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Log and Summary of Occupational Injuries and Illnesses

Pacific Indemnity Company
3200 Wilshire Blvd
Los Angeles, CA 90010

Department
Division

NOTE: This form is required by Public Law 91-596 and State of California Labor Code, Section 6410 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

Company Name
Establishment No.
Establishment Address

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Outcome	
						Fatalities	Nonfatal Injuries
(A)	(B)	(C)	(D)	(E)	(F)	Injury - Related	Injury - Not Related
						Enter DATE of death. Mo./day/yr. (1)	Enter DATE of injury, illness, or restriction of work activity or loss of body part. Mo./day/yr. (2)
PREVIOUS PAGE TOTALS							
1	1-9-79	George Morales	Sheetmetal	Field Sv, Cost 4 SP	Louder back cancer discollet		
2	6-2-79	Joe Sanders	Apprentice	11	strain left arm		
TOTALS (Instructions on other side of form.)							

Name	Form Approved
Report No.	O.M.B. No. 44R 1453
Event Dates	

Name and Cause of INJURY						Type, Extent of, and Outcome of ILLNESS												
Total Injuries						Type of Illness							Fatalities	Nonfatal Illnesses				
Injuries With Lost Workdays					Injuries Without Lost Workdays	CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related	Illnesses With Lost Workdays				Illnesses Without Lost Workdays
Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter number of DAYS of restricted work activity, or both.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.		Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death. Mo./day/yr.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.
(2)	(3)	(4)	(5)	(6)		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)

Annual Summary Totals By _____ Title _____ Date _____

ASSOCIATED INDEMNITY CORP
 3223 WEST SIXTH STREET
 POST OFFICE BOX 2323
 LOS ANGELES, CA 90051

Log and Summary of Occupational Injuries and Illnesses

Department
 Division

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Case or FA Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Outcome	
						Fatalities	Non-Fatal Injuries
Enter a nonduplicating number which will facilitate comparisons with supplementary records.	Enter Mo./day.	Enter first name or initial, middle initial, last name.	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocutation-body.	Injury Related	Enter DATE of death.
							Mo./day/yr.
(A)	(B)	(C)	(D)	(E)	(F)	(1)	(2)
PREVIOUS PAGE TOTALS							
1	7-7-79	Thomas Long	Inventory Clerk		scrape bruise to right side lower back		
2	7-1-79	Arvin Sweeney	Asbestos Worker	Field	burned left forearm		
3	7-7-79	W.P. Matias	Inventory Clerk	Field	scrape bruise to right side lower back		
TOTALS (Instructions on back of form)							

Name _____
 Plant No. _____
 Street Address _____

Type and Cause of INJURY					Type, Extent of, and Outcome of ILLNESS												
Type of Injury					Type of Illness							Fatalities	Nonfatal Illnesses				
Inj. With Lost Workdays					CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related	Illnesses With Lost Workdays				Illnesses Without Lost Workdays
Enter a CHECK if injury involves days away from work.	Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death. Mo./day/yr.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.
				✓													
				✓													
	✓	1															

Annual Summary Totals By _____ Title _____ Date _____

ASSOCIATED INDEMNITY CORP
 POST OFFICE BOX 2323
 3223 WEST SIXTH STREET
 LOS ANGELES, CA 90051

PAGE NO.

Log and Summary of Occupational Injuries and Illnesses

Department Division

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Company Name
 Establishment
 Establishment

Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and	
						Fatalities	Injury Related
Enter a nonduplicating number which will facilitate comparisons with supplementary records.	Enter Mo./day.	Enter first name or initial, middle initial, last name.	Enter regular job title, not activity employee was performing when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of body affected. Typical entries for this column might be: Amputation of 1st joint right forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocutation-body.	Enter DATE of death.	Enter DATE of death.
(A)	(B)	(C)	(D)	(E)	(F)	Mo./day/yr.	(1)
PREVIOUS PAGE TOTALS							
19	7/13/79	WILLIAM PIATT	INSULATOR	FIELD	BACK INJURY		0
20	7-2-79				Hand injury		0
21	8-7-79		Electrician	warehouse	about 1/2" strain		0
22	8-2-79	John Kelley	insulator	field	shoulder with pain		0
23	9-7-79	William J. Wood	insulator	field	Cut little finger		0
24	9-7-79	Robert Bird	insulator	field	lower back injury		0
25	9/23/79	WILSON ROBERT		FIELD	Pulled muscle in back		0
TOTALS (Instructions on other side of form.)							

Description of INJURY					Type, Extent of, and Outcome of ILLNESS												
Injuries					Type of Illness							Fatalities	Nonfatal Illnesses				
Injuries with Lost Workdays					CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related	Illnesses With Lost Workdays				Illnesses Without Lost Workdays
Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.		Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death. Mo./day/yr.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.
(2)	(3)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)
✓																	
✓																	
✓																	
✓	1	0															
✓	2			✓													
✓	5																

Annual Summary Totals By _____ Title _____ Date _____

ASSOCIATED INDEMNITY CORP
 POST OFFICE BOX 2323
 3223 WEST SIXTH STREET
 LOS ANGELES, CA 90051

PAGE NO 1.

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Department Division

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Case or File Number	Date of Injury or Onset of Illness	Employee's Name	Occupation	Department	Description of Injury or Illness	Extent of and Compensation Received	
						Fatalities	Non-Fatal
(A)	(B)	(C)	(D)	(E)	(F)	(1)	(2)
PREVIOUS PAGE TOTALS							
1.	1-9-79	Mark Prokosh	App. Air Worker	LA	bump on head		
2.	1-22-79	Frank Anderson	Esttr. Worker	LA	sprained back		
3	1-28-79	Wm Abbott	Const Supt.	LA	recurrence of back injury		
4	2-14-79	Mr. Marcelliat	Truck Driver	LA	hit head & nose on steering wheel & windshield		
5	2-9-79	Jim Hartman	Insulator Wkr.	LA	sprained rt. elbow		
6	2-8-79	Emory Molchan	Insulator Wkr.	LA	jammed hand into cloudbars		
7	3-7-79	Frank Anderson	" "	LA	bruised back from hip to waist		
8	3-23-79	Robert Moran	" "	LA	jammed finger		
9	4-6-79	Chuck Wolff	" "	LA	Fell off ladder, contusion elbow & back		
10	4-15-79	David F. Wright	" "	LA	Laceration rt. wrist		
11	4-10-79	Larry J. Lueders	" "	LA	Buritis - rt knee	0	
12	4-19-79	Gary Portrey	" "	LA	torn muscle, rt. calf	0	
13	5-1-79	Frank Anderson	" "	LA	contusion - scalp & right elbow	0	
14	5-1-79	Jim Hartman	" "	LA	contusion rt middle finger	0	
15	1-5-79	Paul T. Doble	" "	LA	tendonitis left wrist & thumb	0	
16	5-30-79	Frank Anderson	" "	LA	cut in forehead	0	
17	6-11-79	Alvin Burgess	" "	LA	cut 3rd finger with wire		
18	6-79	Jim Hartman	" "	LA	contusion rt. elbow		
TOTALS (Restrictions or other compensation received)							

L.P.

Name _____
 Street Name _____
 City and State _____

Type and Cause of INJURY						Type, Extent of, and Outcome of ILLNESS												
Nonfatal Injuries						Type of Illness							Fatalities	Nonfatal Illnesses				
Injuries With Lost Workdays				Injuries Without Lost Workdays		CHECK Only One Column for Each Illness (See other side of form for terminations or permanent transfers.)							Illness Related	Illnesses With Lost Workdays				Illnesses Without Lost Workdays
Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.								Enter DATE of death. Mo./day/yr.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.		
(2)	(3)	(4)	(5)	(6)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)	
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	✓	29	0															
	✓	5	0															
	✓	4	0															

Annual Summary Totals By _____ Title _____ Date _____

HOURS WORKED 1979

MONTH	ASE WKR	S/M	TEAM	L.A. TEAM	OTHER NON UNION	CARP	S/M		
	LOCAL 5	LOCAL 108	LOCAL 36	LOCAL 598		LOCAL	LOCAL 235	LOCAL	206
1 JANUARY	2727 1/2	766 1/2	551	37	788	180	337		
2 FEBRUARY	1630 1/2	1034 1/2	486	89	745	48	241		
3 MARCH	22533 1/2	1351 1/2	589	288 1/2	1252 1/2	32	104		
4 APRIL	20994 1/2	979	420 1/2	2539 1/2	1027 1/2	24	126		
5 MAY	15922 1/2	1104 1/2	457	2121 1/2	1125	140	148		
6 JUNE	22054 1/2	1368	596	3447 1/2	2166	182			
7 JULY	17807	1147	532	2647	1239 1/2	89			
8 AUGUST	17733	1305 1/2	183 1/2	3271 1/2	1301	64			
9 SEPTEMBER	12134 1/2	679	480	2777 1/2	851	128			
10 OCTOBER	13240 1/2	575	526	2594 1/2	460	144			
11 NOVEMBER	21211 1/2	664	594	2659	1633 1/2	170			
12 DECEMBER									
13 TOTAL									
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TOTAL CALIFORNIA		ASB WGRS LOCAL 135	S/M 88	TOTAL NEVADA	TOTAL ARIZONA	
	22597	911		911		
	20484 1/2	741		741		
	28754	986		986		
	26081	809		809		
	24368 1/2	2001 1/2	938 1/2	2940		
	28531	1132	-	1132		
	23470 1/2	702	-	702		
	26341 1/2	892 1/2	-	892 1/2		
	21985	571	-	571		
	21087	436	-	436		
	23161 1/2	521	-	521		

OSHA REPORT

HOURS WORKED 1979 *1/1/80*

MONTH	ASH W/LR	S/A	TEAM	L.A. TEAM	OTHER NON-UNION	CARP	S/A
	LOCAL	LOCAL	LOCAL	LOCAL		LOCAL	LOCAL
JANUARY	1687 1/2	766 1/2	591	3037	738	198	337
FEBRUARY	1550 1/2	1039 1/2	486	2427	74 1/2	48	241
MARCH	2252 1/2	1252 1/2	589	2852 1/2	1252 1/2	32	124
APRIL	2038 1/2	979	460 1/2	2529 1/2	1027 1/2	64	136
MAY	1700 1/2	1104 1/2	487	2691 1/2	1105	140	148
JUNE	1500 1/2	1100 1/2	430	2630 1/2	500 1/2	108	110
JULY	1500 1/2	1100 1/2	430	2630 1/2	500 1/2	108	110
AUGUST	1700 1/2	1100 1/2	430	2630 1/2	500 1/2	108	110
SEPTEMBER	1700 1/2	1100 1/2	430	2630 1/2	500 1/2	108	110
OCTOBER							
NOVEMBER							
DECEMBER							
TOTAL							

14

TOTAL CALIFORNIA		ASB WKRS LOCAL 135	TOTAL NEVADA		TOTAL ARIZONA
22597		911		911	1
20737 1/2		744		744	2
3875 1/2		986		986	3
2309 1/2		807		807	4
2476 1/2	1/2	841 1/2		841 1/2	5
328 1/2		NEA		1125	6
12 1/2	1/2	72 1/2		282 1/2	7
238 1/2	1/2	238 1/2			8
219 1/2					9
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USDA REPORT

HOURS WORKED 1976

MONTH	LOCAL 5	LOCAL 108	LOCAL 36	LOCAL 598	OTHER	LOCAL 235
JANUARY	17284 1/2	509	614	3188 1/2	869	115
FEBRUARY	19338	836 1/2	191	2570 1/2	682	51
MARCH	23477	1119	614	3269 1/2	722 1/2	170
APRIL	19237 1/2	636	184	3477	348 1/2	73 1/2
MAY	18589 1/2	627	486	2500	919	75 1/2
JUNE	19109 1/2	531	601	3310	1015 1/2	32
JULY	19777 1/2	1133	567	3283 1/2	864	-
AUGUST	18674 1/2	681	607	2362 1/2	907 1/2	24
SEPTEMBER	20984	731	729 1/2	3131 1/2	1059	141
OCTOBER	17789 1/2	1611 1/2	570	3013 1/2	727	104
NOVEMBER	19246 1/2	535	531	2561 1/2	715 1/2	126
DECEMBER	17692	585	549	2926 1/2	535	152
TOTAL						

DATE	LOCAL	LOCAL	TOTAL	LOCAL	LOCAL	TOTAL
15	420	89	509	88	155	243
15			580	81	254	935
21			24269	129	909 1/2	738 1/2
20			5922	-	1024	1024
25 1/2			24256 1/2	-	1410 1/2	1410 1/2
31 1/2			22194	-	1038	2038
32			24599	-	1063	25662
-			17126	-	913	913
34	93		22019 1/2	-	996	996
1	-	1376	24152	-	644	644
7	-	-	23192 1/2	-	406	406
11	-	-	15253 1/2	-	468	768
12	-	-	6759 1/2	-	133	433
			212116			22561

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14 Oct 1930

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OFFICE OF THE DISTRICT ATTORNEY

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1870-1871

4253 NATION... OF CALIFORNIA
 2145 NATIONAL SOCIETY COOPERATION OF NEW YORK
 0192 THE AMERICAN INSURANCE COMPANY
 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY
 P. O. BOX 2323
 LOS ANGELES, CALIFORNIA 90051

State of Calif
 EMPLOYER'S
 OF OCCUPATIONAL
 INJURY OR ILLNESS

SAIS DIV. CODE

A	B	C

(Carrier name address)

California law requires an employer to report within five days every industrial or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
 PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or disease results from an accident on a public street or highway.

1. FIRM NAME THORPE INSULATION COMPANY		11. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, state, and zip) 2741 South Yates, Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	CASE NO.
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same			EMPLOYER NO.
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY
6. NAME L. W. VAN BUREN		7. SOCIAL SECURITY NUMBER 512-07-4568	SEX
9. HOME ADDRESS (Number and street, city, state, and zip) P.O. Box 484, Harbor City, CA 90710		9A. PHONE NUMBER 213/326-3088	AGE
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator	11. DATE OF BIRTH 7 / 8 / 1919 Month Day Year	OCCUPATION
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Shop work - Pad Dept. Job 864-42		12A. DATE OF HIRE 5 / 3 / 48 Month Day Year	WEEKLY WAGE
13. WAGES \$ 628.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LOGGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	COUNTY
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR (address, city and county) 24100 Broad Street, Carson, CA		15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACCIDENT TYPE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Installing lacing anchors on insulation pads.			AGENCY
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Installing speed washer on anchor - anchor bent, cutting finger.			AGENCY PART
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) lacing anchor			SUPPLEMENTAL AGENCY
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED cut rt. index finger			NATURE OF INJURY
20. NAME AND ADDRESS OF PHYSICIAN M. Smolens, M.D./Bay Harbor Emergency 1437 W. Lomita, Harbor City, CA 90710		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL	PART OF BODY
22. DATE OF INJURY OR ILLNESS 11/21/79 Month Day Year	23. TIME OF DAY 11:55 a.m. p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No	INJURY DATE
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 11-21-79 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	EXTENT OF INJURY
Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			INSURANCE CARRIER
Reported by (type or print) R. R. Hart		Signature	REPORT LAG
		Title	DATE

Reported by (type or print)
R. R. Hart

Signature

Title

Date

State of Calif.)
 EMPLOYER'S)
 OCCUPATIONAL)
 INJURY OR ILLNESS)

0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
 0145 NATIONAL SURETY CORPORATION OF NEW YORK
 0102 THE AMERICAN INSURANCE COMPANY
 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY
 P. O. BOX 2323
 LOS ANGELES, CALIFORNIA 90051

OSHA Case
 or File No.

SAIS DIV. CODE		
A	B	C

(Carrier name and address)

California law requires an employer to report to the State every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury or (b) requires medical treatment other than first aid.
 PLEASE NOTE: In addition, if death results or if the injury or disease: (a) Requires patient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME THORPE INSULATION COMPANY		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Avenue		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Los Angeles, California 90040		EMPLOYER NO.	
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet maker) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE 036-0726-0	INDUSTRY
6. NAME CHARLES R. BARNETT		7. SOCIAL SECURITY NUMBER 505-36-6391	SEX
7. HOME ADDRESS (number and street, city, Zip) 3300 E. 61st Street, Long Beach, CA 90805		8A. PHONE NUMBER 531-1940	AGE
9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Warehouseman	11. DATE OF BIRTH 7 / 11 / 32 Month Day Year	OCCUPATION
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Carson Warehouse		12A. DATE OF HIRE 5 / 18 / 64 Month Day Year	WEEKLY WAGE
13. WAGES 366.80 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 518	COUNTY
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (Address, city and county) On warehouse dock loading truck/Carson, CA/L.A. city Yes <input type="checkbox"/> No		15. ON EMPLOYER'S PREMISES? Yes <input checked="" type="checkbox"/> No	ACCIDENT TYPE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Loading Truck		AGENCY	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheets if necessary.) Wind blew particles in his eyes		AGENCY PART	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employ a rivet against forehead struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the lifting he was lifting, pulling, etc.) Small foreign bodies/particles		SUPPLEMENT/AGENCY	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED (R) Eye		NATURE OF INJURY	
20. NAME AND ADDRESS OF PHYSICIAN W. F. MOORHEAD, M.D.		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL 37 W. Long Bay Harbor Hospital/Harbor City	
22. DATE OF INJURY OR ILLNESS 11/26/75 Month Day Year	23. TIME OF DAY 11:00 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked _____ <input checked="" type="checkbox"/> No	
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 11-29-79 <input type="checkbox"/> No, still off work No lost time.		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		EXTENT OF INJURY	
27. REPORT LAG		INSURANCE CARRIER	
28. CODED BY		REPORT LAG	

Form plotted by (type or print) Signature Date

State of California
EMPLOYERS REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0100 NATIONAL SURETY CORPORATION OF NEW YORK
 0145 THE AMERICAN INSURANCE COMPANY
 0182 THE AMERICAN INSURANCE COMPANY
 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY

or File No.

