FILE NAME: General Electric (GE)

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310 Cedar St.,
New Haven, Conn.,
September 21, 1922

Dr.C.O.Sappington,
National Safety Council, 108 East Ohio St.,
Chicago, Ill.

Dear Dr.Sappington:

I have just returned from Europe and find on my desk a great many very interesting contributions from you.

I feel sure that it is now too late to comment on the safe practices pamphlets dealing with carbon monoxide, with infected wounds, with gases and vapors and with skin affections. I note the approval date haspassed for all of these.

I am very much pleased with the questionnaire for industrial plants enclosed with your letter of July 20, and I think it ought to yield valuable results.

I am delighted with what I hear of the progress of the sandblasting investigation. It looks to me as if this might prove to be one of the great successes of the Council.

It is a source of the deepest regret to me that I can not attend the meetings in Chicago, but this particular year it is out of the question. I think your program is an admirable one, and I should have been delighted to listen to the papers. Unfortunately the A.P.H.A. is going through one of the most serious crises of its career with fundamental constitutional

changes impending, and a new executive secretary to be appointed. Under the circumstances, I do not dare be away from Minneapolis even for a day.

With warmest good wishes for the success of the meeting and promises to do better in the future,

Cordially yours,

C.-E.A.Winslow

QUESTIONNAIRE FOR INDUSTRIAL PLANTS
(Please check items when possible.)

CODE NO._____

1. No. of employees_____

2. Do you have (a) Part-time doctors _____ Yes _____ No _____Number
   (b) Full-time doctors _____ Yes _____ No _____Number
   (c) Full-time nurses _____ Yes _____ No _____Number
   (d) Visiting nurses _____ Yes _____ No _____Number

3. Do you do - (a) Physical examinations at employment _____ Yes _____ No
   (b) Supervision of physical defects _____ Yes _____ No
   (c) Periodic re-examinations _____ Yes _____ No
   (d) Render diagnostic service _____ Yes _____ No
   (e) Study of occupational health hazards _____ Yes _____ No
   (f) Mental tests or examinations _____ Yes _____ No

4. Does your service provide for -
   (a) Major operations _____ Yes _____ No
   (b) Minor operations _____ Yes _____ No
   (c) Periodic reports for family physician _____ Yes _____ No
   (d) Treatment for minor illness _____ Yes _____ No
   (e) Treatment for major illness _____ Yes _____ No
   (f) Dental work _____ Yes _____ No
   (g) Special Eye examinations _____ Yes _____ No

5. Do employees (a) Contribute to medical expense _____ Yes _____ No
   (b) Have benefit association _____ Yes _____ No
   (c) Group insurance _____ Yes _____ No
   (d) Sanitarium privilege _____ Yes _____ No

General remarks _____

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COMPANY_____

CITY_____

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