MEMORANDUM

June 14, 1990

TO: Noel Chaplin - G-4-11

CC: Byron Peterson, Mac Cole, Pat Laden

FROM: E. Claiborne Irby, M.D. - E-L-9

SUBJECT: [redacted] - Sherwin Plant

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As a result of the Union-sponsored free chest x-rays at Sherwin, interest was raised concerning the x-ray on [redacted]. The chest x-ray taken in our facility this spring showed some questionable findings and it was recommended that he have a CAT scan of his chest. The CAT scan showed definite calcified pleural plaques which are diagnostic of asbestosis in people who have been exposed to asbestos fibers. [redacted] is 56 years old, came to work in 1970, and works as a building and trades mechanic. Because of his exposure to asbestos, he has received "asbestos physicals." The chest x-rays have not been diagnostic and the pulmonary function studies, although abnormal because of emphysema, have not shown the restrictive findings of asbestos lung disease. I have recommended to Dr. Frandolig that he call [redacted] in, show him his x-rays, give him copies of x-ray reports, explain the situation that this is the result of previous exposure which might have been quite remote. He is not exposed to asbestos right now, although the chest x-ray may look worse as time goes on. More importantly, his pulmonary function study and his difficulty in breathing is the result of smoking and emphysema, and is not the finding of asbestos. The employee admits that many years ago, they used to throw asbestos dust at each other to be playful. He will be advised that surgery will not be particularly helpful to anyone but the surgeon and that he will get annual asbestos physical examinations as before.

E. Claiborne Irby, M.D.

ECI/gjb

...OR ILLNESS

Send ORIGINAL to: INDUSTRIAL ACCIDENT BOARD, 2... ...st Riverside Drive — First Floor, Austin, Texas 78704 if employee is absent from work more than one day.
Upon termination of incapacity to employee or if incapacity extends beyond sixty-day period, make supplemental report.
Penalty of $500.00 may be assessed for failure to comply with these instructions (Sec. ...rticle 8307, V.A.T.S. amended September 1, 1983).

State's Number	Board Number (1)
For:	File:
	Carrier:
	Employer:
[redacted]	OSHA File No.
Carrier's File No. [redacted]	
(The spaces above are not to be completed by the Employer)	

...d insurance carrier. (Name and Address)

C.I.G.N.A. OF TEXAS
P. O. BOX 759
HOUSTON, TX 77001

1. Name of Employer Reynolds Metals Company - Sherwin Plant Telephone # 512/777-2256
2. Office address: No. and St. P. O. BOX 9911 City or Town Corpus Christi State TX Zip Code 78469
3. Insured by C.I.G.N.A. OF TEXAS Policy No. C 27834590
4. Give nature of business (or article manufactured) Alumina

5. (a) Location of plant or place where accident occurred, No. and Street _____ City Gregory
Did accident occur on employer's premises? ☐ Yes ☐ No. County San Patricio State Texas Zip Code 78359
Department where injured Maintenance Department regularly employed in Maintenance
(b) If injured in a mine, did accident occur on surface, underground, shaft, drift or mill? _____
(c) Was employee hired, or if a Texas resident, recruited in Texas? ☒ Yes ☐ No
(d) If injury occurred out of Texas, on what date was employee transferred out of State? _____
6. Date of injury * 6/8/90 19__ Day of Week Friday Hour of Day _____ A.M. _____ P.M.
7. First day unable to labor No Lost Time 19__ A.M. _____ P.M. 8. Was injured paid in full for this day? Yes
9. When did you or foreman first know of injury? RTM 10. Name of foreman _____

Full First Name [redacted] Middle Initial Last Name

11. Name of Injured [redacted] Social Security No. [redacted]
12. Address: No. and St. [redacted] ...st City or Town Portland State TX Zip Code [redacted]
13. Telephone No. [redacted] Telephone No. Friend or Relative _____ Speak English ☒ Yes ☐ No
14. (a) Age [redacted] (b) Sex [redacted] (c) Marital Status _____ (d) Minor Children _____
(a) Occupation when injured Bldg. Trades Mechanic (b) Was this his or her regular occupation? Yes
(c) Under what classification code is employee's payroll reported to insurance carrier? [redacted]
16. (a) How long employed by you 2/3/70 (b) Piece or time worker Time (c) Wages per hour $ 14.574
17. (a) No. hours per day 8 (b) Wages per day $ 117 (c) No. days worked per week 5 (d) Average weekly earnings $ 583
(e) If board, lodging, fuel or other advantages were furnished in addition to wages, give estimated market value per day, week or month _____
18. Was injured employee officer, director, partner, or owner? No

19. Machine, tool or thing causing injury N/A 20. Kind of power (hand, foot, electrical, steam, etc.) N/A 21. Part of machine on which accident occurred N/A
22. (a) Name the safety appliance or regulation provided N/A (b) Was it in use at time? N/A
23. Was accident caused by injured's failure to use or observe safety appliance or regulation? N/A
24. Describe fully how accident occurred, and state what employee was doing when injured
CT Scan - Asbestosis
* Date of injury is date of diagnosis
25. Names and addresses of witnesses _____

26. Describe the injury or illness in detail and indicate the part of body affected Asbestosis
27. Probable length of disability No Lost Time 28. Has injured returned to work? _____
If so, date and hour _____ At what wage $ _____
29. At what occupation? _____
30. (a) Name and address of physician (if known) _____
(b) Name and address of hospital (if known) _____

...s injured died? No If so, give date of death _____

...e of report 9/5/90 Firm Name Reynolds Metals Company - Sherwin Plant

90-121 Signed by Arlon Boatman Boatman Official Title Safety Coord.

...m E-1 (Rev. 9 ...
...14-0004 Hunt Graphics

INDUSTRIAL ACCIDENT BOARD REQUIRES COMPLETION OF ALL APPLICABLE ITEMS ON THIS FORM

(1)

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