



November 25, 1986

Ms. Judy Spencer
Legal Section
Industrial Commission of Ohio
246 North High Street
Columbus, Ohio 43215

Re: [REDACTED]
Employee: [REDACTED]
Employer: R. E. Kramig Co.
Lockland, Ohio

Attn: Judy Spencer

Dear Ms. Spencer:

[REDACTED] is an insulation worker with 30 years experience in applying and removing all types of insulation. Insulators have the highest potential for exposure to fibrous dust such as asbestos since they are frequently handling it in bulk. They encounter the dust when opening bags and mixing or applying grout to walls, pipes, etc.. [REDACTED] states that he began wearing respiratory protection about 1976. This would of course, lower his exposure to almost insignificant levels provided the respirator met all the requirements of adequate protective equipment.

With insulators, the exposures to dust occur on a sporadic basis but mostly at high levels and for varying amounts of time. Insulation can be sprayed on or applied as a plaster-type wet grout, in sheets, rolls or pre-formed pieces. Cutting and shaping generates dust at high levels.

[REDACTED] also smoked at the admitted rate of 20 - 25 pack-years. This would severely complicate his overall respiratory condition, as well as the accurate diagnosis of the specific disease. Asbestosis, in its early stages can be confused with a large variety of other disease. According to Dr. Raymond Murphy of the Tufts University School of Medicine, there are at least four main classes and sixteen subclasses of diseases to be considered in the differential diagnosis of asbestosis.

Mere exposure to a potentially hazardous material does not guarantee an occupationally - related disease. However, with Mr. Hollander's work history, and considering his occupation it is at least probable that asbestos has contributed to his respiratory condition.

If I may be of further assistance with this claim, please contact me.

Sincerely,

James S. Ferguson
James S. Ferguson, CIH
Industrial Hygienist

JF:rf

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