BWC BUREAU OF WORKERS' COMPENSATION

PLAINTIFF'S EXHIBIT BRK-113

Division of Safety & Hygiene, Oliver R. Ocasek Government Office Bldg.
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February 11, 1991

Legal Section
Industrial Commission of Ohio
35 E. Chestnut St., 6th Floor
Columbus, OH 43215

Re: OD 40154-22
Sonia Rosado Vazquez

Attention: Judith Spencer

Dear Ms. Spencer:

At your request, this report has been prepared based upon information which you have provided in the facsimile file and upon additional information provided by union and management representatives during a January 14, 1991, visit to the [redacted] Motors Van Assembly Plant, located in Lordstown, Ohio. Contacted at the plant during this visit were the following persons:

Mr. Carmen Pompeii - Safety Director
Ms. Paula Robsel - Safety Engineer
Mr. Robert Walter - Union Health & Safety Representative
Mr. Craig Nicholas - Union Health & Safety Representative

Although the claimant does not name a specific illness on her claim application, her condition has been diagnosed by one physician as "hypersensitivity to paint fumes, with superimposed bacterial pneumonia", while a second physician describes his diagnosis as "acute post viral sinusitis/asthmatic bronchitis secondary to occupational bronchitis:". Both physicians relate the claimant's condition to her "occupational exposure to paint fumes".

Contrary to some statements provided in the facsimile file, this individual does not work at a poorly ventilated operation. The paint sprayers work in enclosed modern well ventilated and well lighted downdraft paint booths. In addition, since June of 1988, the painters are required to wear impervious protective suits with air-supplied hoods.

To assure the quality of the filtered breathing air which is supplied to the painters, periodic testing is carried out for possible contaminants, and to safeguard against the possibility of carbon monoxide entering the supplied air system, continuous monitoring, with an alarm system, is carried out for this material.

Prior to 1988, when the air-supplied hoods were first used, respiratory protection was available but not required to be used in this area. It is not known if the claimant regularly wore a respirator when it was voluntary and not a company requirement. It is important to note that if excessive concentrations of contaminants had been monitored at that time, the use of respirators would have been a company requirement and not an option of the individual employee. Personal industrial hygiene monitoring is carried out regularly on an ongoing basis at this plant.

Results of personal monitoring, carried out on this claimant on November 23, 1989, were made available during this visit. On that date, with the air samples obtained outside of the protective hood, the concentrations of metals (from the paint pigments), solvents, and total particulate were all within the suggested exposure limits. In most cases the concentrations of metals were less than the lower detectable limits of the lab. The (TWA) concentration of xylene, the major solvent constituent of the paint was 7.0 ppm. The OSHA (TWA) exposure limit for xylene is 100 ppm. It should be mentioned again that these measurements were made outside the air-supplied hood. The actual exposure of an individual using an air-supplied hood should be considerably lower than concentrations which exist outside the hood.

From this visit to the plant and the actual work site, it would appear that the employer has taken every possible step to assure that these painters are fully protected from overexposure to paint vapors and particulate. Actual air testing on this claimant, carried out on the outside of her protective gear indicated that even without the benefit of the protective clothing and hood, her (TWA) exposures to the possible contaminants would not be excessive.

Although this claimant, during her employment as a spray painter, does not appear to have been regularly overexposed to any particular air contaminant, working in or near areas where spray painting is carried out, she may have had contact with very low concentrations of any number of substances. If she is atopic, having a genetic tendency toward allergies, there is a possibility of hypersensitivity reactions to substances used in her work area. Nothing short of total elimination of these materials from the air will prevent symptoms in those persons who are sensitized to a particular substance. Even minute, trace levels of the antigen, sometimes at undetectable concentrations, may be sufficient to provoke a hypersensitivity reaction.

If, in fact, this individual is experiencing a hypersensitive reaction to some substance in the workplace, even though there are no materials being used which are generally recognized as sensitizing agents, such as diisocyanate compounds, it is likely that the symptoms will occur upon any contact with the causative agent or agents, even at concentrations which are

well within the limits which have been established by OSHA and the American Conference of Governmental Industrial Hygienists. It is widely recognized that there is hardly anything that has not, at some time, provoked allergy-type symptoms in some individuals. If an individual has become sensitized to some substance in the workplace, to avoid future reactions, they should consider moving to another department or changing their occupation, if possible.

Sincerely,

Donald B. Meeker

Donald B. Meeker
Industrial Hygienist

DBM/jmc

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