Copies to:
1. Operating Dept. Head
2. B. F. Brown
3. K. G. Townsend
4. J. L. Wyatt

PLAINTIFF'S EXHIBIT
UC-1815

# SHARE AUDIT PROCEDURE

Dept. REACTION

Date 4Q 1981

Deficiency Exists YES (NO)

Name of Procedure VENTILATION, SANITATION, BREATHING AIR

Where is written reference found? O.H. MANUAL

Number of Personnel Interviewed: 6

| | YES | NO |
|---|---|---|
| a. Aware of procedure? | ✓ | |
| b. Understand procedure? | ✓ | |
| c. Follow procedure? | ✓ | |

d. If no, why not? Describe.

e. Remember having received training in last one, two or three years? (Circle one) NA

Up to date procedure in appropriate manual? (YES) NO

Any relation to A/I reports on procedure in last 6 months? (If appropriate) YES (NO)

Should existing procedure be modified? YES (NO)
If YES, explain.

Should retraining and another audit be conducted? (YES) NO

If yes, when? 2Q 1982

BRE 0174


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## VENTILATION

## INSPECTION AND AUDIT

BUILDING 731-821 REACTION DATE 4Q 1981

INSPECTED BY Mario Gutierrez

TYPE OF EQUIPMENT LAB HOODS #

| | YES | NO | SEE COMMENT |
|---|---|---|---|
| **A. EQUIPMENT OPERATION AND MAINTENANCE** | | | |
| 1. On-Off Switch working. | ✓ | | |
| 2. Vibration level low. | ✓ | | |
| 3. Noise level low (< 85 dB(A)). | ✓ | | |
| 4. Doors slide easily. | ✓ | | |
| 5. Baffles properly placed. | ✓ | | |
| 6. Has recommended air flows. | ✓ | | |
| 7. Utility outlets working. | ✓ | | |
| 8. Light(s) working. | ✓ | | |
| 9. Easy to move (snorkels only). | NA | | |
| **B. EQUIPMENT LOCATION** | | | |
| 1. Well lighted area. | ✓ | | |
| 2. Adjacent to or over work area. | ✓ | | |
| 3. Sink available (if needed). | ✓ | | |
| **C. HOUSEKEEPING** | | | |
| 1. Cleaned regularly. | ✓ | | |
| 2. Sink free of debris. | ✓ | | |
| 3. Bottles and other clutter kept to a minimum. | ✓ | | |
| 4. Drainage is toward sink. | ✓ | | |

BRE 0175

VENTILATION
INSPECTION AND AUDIT



| | YES | NO | SEE COMMENT |
|---|---|---|---|
| D. GENERAL | | | |
| 1. Are users satisfied? | ✓ | | |
| 2. Is it used as intended? | ✓ | | |
| 3. Do users know how to operate? | ✓ | | |
| 4. Is energy conservation being observed? | ✓ | | |

E. COMMENTS:

BRE 0176

BREATHING AIR

INSPECTION AND AUDIT

AREA/UNIT/BLDG. REACTION #2 DATE 4Q 1981

INSPECTION BY Maria Gutierrez

| | YES | NO | SEE COMMENT |
|---|---|---|---|
| **A. FIXED INSTALLATIONS** | | | |
| 1. Pipe line systems are color coded and labeled. | ✓ | | |
| 2. Breathing line couplings are incompatible with outlets for other services. | ✓ | | |
| 3. Manifolding of breathing air containers with non-breathing air containers is not allowed. | ✓ | | |
| 4. Drain valves have threads deformed. | ✓ | | |
| 5. Pressure gages are installed at each users location. | ✓ | | |
| 6. Low pressure alarm is within audible range of all use locations. | ✓ | | |
| **B. COMPRESSOR SYSTEMS** | | | |
| 1. Dedicated solely to breathing air service. | ✓ | | |
| 2. Intake located to avoid contaminated air. | ✓ | | |
| 3. Equipped with high temperature alarm if oil lubricated/ or trip and low pressure alarm. | ✓ | | |
| 4. Equipped with carbon monoxide alarm/or the air is frequently tested for CO. | ✓ | | |
| 5. Equipped with purifying beds and filters. | ✓ | | |
| 6. Alarm systems are periodically inspected and maintained with appropriate records. | ✓ | | |
| 7. Filter systems are periodically inspected and maintained with appropriate records. | ✓ | | |
| 8. Cylinders used as backup for escape. | ✓ | | |