P. O. BOX 323
LOS ANGELES, CALIFORNIA 90051
(Carrier name and address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within 72 hours every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME THORPE INSULATION COMPANY		11. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Avenue., Los Angeles, CA 90040		12. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS		EMPLOYER NO.	
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACC. NUMBER 038-0726-0	INDUSTRY
6. NAME Barbara Morrison		7. SOCIAL SECURITY NUMBER 569-54-4900	SEX
8. HOME ADDRESS (number and street, city, Zip) 708 Jaywood Ct., Brea, CA		8A. PHONE NUMBER (213) 697-9859	AGE
9. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Accounting Clerk L.A.		AGE 4 / 18 / 41 Month Day Year
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Accounting		12A. DATE OF HIRE 8 / 5 / 76 Month Day Year	OCCUPATION
13. WAGES Salary per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LOGGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) 2741 S. Yates., Los Angeles, CA		15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Walking with glass dish in hand		COUNTY	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. If no use separate sheet if necessary.) Foot slipped while walking on cement, fell forward and landed on hand with glass in hand - glass broke and cut hand.		ACCIDENT TYPE	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of burns, the thing he was lifting, pulling, etc.) glass dish		AGENCY	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED small finger, also between fingers & also palm was cut		AGENCY PART	
20. NAME AND ADDRESS OF PHYSICIAN Pedro Rivera		SUPPLEMENTAL AGENCY	
21. DATE OF INJURY OR ILLNESS 11 / 1 / 79		NATURE OF INJURY	
22. TIME OF DAY 8:30 a.m.		PART OF BODY	
23. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned _____ <input type="checkbox"/> No, still off work No lost time		INJURY DATE	
24. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL		EXTENT OF INJURY	
25. WAS EMPLOYEE ABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked _____ <input checked="" type="checkbox"/> No		INSURANCE CARRIER	
26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		REPORT LAG	
27. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		CODED BY	

Completed by (Type or print) **R. T. NIEA** Signature _____ Title _____ Date **11-13-79**

State of California
EMPLOYER'S REPORT
OF OCCASIONAL
INJURY OR ILLNESS

THE AMERICAN INSURANCE COMPANY
 AMERICAN AUTOMOBILE INSURANCE COMPANY

THIS NO.

W. O. P. 2023
300 AIRWAYS, O'FAYEA 90051
(Carrier name, address)

SAIS DIV. CODE

A	B	C

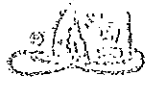
California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thompson Insulation Company		1A. POLICY NUMBER 75 WP18C4450	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, Zip) 2741 So. Yucca		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 033-0726-0	CASE NO.
4. NATURE OF BUSINESS (e.g., shoe manufacturing, cabinet works) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 033-0726-0	EMPLOYER NO.
6. NAME Robert A. Fischer		8A. PHONE NUMBER 430-9820	INDUSTRY
8. HOME ADDRESS (number and street, city, Zip) 7090 E. Spring St-C Long Beach, CA 90805		11. DATE OF BIRTH 9 / 20 / 35	SEX
9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker	12A. DATE OF HIRE 9 / 29 / 75	AGE
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5284	OCCUPATION
13. WAGES \$ 604 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LOGGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO JOB 405	WEEKLY WAGE
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) SUNDE, 3 St., Wilmington, CA		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY
16. WHY WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) While removing spray nozzle on the job, nozzle exploded spraying eyes with polyurethane.			
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Same as above			
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine on which he was working; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Polyurethane Spray			
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED right eye			
20. NAME AND ADDRESS OF PHYSICIAN Dr. Cole		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL	
22. DATE OF INJURY OR ILLNESS 10 / 19 / 75		23. TIME OF DAY 1:30 p.m.	
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No		25. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	
26. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned <input type="checkbox"/> No, still off work			
27. Was injury caused by self? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			

Completed by (type or print) R. B. Hays Signature Title Date 10/20/75

State of California
EMPLOYEE'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0112 ASSOCIATED GENERAL CONTRACTORS
- 0345 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0143 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0164 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 1023
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury, or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME THORPE INSULATION COMPANY		1A. POLICY NUMBER 75 WP 1804460	PLEASE DO NOT USE THIS COLUMN	
2. MAILING ADDRESS (Please include city, zip) 2741 So. Yates Avenue Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same				EMPLOYER NO.
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NO. 038-0726-0	INDUSTRY	
6. NAME William T. McCord		7. SOCIAL SECURITY NUMBER 290-26-4632	SEX	
8. HOME ADDRESS (number and street, city, zip) 10952 Kentucky St., Whittier CA		3A. PHONE NUMBER 947-2693	AGE	
9. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator	11. DATE OF BIRTH 12 / 18 / 29 Month Day Year	OCCUPATION	
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 9 / 19 / 53 Month Day Year	WEEKLY WAGE	
13. WAGES \$ 648.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR BY BOARD OR LUMP SUM ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Job 8829	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	COUNTY	
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR (address, city and county) Standard Oil Refinery El Segundo, L.A.		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACCIDENT TYPE	
16. WHAT WAS EMPLOYEE DOING WHEN INJURED (Please be specific. Identify tools, equipment or material the employee was using) Applying metal covering to insulation in plant #12 on motor valves. Conduct metal				
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR (Please describe only the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Trying to install sheet metal over pipe x covering and hand slipped on edge of metal.				
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) piece of sheet metal				
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED cut little finger				
20. NAME AND ADDRESS OF PHYSICIAN Frank Lowe 455 N. Main/El Segundo Clinic		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL		
23. DATE OF INJURY OR ILLNESS 9 / 7 / 79 Month Day Year		24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No		
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No		
28. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.				

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

DEPARTMENT OF CALIFORNIA
 0105 NATIONAL SURETY CORPORATION OF NEW YORK
 1001 THE AMERICAN INSURANCE COMPANY
 6004 AMERICAN AUTOMOBILE INSURANCE COMPANY

Form Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90057

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME THORPE INSULATION COMPANY		1A. POLICY NUMBER 75 WP 1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, zip) 2741 So. Yates Avenue Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		EMPLOYER NO.	
4. NATURE OF BUSINESS (e.g., shoes manufacturer, cabinet works) Industrial Insulating Contractors		5. STATE UNEMPLOYMENT INSURANCE A.C.F. NUMBER 033-0726-0	INDUSTRY
6. NAME Robert L. Bird		7. SOCIAL SECURITY NUMBER 555-20-8915	SEX
8. HOME ADDRESS (Please include street, city, zip) 237 W. Baseline Road San Dimas		9A. PHONE NUMBER (714) 599-7402	AGE
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator	11. DATE OF BIRTH 4 / 7 / 26 Month Day Year	OCCUPATION
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 1 / 12 / 79 Month Day Year	WEEKLY WAGE
13. WAGES \$ 600 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	AGENCY
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Miller Brewing Co. Job 79		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACCIDENT TYPE
15. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Flat troweling, insulating cement on vessel			AGENCY PART
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Lifting, moving - 3 gallon bucket of insulation cement.			SUPPLEMENTAL AGENCY
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) 3 gallon bucket of insulation cement			NATURE OF INJURY
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Lower back			PART OF BODY
20. NAME AND ADDRESS OF PHYSICIAN Christopher Lacy - chiropractor/9535 Monica Vista, Montebello		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL	INJURY DATE
22. DATE OF INJURY OR ILLNESS 9 / 7 / 79 Month Day Year	23. TIME OF DAY 9:00 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked _____ <input checked="" type="checkbox"/> No	EXTENT OF INJURY
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 9/10/79 <input type="checkbox"/> No, still off work	26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		INSURANCE CARRIER
25. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			REPORT LAG
Completed by (type or print) R. R.			CODED BY
Signature Office Manager			Date

State of Ca
 S.F. 12, 1275
 OF OCCUPATIONAL
 INJURY OR ILLNESS

- 0-12 ASSOCIATED...
 - 0-24 NATIONAL SURETY CO.
 - 31-45 NATIONAL SURETY
 - 0-92 THE AMERICAN INS...
 - 31-54 AMERICAN AUTOMC...
- ...ION OF CALIFORNIA
 ...ION OF NEW YORK
 COMPANY
 SURANCE COMPANY

SHA Case
 File No.

P. O. BC
 LOS ANGELES, CA
 -A 9005T

SAIS DIV. CODE		
A	B	C

California law requires an employer to report within 30 days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid. (PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Results in loss of any member of the body; or (c) procures any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.)

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75 WP 1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, zip) 2741 S. Yates Avenue Los Angeles, CA		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCOUNT NUMBER 038-0726-0	CASE NO.
4. NATURE OF BUSINESS (e.g., manufacturer, distinct work) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 553-38-3112	EMPLOYER NO.
3. NAME George Axtmann		8A. SOCIAL NUMBER 5790474	INDUSTRY
8. HOME ADDRESS (number and street, city, zip) 1835 Euclid Avenue El Cajon, CA 92021		11. DATE OF BIRTH 8 / 25 / 33	SEX
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator	12A. DATE OF HIRE 10 / 31 / 63	AGE
12. DEPT. OR PLANT IN WHICH REGULARLY EMPLOYED Field		13B. IS EMPLOYEE PAID ON SOME BASIS, OR PER BOARD OR LOCAL ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO JOB 7402	OCCUPATION
13. WAGES 648		13C. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5104	WEEKLY WAGE
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Grossmont Hosp. La Mesa CA		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY
15. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Machine, tools, equipment or material the employee was using) Insulating Air Cond. Duct on Roof of Bldg.		ACCIDENT TYPE	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the event that resulted in injury or occupational disease - not what happened and how it happened. Please use separate sheet if necessary.) Was lying down on left side, using right arm & shoulder to raise duct so insulation could be applied in a tight area.		AGENCY	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine, employee's foot against or wheel, machine or tool, or poison-inhaled or swallowed; also chemical that contacted the skin in cases of strains, lacerations, burns, lifting, pulling, etc.) Weight and strain.		AGENCY PART	
19. PART OF BODY INJURED OR ILLNESS right neck & shoulder area.		SUPPLEMENTAL AGENCY	
20. NAME AND ADDRESS OF PHYSICIAN Dr. Kramer/Kaiser Hosp.		NATURE OF INJURY	
21. DATE OF INJURY OR ILLNESS 7/30/75		PART OF BODY	
22. TIME OF DAY 9:30		INJURY DATE	
23. WAS EMPLOYEE ABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 8/30/75		EFFECT OF INJURY	
24. DID EMPLOYER PREPARE THIS REPORT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		INSURANCE CARRIER	
25. HAS EMPLOYEE BEEN REFERRED TO SPECIALIST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		REPORT LAG	
26. HAS EMPLOYEE BEEN REFERRED TO SPECIALIST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CODED BY	

State of Cal.
EMPLOYERS
OF OCCUPATIONAL
INJURY OR ILLNESS

0043 NATIONAL ASSOCIATION OF WORKERS COMPENSATION OF CALIFORNIA
 0145 NATIONAL SURETY CORP. ASSOCIATION OF NEW YORK
 0192 THE AMERICAN INSURANCE COMPANY
 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY

LA Case
File No.

P. O. BOX
LOS ANGELES, CA 90057

S.A.I.S. CODE		
A	B	C

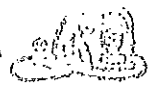
California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of incident hospitalization of more than 24 hours for other than medical observation of permanent disfigurement, then the nearest district office of the State of California Division of Industrial Safety also must be notified immediately by teletype or telegraph. This notification is not required, however, if the injury or disease results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75 WP 18 04460	PLEASE DO NOT USE THIS COLUMN	
2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 039-0726-0	EMPLOYER NO.	
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet maker) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 566-94-3210	INDUSTRY	
6. NAME Terry Eiley		8A. PHONE NUMBER 989-3777	SEX	
7. HOME ADDRESS (number and street, city, Zip) 5940 Cambridge, Alta Loma, CA 91701		11. DATE OF BIRTH 10 / 13 / 54 Month Day Year	AGE	
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married		10. OCCUPATION (regular job title, not specific activity at time of injury) Insulator	12A. DATE OF HIRE 03 / 26 / 79 Month Day Year	OCCUPATION
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		13B. UNDER WHAT CLASS OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE	
13. WAGES \$ 569.00 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COURTY	
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR: (Address, city and county) Miller Brewery, Irwindale, CA Los Angeles County		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACCIDENT TYPE	
16. WHAT WAS EMPLOYEE DOING WHEN ACCIDENT? (Please be specific: handling tools, equipment or material the employee was using) Gluing on rubber pipe covering.			AGENCY	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheets if necessary.) While employee was trying to lift a steel pipe, he was trying to put a shoe underneath, when he felt a sharp pain in my low back. Now the pain has gotten worse and hurts when he takes a deep breath.			AGENCY PART	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine component that struck him; the top of a piece of machinery; the chemical that irritated his skin; in cases of falls, the thing he was lifting, pulling, etc.) Pipe			SUPPLEMENTAL AGENCY	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Lower back.			NATURE OF INJURY	
20. NAME AND ADDRESS OF PHYSICIAN John Myatt, M.D. 210 S. Irwindale Ave., Azusa, CA: 91702		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	EXTENT OF INJURY	
22. DATE OF INJURY OR ILLNESS 8 / 2 / 79		23. HAS EMPLOYEE RETURNED TO WORK OR ANY OTHER AID REQUIRED? <input checked="" type="checkbox"/> Yes, job last week 8/2/79 <input type="checkbox"/> No	INSURANCE CARRIER	
24. HAS EMPLOYEE RETURNED TO WORK Lost 1 day		25. DID EMPLOYEE DIE? <input checked="" type="checkbox"/> Yes, date 8/6/79 <input type="checkbox"/> No, date	REPORT LAG	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			CORRECTION	

Send report to: (Type or print) Signature Date
R. L. Hart Office Manager 8/28/79

U.S. DEPARTMENT OF LABOR BUREAU OF SAFETY AND HEALTH ADMINISTRATION		OCCUPATIONAL ILLNESS		1. DEC CASE NUMBER
EMPLOYEE'S NAME (Last, first, middle initial) Mathis P.		CARRIER'S NUMBER		2. DATE OF INJURY (Month, day, year) 7-3-79
EMPLOYEE'S ADDRESS (Number, street, city, State, zip code) 4015 Hilltop Dr., San Diego, CA 92111		AGE OR DATE OF BIRTH 10-30-55		6. ACCIDENT IS BEING REPORTED UNDER THE FOLLOWING ACT (Check one, see instructions on reverse)
SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		SOCIAL SECURITY NUMBER 58 92 3558		<input checked="" type="checkbox"/> LOADING/UNLOADING AND REVERSE WORKERS COMPENSATION ACT
BASE OF INJURY (a. HOUR BEGAN WORK, b. HOUR OF ACCIDENT, c. DID EMPLOYER STOP WORK IMMEDIATELY?) 10:00 A.M. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE AND HOUR EMPLOYEE FIRST DID NOT RETURN TO WORK 7-3-79		<input type="checkbox"/> DEFENSE BASE ACT
DID INJURY CAUSE LOSS OF TIME BEYOND DAY OF SHIFT OF ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE AND HOUR PAY STOPPED		<input type="checkbox"/> NON-APPROPRIATED FUND INSURANCE FACILITIES ACT
DATE AND HOUR EMPLOYEE RETURNED TO WORK 7-5-79		OCCUPATION (Job title, longshoreman, welder, etc.) Insulator		<input type="checkbox"/> OTHER CONTINGENT SELF-LAID ACC
INJURED WHILE DOING SUCH WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no" explain in item 25.)		YEARS IN YOUR EMPLOY 2 Mo.		<input type="checkbox"/> DISTRICT OF COLUMBIA WORKERS COMPENSATION ACT
WAGES OR EARNINGS (Include overtime, allowances, etc.)		NUMBER OF DAYS USUALLY WORKED PER WEEK 5		20. IF INJURED ON A VESSEL, WHAT WAS BEING DONE TO, ON, OR FROM THE VESSEL? (Check one)
EXACT PLACE WHERE ACCIDENT OCCURRED (See instructions on reverse) USS Bradley, Fire Room		EARLIEST DATE FOREMAN OR EMPLOYER KNEW OF ACCIDENT 7-3-79		<input type="checkbox"/> LOADING OR UNLOADING
NAME OF FOREMAN OR SUPERVISOR AT TIME OF ACCIDENT Richard Steadman				<input type="checkbox"/> REPAIR OR CONSTRUCTION
25. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED (Relate the event, which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.) Employee was pulling some regs and some cotton on a ship when wires sticking out caused him to sustain several scratches in his left elbow and right elbow area.				
26. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc. If there was a loss of part of the body describe.) Left and right elbows. Scratches		27. IF YOU PROVIDED OR AUTHORIZED MEDICAL ATTENTION, GIVE DATE. IF NOT, EXPLAIN WHY 7-3-79		
28. NAME OF PHYSICIAN Roy Tanaka, M.D.		29. DATE INSURANCE CARRIER NOTIFIED		
29. NAME OF HOSPITAL N/A		30. ADDRESS (Number, street, city, State, zip code) 2201 National Avenue, San Diego, CA		
30. NAME OF INSURANCE CARRIER Associated Indemnity Co.		31. ADDRESS (Number, street, city, State, zip code) N/A		
31. NAME OF EMPLOYER (Individual or firm name) Thorne Insulation Company		32. ADDRESS (Number, street, city, State, zip code) P. O. Box 2323, Los Angeles, CA 90051		
32. NATURE OF EMPLOYER'S BUSINESS Industrial Insulating Contractor		33. ADDRESS OF EMPLOYER'S OFFICE (Number, street, city, State, zip code) 271 S. Yates Ave., Los Angeles, CA 90040		
34. SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR EMPLOYER R. R. Hart		35. DATE OF THIS REPORT 7-25-79		
35. SOCIAL TITLE OF PERSON SIGNING THIS REPORT Office Manager				

- 0112 ASSOCIATION OF...
- 0343 NATIONAL SURETY COMPANY OF CALIFORNIA
- 0145 NATIONAL SURETY COMPANY OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



SHA Case File No.

