UC 149-2

PLAINTIFF'S EXHIBIT

UC-3387

43

INTERNAL CORRESPONDENCE

AGRICULTURAL PRODUCTS DIVISION, INC. P.O. BOX 2831, CHARLESTON, WEST VIRGINIA 25330

INSTITUTE PLANT

To (Name) L. R. Noble, 511-2149
Division
Location Location 512
Floor Number

Date 12 August 80

Originating Dept. Medical Department - 512

Floor Number

Copy to Charles W. Carman, 725-105, Loc. 511
E. C. Shipley, 511-2009, Loc. 512
D. R. Paugh, 511-2009, Loc. 512

Answering letter date

Subject Medical Surveillance for Asbestosis - 198
936 and 938 Employees

Commencing on 23 April 1980 and ending today, a total of 147 active construction employees were offered medical surveillance for asbestosis according to the OSHA standard. There were 4 construction employees who refused to be examined and there were 10 retired construction employees who accepted the Medical Department's offer to be examined.

Up until 1980 the New York Legal Department has recommended that Corporation employees with medical evidence of asbestosis not be entered on OSHA Log 200 because these employees were not ill and did not require treatment even though they had medical evidence of asbestosis. Suddenly in late 1979, they recommended that any employee of the Corporation showing evidence of asbestosis be entered on the OSHA Log 200. As an attachment to this letter, I am listing names of those active employees who obviously have pneumoconiosis with asbestosis or in several sand-blasters, silicosis. I suggest that these names be entered on the OSHA Log 200 as recommended by the New York Legal Department.

Very truly yours,

R. J. Sexton, M.D.
Plant Medical Director

RJS:jfc
Attachment

24 Names added to log in 9/04/80

OSHA INJURY CATEGORY

EMPLOYEE INJURY REPORT

NATURE OF INJURY

PART OF BODY AFFECTED (PER USAS Z 16.2 A1.2)

UNION CARBIDE CORPORATION
CHEMICALS AND PLASTICS
INSTITUTE PLANT - LOCATION 512

DISABLING NO

OSHA NO

SOC SEC NO.

NAME: Adams, H. M. JOB CLASSIFICATION Painter Ins PAYROLL NUMBER 93645 4041 (HR) SAL (COMPLETE) (CIRCLE ONE)

TIME OF INJURY

DATE INJURY OCCURRED: DATE REPORTED: 26 Aug 80

DESCRIPTION OF INJURY: Annual Asbestos Med. Surv.

RX:

CAUSE: 11 yrs. exposure

WORK RESTRICTIONS

SUPERVISOR WHEN INJURY OCCURRED:

IF SHIFT WORKER, CIRCLE SHIFT WORKING WHEN INJURY OCCURRED: A B C D

BUILDING NUMBER, AREA, OR UNIT WHERE INJURY OCCURRED:

CIRCLE COMPLEX IN WHICH EMPLOYEE WAS WORKING WHEN INJURY OCCURRED 1 2 3 4 5 6 7 8

IF OTHER DEPARTMENT, CIRCLE LOCATION WHERE INJURY OCCURRED: OFFICE ENGINEERING DISTRIBUTION LABORATORY MAT'LS MGMT SHIFT UTILITY MECH.

CHECK YES OR NO IN PROVIDED SPACE WHETHER OR NOT SAFETY EQUIPMENT WAS BEING USED:

	YES	NO		YES	NO	RESPIRATOR	YES	NO
SAFETY GLASSES			SAFETY SHOES			AIR LINE		
COVERALL GOGGLES			INSTEP GUARD			SELF-CONTAINED		
FACE SHIELD			PLASTIC, LEATHER OR RUBBER GLOVES			CHEMICAL CARTRIDGE		
PVC CLOTHING						DUST CARTRIDGE		
COVERALLS			HARD HAT			EXPENDABLE		
BOOTS			EAR PROTECTION			AIR CAPSULE OR SKA-PAK		

SIGNATURE OF EMPLOYEE

ATTENDING NURSE M. Pitts

WITNESS

DISTRIBUTION OF REPORT: WHITE COPY IS FOR THE SAFETY DEPT.; YELLOW FOR DEPT HEAD AND SHIFT SUPT.

1ST AND 2ND COPIES ARE TO BE GIVEN TO THE INJURED EMPLOYEE BEFORE HE LEAVES THE MEDICAL DEPARTMENT. HE WILL DELIVER THEM TO HIS SUPERVISOR WHO IS TO COMPLETE THE INJURY INVESTIGATION REPORT ON THE REVERSE

MCBEE'S SYSTEMS M18019X

MONTH

UNSAFE ACT (USAS Z16.2 A1.8)

HAZARDOUS COND.

ACCIDENT TYPE (PER USAS Z 16.2 A1.4)

SOURCE OF INJURY

SEX

SHIFT

GEN./MAINT. COMPLEX

DEPARTMENT NUMBER

UCC 016995