TF-5497

To: Dr. J. J. Higgs
A. P. Yalcinkaya

10-5-87

c: F. C. Phinney Dr. P. Rountree

Subject: Respirator Cleaning and Sanitizing

Last time we went through the respirator fit test process, we had a lot of complaints about the way respirators were cleaned between individuals during the fit testing. We have yet to document anything on this issue. It is time to start another round of fit testing. Although I don't believe we are doing anything that would have presented any employees with a health risk in the past, I think we need to agree on cleaning agents so that we can present a consensus on this issue in the future.

The attached document will go out in the 1988 Respiratory Protective Equipment program. Please review it and sign off, if you approve, or lets get together if there is a controversy and resolve it.

Thanks,

K. N. Dawidowicz

Dr. J. J. Higgs

A. P. Yalcinkaya

PLAINTIFF'S EXHIBIT
UC-5173

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Respiratory Protective Equipment Facepiece Cleaning Process

A. Cleaning Requirements

1. "Respiratory protective equipment facepieces are cleaned and disinfected following each day of use and more often, if necessary."

2. Respirators not assigned to individuals shall be cleaned after each use before being turned over to another user.

3. Respirators assigned to individual users should be cleaned and disinfected as frequently as necessary to insure that proper protection is provided for the wearer.

B. Cleaning Process

1. Masks not assigned to individuals will be checked out from the Safety Shop, and turned back in to the Safety Shop after each day of use, for cleaning and maintenance. Call Safety Shop leadman at 6827, pger 75-17v for shop scheduling.

   a. If the mask has been used in a service dealing with a chemical that is a potential health hazard:

      1. The mask should be water washed, then sent to the Safety shop in a plastic bag.

      2. The bag should be tagged with the name of the chemical that the wearer was exposed to.

      3. The Safety Shop Mechanic will wash these masks separately.

2. Masks assigned to individuals will be cleaned by the individuals. Cleaning solution may be ordered through the Safety Department at this time. For any maintenance or parts on the mask, call the Shop leadman and schedule maintenance.

3. Cleaning Solution:

   a. MSA Cleaner-Sanitizer II solution. This will be used to immerse the respirator between respirator use by different individuals, and on individually owned respirators as necessary.

   b. Individually owned respirators may be wiped with a soft cloth to freshen after SHORT, INFREQUENT uses.

   c. Masks provided by a contractor for fit testing will be cleaned using Lysol, wiping and air drying. This is the current practice of Respiratory Protective Services.

2c·Brethair
KND10/69

To: Dr. J. J. Higgs
A. P. Yalcinkaya

10-5-89

cc: F. C. Phinney Dr. P. Rountree

Subject: Respirator Cleaning and Sanitizing

Last time we went through the respirator fit test process, we had a lot of complaints about the way respirators were cleaned between individuals during the fit testing. We have yet to document anything on this issue. It is time to start another round of fit testing. Although I don't believe we are doing anything that would have presented any employees with a health risk in the past, I think we need to agree on cleaning agents so that we can present a consensus on this issue in the future.

The attached document will go out in the 1989 Respiratory Protective Equipment program. Please review it and sign off, if you approve, or lets get together if there is a controversy and resolve it.

Thanks,

Dr. J. J. Higgs

K. N. Dawidowicz

A. P. Yalcinkaya

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cc:Brethair
KND10/89

Union Carbide trial exhibit UC-5173: K. N. Dawidowicz to Dr. J. J. Higgs and A. P. Yalcinkaya on Respirator Cleanin… Published by AsbestosClaims.Law
ACL Doc 19660 · Page 4 of 9 asbestosclaims.law/library/19660/4

To: J. J. Higgs
A. P. Yalcinkaya
F. C. Phinney

10-3-89

cc: P. Roundtree
J. Floyd
Renie Scarbo
D. R. Hutchinson

Subject: Annual Medical Certification Form for Respirator Wearers

The Safety Department, with the U & A of the Industrial Hygiene folks, are upgrading the plant Respiratory Protective Equipment Program. In order to improve consistency of training and compliance, we have redone the training course outlines and the trainer training program. As we were working through the program, we proposed a process to assure that the Medical Division's requirement for completion of the "Respirator Wearers Annual Review Questionnaire" was met. This requirement has not been part of the Medical Certification process in the past. The addition of the requirement affects the Respirator Training process in that wearers must finish the questionnaire before annual respirator training.

The form that is used is attached. This form has been reviewed by Industrial Hygiene. They proposed no substantial content changes to provide greater coverage of the Vinyl chloride, benzene, and Lead workers.