State of Calif
EMPLOYER'S I
OF OCCUPATIONAL
INJURY OR ILLNESS

P. O. BO
LOS ANGELES, CALIF 90051
(Carrier name...)

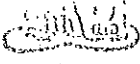
SAIS DIV. CODE		
A	B	C

California law requires an employer to report within five days every industrial occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires patient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same			EMPLOYER NO.
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet maker) Industrial Insulating Contractors		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY
6. NAME Lee Edward Parker		7. SOCIAL SECURITY NUMBER 383-54-4091	SEX
8. HOME ADDRESS (Home or street, city, zip) 24624 Broad St., Wilmington, CA 90744		8A. PHONE NUMBER 834-8797	AGE
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Truck Driver	11. DATE OF BIRTH 07 / 20 / 53 Month Day Year	OCCUPATION
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Carson Warehouse		12A. DATE OF HIRE 12 / 11 / 78 Month Day Year	WEEKLY WAGE
13. WAGES \$ 325.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	COUNTY
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) 24100 Broad St., Carson, CA 903-04		14A. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.	ACCIDENT TYPE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Loading heavy carton onto truck.			AGENCY
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheets if necessary.) As employee was loading heavy carton onto truck, he dropped carton and pulled muscle in right hand.			AGENCY PART
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (If it is a substance, specify the chemical or other name, and the vapor or portion inhaled, if so allowed; if it is a tool, identify the tool; in cases of strikes, the thing being lifted, pulled, etc.) Carton of Thermo-12 Material			SUPPLEMENTAL AGENCY
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Sprained right hand			NATURE OF INJURY
20. NAME AND ADDRESS OF PHYSICIAN A. Schneiderman, M.D. 1437 W. Jomita Blvd., Harbor City, CA 90710		21. IS HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	EXTENT OF INJURY
22. DATE OF ONSET OF ILLNESS 7 / 20 / 79	23. TIME OF DAY 3:00 p.m.	24. IS EMPLOYEE ABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No	INSURANCE CARRIER
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 7-20-79 <input type="checkbox"/> No, still out work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	REPORT LAG
27. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			CODED BY

- 0543 NATIONAL SURETY CO
- 0145 NATIONAL SURETY CO
- 0192 THE AMERICAN INSURANCE COMPANY
- 0164 AMERICAN AUTOMOBILE INSURANCE COMPANY

STATE OF CALIFORNIA
 DIVISION OF CALIFORNIA
 DIVISION OF NEW YORK
 COMPANY
 INSURANCE COMPANY



OSHA Case
 File No.

State of Cal.

EMPLOYER'S

OF OCCUPATION

INJURY OR ILLNESS

P. O. BOX
 LOS ANGELES, CALIFORNIA 90051

(Carrier name) (Address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury, or (b) requires medical treatment other than first aid.
 CASE NOTE: In addition, if death results or if the injury or illness: (a) Requires hospitalization of more than 24 hours for other than medical observation, (b) results in loss of any member of the body, or (c) produces any serious or permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company	1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Avenue, Los Angeles, CA 90040	2A. PHONE NUMBER 726-7171	CASE NO.
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		EMPLOYER NO.
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractors	5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY
6. NAME Scott Jorenson	7. SOCIAL SECURITY NUMBER 562-04-7798	SEX
8. HOME ADDRESS (number and street, city, Zip) 228 29th Place, Manhattan Beach, CA	8A. PHONE NUMBER 545-7347	AGE
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Its regular job title, not specific activity at time of injury) Sheet Metal Apprentice	OCCUPATION
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Carson Shop	11. DATE OF BIRTH 06/25/56 Month Day Year	WEEKLY WAGE
13. WAGES \$293.20 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAY BOARD OR LOGGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COUNTY
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) 24100 Broad St., Carson, CA	15. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	ACCIDENT TYPE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Using sheet metal hand brake. (non powered equipment) forming metal.	15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AGENCY
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) While employee was pressing a hemmed edge in the metal, his middle finger on left hand was caught under the upper blade and base blade.		AGENCY PART
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) The pressing blades of the hand brake.		SUPPLEMENTAL AGENCY
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Fingernail on middle finger of left hand - smashed		NATURE OF INJURY
20. NAME AND ADDRESS OF PHYSICIAN H. Khan, M.D. 1437 W. Lomita Blvd., Harbor City, CA 90710	21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	PART OF BODY
22. DATE OF INJURY OR ILLNESS 07/14/79	24. TIME OF DAY 11:30 a.m.	INJURY DATE
23. DATE OF RETURN TO WORK No Lost Time	25. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No	EXTENT OF INJURY
26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No		INSURANCE CARRIER
27. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		REPORT LAG
If yes, please provide name and address.		CODED BY

Completed by (type or print) R. R. Hart Signature R. R. Hart Title Office Manager Date 7-25-79

- 0343 NATIONAL SURETY COMPANY OF CALIFORNIA
- 0145 NATIONAL SURETY COMPANY OF NEW YORK
- 0132 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY

SHA Case
File No.

State of Calif
EMPLOYER'S
OF OCCUPATION
INJURY OR ILLNESS

P. O. BOX
LOS ANGELES, CALIF. A 90051

(Carrier name and address)

SAIS DIV. CODE		
A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires patient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or teletype. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	EMPLOYER NO.
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 568-84-2099	INDUSTRY
6. NAME John Patrick Wash		8A. PHONE NUMBER 729-2197	SEX
8. HOME ADDRESS (number and street, city, zip) 2611 Via Echo, Carlsbad, CA 92008		11. DATE OF BIRTH 11/17/50 Month Day Year	AGE
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator	12A. DATE OF HIRE 10/17/77 Month Day Year	OCCUPATION
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE
13. WAGES \$ 470.40 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) North Island Air Station, San Diego, San Diego		15. ON EMPLOYER'S PREMISES?	ACCIDENT TYPE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Working with banding material			AGENCY
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As employee was working with banding material, it slipped on chelving causing the band to pass over his wrist, causing a deep cut.			AGENCY PART
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him, the job or person injured or involved; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) banding material - stainless steel			SUPPLEMENTAL AGENCY
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Deep laceration just above wrist			NATURE OF INJURY
20. NAME AND ADDRESS OF PHYSICIAN Kaiser Permanente		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL Emergency Room	PART OF BODY
22. DATE OF INJURY OR ILLNESS 7/17/79 Month Day Year	23. TIME OF DAY 9:20 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No	INJURY DATE
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 7-17-79 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	EXTENT OF INJURY
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			INSURANCE CARRIER
If yes, please provide name and address.			REPORT LAG
			CODED BY

Completed by (type or print) **R. R. Hart** Signature _____ Title **Office Manager** Date **7-25-79**

OF OCCUPA...

INJURY OR I...

DL-54 Form 507

PACIFIC INSULATION COMPANY

3300 WILSON BLVD

LOS ANGELES, CALIF. 90010

SOUTHERN CALIF EDISON COMPANY
WASH LINE
PROJECT PROGRAM

Project No.

Essential to require... employer to report within five days...
CASE NOTE: In addition, if death results or if the injury or illness: (a) requires hospitalization of any member of the body; or (c) produces any serious degree of permanent disability, be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

...which (a) results in lost time beyond the day of injury; or (b) requires medical application of more than 24 hours for other than medical observation; or (b) results in...
then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER PIC 58727	PLEASE DO NOT USE THIS COLUMN
	2. MAIL ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same			
EMPLOYEE	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 015-0726-0	CASE NO.
	6. NAME Joe Senteno		7. SOCIAL SECURITY NUMBER 568-90-1954	EMPLOYER NO.
	8. HOME ADDRESS (number and street, city, Zip) 4946 6th Street, Los Angeles, CA 90022		8A. PHONE NUMBER 213-264-7209	INDUSTRY
EMPLOYEE	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	10. OCCUPATION (Regular job title, not specific activity at time of injury) Apprentice Insulator	11. DATE OF BIRTH 05/14/50 Month Day Year	SEX
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 03/15/79 Month Day Year	AGE
	13. WAGES \$ 13.33 Hr. per week	13B. UNIDENTIFIED CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13C. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OCCUPATION
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (Address, street, city and county) San Onofre Job Site, San Diego County J 4202		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WEEKLY WAGE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Describe in general the activity which the employee was using) While unloading material from flatbed truck, a box of metal fell. As he was trying to keep it from hitting him, he twisted his left arm.				COUNTY
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (If an employer liability situation, the resulting company is or captioned, describe what happened and how it happened. Please use separate sheets if necessary) See Above.				ACCIDENT TYPE
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE Box of Metal				AGENCY
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Left Groin				AGENCY PART
20. NAME AND ADDRESS OF HOSPITAL General Hosp., San Clemente, CA 92677		21. HOSPITAL OR HOME ADDRESS OF HOSPITAL N/A		SUPPLEMENTAL AGENCY
22. DATE OF INJURY (Month/Day/Year) 6/26/79		23. TIME OF DAY (am/pm) 9:55 am		NATURE OF INJURY
24. WAS EMPLOYEE HELD FROM WORK OR ALL DAY AFTER INJURY? <input type="checkbox"/> Yes, date held <input checked="" type="checkbox"/> No		25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No		PART OF BODY
26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No				INJURY DATE
27. NAME AND ADDRESS OF INSURANCE CARRIER General Hosp., San Clemente, CA 92677		28. DATE OF REPORT 6-26-79		EXTENT OF INJURY
29. HAS EMPLOYEE BEEN REPORTED TO WORK? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No				INSURANCE CARRIER
30. NAME AND ADDRESS OF REPORTING AGENCY P. T. Witt		31. SIGNATURE [Signature]		REPORT DATE
32. NAME AND ADDRESS OF ACCOUNTANT Accountant		33. DATE 7-1-79		CODED BY

U.S. DEPARTMENT OF LABOR
WAGE AND LABOR STANDARDS ADMINISTRATION

EMPLOYER'S FIRST REPORT OF ACCIDENT OR OCCUPATIONAL ILLNESS

LEAVE ITEMS 1 AND 2 BLANK

SEE INSTRUCTIONS ON REVERSE

MIDDLE INITIAL
J.

LAST NAME
Corcoran

1. BEC CASE NUMBER
2. CARRIER'S NUMBER

4. DATE OF INJURY (Month, day, year)
July 1, 1979

6. ACCIDENT IS BEING REPORTED UNDER THE FOLLOWING ACT (Check one, see instructions on reverse)

- A LONGSHOREMEN'S AND HARBOUR WORKERS' COMPENSATION ACT
- B DEFENSE BASE ACT
- C NONAPPROPRIATED FUND INSTRUMENTALITIES ACT
- D OUTER CONTINENTAL SHELF LANDS ACT
- E DISTRICT OF COLUMBIA WORKERS' COMPENSATION ACT

5. EMPLOYEE'S ADDRESS (Number, street, city, State, zip code)
1000 S. Anza, Apt. 8, El Cajon, CA 92020

7. SEX
 MALE FEMALE

8. AGE OR DATE OF BIRTH
9-5-44

9. SOCIAL SECURITY NUMBER
344 36 9271

10. a. HOUR BEGAN WORK
7:00 AM

b. HOUR OF ACCIDENT
8:30 AM

c. DID EMPLOYEE STOP WORK IMMEDIATELY?
 YES NO
Washed wound & returned to work

11. DID INJURY CAUSE LOSS OF TIME BEYOND DAY OR SHIFT OF ACCIDENT?
 YES NO

12. DATE AND HOUR EMPLOYEE FIRST DID NOT RETURN TO WORK
N/A

13. DATE AND HOUR PAY STOPPED
N/A

14. DATE AND HOUR EMPLOYEE RETURNED TO WORK
7-1-79 8:40 AM

15. OCCUPATION (Job title, longshoreman, welder, etc.)
Asbestos Worker

16. NUMBER OF YEARS IN THIS OCCUPATION
8

17. INJURED WHILE DOING SUCH WORK?
 YES NO (If "no" explain in item 25.)

18. YEARS IN YOUR EMPLOY
2 Weeks

19. NUMBER OF DAYS USUALLY WORKED PER WEEK
5

21. WAGES OR EARNINGS (Includes overtime, allowances, etc.)
a. HOURLY RATE \$9.07

b. DAILY RATE

c. WEEKLY \$362.80

20. IF INJURED ON A VESSEL, WHAT WAS BEING DONE TO, ON, OR FROM THE VESSEL? (Check one)

- A LOADING OR UNLOADING
- B REPAIR OR CONVERSION
- C NEW SHIP CONSTRUCTION
- D SHIPBREAKING (Demolition)
- E DREDGING
- F MACHINE CONSTRUCTION
- G MISCELLANEOUS SERVICES

22. EXACT PLACE WHERE ACCIDENT OCCURRED (See instructions on reverse)
USS Bradley, Fire room, 3rd level. Job 9686

23. NAME OF FOREMAN OR SUPERVISOR AT TIME OF ACCIDENT
Richard Steadman

24. EARLIEST DATE FOREMAN OR EMPLOYER KNEW OF ACCIDENT
7-1-79

25. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED (Relate the events which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.)

While removing asbestos waste from the third deck level of the fire room aboard the USS Bradley, employee received a puncture wound from a wire extending from the bagged waste. He stopped work, cleaned the wound with soap and water, and returned to work.

26. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc. If there was a loss of part of the body, describe.)
Wire puncture to left forearm, approximately 3 inches above wrist.

27. IF YOU PROVIDED OR AUTHORIZED MEDICAL ATTENTION, GIVE DATE. IF NOT, EXPLAIN WHY
7-2-79

28. DATE INSURANCE CARRIER NOTIFIED

29. NAME OF PHYSICIAN
Dr. Roy Tanaka

30. ADDRESS (Number, street, city, State, zip code)
2204 National Ave., National City, CA

31. NAME OF HOSPITAL
N/A

32. ADDRESS (Number, street, city, State, zip code)
N/A

33. NAME OF INSURANCE CARRIER
Associated Indemnity Co.

34. ADDRESS (Number, street, city, State, zip code)
P. O. Box 2323, Los Angeles, CA 90051

35. NAME OF EMPLOYER (Individual or firm name)
Orpe Insulation Company

36. ADDRESS OF REPORTING OFFICE (Number, street, city, State, zip code)
2741 S. Yates Ave., Los Angeles, CA 90040

37. NATURE OF EMPLOYER'S BUSINESS
Industrial Insulating Contractor

38. SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR EMPLOYER
R. R. Hart

39. OFFICIAL TITLE OF PERSON SIGNING THIS REPORT
Office Manager

40. DATE OF THIS REPORT
7-10-79

U.S. DEPARTMENT OF LABOR
WAGE AND LABOR STANDARDS ADMINISTRATION

BUREAU OF EMPLOYERS' COMPENSATION

EMPLOYER'S FIRST REPORT OF ACCIDENT OR OCCUPATIONAL ILLNESS

SEE INSTRUCTIONS ON REVERSE

LEAVE ITEMS 1 AND 2 BLANK

1. REC CASE NUMBER		2. CARRIER'S NUMBER	
3. NAME OF INJURED EMPLOYEE (TYPE OF PRINT) → Thomas		MIDDLE INITIAL J.	LAST NAME Long
4. DATE OF INJURY (Month, day, year) 6-29-79			
5. EMPLOYEE'S ADDRESS (Number, street, city, State, zip code) 1180 Grand Ave., #1, San Diego, CA 92901			
7. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	8. AGE OR DATE OF BIRTH 5-21-59	9. SOCIAL SECURITY NUMBER 571 31 4026	
10. BY DATE OF INJURY, GIVE a. HOUR BEGAN WORK 4:00 P.M.	b. HOUR OF ACCIDENT 6:00 P.M.	c. DID EMPLOYEE STOP WORK IMMEDIATELY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. DID INJURY CAUSE LOSS OF TIME BEYOND DAY OR SHIFT OF ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12. DATE AND HOUR EMPLOYEE FIRST DID NOT RETURN TO WORK 6/29/79	13. DATE AND HOUR PAY STOPPED 6/29/79	
14. DATE AND HOUR EMPLOYEE RETURNED TO WORK	15. OCCUPATION (Job title, longshoreman, welder, etc.) Labor	16. NUMBER OF YEARS IN THIS OCCUPATION Temp.	
17. INJURED WHILE DOING SUCH WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no" explain in item 25.)	18. YEARS IN YOUR EMPLOY Temporary	19. NUMBER OF DAYS USUALLY WORKED PER WEEK	
21. WAGES OR EARNINGS (Include overtime, allowances, etc.) →	a. HOURLY RATE \$3.50	b. DAILY RATE Manpower	c. WEEKLY Sub. Agency
22. EXACT PLACE WHERE ACCIDENT OCCURRED (See instructions on reverse) USS Bradley (Navy vessel) 32nd S. Naval Station, San Diego, CA			
23. NAME OF FOREMAN OR SUPERVISOR AT TIME OF ACCIDENT James Gordon		24. EARLIEST DATE FOREMAN OR EMPLOYER KNEW OF ACCIDENT Time of injury	
25. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED (Relate the events which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.) Employee was working in the engine space of the ship. As he stepped from the grating, he slipped against the equipment.			
26. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc. If there was a loss of part of the body, describe.) →		Scrape and bruise to right side of lower back.	
27. IF YOU PROVIDED OR AUTHORIZED MEDICAL ATTENTION, GIVE DATE. IF NOT, EXPLAIN WHY Not necessary			28. DATE INSURANCE CARRIER NOTIFIED
29. NAME OF PHYSICIAN		30. ADDRESS (Number, street, city, State, zip code)	
31. NAME OF HOSPITAL		32. ADDRESS (Number, street, city, State, zip code)	
33. NAME OF INSURANCE CARRIER Associated Indemnity Co.		34. ADDRESS (Number, street, city, State, zip code) P. O. Box 2323, Los Angeles, CA 90051	
35. NAME OF EMPLOYER (Individual or firm name) Orpe Insulation Company		36. ADDRESS OF REPORTING OFFICE (Number, street, city, State, zip code) 2741 S. Yates Ave., Los Angeles, CA 90040	
37. NATURE OF EMPLOYER'S BUSINESS Industrial Insulating Contractor		38. SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR EMPLOYER R. R. Hart	
39. OFFICIAL TITLE OF PERSON SIGNING THIS REPORT Office Manager			40. DATE OF THIS REPORT 7-3-79

6. ACCIDENT IS BEING REPORTED UNDER THE FOLLOWING ACT. (Check one, see instructions on reverse)
- A. LONGSHOREMEN'S AND HARBOUR WORKERS' COMPENSATION ACT
 - B. DEFENSE BASE ACT
 - C. NONAPPROPRIATED FUND INSTRUMENTALITIES ACT
 - D. OUTER CONTINENTAL SHELF LANDS ACT
 - E. DISTRICT OF COLUMBIA WORKMEN'S COMPENSATION ACT
20. IF INJURED ON A VESSEL, WHAT WAS BEING DONE TO, ON, OR FROM THE VESSEL? (Check one)
- A. LOADING OR UNLOADING
 - B. REPAIR OR CONVERSION
 - C. NEW SHIP CONSTRUCTION
 - D. SHIPREPAIRING (Demolition)
 - E. DREDGING
 - F. MARINE CONSTRUCTION*
 - G. MISCELLANEOUS SERVICES*
- *See instructions on reverse

PACIFIC INDEMNITY COMPANY

3200 WILSHIRE BLVD

LOS ANGELES, CALIF. 90010

SOUTHERN CALIFORNIA Edison COMPANY

MASTER IN SURANCE PROGRAM

Project No.

