PLAINTIFF'S EXHIBIT
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UC-1267

OSHA STANDARD FOR OCCUPATIONAL EXPOSURE TO ASBESTOS....JUNE, 1972.

MEDICAL EXAMINATIONS REQUIRED FOR:

* PREPLACEMENT PURPOSES

* ANNUAL PERIODIC EXAMINATION

* TERMINATION OF EMPLOYMENT

MEDICAL RECORDS TO BE MAINTAINED AND RETAINED BY THE EMPLOYER IN ACCORDANCE WITH THE APPROPRIATE OSHA STANDARD.

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THE PRE-PLACEMENT EXAMINATION

* DETERMINE THE SUITABILITY OF AN INDIVIDUAL FOR THE JOB AND THE JOB FOR THE INDIVIDUAL

* ESTABLISH A MEDICAL DATA BASE FOR LONG TERM FOLLOW-UP

* PROVIDES AN IDEAL OPPORTUNITY FOR THE INDIVIDUAL TO BE TOLD OF THE HAZARDS OF EXPOSURE TO ASBESTOS AND TO BE REASSURED ABOUT MODERN CONDITIONS AND ENGINEERING CONTROLS APPLIED

THE PERIODIC EXAMINATION

* REEVALUATE THE JOB AND THE INDIVIDUAL'S SUITABILITY TO CONTINUE IN THE SAME JOB

* COMPARE MEDICAL FINDINGS WITH PREVIOUS RECORDS AND INFORM EMPLOYEE OF RESULTS

* MEDICAL DATA, INTENDED PRIMARILY FOR PREVENTIVE HEALTH PROGRAM CAN BE USED AT LITTLE EXTRA COST FOR EPIDEMIOLOGY STUDIES

TERMINATION AND RETIREMENT

Follow OSHA asbestos standard requirements. Records are kept for use in the day to day medical supervision of employees, for the purpose of compiling statistics for management, and to fulfil statutory and legal obligations. Confusion arises when management requirements are different from those of the statutory authorities, or where there is significant difference of opinion regarding the definition of recordable conditions required for corporate versus statutory purposes. This is a matter which requires further clarification and the preparation of corporate guidelines will be undertaken by the Corporate Medical Department.

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MINIMUM OSHA REQUIREMENTS FOR MEDICAL EXAMINATIONS OF PERSONS EXPOSED TO ASBESTOS.

* POSTERIOR-ANTERIOR CHEST RADIOGRAPH, 14" X 17"

* HISTORY TO ELICIT SYMPTOMS OF RESPIRATORY ILLNESS

* PULMONARY FUNCTION TESTS : - FEV (1 second).

FVC

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DEFICIENCIES IN OSHA REQUIREMENTS FOR MEDICAL EXAMINATIONS OF PERSONS EXPOSED TO ASBESTOS.

* MEDICAL EXAMINATIONS: NO SPECIAL QUALIFICATIONS STIPULATED FOR EXAMINING PHYSICIAN; NO CHECK ON COMPETENCE.

* CHEST RADIOGRAPHY: RADIOGRAPHIC TECHNIQUE NOT SPECIFIED

  TECHNIQUES FOR READING, INTERPRETING AND RECORDING RESULTS NOT SPECIFIED.

* RESPIRATORY SYMPTOMS: FORMAT NOT STIPULATED

* PULMONARY FUNCTION TESTS:
  PROCEDURES NOT STIPULATED

  TRAINING REQUIREMENTS FOR TECHNICIANS NOT STIPULATED

  CALIBRATION AND STANDARDIZATION OF INSTRUMENTS NOT STIPULATED.

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There is no cure for asbestosis, the outlook for the patient with lung cancer is very poor and diffuse malignant mesothelioma of the pleura or peritoneum is invariably fatal within a short period of time after diagnosis. In view of this gloomy future for the affected worker what can the physician now working in industry do to intervene or prevent undue suffering on the part of currently exposed individuals ?

The basic role of the industrial physician in the case of asbestos is to institute an early warning system for the prompt and efficient recognition of the earliest biological effects of exposure. The hope is that speedy action will delay progression of pulmonary fibrosis or allow malignant conditoions to be diagnosed and treated sooner and more successfully. The system requires close collaboration of all involved in order to provide the best facilities for close observation of all "at risk" people. The next transparency outlines the logical sequence for the development of a medical surveillance program, starting with the preplacement examination and concluding with the termination medical. The methods to be employed will not be described in any detail, only the purpose and objectives of each type of examination.

Through the intelligent and diligent use of carefully designed record-keeping systems an invalluable contribution can be made towards the determination of dose-response relationships for asbestos exposure and the effects described, ultimately leading to the development of an acceptable industrial hygiene standard.

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