each use in order to insure a proper fit according to the manufacturer's instructions. The employer shall further provide for effective training or supervision of employees in the testing of respiratory protective devices for fit before their use.

(2) For an atmosphere containing not more than 25 fibers per milliliter greater than 5 microns in length over an 8-hour average, or more than 50 fibers per milliliter over any period of 15 minutes, a reusable or single-use filter type respirator, operating with negative pressure during the inhalation phase of breathing, approved by the U.S. Bureau of Mines under the provisions of 30 CFR Part 14 (Bureau of Mines Schedule 21B), or a valveless respirator providing equivalent protection, shall be used.

(3) For an atmosphere containing not more than 250 fibers per milliliter greater than 5 microns in length over an 8-hour average, or more than 500 fibers per milliliter over any period of 15 minutes, a powered filter positive pressure respirator approved by the U.S. Bureau of Mines under the provisions of 30 CFR Part 14 (Bureau of Mines Schedule 21B) shall be used.

(4) For an atmosphere containing more than 250 fibers per milliliter greater than 5 microns in length over an 8-hour average a type C positive pressure supplied-air respirator approved by the U.S. Bureau of Mines under the provisions of 30 CFR Part 12 (Bureau of Mines Schedule 19B) shall be used.

(5) The employer shall establish a respirator program in accordance with the requirements of American National Standard Practice for Respiratory Protection Z88.2-1969.

(6) The respirators provided each employee shall be properly inspected, cleaned, repaired and stored.

(d) (1) When an employer has employees who are exposed to asbestos dust exceeding the limits prescribed in paragraph (a) of this section and the exposure results from the operations described in the remaining subparagraphs of this paragraph (d), the employer shall

comply with the requirements of these subparagraphs relating to the operations involved. The requirements of this paragraph are in addition to those prescribed in paragraph (b) of this section.

(2) All hand- or power-operated tools which produce asbestos dust such as, but not limited to, saws, scorers, abrasive wheels, and drills shall be provided with local exhaust ventilation and dust collectors in accordance with the American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems; ANSI Z9.2-1971.

(3) Employees exposed to the spraying of asbestos or the demolition of pipes, structures, or equipment covered or insulated with asbestos shall be provided with respiratory protective devices in accordance with paragraph (c) (4) of this section.

(e) Asbestos cement, mortar, coatings, grout, and plaster shall be mixed in closed bags or other containers.

(f) Asbestos waste and scrap shall be collected and disposed of in sealed bags or other containers.

(g) All cleanup of asbestos dust and blowing shall be performed by vacuum cleaners. No dry sweeping shall be performed.

3. Section 1910.12 is amended by changing paragraph (a) in order to apply the emergency standard prescribed in the new § 1910.93a, which is published in this document, to construction work which is subject to the Act. The amendment is necessary in light of the rule of regulatory construction set forth in § 1910.5(c). As amended, § 1910.12 reads as follows:

§ 1910.12 Construction work.

(a) (1) Adoption and extension of established safety and health standards for construction. The standards prescribed by Part 1518 of this title and in effect on April 28, 1971, are adopted as occupational safety or health standards under section 6(a) of the Act and shall apply, according to the provisions thereof, to every employment and place of employment of every employee engaged in construction work. Each employer shall protect the employment and places of employment of each of his employees engaged in construction work by complying with the appropriate standards prescribed by this paragraph.

(2) The standards prescribed in § 1518.55(c) of this title shall apply in the case of the exposure of any employee in construction work to airborne asbestos dust.

Effective date. These amendments shall become effective immediately upon publication in the *FEDERAL REGISTER* (12-7-71).

(Sec. 6(c), 94 Stat. 1566, 29 U.S.C. 655; Secretary's Order No. 12-71, 94 F.R. 5754)

Signed at Washington, D.C., this 2d day of December 1971.

G. C. QUINCY,
Assistant Secretary of Labor.

[FR Doc. 71-17833 Filed 12-6-71; 9:47 am]

S. H. I



PPG INDUSTRIES, INC./ONE GATEWAY CENTER/PITTSBURGH, PENNSYLVANIA 15222/AREA 412 434-3846

December 20, 1971

LEE B. GRANT, M.D.
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