OF OCCUPATIONAL

INJURY OR ILLNESS

UNLESS OTHERWISE NOTED

Employer to report within 10 days every fatal injury or occupational disease which results in lost time beyond the day of injury, or (b) requires medical attention, or (c) results in death, or (d) results in loss of more than 24 hours of other than medical absence, or (e) results in loss of any member of the body, or (f) produces any serious degree of permanent disfigurement. This notification should be filed with the nearest district office of the California Division of Labor. Notification may also be notified immediately by telephone or teletype. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER PEC 58727	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same			CASE NO.
4. NATURE OF BUSINESS (to p. show manufacturer, cabinet work) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCOUNT NUMBER 038-0726-0	EMPLOYER NO.
6. NAME Joe Senteno		7. SOCIAL SECURITY NUMBER 568-90-1954	INDUSTRY
8. HOME ADDRESS (number and street, city, zip) 4946 6th Street, Los Angeles, CA 90022		8A. PHONE NUMBER 213-264-7209	SEX
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	10. OCCUPATION (to p. check title, not specific activity at time of injury) Apprentice Insulator	11. DATE OF BIRTH 05/14/50 Month Day Year	AGE
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 03/16/79 Month Day Year	OCCUPATION
13. WAGES \$ 13.33 Hr. per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR (address, city, and county) San Onofre Job Site, San Diego County J 4202		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please describe employee's equipment or equipment type, if applicable) While unloading material from flatbed truck, a box of metal fell. As he was trying to keep it from hitting him, he twisted his left arm.			ACCIDENT TYPE
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that led to a total or temporary loss of capability, the date, what happened and how it happened. Do not use separate sheets for this report.) See Above.			AGENCY
			AGENCY PART
			SUPPLEMENTAL AGENCY
			NATURE OF INJURY
18. OBJECT OR SUBSTANCE THAT DIRECTLY HURT OR DANGEROUSLY AFFECTED EMPLOYEE Box of Metal			PART OF BODY
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Left Forearm			INJURY DATE
20. NAME (M.D.) OF PHYSICIAN San Clemente	21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A		PATENT OF INJURY
22. DATE OF INJURY OR ILLNESS 6/26/79 Day Year	23. TIME OF DAY 9:55 am	24. WAS EMPLOYEE RETURNED TO WORK OR FULLY DISABLED? <input checked="" type="checkbox"/> Yes, date last worked 6-26-79 <input type="checkbox"/> No	INSURANCE CARRIER
25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned <input checked="" type="checkbox"/> No, still off work	26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No		REPORT LAG
Completed by (Type or Print) R. T. Witt		Signature Accountant	Date 7-5-79

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0715
- 0112 ASSOCIATED GENERAL CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER'S REPORT	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN		
	2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.	
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		EMPLOYER NO.			
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY	
	6. NAME Robert T. Foote		7. SOCIAL SECURITY NUMBER 547-72-2011		SEX	
	8. HOME ADDRESS (number and street, city, Zip) 32 Oakdale, Irvine, CA 92714		8A. PHONE NUMBER 714-626-2211		AGE	
	9. SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator			11. DATE OF BIRTH 07 /17 /49 Month Day Year	OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 01 /20 /75 Month Day Year		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE
	13. WAGES \$578.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Basin Petroleum, Long Beach, Los Angeles J 8659		16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Misc. Activities <i>is shipman</i>		ACCIDENT TYPE	
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Excessive use of left wrist causing tendonitis to result		18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.)		AGENCY	
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Left thumb and wrist		20. NAME AND ADDRESS OF PHYSICIAN Dr. Turner 1401 Avocado, Ste. 501, Newport Beach, CA		AGENCY PART	
	21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A		22. DATE OF INJURY OR ILLNESS 1 /05 /79 Month Day Year		SUPPLEMENTAL AGENCY	
	23. TIME OF DAY 10:00 a.m.		24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 1-5-79 <input type="checkbox"/> No		NATURE OF INJURY	
	25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned <input checked="" type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No		PART OF BODY	
27. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		*Employee returned to work on 1-8-79, left again from 1-9-79 to 1-15-79, and then was terminated on 2-16-79.		INJURY DATE		

Completed by (type or print)

R. R. Hart

Signature

Title

Office Manager

Date

6-6-79

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0215 FIREARMS CORPORATION
- 0112 ASSOCIATED INDEMNITY CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		EMPLOYER NO.	
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY
6. NAME William Marcilliat		7. SOCIAL SECURITY NUMBER 305-12-1022	SEX
8. HOME ADDRESS (number and street, city, Zip) 610 La Sena Ave., West Covina, CA 91790		8A. PHONE NUMBER 962-2954	AGE
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Truck Driver	11. DATE OF BIRTH 5 / 1 / 18 Month Day Year	OCCUPATION
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED L. A. Warehouse		12A. DATE OF HIRE 11 / 15 / 55 Month Day Year	WEEKLY WAGE
13. WAGES \$ 324.80 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	COUNTY
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Thorpe warehouse, Carson, Los Angeles		15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACCIDENT TYPE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Tying a carton on to the side of the truck.		AGENCY	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) While tightening the carton, he lost his balance, and grabbed the rope, causing a strain k of his right shoulder.		AGENCY PART	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Rope		SUPPLEMENTAL AGENCY	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Strain and sprain right shoulder		NATURE OF INJURY	
20. NAME AND ADDRESS OF PHYSICIAN Fabio Quintero, M.D. 6538 Telegraph Road, Commerce, CA		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	
22. DATE OF INJURY OR ILLNESS 8 / 1 / 79 Month Day Year	23. TIME OF DAY 12:00 a.m. p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked <input type="checkbox"/> No	
25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned <input checked="" type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	
Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		INSURANCE CARRIER	
Completed by (type or print) R. R. Hart		REPORT LAG	
Signature		CODED BY	
Title Office Manager		Date 8-13-79	

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0112 ASSOCIATED ... CORPORATION
 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
 0145 NATIONAL SURETY CORPORATION OF NEW YORK
 0192 THE AMERICAN INSURANCE COMPANY
 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
 PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		EMPLOYER NO.	
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY
6. NAME Jack Richard Berkeley		7. SOCIAL SECURITY NUMBER 564-36-2811	SEX
8. HOME ADDRESS (number and street, city, Zip) 11865 Beverly Dr., Whittier, CA 90601		8A. PHONE NUMBER 695-6819	AGE
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker	11. DATE OF BIRTH 12/12/30 Month Day Year	OCCUPATION
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 01/03/78 Month Day Year	WEEKLY WAGE
13. WAGES \$ 588.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	COUNTY
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Proctor & Gamble Plant, Long Beach, Los Angeles		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACCIDENT TYPE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Making repairs to insulation.		AGENCY	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Because of excessive grease and water, employee's feet slipped from under him at the top of the stairway and he landed on his back several steps down, then slid down several more, resulting in a bruised spine, severe muscle strain & spasm to his back, bruised and strained arms & shoulders, left thigh & buttock, and right thumb. Also, a very sore and stiff neck.		AGENCY PART	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) There had been excessive amounts of grease at top of stairs. It was cleaned with water and detergent, but many areas were still slippery.		SUPPLEMENTAL AGENCY	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED See #17		NATURE OF INJURY	
20. NAME AND ADDRESS OF PHYSICIAN Eric Flanders, M.D. 13203 E. Hadley St., Ste. 106, Whittier		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	PART OF BODY
22. DATE OF INJURY OR ILLNESS 7/25/79 Month Day Year	23. TIME OF DAY 9:15 a.m. p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 7-25-79 <input type="checkbox"/> No	INJURY DATE
25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned _____ <input checked="" type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No	EXTENT OF INJURY
27. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		INSURANCE CARRIER	
Form completed by (type or print) R. R. Hart		Signature	REPORT LAG
Title Office Manager		Date 8-7-79	CODED BY

Form completed by (type or print)

R. R. Hart

Signature

Title

Office Manager

Date

8-7-79

Form complete and distribute as marked

- 0215 FIREMAN'S FUND INSURANCE COMPANY
- 0112 ASSOCIATED INDEMNITY CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case or File No.

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER'S REPORT	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WPL804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, zip) 2741 South Yates Ave Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171 038-0726-0		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same				EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY
	6. NAME William Lee Piatt		7. SOCIAL SECURITY NUMBER 565-52-3406		SEX
	8. HOME ADDRESS (number and street, city, zip) 6114 Scrivener Long Beach, CA 90808		8A. PHONE NUMBER 4291310		AGE
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator			11. DATE OF BIRTH 6/18/40 Month Day Year
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 8/7/66 Month Day Year		OCCUPATION
	13. WAGES \$ 578.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		WEEKLY WAGE
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Miller Brewing, Irwindale, CA		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COUNTY
	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Moving rolls of material from one place to another-Lifting & transferring it.				ACCIDENT TYPE
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Same as above				AGENCY AGENCY PART SUPPLEMENTAL AGENCY
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Roll of Insulation				NATURE OF INJURY PART OF BODY
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Back - upper region			INJURY DATE		
20. NAME AND ADDRESS OF PHYSICIAN Charles Durnn/Rustin Hicks M.D.		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL Long Beach Woodruff Comm. 3800 Woodruff, CA	EVENT OF INJURY		
22. DATE OF INJURY OR ILLNESS 7/13/79 Month Day Year	23. TIME OF DAY 11:30 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 7/13/79 <input type="checkbox"/> No	INSURANCE CARRIER		
25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned <input checked="" type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	REPORT LAG		
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			CODED BY		

Please complete and return as marked

- FIREMAN'S FUND INSURANCE COMPANY
- 0112 ASSOCIATED INDEMNITY CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case or File No.

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
2. MAILING ADDRESS (Please include city, zip) 2741 South Yates Ave Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same				EMPLOYER NO.
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY
6. NAME Roy R. Fletcher		7. SOCIAL SECURITY NUMBER 518-32-1696		SEX
8. HOME ADDRESS (number and street, city, zip) 1449 Olive Vista Jamul, CA 92035		8A. PHONE NUMBER 462-7519		AGE
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator			11. DATE OF BIRTH 6 / 21 / 32 Month Day Year
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 10 / 14 / 53 Month Day Year		OCCUPATION
13. WAGES \$ 520.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Fed Mart Store, San Diego, CA		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WEEKLY WAGE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Insulating Alc duct, while employee was on 3rd step of ladder.				COUNTY
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) 6' Ladder folded up, while employee was on 3rd step				ACCIDENT TYPE
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Floor				AGENCY
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Wrist & back soreness			AGENCY PART	
20. NAME AND ADDRESS OF PHYSICIAN		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL	SUPPLEMENTAL AGENCY	
22. DATE OF INJURY OR ILLNESS 7 / 26 / 79 Month Day Year	23. TIME OF DAY 11:05 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No	NATURE OF INJURY	
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 7/26/79 <input type="checkbox"/> No, still off work No lost time		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	PART OF BODY	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			INJURY DATE	

Completed by (type or print)

Signature

Title

Date

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0343 NATIONAL GUARANTEE COMPANY CALIFORNIA
 0145 NATIONAL SURETY CORPORATION OF NEW YORK
 0192 THE AMERICAN INSURANCE COMPANY
 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY

Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
 PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

E M P L O Y E R	1. FIRM NAME Thorpe Insulation Company	1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Ave., Los Angeles, CA 90040	2A. PHONE NUMBER 726-7171	CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor	5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY
	6. NAME Fritz Bodmer	7. SOCIAL SECURITY NUMBER 157-16-7810	SEX
	8. HOME ADDRESS (number and street, city, Zip) 1425 Pepper Dr., El Centro, CA 92243	8A. PHONE NUMBER 353-0925	AGE
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator	11. DATE OF BIRTH 3 / 8 / 26 Month Day Year
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11A. DATE OF HIRE 8 / 30 / 76 Month Day Year
	13. WAGES \$ 548.00 per week	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Adult Detention Facility, El Centro J 7064	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY
5. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Reoccurrence of injury 8-17-78 Wrapping duct with insulation and wire.			ACCIDENT TYPE
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Snipped wire and it snapped and hit eye.			AGENCY
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Wire			AGENCY PART
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Left Eye - Infected cornea			SUPPLEMENTAL AGENCY
20. NAME AND ADDRESS OF PHYSICIAN O'Brien			NATURE OF INJURY
22. DATE OF INJURY OR ILLNESS 8 / 17 / 78			PART OF BODY
23. TIME OF DAY 2:00 p.m.			INJURY DATE
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No			EXTENT OF INJURY
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned <input type="checkbox"/> No, still off work			INSURANCE CARRIER
26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No			REPORT LAG
27. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			CODED BY

Completed by (type or print) R. R. Hart	Signature	Title Office Manager	Date 7-9-79
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State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0215 ASSOCIATED INDEMNITY CORPORATION
- 0112 ASSOCIATED INDEMNITY CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0102 THE AMERICAN INSURANCE COMPANY
- 0191 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours, for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		EMPLOYER NO.
EMPLOYEE	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 484-26-7560	INDUSTRY	
	6. NAME Henry C. Burgess		8A. PHONE NUMBER 714-837-9688	SEX	
	8. HOME ADDRESS (number and street, city, Zip) 24335 Via San Clemente, Mission Viejo, Orange, CA	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator Worker	11. DATE OF BIRTH 09 / 09 / 30 Month Day Year	AGE	
INJURY	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 07 / 24 / 78 Month Day Year	OCCUPATION	
	13. WAGES \$ 578.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE	
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) U. S. Borax, Boron, Kern County J-8749		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY	
ILLNESS	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Putting Metal on insulated line.			ACCIDENT TYPE	
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Rolled metal snapped back cutting third knuckle on left hand.			AGENCY	
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Rolled Metal			AGENCY PART	
S	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Third knuckle of left hand - laceration			NATURE OF INJURY	
	20. NAME AND ADDRESS OF PHYSICIAN		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	PART OF BODY	
	22. DATE OF INJURY OR ILLNESS 06 / 11 / 79 Month Day Year	23. TIME OF DAY 1:40 a.m. p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No	EXTENT OF INJURY	
25. HAS EMPLOYEE RETURNED TO WORK? No Time Lost <input checked="" type="checkbox"/> Yes, date returned 6-11-79 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	INSURANCE CARRIER	REPORT LAG	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.				CODED BY	

Completed by (type or print) R. R. Hart	Signature	Title Office Manager	Date 6-20-79
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State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0215 FIREMAN'S FUND INSURANCE COMPANY
- 0112 ASSOCIATED INDEMNITY CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same			
EMPLOYEE	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	EMPLOYER NO.
	6. NAME Matt Stockwell		7. SOCIAL SECURITY NUMBER 566-29-9900	INDUSTRY
	8. HOME ADDRESS (number and street, city, Zip) 18507 Bellorita, Rowland Heights, CA 91748		8A. PHONE NUMBER 964-4438	SEX
INJURY	9. SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Helper in shop	11. DATE OF BIRTH 03 / 06 / 58 Month Day Year	AGE
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Carson Warehouse		12A. DATE OF HIRE 01 / 26 / 79 Month Day Year	OCCUPATION
	13. WAGES \$ 200.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) 24100 Broad St., Carson, CA (Los Angeles County)		Carson Wise	15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	COUNTY
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Walking between a stack of lath metal and other stacked material on two pallets <i>Per [unclear] 2</i>				ACCIDENT TYPE
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As employee was walking between the two stacks, his right hand came in contact with the sharp side of the lath, causing a laceration.				AGENCY
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Stack of expanded lath metal				AGENCY PART
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Laceration of right hand				SUPPLEMENTAL AGENCY
20. NAME AND ADDRESS OF PHYSICIAN A. R. Schnediermand, M.D. 1437 W. Lomita Blvd., Harbor City, CA 90710		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A		NATURE OF INJURY
22. DATE OF INJURY OR ILLNESS 06 / 11 / 79 Month Day Year	23. TIME OF DAY 2:30 p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked _____ <input checked="" type="checkbox"/> No		PART OF BODY
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned _____ <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		INJURY DATE
27. Was Injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.				EXTENT OF INJURY

Completed by (type or print) R. R. Hart Signature _____ Title Office Manager Date 6-18-79

- 0215 FIREMANS FUND OF CALIFORNIA
- ASSOCIATED INDEMNITY CORPORATION
- 0033 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

State of California
**EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS**

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results, or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		EMPLOYER NO.	
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractors		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY
6. NAME Danny Shook		7. SOCIAL SECURITY NUMBER 546-96-7952	SEX
8. HOME ADDRESS (number and street, city, Zip) 13241 Lilly St., Garden Grove, CA 92643		8A. PHONE NUMBER 836-6835	AGE
9. SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator Apprentice	11. DATE OF BIRTH 01 / 26 / 54 Month Day Year	OCCUPATION
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 02 / 03 / 78 Month Day Year	WEEKLY WAGE
13. WAGES \$ 416.80 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	COUNTY
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Miller Brewery, Irwindale Ave., Los Angeles, County		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACCIDENT TYPE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Employee was coiling wire.			
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As employee was coiling the wire, it sprung back hitting him on the forehead			
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Wire			
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Cut in forehead			
20. NAME AND ADDRESS OF PHYSICIAN John P. Myatt, M.D. 210 S. Irwindale Ave., Azusa, CA 91702		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	
22. DATE OF INJURY OR ILLNESS 05 / 30 / 79 Month Day Year		23. TIME OF DAY 11:45 a.m. p.m.	
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked <input type="checkbox"/> No		25. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	
25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned <input checked="" type="checkbox"/> No, still off work			
Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, please provide name and address.			

