FILE NAME: Ford (FD)

DATE: 1979

DOC#: FD175

DOCUMENT DESCRIPTION: OSHA Complaint

Occupational Safety and Health Administration
Complaint

U.S. Department of Labor

#2154

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the U.S. Department of Labor.

Form Approved
O.M.B. No. 044

Cc: P.E. Toth 12/7/79

Sec. 8(f)(1) of the William Steiger Occupational Safety and Health Act, 29 U.S.C. 651 et seq., provides as follows: "Any employee or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the Secretary or his authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (g) of this section. If upon receipt of such notification the Secretary determines there are reasonable grounds to believe that such violation or danger exists, he shall make a special inspection in accordance with the provisions of this section as soon as practicable, to determine if such violation or danger exists. If the Secretary determines there are no reasonable grounds to believe that a violation or danger exists he shall notify the employees or representative of the employees in writing of such determination.

NOTE: Section 11 (c) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

12 cc 79

U. S. Department of Labor
Occupational Safety and Health Administration
1150 Grand Avenue - 6th Floor
Kansas City, Missouri 64106
Telephone: 800-892-2075

For Official Use Only		
Area	Date Received	Time
4120	12-5-79	11:3
Region	Received By	Formal / Non For
7	Mail	

The undersigned (check one)

[X] Employee ☐ Representative of Employees ☐ Other (specify) _____

believes that a violation at the following place of employment of an occupational safety or health standard exists which is a job safety or health hazard

Employer's Name: Ford Motor Company, Kansas City Assembly Plant
Employer's Address (Street): U.S. Hwy. 69 (City): Claycomo
(State): Missouri (Zip Code): Telephone: (816) 452-1150

1 Kind of business: Automobile assembly

2 Specify the particular building or worksite where the alleged violation is located, including address.
Assembly plant, passenger chassis line at post number M-37

3. Specify the name and phone number of employer's agent(s) in charge.
John McBurney, Labor Relations
Randy Early, Safety Engineer

4 Describe briefly the hazard which exists there including the approximate number of employees exposed to or threatened by such hazard.

On October 19, the asbestos insulation surrounding a high pressure steam pipe failed, allowing what it felt to be an intolerable amount of asbestos particles to fall upon our area. The asbestos packing was given a makeshift repair by what resembled medical adhesive tape on October 26. The asbestos particles, however, which were fragmented during the application of the repair patch were left above, upon and beneath the floor surface on which we work. These particles, some as large as one inch in diameter, lie on pipes, supporting horizontal members, maintenance catwalks and railings, and other horizontal surfaces beneath the area of the steam pipe packing room which they fell, and are subject to dispersal by walking caused by air movements and vibrations

OSHA 7 (Rev. October 1971)

CONTINUED ON REVERSE SIDE

DEPOSITION EXHIBIT 5 Garrison 12-03
PENGAD 800-631-6989

Housekeeping is carried out primarily by the following debris by high-pressure air into an area accessible a self-propelled sweeper.

5 (a) To your knowledge is this condition being considered by any other Government agency, or has it been considered by any other Government agency?

Yes ☐ No ☒

5. (b) If yes, and you know, which Government agency?

6. Has this condition been brought to the attention of the employer?

Yes ☒ No ☐ Don't know ☐

7. Please indicate your desire:

☐ I do not want my name revealed to the employer. ☒ My name may be revealed to the employer.

NOTE: It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act of 1970. Violations can be punished by a fine of not more than $10,000, or by imprisonment of not more than six months, or by both. (Section 17(g))

Signature _____ Date _____

Typed or Printed Name John R. Stoutimore

Address (Street) _____ (City) Trimble

(State) Missouri (Zip Code) 64492 Telephone (816) 357-2455

If you are an authorized representative of employees affected by this complaint, please state the name of your organization and your