

September 14, 1960

Mr. A. W. Spedding

Asbestos Textile Institute Meeting
Sept. 8 & 9, 1960

Air Hygiene & Manufacturing Committee

Persons Attending:

R. B. Smith, Raybestos - Manhattan - Chairman
J. L. Mitchell, H. K. Porter Co.
H. E. Palm, Raybestos - Manhattan
Atkinson, Johns - Manville
Mullinson, English Asbestos Co.
L. D. Horowitz, Keasbey & Mattison Co.

Discussion:

The meeting was very informal and the members were willing to discuss freely any subject concerning asbestos. However, their experience is primarily in the textile field. Industrial hygiene and dust control are not their personal specialties although they are very interested in these subjects.

These members responded readily to my questions concerning their Experience Ratings with respect to Compensation Claims due to Occupational Disease (O.D.) caused by asbestos dust exposure. It was the general consensus that the industry must accept dust control in order to stay in business. All present agreed that at least 10 to 20 per cent of Capital Expenditure was fordust control in the asbestos textile mills.

As a result of such dust control in conjunction with periodic dust monitoring, these plants have been able to maintain average dust concentrations below the maximum allowable concentration of 5 mppcfa* Two members claimed that they attempt to keep concentrations below $2\frac{1}{2}$ mppcfa. It was agreed by all members present that lower dust counts meant lower occupation disease claims.

One member related his company's experience with occupational disease. About twenty years ago they had 80 O.D. cases, and dust exposures of 200 mppcfa. A dust control program was initiated at that time and 40 of these people were retired. Dust counts today average less than 5 mppcfa and compensation claims of the remaining O.D. cases have become progressively less, and they expect no compensation from newer employees.

In summary, all members claimed to have good dust control programs with frequent dust monitoring; pre-employment physicals including large-size X-ray as well as yearly X-ray to compare with previous picture to

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check progression, and a respirator program for dusty atmospheres with the threat of discharge if masks are not used.

Environmental Health Survey:

The institute is seeking to standardize air sampling and dust count procedure as well as medical and X-ray interpretations among member companies. The original plan had been to use a team of medical and technical member personnel to visit each plant in order to obtain necessary data, samples, etc. However, it was realized that this was time consuming and that member personnel probably could not get the time to do this.

We were therefore requested to discuss this with management in order to determine to what extent we could cooperate. Could we send our plant personnel as members of such a team or would we prefer to contribute to the cost of getting outside people to do this. This question should be answered before the next A.T.I. meeting.

* mppcfa - Million Particles Per Cubic Foot of Air.

Leon D. Horowitz

LDH:JL

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