*16
K. de Paul*

Completed by (type or print) R. R. Hart	Signature 	Title Office Manager	Date 6-13-79
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EMPLOYER'S REPORT OF INDUSTRIAL INJURY

NIC FORM C-3

OSHA No. *(Handwritten)*

JUNE 11 1979

EMPLOYER

EMPLOYEE

ACCIDENT

EMPLOYEE'S WAGE DATA

Employer's name Florida Insulation Co.			Location, if different from mailing address		
Office mail address 2664 So. Highland Dr.			City, State, Zip Las Vegas, Nevada 89109		
First name John		A.I. J.	Last name Mazzoni		Social Security Number 530-36-2598
Home address (Number and street) 4651 Roswell			Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Mar. <input type="checkbox"/> Div. <input type="checkbox"/> Widow/er	
City Las Vegas		State Nevada	Zip 89121		Was worker paid for day of injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
In which state was worker hired?		Employee's occupation (Job title) when injured Translator		Department in which regularly employed	Class Code on payroll report
Telephone 751-6785		Is injured worker corporation officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sole proprietor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was worker in your employ when injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of injury 5/17/79	Hour of injury 3:45 P.M.	Date employer notified of injury	Last day of work after injury	Date of return to work	Number of work days lost
Address or location of accident Unions Steam Plant			City Las Vegas	County Clark	State Nevada
What was employee doing when accident occurred? (Loading truck, walking down stairs, etc.) climbing down scaffold					
How did accident occur? (Be specific and in detail; use additional sheet if necessary) climbing down scaffold, slipped and fell into I beam hitting my forehead and left arm.					
Part of body injured left eyebrow			Supervisor to whom injury reported self (Foreman)		
Check the appropriate boxes if the nonfatal injury or diagnosed occupational illness resulted in: <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Restriction of work or motion <input type="checkbox"/> Transfer to another job <input type="checkbox"/> Termination <input type="checkbox"/> None of these					
Did worker return to next scheduled shift after accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Did you have light duty available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
How many days per week does worker work? (Check one) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			Working shift From 7:00 A.M. To 3:00 P.M.		
Does worker receive commission, or piecework? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you paying his wages during disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Wage not including room and board, or commissions or piecework \$ 10.00 Per <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month			Value of lodging and board if furnished \$ 0.00 Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month		
Treating physician name Dr. [Handwritten]			If hospitalized, hospital name		
Address 1722 E. H Street, W. P.O. Box 606			City, State, Zip		
Employer's signature <i>(Handwritten Signature)</i>			Title Foreman	Date - Mo./Day/Yr. 6/5/79	

Do Not Write in This Column

Office PUR

EMPLOYER COPY

JUN 11 1979
If fatal, give date of death
/ /

Claim is: Accepted Denied Deferred 3rd Party Policy No. _____ Class _____ Policy Form _____
 Reason for denial or deferral _____ Deemed wage _____ Status Clark _____ Date _____
 Date _____ Claims Examiner Signature _____ Received _____

EMPLOYEE'S CLAIM FOR COMPENSATION/PHYSICIAN'S REPORT OF INITIAL TREATMENT

NIC FORM C-4

EMPLOYEE	First name <i>J. MIZZONI</i>	M.I. <i>J.</i>	Last name <i>MIZZONI</i>	Social Security Number <i>530-36-2594</i>	Birth date Mo. <i>11</i> Day <i>12</i> Yr. <i>1940</i>	Age <i>38</i>	
	Home Address <i>4651 ROCHELL</i>			Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Marital status <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Mar. <input type="checkbox"/> Div. <input type="checkbox"/> Widow/er		
	City <i>LAS VEGAS</i>		State <i>NEV.</i>	Zip <i>89121</i>	Number of dependents <i>6</i>	Dependent ages <i>14-6-13-15-16</i>	
	Telephone <i>451-6785</i>	Employee's occupation (Job title) when injured <i>INSULATOR</i>		Union of affiliation <i>ASBESTOS WORKERS Loc #135</i>			
Employer's Business Name <i>THORPE INSULATION</i>					Telephone		
Office mail address (Number and street) City State Zip							
ACCIDENT	Date of injury <i>1/1</i>	Hour of injury <i>A.M. 8:40 P.M.</i>	Date employer notified Mo. <i>1</i> Day <i>1</i> Yr. <i>1</i>	Last day of work after injury Mo. <i>1</i> Day <i>1</i> Yr. <i>1</i>	Supervisor to whom reported <i>SELF (FOREMAN)</i>		
	Address or location of accident <i>Mohave STEAM PLANT</i>						
	Describe the accident or exposure causing injury (Be specific and in detail, use additional sheet if necessary) <i>CLIMBING DOWN SCAFFOLD, SLIPPED & FELL INTO I. BEAM HITTING MY FORE HEAD & LEFT ARM.</i>						
	Nature of injury			Part of body injured		Degree of disability <input type="checkbox"/> No lost time <input type="checkbox"/> Unable to work	

I certify the above is a true statement in order to obtain the benefits of the Nevada Industrial Insurance and Nevada Occupational Disease Acts.

Date	Place	Worker's Signature <i>J. D. Mizzi</i>
PHYSICIAN'S REPORT OF INITIAL TREATMENT		

First treatment: Place <i>Emergency Room</i>	Name of hospital <i>Mohave Valley Clinic</i>
Hour <i>A.M. 9:00 P.M.</i>	Date <i>5/17/79</i>
Diagnosis and description of injury or occupational disease <i>3/8" Laceration Left Lateral Eyebrow</i>	
Describe treatment used: <i>Area cleansed, injected with Xylocain e and closed with 40 0 silk sutures</i>	
X-ray findings:	

Is additional medical care by a physician indicated? <i>IF necessary</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If referred for additional care, please identify physician to whom referred. Have you advised patient to remain off work five days or more? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you know of any previous injury or disease contributing to this disability? Explain yes <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:	NIC USE ONLY TO EMPLOYER Please retain this copy for your records. If you have not already done so, please submit form C-3
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Physician's name <i>5/29/79</i>	Doctor's name <i>Norris E. Powell, M.D.</i>	Doctor's signature	Degree <i>M.D.</i>
Address <i>1222 E. Fawcett Blvd - PO Box 605 - Bullhead City, AZ 86430</i>		Telephone <i>602-758-3031</i>	

EMPLOYER COPY

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0215 FEDERAL
- 0112 ASSOCIATED INDEMNITY CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804450	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same			CASE NO.
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	EMPLOYER NO.
6. NAME Frank Douglas Anderson		7. SOCIAL SECURITY NUMBER 554-12-7489	INDUSTRY
8. HOME ADDRESS (number and street, city, Zip) 232 Starglen Dr., Covina, CA 91724		8A. PHONE NUMBER 331-1977	SEX
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator	11. DATE OF BIRTH 02 / 04 / 24 Month Day Year	AGE
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 10 / 15 / 51 Month Day Year	OCCUPATION
13. WAGES \$ 600.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Laurence Allison Inc., 404 Berry St., Brea, CA 92773		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Carrying 5-Gal bucket of Insulkote to work area and troweling from awkward position.			ACCIDENT TYPE
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Lifting & As employee was carrying 5-Gal bucket, he strained his back.			AGENCY
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) 5-Gal bucket of Insulkote			AGENCY PART
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Lumbo-sacral Strain			SUPPLEMENTAL AGENCY
20. NAME AND ADDRESS OF PHYSICIAN Alexis M. Tanner 989 North D St., San Bernardino, CA 92410		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	NATURE OF INJURY
22. DATE OF INJURY OR ILLNESS 5 / 24 / 79 Month Day Year	23. TIME OF DAY 10:00 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No	PART OF BODY
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 5-25-79 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	INJURY DATE
Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			EXTENT OF INJURY
Completed by (type or print) R. R. Hart		Signature	INSURANCE CARRIER
Title Office Manager		Date 5-31-79	REPORT LAG
			CODED BY

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0215 FIREMAN'S FIDELITY COMPANY
- 0112 ASSOCIATED INDEMNITY CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company	1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040	2A. PHONE NUMBER 726-7171	CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		EMPLOYER NO.
EMPLOYEE	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor	5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY
	6. NAME Henry C. Burgess	7. SOCIAL SECURITY NUMBER 484-26-7560	SEX
	8. HOME ADDRESS (number and street, city, Zip) 24335 Via San Clemente, Mission Viego, CA 92692	8A. PHONE NUMBER (714) 837-9688	AGE
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator	11. DATE OF BIRTH 9 / 19 / 30 Month Day Year	OCCUPATION
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12A. DATE OF HIRE 7 / 24 / 78 Month Day Year	WEEKLY WAGE
13. WAGES \$ 578.00 per week	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) U.S. Borax Co., Boron, Kern County J-8749	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Removing insulation from pipe. He was using nippers, tin snips, and chippen hammer.		ACCIDENT TYPE
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As employee was removing insulation, foreign matter fell in his right eye.			AGENCY
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Unknown foreign matter.			AGENCY PART
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Right eye			SUPPLEMENTAL AGENCY
20. NAME AND ADDRESS OF PHYSICIAN	21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A		NATURE OF INJURY
22. DATE OF INJURY OR ILLNESS 5 / 17 / 79 Month Day Year	23. TIME OF DAY 10:00 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked _____ <input checked="" type="checkbox"/> No	PART OF BODY
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 5-17-79 <input type="checkbox"/> No, still off work	26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		INJURY DATE
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			EXTENT OF INJURY

Completed by (type or print) R. R. Hart Signature Office Manager Title 5-31-79 Date

EMPLOYEE'S CLAIM FOR COMPENSATION/PHYSICIAN'S REPORT OF INITIAL TREATMENT

NIC FORM C-4

EMPLOYEE

EMPLOYER

ACCIDENT

EMPLOYER COPY

First name M.I. Last name	Social Security Number	Birthdate Mo. Day Yr.	Age
Home Address	Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	Marital status 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Mar. 4 <input type="checkbox"/> Div 5 <input type="checkbox"/> Widow/er	
City	State	Zip	Number of dependents
Telephone	Employee's occupation (Job title) when injured	Union affiliation	
Employer's Business Name	Telephone		
Office mail address (Number and street)	City	State	Zip
Date of injury	Hour of injury	Date employer notified Mo. Day Yr.	Last day of work after injury Mo. Day Yr.
Address or location of accident		Supervisor to whom reported	
Describe the accident or exposure causing injury. (Be specific and in detail, use additional sheet if necessary.)			

Nature of injury	Part of body injured	Degree of disability <input type="checkbox"/> No lost time <input type="checkbox"/> Unable to work
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I certify the above is a true statement in order to obtain the benefits of the Nevada Industrial Insurance and Nevada Occupational Disease Acts

Worker's Signature

PHYSICIAN'S REPORT OF INITIAL TREATMENT

First treatment - Place	Name of hospital
Hour	Date
Diagnosis and description of injury or occupational disease	

Describe treatment used.

NIC USE ONLY

Is additional medical care by a physician indicated?	Follow up exam	Yes <input type="checkbox"/> No <input type="checkbox"/>
If referred for additional care, please identify physician to whom referred.		
Have you advised patient to remain off work five days or more?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any previous injury or disease contributing to this disability?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Remarks	TO EMPLOYER Please retain this copy for your records. If you have not already done so, please submit form C-3	

Date	Physician's name	Doctor's signature	Degree
Address	Telephone		

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

NIC FORM C-3

OSHA No.

EMPLOYER	Employer's name Thorb Insulation Co.		Location, if different from mailing address		Do Not Write In This Column	
	Office mail address 2664 So. Highland Dr.		Zip Code			
	City Las Vegas, NV	State	Zip 89109	Nature of business (Mfg., etc.) Insulation		Telephone 735-5050
EMPLOYEE	First name Michael C.	M.I.	Last name Sohar	Social Security Number 530-52-7159	Birthdate 6/15/55	Age 23
	Home address (Number and street) 6300 W. Tropicana Ave.			Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Marital status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Mar. <input type="checkbox"/> Div. <input type="checkbox"/> Widow/er	
	City Las Vegas, NV	State	Zip 89103	Was worker paid for day of injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How long employed in Nevada?	
In which state was worker hired? Nevada		Employee's occupation (Job title) when injured. Insulator		Department in which regularly employed	Class Code on payroll report	
Telephone 873-4067	Is injured worker corporation officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sole proprietor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was worker in your employ when injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of injury 5/21/79	Hour of injury 8:30 A.M.	Date employer notified of injury	Last day of work after injury	Date of return to work	Number of work days lost 0	
Address or location of accident Stauffer Chemical Plant			City Henderson, NV	County	State	On employer premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What was employee doing when accident occurred? (Loading truck, walking down stairs, etc.) Cutting insulation						
How did accident occur? (Be specific and in detail; use additional sheet if necessary) Cut left index finger while cutting insulation.						
						If fatal, give date of death / /
Specify machine, tool, substance or object most closely connected with accident Cutting knife				Nature of injury (Scratch, cut, bruise, etc.) cut		
Part of body injured Finger		Supervisor to whom injury reported Curt Oelrich		Witnesses		
Check the appropriate boxes if the nonfatal injury or diagnosed occupational illness resulted in						
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Restriction of work or motion	<input type="checkbox"/> Transfer to another job	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> None of these	Did worker return to next scheduled shift after accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If validity of claim is doubted state reason				Will you have light duty available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
EMPLOYEE'S WAGE DATA	How many days per week does worker work? (Check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			Working shift		
	Scheduled day off. <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input checked="" type="checkbox"/> S <input type="checkbox"/> Rotating			From 7:00 A.M.	To 3:30 P.M.	Are you paying his wages during disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Does employee receive commissions or piecework? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Value of lodging and board furnished \$ Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month		
	Wage not including room and board, or commissions or piecework \$ Per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input checked="" type="checkbox"/> Month			Monthly value of commissions or piecework \$		
Treating physician name Dr. Joseph W. Johnson				If hospitalized, hospital name		
Address 110 Lake Road Drive				Address		
City Henderson, NV	State	Zip 89015	City	State	Zip	
Employer's signature <i>[Signature]</i>				Title Supervisor	Date Mo/Day/Yr. 5/19/79	

EMPLOYER COPY

Claim is: Accepted Denied Deferred 3rd Party Policy No. _____ Class _____ Policy Form _____
Reason for denial or deferral _____ Deemed wage _____ Status Clerk _____ Date _____

EMPLOYEE'S CLAIM FOR COMPENSATION/PHYSICIAN'S REPORT OF INITIAL TREATMENT

NIC FORM C-4

EMPLOYEE	First name CURTIS	M.I. M.	Last name DELRICH	Social Security Number 530-44-2063	Birthdate Mo. 6 / Day 22 / Yr. 53	Age 25	
	Home Address 4875 Hillman			Sex 1 <input checked="" type="checkbox"/> M 2 <input type="checkbox"/> F	Marital status 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Mar. 4 <input checked="" type="checkbox"/> Div. 5 <input type="checkbox"/> Widow/wr		Do Not Write in This Column
	City Las Vegas, NV		State NV		Zip 89112		Doc type 02
	Telephone 451-5745	Employee's occupation (Job title-when injured) Asbestos installer		Union affiliation Local #135		Occupation	
EMPLOYER	Employer's Business Name THORPE CONSTRUCTION			Telephone 735-6050		Union	
	Office mail address (Number and street) 2664 South Highland, Las Vegas, NV			City NV	State NV	Zip NV	
ACCIDENT	Date of injury 5/14/79	Hour of injury 10:00 AM	Date employer notified Mo. / Day / Yr.	Last day of work after injury Mo. / Day / Yr.	Supervisor to whom reported WALLY FODTE		
	Address or location of accident CLARK STEAM PLANT						
	Describe the accident or exposure causing injury. (Be specific and in detail; use additional sheet if necessary.) INSTALLING ASBESTOS AT BOTTOM OF TURBINE, WHEN FOREIGN MATERIAL ENTERED LEFT EYE.						
Nature of injury FOREIGN MATERIAL			Part of body injured O.S.		Degree of disability <input checked="" type="checkbox"/> No lost time <input type="checkbox"/> Unable to work		

NIC COPY

I certify the above is a true statement in order to obtain the benefits of the Nevada Industrial Insurance and Nevada Occupational Disease Acts

Date **5-15-79** Place **2034 East Charleston Blvd** Worker's Signature *[Signature]*

PHYSICIAN'S REPORT OF INITIAL TREATMENT

Place 2034 E. CHARLESTON BLVD.	Name of hospital	
Hour 9:00 AM	Date 5/15/79	Diagnosis and description of injury or occupational disease CHEMICAL TYPE CONJUNCTIVAL
Describe treatment used: BLEPHAMIDE DROPS AND HOT PACKS		Injury type
X-ray findings:		Body location

is additional medical care by a physician indicated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NIC USE ONLY	
From information given you by the employee, together with medical evidence, can you directly connect this accident or disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Disabled <input type="checkbox"/> OD	
Will patient be disabled from work 5 days or more? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2 <input type="checkbox"/> Disability <input type="checkbox"/> by	
estimate how long patient will be off work due to this injury or disease 0 weeks	3 <input type="checkbox"/> NO <input checked="" type="checkbox"/> have not already	
Will injury or occupational disease likely result in permanent disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Exam. Inf. please submit	
Did any previous injury or disease contribute to this disability? Explain yes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Policy No. form C-3	
Date 5/23/79	Print doctor's name M. J. KIRKEENG, M.D.	Doctor's signature <i>[Signature]</i>
Address 2034 E. CHARLESTON BLVD. L.V., NV 89104	Telephone 384-4072	Degree

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

NIC FORM C-3

OSHA No.