Following is a proposed process to get the program going for upcoming training needs. The key groups that will need to be informed of the requirements will probably have some better ideas on how to get the job done. I will be coordinating the effort to provide the best process for the longterm implementation. At this time though, this is the way the process should go.:

1) At least two months before training is scheduled, the supervisor should contact Health Services to obtain the "Respirator Wearers Annual Review Questionnaire". It is ok to copy the attached form and use copies. This form must be filled out by each respirator wearer annually.
2) The supervisor will give the questionnaire to his respirator wearers to be filled out. Have the employee put in his supervisors name and plant mailing address at the top of the form. The form should be placed in an envelope by the respirator wearer and delivered back to the medical department in a timely manner. This may be done by the supervisor to insure that the forms are all received by Health Services and to allow for quicker processing. The supervisors will not look over the forms.
3) Health Services will evaluate the forms to determine whether all employees are certified to wear respirators or whether further medical evaluation will be required before the employee is trained. They will contact the supervisor to either request that further medical evaluation be scheduled or that the employee's questionnaire showed no reason that the employee could not wear a respirator. If Health Services does not contact the supervisor within a week before training, the supervisor must still be sure that his employee has been medically certified.
4) This process may coincide with the respirator wearers regularly scheduled physical, in which case the "Respirator Wearers Annual Review Questionnaire" will be filled out along with the other information taken as part of the physical. This will not be a part of physicals that were done before 10-3-89.

Again, this process is proposed as an interim solution to meet the new requirement. Please let us know if any problems that you have with the process and we will work with you.

I would like to verify that the Industrial Hygiene folks, Dr. Higgs and I have worked together to come to agreement on the form and the process. Please sign in the lines provided to verify.

Thanks,

Dr. J. J Higgs

A. Perihan Yalcinkaya
A. P. Yalcinkaya

K. N. Dawidowicz
K. N. Dawidowicz

ZA:medcert
dn10/89

RESPIRATOR WEARERS
ANNUAL REVIEW QUESTIONNAIRE

To be answered by employee

DATE _____

LOCATION	DATE	EMPLOYEE NUMBER
NAME (last)	(first)	DEPARTMENT

RESPIRATOR TYPE

☐ Dust Mask ☐ Half Mask ☐ Full Face ☐ SCBA ☐ Airline Other ☐

	Yes	No
In the past year have you had a prolonged absence due to injury, illness or major surgery?	—	—
Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	—	—
Do you have asthma?	—	—
Do you have heart or blood vessel disease?	—	—
Do you have fits, spells or seizures?	—	—
Do you have chronic lung problems?	—	—
Are you bothered with claustrophobia?	—	—
Do you have difficulty with taste or smell?	—	—
(Only if SCBA will be worn) - Do you have any physical problems which would limit your ability to wear a 35-lb air pack?	—	—
Since your last health evaluation, have you been told you have		
diabetes	—	—
punctured eardrums	—	—
epilepsy (fits, seizures)	—	—
anemia	—	—
Do you know of any reason why you are not able to wear a respirator?	—	—

I understand the questions above and have answered to the best of my knowledge.
I understand that I have the right to request an examination by a physician.

SIGNATURE OF EMPLOYEE	DATE

UNION CARBIDE
Chemicals & Plastics

Texas City, Texas

To: See Attached Distribution

Date: September 15, 1989

Subject: Respiratory Protective Equipment Program

This note is to invite you to an update meeting concerning the Plant Respiratory Protective Equipment Program. As we continue to upgrade the plant-wide program, we want to keep you informed. This meeting will consist of an update and a supervisors training session.

The update portion of the program will cover:

- Issue of the updated Respiratory Protective Equipment Program
- Updating the Trainer Training Program
- Introducing the Supervisor of Respirator Wearers Training Program

The Supervisor of Respirator Wearers Training will follow. The training is being introduced to supervisors in this forum to increase awareness of OSHA's requirements in the respiratory equipment area. You are encouraged to pass the meeting dates on to first line supervisors, but their training may also be accomplished through the trainers. Of primary importance is your own understanding of this newly emphasized program requirement.

The meeting will not cover the changes recently made in the confined space kit program or vessel attendant duties.

Please plan to attend one of the two meetings, or send a representative:

Date: September 25, 1989
Time: 9:30 - 10:30 a.m.
Place: #1 Conference Room

Date: September 29, 1989
Time: 2:30 - 3:30 p.m.
Place: #1 Conference Room

Thanks,

K. N. Dawidowicz

K. N. Dawidowicz

ProgMtg/2A/knd

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