*Union Carbide trial exhibit UC-1815: SHARE Audit of Ventilation, Sanitation and Breathing Air Procedures, Reaction...* Published by AsbestosClaims.Law
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| | YES | NO | SEE COMMENT |
|---|---|---|---|
| **C. CYLINDER SYSTEMS** | | | |
| 1. Cylinders are properly certified by vendor. | ✓ | | |
| 2. Oxygen content is verified by laboratory and an analytical tag is attached (this is not a certification tag). | ✓ | | |
| 3. Cylinders are properly installed in permanent rack. | ✓ | | |
| 4. Regulators, lines, and manifolds are properly maintained. | ✓ | | |
| 5. Cylinders not connected are capped. | ✓ | | |
| 6. Manifold equipped with low pressure alarm. | ✓ | | |
| 7. When used in conjunction with a compressor, the main regulator is set to open 10 psi below the low pressure alarm, to alert of compressor failure. | ✓ | | |
| **D. GENERAL REQUIREMENTS** | | | |
| 1. Is RM inspection schedule up-to-date? | ✓ | | |
| 2. Are OSHA required inspection records maintained? | ✓ | | |
| 3. Are the laboratory procedures and records adequate? | ✓ | | |

**E. COMMENTS**

BRE 0178

# SANITATION INSPECTION

BUILDING NUMBER 731-821

AREA OF RESPONSIBILITY REACTION

INSPECTED BY Maria Gutierrez DATE 4Q 1981

| | YES | NO | SEE COMMENT |
|---|---|---|---|
| **HOUSEKEEPING WORK AREAS** | | | |
| Floors dry | ✓ | | |
| Floors clean | ✓ | | |
| **WASTE DISPOSAL** | | | |
| Containers provided | ✓ | | |
| Lid on containers for putrescible solids, or containers are emptied daily | ✓ | | |
| Vermin controlled | ✓ | | |
| **POTABLE WATER SUPPLIED** | | | |
| For washing person | ✓ | | |
| Hot, if required in area | ✓ | | |
| For personal service rooms | ✓ | | |
| For drinking purposes | ✓ | | |
| Drinking fountain is clean | ✓ | | (1) |
| Portable drinking water dispensers are sanitary | ✓ | | |
| Ice handling is sanitary | ✓ | | |
| Not Potable Water outlets labeled | ✓ | | |
| **TOILET FACILITIES** | | | |
| Toilet facilities adequate | ✓ | | |
| Privacy assured | ✓ | | |
| Toilet paper and holder | ✓ | | |
| Floors, walls, etc. made of easily cleaned material | ✓ | | |
| Toilets are clean | ✓ | | |
| Floor, walls, enclosures are clean | ✓ | | |
| Urinals are clean | ✓ | | |
| **WASHING FACILITIES** | | | |
| Lavatories supplied as required | ✓ | | |
| Lavatories clean | ✓ | | |
| Hot or tepid water supplied | ✓ | | |
| Hand soap supplied | ✓ | | |
| Towels supplied | ✓ | | |
| Receptacle for used towels supplied | ✓ | | |

BRE 0179

SANITATION INSPECTION



| EATING AND DRINKING AREAS | YES | NO | SEE COMMENT |
|---|---|---|---|
| Waste disposal containers supplied | ✓ | | |
| Waste disposal containers are in sanitary condition | ✓ | | |
| Food and beverages are stored and consumed outside of toilet rooms and areas exposed to toxic substances | ✓ | | |
| Floors clean | ✓ | | |
| Walls clean | ✓ | | |
| Stove or oven clean | ✓ | | |
| Cooking utensils clean | ✓ | | |
| Cabinets clean | ✓ | | (2) |
| Utensil storage area clean | ✓ | | |
| Refrigerator clean | ✓ | | |
| Sink clean | ✓ | | (1) |
| Counter top clean | ✓ | | |
| Hot and cold water supplied where food is prepared | ✓ | | |

Any items checked "NO" must be corrected and action taken to prevent recurrence.
Department head will report action taken to resolve problem to SHARE department.
All inspection reports will be summarized and sent to Ben Brown and Dr. Glenn.

COMMENTS: (1) TOBACCO CHEWERS ARE SPITTING AND WASHING THEIR MOUTHS IN THE DRINKING FOUNTAIN AND KITCHEN SINK.

(2) THE CABINET UNDER THE SINK HAS SOME MOISTURE FROM A LEAKING TRAP.

BRE 0180


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