E M P L O Y E R	Employer's name Thorpe Insulation Co.		Location, if different from mailing address		Do Not Write in This Column
	Office mail address 2664 So. Highland Dr.		Zip Code		
E M P L O Y E	City State Zip Las Vegas, NV 89109		Nature of business (Mfg., etc.) Insulation	Telephone 735-6052	Policy Number 17721
	First name M.I. Last name Curtis M. Oelrich		Social Security Number 530-44-2063		Birthdate 6/22/53
A C C I D E N T	Home address (Number and street) 4875 Billman		Sex <input type="checkbox"/> M <input type="checkbox"/> F Marital status <input type="checkbox"/> Single <input type="checkbox"/> Mar. <input type="checkbox"/> Div. <input type="checkbox"/> Widow/er		Was worker paid for day of injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip Las Vegas, NV 89112		Was worker in your employ when injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
A C C I D E N T	In which state was worker hired? Nevada		Employee's occupation (Job title) when injured. Insulator		Class Code on payroll report
	Telephone 451-5745		Department in which regularly employed		
A C C I D E N T	Is injured worker corporation officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Sole proprietor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Date of injury 5/14/79		Hour of injury 10:00 A.M.		
A C C I D E N T	Date employer notified of injury		Last day of work after injury		Date of return to work
	Address or location of accident Clark Steam Plant		City East Las Vegas, NV		State
What was employee doing when accident occurred? (Loading truck, walking down stairs, etc.) Installing asbestos					
How did accident occur? (Be specific and in detail; use additional sheet if necessary) Installing asbestos at bottom of turbine, when foreign material entered left eye.					
Machinery, tool, substance or object most closely connected with accident			Nature of injury (Scratch, cut, bruise, etc.)		
Part of body injured Left eye		Supervisor to whom injury reported Vally Foote		Witnesses	
Check the appropriate boxes if the nonfatal injury or diagnosed occupational illness resulted in					
<input type="checkbox"/> Loss of consciousness		<input checked="" type="checkbox"/> Restriction of work or motion		<input type="checkbox"/> Transfer to another job	
<input type="checkbox"/> Termination		<input type="checkbox"/> None of these		Did worker return to next scheduled shift after accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If validity of claim is doubted state reason				Will you have light duty available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
E M P L O Y E R	How many days per week does worker work? (Check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		Working shift From 7:00 A.M. To 3:30 P.M.		
	Scheduled day off <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> S Rotating		Last day wages were earned / /		Are you paying his wages during disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does employee receive commissions or piecework? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is employee furnished <input type="checkbox"/> Lodging <input type="checkbox"/> Board <input type="checkbox"/> Both		Value of lodging and board furnished \$ Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	
Wage not including room and board, or commissions or piecework \$ Per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month		Monthly value of commissions or piecework \$		If hospitalized, hospital name	
Treating physician name Dr. E. J. Kirkens			Address		
Address 2034 W. Charleston Blvd.			City State Zip		
City State Zip Las Vegas, NV 89102			City State Zip		
Employer's signature <i>[Signature]</i>			Title Owner		Date Mo/Day/Yr. 5/29/79

EMPLOYER COPY

Claim is: Accepted Denied Deferred 3rd Party Policy No. _____ Class _____ Policy Form _____

Reason for denial or deferral _____ Deemed wage _____ Status Clerk _____ Date _____

Claims Examiner Signature _____ Received _____

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0215 EMPLOYER'S LIABILITY INSURANCE COMPANY
- 0112 ASSOCIATED INDEMNITY CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

E A L O Y E R	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
E M P L O Y E	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor			INDUSTRY
E M P L O Y E	6. NAME James Welty		7. SOCIAL SECURITY NUMBER 558-58-7081	SEX
	8. HOME ADDRESS (number and street, city, Zip) 7067 Fulton Way, Stanton, CA 90806		8A. PHONE NUMBER	AGE
E M P L O Y E	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulation worker	11. DATE OF BIRTH 02 / 04 / 43 Month Day Year	OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 03 / 26 / 79 Month Day Year	WEEKLY WAGE
E M P L O Y E	13. WAGES \$ 578.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	COUNTY
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Miller Brewery, Irwindale, Los Angeles J-79		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACCIDENT TYPE
E M P L O Y E	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Employee was working on pipe wrack. He felt himself starting to slip and tried to catch himself. In the process, he caught his right middle finger on a beam, bending it backwards and twisting.			AGENCY
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As detailed above, patient caught middle finger on a beam, bending it backwards and twisting.			AGENCY-PART
E M P L O Y E	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Beam			SUPPLEMENTAL AGENCY
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Severe contusion to right third digit, with fracture of proximal phalanx.			NATURE OF INJURY
E M P L O Y E	20. NAME AND ADDRESS OF PHYSICIAN John P. Myatt, M.D. 210 S. Irwindale Ave., Azusa, CA 91702		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	PART OF BODY
	22. DATE OF INJURY OR ILLNESS 5 / 01 / 79 Month Day Year	23. TIME OF DAY 8:15 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 5-1-79 <input type="checkbox"/> No	INJURY DATE
E M P L O Y E	25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned _____ <input checked="" type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No	EXTENT OF INJURY
	Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			INSURANCE CARRIER
Completed by (type or print) R. R. Hart			Signature	REPORT LAG
Title Office Manager			Date 5-18-79	CODED BY

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0215 FIREMAN'S FUND INSURANCE COMPANY
- 0112 ASSOCIATED INDEMNITY CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		EMPLOYER NO.	
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY
6. NAME Frank Delano Sherrill		7. SOCIAL SECURITY NUMBER .190-26-9212	SEX
8. HOME ADDRESS (number and street, city, zip) 12519 Alarka St., Norwalk, CA 90650		8A. PHONE NUMBER 864-6945	AGE
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator		11. DATE OF BIRTH 11 / 08 / 36 Month Day Year
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field Construction		12A. DATE OF HIRE 08 / 28 / 58 Month Day Year	OCCUPATION
13. WAGES \$ 588.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) 1000 S. Hope St., Los Angeles, CA (Los Angeles County)		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Employee was using a ladder in a tight area.		ACCIDENT TYPE	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As employee was moving ladder, he hit his elbow on wall, causing ladder to hit him on the side of the head, behind the right ear.		AGENCY	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Ladder		AGENCY PART	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Scalp and right elbow - Contusion		SUPPLEMENTAL AGENCY	
20. NAME AND ADDRESS OF PHYSICIAN Jon Green, M.D. 17821 S. Pioneer Blvd., Artesia, CA		NATURE OF INJURY	
21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A		PART OF BODY	
22. DATE OF INJURY OR ILLNESS 05 / 04 / 79 Month Day Year	23. TIME OF DAY 9:00 a.m.	INJURY DATE	
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 5-8-79 <input type="checkbox"/> No		EXTENT OF INJURY	
25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned <input checked="" type="checkbox"/> No, still off work		INSURANCE CARRIER	
26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No		REPORT LAG	
Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		CODED BY	

Completed by (type or print) R. R. Har Signature Date Office Manager 5-15-79 Title Date

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

NIC FORM C-3

OSHA No.

E M P L O Y E R	Employer's name Thorpe Insulation Co.			Location, if different from mailing address		
	Office mail address 2564 So. Highland Dr.			Zip Code		
	City Las Vegas,	State NV	Zip 89109	Nature of business (Mfg., etc.) Insulation	Telephone 735-6050	Policy Number 17724
E M P L O Y E E	First name Robert	M.I. V.	Last name Oelrich	Social Security Number 562-28-8783	Birthdate 99 / 09 / 24	Age 54
	Home address (Number and street) 1112 Tumbleweed Ave.			Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Marital status 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Mar. 4 <input type="checkbox"/> Div. 5 <input type="checkbox"/> Widow/er	
	City Las Vegas,	State NV	Zip 89106	Was worker paid for day of injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How long employed in Nevada?	
A C C I D E N T	In which state was worker hired? Nevada	Employee's occupation (Job title) when injured. Insulator		Department in which regularly employed	Class Code on payroll report	
	Telephone 647-2142	Is injured worker corporation officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sole proprietor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Partner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was worker in your employ when injured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of injury 3 / 20 / 79	Hour of injury P.M.	Date employer notified of injury 3 / 21 / 79	Last day of work after injury / /	Date of return to work / /	Number of work days lost 0
Address or location of accident Clark Steam Plant East Las Vegas, NV			City County	State	On employer premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
What was employee doing when accident occurred (Loading truck, walking down stairs, etc.) Working on steam turbine						
How did accident occur? (Be specific and in detail; use additional sheet if necessary) Working on steam turbine in cramped condition in confined area and kneeling on rough surface creating strain on left knee.						
City machine, tool, substance or object most closely connected with accident			Nature of injury (Scratch, cut, bruise, etc.) strained knee			
Part of body injured Left knee		Supervisor to whom injury reported W. C. Foote		Witnesses		
Check the appropriate boxes if the nonfatal injury or diagnosed occupational illness resulted in <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Restriction of work or motion <input type="checkbox"/> Transfer to another job <input type="checkbox"/> Termination <input checked="" type="checkbox"/> None of these						
If validity of claim is doubted state reason				Did worker return to next scheduled shift after accident <input type="checkbox"/> Yes <input type="checkbox"/> No		
				Will you have light duty available? <input type="checkbox"/> Yes <input type="checkbox"/> No		
W A G E D A T A	How many days per week does worker work (Check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			Working shift From 7:00 A.M. To 3:30 P.M.		
	Scheduled day off <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input checked="" type="checkbox"/> S <input type="checkbox"/> Rotating			Last day wages were earned / /		Are you paying his wages during disability? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does employee receive commissions or piecework? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is employee furnished <input type="checkbox"/> Lodging <input type="checkbox"/> Board <input type="checkbox"/> Bath		Value of lodging and board furnished \$ Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	
	Wage not including room and board, or commissions or piecework \$ Per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input checked="" type="checkbox"/> Month			Monthly value of commissions or piecework \$		
Attending physician name Dr. Aaron Zivot			If hospitalized, hospital name			
Address 2300 S. Rancho Dr.			Address			
City Las Vegas,			State NV	City	State	Zip
Authorized signature			Title Manager		Date Mo/Day/Yr. 5-8-79	

Do Not Write In This Column

E M P L O Y E R C O P Y

Claim is: Accepted Denied Deferred Policy No. _____ Class _____ Policy Form _____
Reason for denial or deferral _____ Deemed wage _____ Status Clerk _____ Date _____

Examiner Signature

Received

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0215 F.I.C.
- 0112 ASSOCIATED INDEMNITY CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		EMPLOYER NO.	
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACC. NUMBER 038-0726-0	INDUSTRY
6. NAME Christine Ann Barron		7. SOCIAL SECURITY NUMBER 566-76-2063	SEX
8. HOME ADDRESS (number and street, city, Zip) 4109 Warner Blvd. #E, Burbank, CA 91505		8A. PHONE NUMBER 842-1769	AGE
9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Single <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator Worker	11. DATE OF BIRTH 07 / 14 / 52 Month Day Year	OCCUPATION
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Insulation Pad Shop - Carson J-80404		12A. DATE OF HIRE 04 / 03 / 79 Month Day Year	WEEKLY WAGE
13. WAGES \$ 362.80 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	COUNTY
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) 24100 Broad St., Carson, CA 90745 Los Angeles County		15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACCIDENT TYPE
6. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Installing stainless steel foil into insulation blanket		AGENCY	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As employee was doing above, metal slipped catching left finger just below nail.		AGENCY PART	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Stainless steel foil		SUPPLEMENTAL AGENCY	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Laceration of left ring finger		NATURE OF INJURY	
20. NAME AND ADDRESS OF PHYSICIAN Dr. Schniederma Bay Harbor Hosp., Harbor City, CA		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	PART OF BODY
22. DATE OF INJURY OR ILLNESS 5 / 31 / 79 Month Day Year	23. TIME OF DAY 10:30 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No	INJURY DATE
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 5-3-79 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	EXTENT OF INJURY
7. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		INSURANCE CARRIER	
Form completed by (type or print) R. R. Hart		Signature	REPORT LAG
Title Office Manager		Date 5-4-79	CODED BY

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0215 FIREMAN'S ...
- 0112 ASSOCIATED INDEMNITY CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

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PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Ave., Los Angeles, CA 90040.		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME			CASE NO.
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCI. NUMBER 038-0726-0	EMPLOYER NO.
6. NAME Gary Portrey		7. SOCIAL SECURITY NUMBER 555-56-6745	INDUSTRY
8. HOME ADDRESS (number and street, city, Zip) 10328 Margarita Ave., Fountain Valley, CA 92708		8A. PHONE NUMBER 531-5275	SEX
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator Worker	11. DATE OF BIRTH 02 / 11 / 41 Month Day Year	AGE
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 05 / 05 / 66 Month Day Year	OCCUPATION
13. WAGES \$ 560.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) UCLA, Westwood, Los Angeles, CA		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Pushing pallett jack with tool box and equipment on it.			ACCIDENT TYPE
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As employee was pushing the pallett, he tore muscle in right calf. Re-occurrence of injury 10-13-78.			AGENCY
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Pallet he was pushing			AGENCY PART
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Torn muscle, right leg			SUPPLEMENTAL AGENCY
20. NAME AND ADDRESS OF PHYSICIAN Dr. Stohler, Edinger Med. Clinic, Fountain Valley, CA			NATURE OF INJURY
21. NAME AND ADDRESS OF HOSPITAL 11100 Warner Ave, Ste. 202-1110			PART OF BODY
22. DATE OF INJURY OR ILLNESS 4 / 19 / 79 Month Day Year	23. TIME OF DAY 9:00 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 4-19-79 <input type="checkbox"/> No	INJURY DATE
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 4-24-79 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No	EXTENT OF INJURY
27. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			INSURANCE CARRIER

Completed by (type or print): R. R. Hart	Signature	Title Office Manager	Date 5-2-79
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State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

- 0215 FIREMAN'S FUND
- 0112 ASSOCIATED INDEMNITY CORPORATION
- 0343 NATIONAL SURETY CORPORATION OF CALIFORNIA
- 0145 NATIONAL SURETY CORPORATION OF NEW YORK
- 0192 THE AMERICAN INSURANCE COMPANY
- 0104 AMERICAN AUTOMOBILE INSURANCE COMPANY



OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement; then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYEE	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same				EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY
	6. NAME Terry John Lueken		7. SOCIAL SECURITY NUMBER 565-86-7091		SEX
	8. HOME ADDRESS (number and street, city, Zip) 16462 Hayland, Valinda, CA 91744		8A. PHONE NUMBER 333-1970		AGE
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator			OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 2 / 22 / 79 Month Day Year		WEEKLY WAGE
	13. WAGES \$ 416.80 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		COUNTY
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Miller Brewing Co., Irwindale, Los Angeles, CA J-80		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ACCIDENT TYPE
	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Employee was kneeling w/ right knee on grating putting mud on cracks on hot line. He was using a palm.				AGENCY
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As employee was kneeling on grating, damage occurred to his right knee				AGENCY PART
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Grating on floor				SUPPLEMENTAL AGENCY
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Right knee. Traumatic suprapatellar bursitis.			NATURE OF INJURY		
20. NAME AND ADDRESS OF PHYSICIAN Marvin Ersher, M.D.		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	PART OF BODY		
22. DATE OF INJURY OR ILLNESS 4 / 10 / 79 Month Day Year	23. TIME OF DAY 10:30 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked <input type="checkbox"/> No	INJURY DATE		
25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned <input checked="" type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	EXTENT OF INJURY		
27. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address:			INSURANCE CARRIER		

Completed by (type or print) R. R. Hart Signature _____ Title Office Manager Date 4-24-79

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPA
- THE AMERICAN INSURANCE COMPAN,
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYEE	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME				
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		
EMPLOYEE	6. NAME Chuck Welty		7. SOCIAL SECURITY NUMBER 549-09-5508	EMPLOYER NO.	
	8. HOME ADDRESS (number and street, city, Zip) 10482 Barbara Anne St., Cypress, CA 90630		8A. PHONE NUMBER 827-3157	INDUSTRY	
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator Worker		11. DATE OF BIRTH 01 / 20 / 16 Month Day Year	SEX
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 09 / 28 / 50 Month Day Year	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	AGE
EMPLOYEE	13. WAGES \$588.00 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WEEKLY WAGE	
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Proctor & Gamble, 617 W. 7th St., Long Beach, Los Angeles		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY	
	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Standing on ladder insulating some valves and pipe on sixth floor at Proctor & Gamble.				ACCIDENT TYPE
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Ladder slipped out from under employee, causing him to fall on cement floor.				AGENCY
EMPLOYEE	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Cement Floor				AGENCY PART
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Lower back and left elbow - Contusion				SUPPLEMENTAL AGENCY
	20. NAME AND ADDRESS OF PHYSICIAN Dr. Thomas Barry 2776 Pacific Ave., Long Beach, CA 90806		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A		NATURE OF INJURY
	22. DATE OF INJURY OR ILLNESS 4 / 6 / 79 Month Day Year	23. TIME OF DAY 9:30 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked _____ <input checked="" type="checkbox"/> No		PART OF BODY
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 4-6-79 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		INJURY DATE	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.				EXTENT OF INJURY	
Completed by (type or print) R. R. Hart				INSURANCE CARRIER	
Signature				REPORT LAG	
Title Office Manager				CODED BY	
Date 4-11-79					

