UNION CARBIDE CORPORATION
ENGINEERING AND HYDROCARBONS DIVISION
CENTRAL ENGINEERING
SOUTH CHARLESTON, WEST VIRGINIA

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SAFETY DEPT.

MEMORANDUM

May 10, 1982

TO: All Building Craft and Mechanical Craft Superintendents
All Construction Superintendents

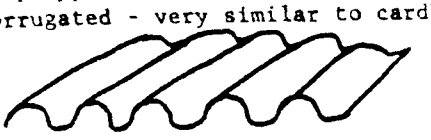
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SUBJECT: Air-Core Insulation - Asbestos

A Construction Department Field Insulator at Institute recently brought a sample of insulation to the Safety Department that was being stripped from a 512 plant product line. The insulation is commonly called Air-Core and is no longer installed in U.C.C. Plants. The employee knew that the seldom used insulation was very old and, therefore, speculated that it would contain asbestos. As a result, we had a sample of the insulation analyzed and the results revealed that asbestos was present.

The purpose of this memo is to inform all supervision that Air-Core insulation does contain asbestos and that Procedure VIII-22, "Asbestos Insulation - Removal and Disposal" must be applied whenever this insulation is stripped. For those of you who are not familiar with this type of insulation the following description should enable you to identify it very easily.

* Gray color
* Wrap type insulation
* Corrugated - very similar to cardboard filler (see drawing)
*



If you ever encounter any of this insulation and have any questions, feel free to contact me.

Thanks,

Randy Noble

drv

UCC 017286

PLAINTIFF'S EXHIBIT
UC-3437


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# OSHA Report

## OSHA PROPOSES REVISIONS TO ASBESTOS STANDARD

The Occupational Safety and Health Administration (OSHA) has proposed a permanent revision of the asbestos standard. The emergency temporary standard (ETS) issued in November 1983 was held invalid by the U.S. Court of Appeals for the Fifth Circuit. The proposal covers general industry, maritime, and construction employers, but the agency may promulgate a separate final standard for the construction industry. The current proposal would reduce the permissible exposure level (PEL) from 2 fibers/cc of air to either 0.5 or 0.2 fibers/cc. The final level will be determined from evidence presented on which level would be most protective and feasible while significantly lowering risk. The ETS sought to lower the PEL to 0.5 fibers/cc. The proposal differs from the ETS in that employee training would be required annually instead of on a one-time basis. It would also require the posting of warning signs wherever airborne concentrations may exceed the PEL and new respirator specifications. OSHA is seeking comment on the proposal, which was published in the April 10, 1984, *Federal Register*. Hearings will begin in Washington on June 19; comments must be sent no later than May 25. Written comments should be sent to Docket Officer, Docket No. H-033C, Room S-6212, Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210.

## LEAD STANDARD VARIANCE GRANTED FOR RESPIRATOR TEST

OSHA has granted a 6 mo variance from the workplace lead standard to Gulf Coast Lead Co. Under the variance the company will be allowed to test a new respirator that is an alternative to transferring workers with high blood-lead levels to jobs with minimum exposure. Four workers volunteered to take part in the test. Each will wear a bubble-type powered air-purifying respirator that includes a hard hat and a voice amplifier. Each of the employees has been exposed to lead for at least 9 yr. Three have blood-lead levels between 50 and 60 μg/100 g of blood; the other has a blood-lead level between 60 and 70 μg/100 g. The lead standard requires that workers with blood-lead levels above 50 μg/100 g be transferred from high-exposure jobs. The test program aims to evaluate the new respirator, to monitor the patterns of blood-lead reduction in workers with long-term exposure, and to determine whether an alternative to medical removal of workers can be developed. Gulf Coast Lead's strong safety and health program, its commitment to installing controls, and the voluntary participation of the workers were considered by OSHA in granting the variance. The company will employ a local physician to watch the workers' health and report the findings to OSHA. The workers will be given periodic physical examinations and medical tests. They must be removed from the program if their blood-lead levels reach 70 μg/100 g.

## SAFETY COUNCIL TELECONFERENCE ON CUMULATIVE TRAUMA DISORDERS

In occupations that require repetitive motions of the shoulders, arms, wrists, or hands, as many as 15 percent of the workers may develop cumulative trauma disorders, according to the National Safety Council. Some of the disorders that cause suffering and moderate to total disability are carpal tunnel syndrome, tendinitis, and trigger finger syndrome. Manufacturing industries, with an incidence ratio of 23.8 claims per 100,000 workers, accounted for 69.6 percent of the 3027 compensation claims for nonimpact wrist disorders in the U.S., according to data from the Bureau of Labor Statistics. The Safety Council will conduct a "Cumulative Trauma Disorders and Ergonomics" satellite teleconference at 53 sites on May 16 to increase awareness of these disorders and to stress the rehabilitation of injured workers. International experts will discuss the subject and answer questions from participants nationwide during the 5 hr video seminar. Information on registration is available from Irvin B. Etter, National Safety Council, 444 N. Michigan Ave., Chicago, IL 60611; telephone (312) 527-4800, Ext. 224.



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*Union Carbide trial exhibit UC-3437: Randy Noble to Building Craft, Mechanical Craft and Construction Superintend...* Published by AsbestosClaims.Law
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