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2923
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYEE	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME			EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer; cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY
EMPLOYEE	6. NAME David F. Wright		7. SOCIAL SECURITY NUMBER 553-68-9479	SEX
	8. HOME ADDRESS (number and street, city, Zip) 1915 Clearbrook Lane, Anaheim, CA 92804		8A. PHONE NUMBER 714-956-3683	AGE
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity, at time of injury) Insulator	11. DATE OF BIRTH 10 / 31 / 46 Month Day Year	OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 11 / 09 / 71 Month Day Year	WEEKLY WAGE
INJURY	13. WAGES \$ 550.00 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COUNTY
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Procter & Gamble, 7th Street, Long Beach, Los Angeles, CA		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	ACCIDENT TYPE
	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			AGENCY
	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Applying urethane pipe covering			AGENCY PART
ILLNESS	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet, if necessary.) Employee dropped knife and grabbed for it. The knife point penetrated the hand just below the right wrist.			SUPPLEMENTAL AGENCY
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Knife			NATURE OF INJURY
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Laceration, right wrist			PART OF BODY
	20. NAME AND ADDRESS OF PHYSICIAN L. Rosenfeld, M.D. P. O. Box 3304, Anaheim, CA 92803		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	INJURY DATE
22. DATE OF INJURY OR ILLNESS 4 / 15 / 79 Month Day Year		23. TIME OF DAY 10:00 a.m.	EXTENT OF INJURY	
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No			INSURANCE CARRIER	
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 4-16-79 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	REPORT LAG	
26. Was Injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			CODED BY	

Completed by (type or print) R. R. Hart	Signature	Title Office Manager	Date 4-23-79
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State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 430-60-1076		INDUSTRY
EMPLOYEE	6. NAME Arthur Charles Atkins		8A. PHONE NUMBER 979-2463	SEX	
	8. HOME ADDRESS (number and street, city, Zip) 1705 N. Chester St., Compton, CA 90221		11. DATE OF BIRTH 11 / 14 / 34 Month Day Year	AGE	
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Truck Driver & Warehouse		12A. DATE OF HIRE 5 / 01 / 76 Month Day Year	OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Carson - Truck Driver		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE	
13. WAGES \$ 324.80 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY	
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Wahlco Co., 3600 Segrstrom St., Santa Ana, Orange, CA		16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) As employee was unloading truck, a carton of Thermo-12 pipe covering weighing approximately 65-70 pounds fell on his face. An employee of the place he was delivering material to was helping him.		ACCIDENT TYPE	
INJURY	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) See Above		AGENCY		
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) A carton of Thermo-12 Pipe Covering.		AGENCY PART		
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Cervical strain & nose contusion. Face, Nose, Neck & Lower Back.		SUPPLEMENTAL AGENCY		
	20. NAME AND ADDRESS OF PHYSICIAN Dr. Mooring 1437 W. Lomita, Harbor City, CA		NATURE OF INJURY		
22. DATE OF INJURY OR ILLNESS 3 / 09 / 79 Month Day Year		23. TIME OF DAY 2:30 a.m. p.m.		PART OF BODY	
25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned _____ <input checked="" type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		INJURY DATE	
26. Was injury caused by 3rd party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name and address.		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A		EXTENT OF INJURY	
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 3-9-79 <input type="checkbox"/> No		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		INSURANCE CARRIER	
Employee from: Wahlco Co., 3600 Segrstrom St., Santa Ana, CA (Tom Merrick)		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		REPORT LAG	
Completed by (type or print) R. R. Hart		Signature		CODED BY	
Date 3-20-79		Title Office Manager			

*Carson
UNISE*

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

OSHA Case
or File No.

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury, or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company	1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Avenue, Los Angeles, CA 90040	2A. PHONE NUMBER 213-726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same			EMPLOYER NO.
EMPLOYEE	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor	5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY	
	6. NAME Scott Jorenson	7. SOCIAL SECURITY NUMBER 562-04-7798	SEX	
	8. HOME ADDRESS (number and street, city, Zip) 228 29th Place, Manhattan Beach, CA 90266	8A. PHONE NUMBER 213-545-7347	AGE	
INJURY OR ILLNESS	9. SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Sheet Metal Apprentice	OCCUPATION	
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Carson Shop	11. DATE OF BIRTH 06 / 25 / 56 Month Day Year	WEEKLY WAGE	
	13. WAGES \$ 244.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	COUNTY
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Carson warehouse - sheet metal shop		15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACCIDENT TYPE	
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Using a staple gun in fabricating ductboard air conditioning duct.			AGENCY	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) While stapling the duct, a staple was released from the gun accidentally and was lodged in the left palm.			AGENCY PART	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) 1/2" metal staple			SUPPLEMENTAL AGENCY	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED? Palm of left hand			NATURE OF INJURY	
20. NAME AND ADDRESS OF PHYSICIAN Dr. Schneiderman		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL Bay Harbor Hosp., 1437 W. Lomita Blvd., Harbor City	PART OF BODY	
22. DATE OF INJURY OR ILLNESS 03 / 05 / 79 Month Day Year	23. TIME OF DAY 9:00 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No	INJURY DATE	
25. HAS EMPLOYEE RETURNED TO WORK? No Lost Time <input checked="" type="checkbox"/> Yes, date returned 3-5-79 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	EXTENT OF INJURY	
26. Was Injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			INSURANCE CARRIER	
Completed by (type or print) R. R. Hart		Signature	REPORT LAG	
		Title Office Manager	CODED BY	
		Date 3-6-79		

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

OSHA Case
or File No.

S AIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME				EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY
	6. NAME Frank Douglas Anderson		7. SOCIAL SECURITY NUMBER 554-12-7489		SEX
	8. HOME ADDRESS (number and street, city, Zip) 2327 Starglen Dr., Covina, CA 91724		8A. PHONE NUMBER 213-331-1977		AGE
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator worker	11. DATE OF BIRTH 02 / 04 / 24 Month Day Year		OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 10 / 15 / 51 Month Day Year		WEEKLY WAGE
	13. WAGES \$ 578.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		COUNTY
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) U. S. Borax Co., Boron, Kern County, CA J 8694		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ACCIDENT TYPE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Pulling on a rope with spring attached to apply insulation block to a hot vessel.				AGENCY	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) While pulling on rope to open space for insulation to be applied, rope broke and employee fell back onto a hand rail and an upright piece of 2" pipe.				AGENCY PARTY	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) 2" angle iron hand rail				SUPPLEMENTAL AGENCY	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Bruised and injured leftside of back from hip to waist.				NATURE OF INJURY	
20. NAME AND ADDRESS OF PHYSICIAN		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL		PART OF BODY	
22. DATE OF INJURY OR ILLNESS 3 / 7 / 79 Month Day Year	23. TIME OF DAY 10:15 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No		INJURY DATE	
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 3-7-79 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No		EXTENT OF INJURY	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.				INSURANCE CARRIER	
Completed by (type or print) R. R. Hart				REPORT LAG	
Signature				CODED BY	
Title Office Manager				Date 3-13-79	

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

OSHA Case
or File No.

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME				
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractors		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		
EMPLOYEE	6. NAME Robert Mora		7. SOCIAL SECURITY NUMBER XXXXXXXX 551-94-0408	INDUSTRY SEX AGE OCCUPATION WEEKLY WAGE COUNTY ACCIDENT TYPE AGENCY AGENCY PART SUPPLEMENTAL AGENCY NATURE OF INJURY PART OF BODY INJURY DATE EXTENT OF INJURY INSURANCE CARRIER REPORT LAG CODED BY	
	8. HOME ADDRESS (number and street, city, Zip) 16334 Bluebonnet St., La Puente, CA 91744		8A. PHONE NUMBER 330-3789		
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator Worker			11. DATE OF BIRTH 08 / 01 / 52 Month Day Year
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12A. DATE OF HIRE 02 / 23 / 79 Month Day Year
13. WAGES \$ 470.40 per week		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184			
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Miller Brewing, Irwindale, Orange County		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Insulating a line					
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As employee was insulating the line, he jammed his finger against a metal tank.					
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Stainless steel metal tank.					
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Finger					
20. NAME AND ADDRESS OF PHYSICIAN John Myatt, M.D.		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A			
22. DATE OF INJURY OR ILLNESS 3 / 23 / 79 Month Day Year		23. TIME OF DAY 10:00 a.m.			
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked _____ <input checked="" type="checkbox"/> No		25. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No			
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.					

Completed by (type or print) R. R. Hart Signature _____ Date 3-29-79
Title Office Manager

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

OSHA Case
or File No.

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates, Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME				
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		
EMPLOYEE	6. NAME Phillip G. Grant		7. SOCIAL SECURITY NUMBER 553-54-5950	EMPLOYER NO. INDUSTRY SEX AGE OCCUPATION WEEKLY WAGE COUNTY ACCIDENT TYPE AGENCY AGENCY PART SUPPLEMENTAL AGENCY NATURE OF INJURY PART OF BODY INJURY DATE EXTENT OF INJURY INSURANCE CARRIER REPORT LAG CODED BY	
	8. HOME ADDRESS (number and street, city, Zip) 1251 Hickory St., Santa Ana, CA 92707		8A. PHONE NUMBER 714-542-7301		
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Journeyman Sheet Metal Worker			11. DATE OF BIRTH 11 / 27 / 22 Month Day Year
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Wilmington Shop		12A. DATE OF HIRE 01 / 31 / 79 Month Day Year		
13. WAGES 542.00 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) 24100 Broad St., Carson, Los Angeles, CA 90745			13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Using Banding Machine (Shear) (Loading)			15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
INJURY OR ILLNESS	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Employee lifted 100 Lb. roll of metal, walked 3-4 steps while rotating 180°. Rested ball on ledge of machine, regripped roll and lifted roll into position and loaded roll onto machine (chest high). He felt a pain and pulling sensation while lifting (in the left groin).				
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) 100 Lb. roll of banding metal				
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Rupture left side groin				
	20. NAME AND ADDRESS OF PHYSICIAN Mohammed T. Younis 3620 S. Bristol, Ste. 101, Santa Ana, CA		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A		
22. DATE OF INJURY OR ILLNESS 2 / 5 / 79 Month Day Year		23. TIME OF DAY 10:00 a.m. / p.m.			
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No		25. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No			
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.					

Completed by (type or print) **R. R. Hart** Signature
Title **Office Manager** Date **2-21-79**

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

OSHA-Case
or File No.

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME				
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		
EMPLOYEE	6. NAME Eugene Sadler		7. SOCIAL SECURITY NUMBER 489-32-9752	CASE NO. EMPLOYER NO. INDUSTRY SEX AGE OCCUPATION WEEKLY WAGE COUNTY ACCIDENT TYPE AGENCY AGENCY PART SUPPLEMENTAL AGENCY NATURE OF INJURY PART OF BODY INJURY DATE EXTENT OF INJURY INSURANCE CARRIER REPORT LAG CODED BY	
	8. HOME ADDRESS (number and street, city, Zip) 14023 Ben Nevis, Norwalk, CA 90650		8A. PHONE NUMBER 921-2104		
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Journeyman Sheet Metal Worker			11. DATE OF BIRTH 02 / 25 / 29 Month Day Year
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Wilmington Shop		12A. DATE OF HIRE 01 / 12 / 76 Month Day Year		13. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184
13. WAGES \$ 542.00 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) 24100 Broad St., Carson, Los Angeles, CA		15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Moving precut sheets of metal					
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) While lifting the pile of metal sheets, the stack slipped and the employee reached out to catch the material,					
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) .010 thick precut sheets of metal jacketing.					
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Cut on third finger, right hand.					
20. NAME AND ADDRESS OF PHYSICIAN Paramount Dr. Dudar, Gen. Hospital		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL Paramount General Hospital, 16415 S. Colorado, Paramount, CA 90723			
22. DATE OF INJURY OR ILLNESS 02 / 16 / 79 Month Day Year		23. TIME OF DAY 1:00 p.m.			
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No		25. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No			
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned <input type="checkbox"/> No, still off work		26. Was Injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			

Completed by (type or print) **R. R. Hart** Signature _____ Title **Office Manager** Date **2-21-79**

Please complete and distribute as marked

OSHA Case
or File No.

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90091

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
 PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WPI804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Avenue Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 556-18-9202		INDUSTRY
EMPLOYEE	6. NAME Willard C. Cotton		8A. PHONE NUMBER 466-3135	SEX	
	8. HOME ADDRESS (number and street, city, Zip) 10003 Norte Mesa Dr. Spring Valley, CA 92077		11. DATE OF BIRTH 12/27/20 Month Day Year	AGE	
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Warehouseman		12A. DATE OF HIRE 2/14/63 Month Day Year	OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED San Diego Warehouse		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE	
13. WAGES \$ 300.00 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	COUNTY	
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) San Diego Warehouse -4550 Federal Blvd., S.D.		16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Unloading material, Unidentified particle in left eye.		ACCIDENT TYPE	
INJURY OR ILLNESS	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Object in left eye (Dust, Etc)		AGENCY		
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Dust or dirt particle		AGENCY PART		
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Left eye		SUPPLEMENTAL AGENCY		
	20. NAME AND ADDRESS OF PHYSICIAN Edward L. Schechter		NATURE OF INJURY		
22. DATE OF INJURY OR ILLNESS 2/12/79 Month Day Year		23. TIME OF DAY 1:30 a.m. p.m.		PART OF BODY	
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 2/5/79 <input type="checkbox"/> No, still off work		24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No		INJURY DATE	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No		EXTENT OF INJURY	
Completed by (type or print)		Signature		INSURANCE CARRIER	
		R.R. Hart		REPORT LAG	
		Office Manager		CODED BY	
		Date 2/9/79			

Please complete and distribute as marked



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

P. O. BOX 2333
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME				EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY
	6. NAME Emory Molchan		7. SOCIAL SECURITY NUMBER 572-54-3348		SEX
	8. HOME ADDRESS (number and street, city, Zip) 870 Governor St., Costa Mesa, CA		8A. PHONE NUMBER 646-9847		AGE
	9. SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator Worker	11. DATE OF BIRTH 8 / 16 / 41 Month Day Year		OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 10 / 11 / 65 Month Day Year		WEEKLY WAGE
	13. WAGES \$ 578.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		COUNTY
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Alamitos Edison, Los Alamitos, Los Angeles J. 8716		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ACCIDENT TYPE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Working while raised up under valve stem.			AGENCY		
INJURY OR ILLNESS	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Employee raised up under valve stem, hitting hard hat and smashing head down between shoulders.			AGENCY PART	
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Valve Stem			SUPPLEMENTAL AGENCY	
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Neck and shoulders			NATURE OF INJURY	
	20. NAME AND ADDRESS OF PHYSICIAN Dr. Eric A. Perlman, D.O. 1757 W. La Palma, Anaheim, CA 92801		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	PART OF BODY	
	22. DATE OF INJURY OR ILLNESS 2 / 8 / 79 Month Day Year	23. TIME OF DAY 12 Noon a.m. p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 2/8/79 <input type="checkbox"/> No	INJURY DATE	
	25. HAS EMPLOYEE RETURNED TO WORK? 2 Days Off <input checked="" type="checkbox"/> Yes, date returned 2/13/79 <input type="checkbox"/> No, still off work	26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No		EXTENT OF INJURY	
	26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			INSURANCE CARRIER	
	Completed by (type or print) R. R. Hart			REPORT LAG	
	Signature R. R. Hart			CODED BY	
	Date 2-22-79				

Completed by (type or print) **R. R. Hart** Signature **R. R. Hart** Title **Office Manager** Date **2-22-79**

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2333
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

SAIS DIV. CODE

A.	B.	C.

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates, Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME			
EMPLOYEE	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	EMPLOYER NO.
	6. NAME Jim Hartman		7. SOCIAL SECURITY NUMBER 560-54-6831	INDUSTRY
	8. HOME ADDRESS (number and street, city, Zip) 22732 Berdon, Woodland Hills, CA 91367		8A. PHONE NUMBER 888-0611	SEX
INJURY	9. SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator Worker	11. DATE OF BIRTH 03/01/40 Month Day Year	AGE
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 08/18/58 Month Day Year	OCCUPATION
	13. WAGES \$ 588.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Atomics International, Santa Susanna, Ventura County		J 8547	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Flat troweling insulation on tank				ACCIDENT TYPE
ILLNESS	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Employee felt a pain in elbow while flat troweling insulation on tank.			AGENCY
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Sprained elbow resulting from flat troweling.			AGENCY PART
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Right elbow			SUPPLEMENTAL AGENCY
20. NAME AND ADDRESS OF PHYSICIAN		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL West Hills Medical Center 7300 Med. Ctr. Dr., Canoga Park, CA		NATURE OF INJURY
22. DATE OF INJURY OR ILLNESS 2/9/79 Month Day Year	23. TIME OF DAY 1:00 a.m. p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 2/9/79 <input type="checkbox"/> No		PART OF BODY
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 2-20-79 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No		INJURY DATE
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.				EXTENT OF INJURY
				INSURANCE CARRIER
				REPORT LAG
				CODED BY

Completed by (type or print) **R. R. Hart** Signature Date **Office Manager 2-21-79**

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 213-726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same				EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY
EMPLOYEE	6. NAME William E. Marcilliat		7. SOCIAL SECURITY NUMBER 305-12-1022	SEX	
	8. HOME ADDRESS (number and street, city, Zip) 610 La Sena Ave., West Covina, CA 91790		8A. PHONE NUMBER 962-2954	AGE	
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Truck Driver	11. DATE OF BIRTH 5 / 1 / 18 Month Day Year	OCCUPATION	
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 11 / 15 / 55 Month Day Year	WEEKLY WAGE	
13. WAGES \$ 324.80 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	COUNTY	
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Intersection of Santa Ana & Newport Frwy., Santa Ana, CA Orange County		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ACCIDENT TYPE	
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Santa Ana Employee was driving a truck on the freeway, when he was stopped in traffic.				AGENCY	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As employee was going from Santa Ana Freeway to Newport Freeway, traffic was stopped, so he slowed to a stop. A big truck hit him in the rear, causing him to hit the car in front of him.				AGENCY PART	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Steering wheel and windshield				SUPPLEMENTAL AGENCY	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Forehead and nose				NATURE OF INJURY	
20. NAME AND ADDRESS OF PHYSICIAN		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL Telegraph Industrial Clinic 6638 Telegraph Rd., L.A.		PART OF BODY	
22. DATE OF INJURY OR ILLNESS 2 / 14 / 79 Month Day Year	23. TIME OF DAY 11:00 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 2-14-79 <input type="checkbox"/> No		INJURY DATE	
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 2-16-79 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		EXTENT OF INJURY	
26. Was injury caused by 3rd party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name and address.		Duffy and Company Phone: (213) 753-2141		INSURANCE CARRIER	
Completed by (type or print) R. R. Hart		Signature	Title Office Manager	REPORT LAG	
Date 2-16-79		Date 2-16-79		CODED BY	

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 213-726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME				EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractors		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY
	6. NAME William Abbot		7. SOCIAL SECURITY NUMBER 552-28-1005		SEX
	8. HOME ADDRESS (number and street, city, Zip) 3021 Ladoga Ave., Long Beach, CA 90808		8A. PHONE NUMBER 421-7574		AGE
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Construction Supt.	11. DATE OF BIRTH 10/18 /22 Month Day Year		OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 6/01 /48 Month Day Year		WEEKLY WAGE
	13. WAGES \$ 550.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		COUNTY
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) General Motors, South Gate, Los Angeles County J 3655		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ACCIDENT TYPE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Unloading Truck - Reoccurrence of old injury* Date of Original Injury 6-14-75 Date of first reoccurrence 6-11-76			AGENCY		
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Twisted back getting out of truck			AGENCY PART		
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Tool Box			SUPPLEMENTAL AGENCY		
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Lower Back			NATURE OF INJURY		
20. NAME AND ADDRESS OF PHYSICIAN Paul Teng 1045 Atlantic Ave., Long Beach, CA 90813		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL St. Mary's Baver Med - 1020 Linden, Long Beach	PART OF BODY		
22. DATE OF INJURY OR ILLNESS * 1 /28 /79 Month Day Year	23. TIME OF DAY 9:30 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 2-2-79 <input type="checkbox"/> No	INJURY DATE		
25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned <input checked="" type="checkbox"/> No, still off work.		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	EXTENT OF INJURY		
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			INSURANCE CARRIER		

Completed by (type or print) R. R. Hart	Signature	Title Office Manager	Date 2-13-79
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State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2523
LOS ANGELES, CALIFORNIA 90021

(Carrier name, address)

SAIS DIV. CODE

A.	B.	C.

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results, or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

E M P L O Y E R	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Please include city, zip) 2741 South Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 213-726-7171	
E M P L O Y E	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME		5. STATE EMPLOYMENT INSURANCE ACT. NUMBER 030-0725-0	EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor			7. SOCIAL SECURITY NUMBER 502-32-1733
E M P L O Y E	6. NAME Richard D. Lanning		8A. PHONE NUMBER 578-0771	SEX
	8. HOME ADDRESS (number and street, city, zip) 13328 Dana Vista, Poway, CA 92064		11. DATE OF BIRTH 10 / 2 / 38 Month Day Year	AGE
E M P L O Y E	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator Workman	12A. DATE OF HIRE 8 / 16 / 71 Month Day Year	OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		13B. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BY ROY OR LOADING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WEEKLY WAGE
I N J U R Y O R I L L N E S S	13. WAGES \$ 578.00 per week		13A. WHICH VENT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	COUNTRY
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) 1025 E. Harbor Dr., San Diego, CA J-7279		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I N J U R Y O R I L L N E S S	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material if the employee was using) Applying insulation from man lift.		ACCIDENT TYPE	
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Employee was using PE lift, because wing nuts were not put in place. As employee stepped toward basket, it tipped. Employee jumped backward from a height of 5 to 6 feet, and landed on rear of heels of both feet, causing a fracture of both heels.		AGENCY	
I N J U R Y O R I L L N E S S	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Jumping to floor		AGENCY PART	
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Heels of both feet.		SUPPLEMENTAL AGENCY	
I N J U R Y O R I L L N E S S	20. NAME AND ADDRESS OF PHYSICIAN Dr. Center, H.D. 120 Elm St., San Diego, CA 92101		NATURE OF INJURY	
	21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL Center City Hosp., 120 Elm, S.D., CA		PART OF BODY	
I N J U R Y O R I L L N E S S	22. DATE OF INJURY OR ILLNESS 1 / 27 / 79 Month Day Year	23. TIME OF DAY 8:00 a.m.	INJURY DATE	
	24. WAS EMPLOYEE ABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 1-27-79 <input type="checkbox"/> No		EXTENT OF INJURY	
I N J U R Y O R I L L N E S S	25. HAS EMPLOYEE REFUSED TO WORK? <input type="checkbox"/> Yes, date returned <input checked="" type="checkbox"/> No, still off work		INSURANCE CARRIER	
	26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		REPORT LAG	
Completed by (type or print) R. R. Hart		Signature	Title Office Manager	Date 2-1-79

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 213-726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same				EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoes manufacturer, cabinet works) Industrial Insulating Contractor		3. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY
	6. NAME Alfred L. Nunez		7. SOCIAL SECURITY NUMBER 555-40-4765		SEX
	8. HOME ADDRESS (number and street, city, Zip) 155 N. Walnut Dr., San Diego, CA		8A. PHONE NUMBER 422-0973		AGE
	9. SEX: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Warehouseman/Shop	11. DATE OF BIRTH: 12 / 22 / 29 Month Day Year		OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Warehouse/Shop		12A. DATE OF HIRE: 2 / 28 / 63 Month Day Year		WEEKLY WAGE
	13. WAGES \$ 300.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LOUING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		COUNTY
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) 4550 Federal Blvd., San Diego, San Diego County, CA		15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ACCIDENT TYPE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Wrapping pipe insulation with Kraft paper			AGENCY		
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Kraft paper cut finger (paper cut) resulting in infection to finger.			AGENCY PART		
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Paper			SUPPLEMENTAL AGENCY		
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Paper cut - middle finger of right hand.			NATURE OF INJURY		
20. NAME AND ADDRESS OF PHYSICIAN Dr. Pakula, Monroe Clinic		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	PART OF BODY		
22. DATE OF INJURY OR ILLNESS 1 / 12 / 79 Month Day Year	23. TIME OF DAY: 10:30 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 1/17/79 <input type="checkbox"/> No	INJURY DATE		
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 1-23-79 <input type="checkbox"/> No, still off work 3 Days off		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	EXTENT OF INJURY		
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			INSURANCE CARRIER		
Completed by (type or print)			REPORT LAG		
Signature R. R. Hart			CODED BY		
Title Office Manager			Date 1-23-79		

EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS
DLSR Form 5020 (Rev. 3)

PACIFIC INDEMNITY COMPANY

3200 WILSHIRE BLVD.
LOS ANGELES, CALIF. 90010
SOUTHERN CALIFORNIA EDISON COMPANY
MASTER INSURANCE PROGRAM

Project No.

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER PEC 58852		PLEASE DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Avenue, Los Angeles, CA 90040		2A. PHONE NUMBER 213-726-7171		
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCT NUMBER 038-0726-0		
EMPLOYEE	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 554-74-9632		CASE NO.
	6. NAME George Morales		8A. PHONE NUMBER 213-919-6352		EMPLOYER NO.
	8. HOME ADDRESS (number and street, city, Zip) 1132 South Pima, West Covina, CA 91790		11. DATE OF BIRTH 4 / 23 / 46 Month Day Year		INDUSTRY
INJURY	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		10. OCCUPATION (Regular job title, not specific activity at time of injury) Sheetmetal		SEX
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Sheetmetal		12A. DATE OF HIRE 2 / 1 / 78 Month Day Year		AGE
	13. WAGES \$ 581.60 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OCCUPATION
DISEASE	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) San Onofre Jobsite, San Diego, County J 4203		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		WEEKLY WAGE
	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Screwing Metal together in Turbine area.		COUNTY
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Slipped into a hole and fell back on extended wall beam.		18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him, the vapor or poison inhaled or swallowed, the chemical that irritated his skin, in cases of strains, the thing he was lifting, pulling, etc.) Wall beam.		ACCIDENT TYPE
ILLNESSES	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Lower back, coccyx discomfort		20. NAME AND ADDRESS OF PHYSICIAN M.F. Skinner, M.D. 654 Camino de Los Mares, San Clemente, CA		AGENCY
	22. DATE OF INJURY OR ILLNESS 1 / 9 / 79 Month Day Year		23. TIME OF DAY 2:30 p.m.		AGENCY PART
	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked: _____ <input checked="" type="checkbox"/> No		25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned N.I.T. <input type="checkbox"/> No, still off work		SUPPLEMENTAL AGENCY
26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date: _____ <input checked="" type="checkbox"/> No		20. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A		NATURE OF INJURY	
Completed by (type or print) J. E. Knutsen		Signature		PART OF BODY	
Title Treasurer		Date 1-15-79		INJURY DATE	
				EXTENT OF INJURY	
				INSURANCE CARRIER	
				REPORT LAG	
				CODED BY	

Completed by (type or print) J. E. Knutsen Signature Title Treasurer Date 1-15-79

Please complete and file as marked

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2023
LOS ANGELES, CALIFORNIA 90001

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1004460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Ave., Los Angeles, CA 90040		7A. PHONE NUMBER 213-726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE OR EMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	CASE NO.
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 554-12-7489	EMPLOYER NO.
6. NAME Frank Douglas Anderson		8A. PHONE NUMBER 213-331-1977	INDUSTRY
8. HOME ADDRESS (number and street, city, Zip) 232 Starglen Dr., Covina, CA 91724		11. DATE OF BIRTH 2 / 4 / 24	SEX
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Insulator Workman		AGE
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 10 / 15 / 51	OCCUPATION
13. WAGES \$ 578.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) U. S. Borax, Boron, CA Kern County J 8694		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Helping disassemble scaffolding			ACCIDENT TYPE
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Sprained back while lifting plank			AGENCY
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Ten Foot Scaffold Plank			AGENCY PART
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Tweaked Lower Back			SUPPLEMENTAL AGENCY
20. NAME AND ADDRESS OF PHYSICIAN Alexis M. Tanner, D.C. 989 N. "D" St., San Bernardino, CA 92410		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A	NATURE OF INJURY
22. DATE OF INJURY OR ILLNESS 1 / 22 / 79	23. TIME OF DAY 2:00 p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No	PART OF BODY
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 1-22-79 <input type="checkbox"/> No, still off work		25. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	INJURY DATE
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			EXTENT OF INJURY
Completed by (type or print) R. R. Hart			INSURANCE CARRIER
Signature R. R. Hart			REPORT LAG
Title Office Manager			CODED BY
Date 1-31-79			

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

OSHA Case
or File No.

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

E M P L O Y E R	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Avenue, Los Angeles, CA 90040		2A. PHONE NUMBER 213-726-7171	
E M P L O Y E E	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor			7. SOCIAL SECURITY NUMBER 553-70-9777
E M P L O Y E E	6. NAME Mark Brokenshire		8A. PHONE NUMBER 213-864-5849	SEX
	8. HOME ADDRESS (number and street, city, Zip) 14638 Domart Avenue, Norwalk, CA 90650		11. DATE OF BIRTH 12 / 22 / 48 Month Day Year	AGE
E M P L O Y E E	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married		10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker - Apprentice	OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF INJURY 02 / 26 / 77 Month Day Year	WEEKLY WAGE
I N J U R Y	13. WAGES \$ 416.80 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COUNTY
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) 8875 Industrial Ln, Cucamonga, San Bernardino, CA J 5247		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ACCIDENT TYPE
O R I L L N E S S	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Walking through narrow corridor.		17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) A large heavy metal door on furnace was open above eye level. He struck the door with his head.	AGENCY
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Door			AGENCY PART
I N J U R Y	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Head injury with a swollen area.		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX N/A	SUPPLEMENTAL AGENCY
	20. NAME AND ADDRESS OF PHYSICIAN Kaiser Hospital Physician, Bellflower			NATURE OF INJURY
O R I L L N E S S	22. DATE OF INJURY OR ILLNESS 1 / 9 / 79 Month Day Year		23. TIME OF DAY 3:00 p.m.	PART OF BODY
	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No		25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned <input type="checkbox"/> No, still off work	INJURY DATE
I N J U R Y	26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	EXTENT OF INJURY
	Completed by (type or print)		Signature R. R. Hart	INSURANCE CARRIER
Title Office Manager		Date 1-17-79	REPORT LAG	CODED BY

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

OSHA Case
or File No.

SAIS DIV. CODE

A	B	C

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PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460		PLEASE DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same				EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY
	6. NAME John K. Maxwell		7. SOCIAL SECURITY NUMBER 561-22-2967		SEX
	8. HOME ADDRESS (number and street, city, Zip) 25110 Cypress St., Lomita, CA 90717		8A. PHONE NUMBER 534-2038		AGE
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married		10. OCCUPATION (Regular job title, not specific activity at time of injury) Pipe coverer		AGE
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Installation		11. DATE OF BIRTH 03 / 03 / 27 Month Day Year		OCCUPATION
	13. WAGES \$ 540.00 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WEEKLY WAGE
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Torrance Mem. Hospital, Lomita Blvd., Torrance J 3237		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		COUNTY
	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				COUNTY
	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Lifting roll of fiberglass duct wrap to shoulder.				ACCIDENT TYPE
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As he was lifting material to put on his shoulder, his back went out of place.				AGENCY
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) A roll of duct wrap.				AGENCY PART
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Put back out of place.				SUPPLEMENTAL AGENCY
	20. NAME AND ADDRESS OF PHYSICIAN Dr. Millar, 22924 Crenshaw Bl., Torrance		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A		NATURE OF INJURY
22. DATE OF INJURY OR ILLNESS 12 / 27 / 78 Month Day Year		23. TIME OF DAY 2:00 a.m. p.m.		PART OF BODY	
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 12-27-78 <input type="checkbox"/> No		25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 1-2-79 <input type="checkbox"/> No, still off work		INJURY DATE	
26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No				EXTENT OF INJURY	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.				INSURANCE CARRIER	
Completed by (type or print)		Signature		REPORT LAG	
R. R. Hart		Office Manager		CODED BY	
				DATE	
				1-10-79	

Please complete and distribute as marked

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

OSHA Case
or File No.

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company	1A. POLICY NUMBER 75WPL804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Avenue Los Angeles, CA 90040	2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same			EMPLOYER NO.
EMPLOYEE	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor	5. STATE UNEMPLOYMENT INSURANCE AGENCY NUMBER 038-0726-0	INDUSTRY	
	6. NAME James E. Shelton	7. SOCIAL SECURITY NUMBER 546-38-6720	SEX	
	8. HOME ADDRESS (number and street, city, Zip) 200 Reposado Drive La Habra Hts, CALIF, 90631	8A. PHONE NUMBER 697-3552	AGE	
INJURY	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker Fore	11. DATE OF BIRTH 8 / 12 / 32 Month Day Year	
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field	12A. DATE OF HIRE 2 / 10 / 54 Month Day Year	OCCUPATION	
	13. WAGES \$ 588.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE
OR ILLNESS	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Dicarlo's Bakery, San Pedro, CA	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY	
	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Sharpening knife		ACCIDENT TYPE	
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Cut right index finger while sharpening knife.		AGENCY	
S.S.	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Knife		AGENCY PART	
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Cut right index finger		SUPPLEMENTAL AGENCY	
	20. NAME AND ADDRESS OF PHYSICIAN Henry G. Kurz, M.D. 15151 Janine Dr, Whittier, CA 90605		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL	NATURE OF INJURY
22. DATE OF INJURY OR ILLNESS 12 / 14 / 78 Month Day Year		23. TIME OF DAY 10:00 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 12/14/78 <input type="checkbox"/> No	PART OF BODY
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 12/20/78 <input type="checkbox"/> No, still off work 3 Days lost		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No	EXTENT OF INJURY	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			INSURANCE CARRIER	
Completed by (type or print)		Signature	Date 1/8/79	
		Title	REPORT LAG	
			CODED BY	

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
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EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1904460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Avenue, Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER: 038-0726-0		
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 456-46-0131		
EMPLOYEE	6. NAME Johnny F. Patterson		8A. PHONE NUMBER 714-737-2492	CASE NO.	
	8. HOME ADDRESS (number and street, city, Zip) 1751 Mountain Avenue, W Horco, CA 91760		11. DATE OF BIRTH 03 / 12 / 34 Month Day Year	EMPLOYER NO.	
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker - Foreman		12A. DATE OF HIRE 01 / 31 / 58 Month Day Year	INDUSTRY
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5134	SEX
13. WAGES \$ 583.00 per week		14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Job 8693 East Sepulveda St., Carson Los Angeles County		AGE	
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Tightening bands on fuel oil storage tank to hold corrugated aluminum over insulation using a hand bander.		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OCCUPATION	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) While tightening 3/4" stainless band with hand bander, the seal opened up allowing band to release and rip open left ring finger. This was an improper bander for this job.		18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) 3/4" Stainless Band		WEEKLY WAGE	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED 3 stitches left ring finger		20. NAME AND ADDRESS OF PHYSICIAN Robt. Toumajian, M.D. 3711 Long Beach Blvd, Ste. 216, L. B., CA 90807		COUNTY	
21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL N/A		22. DATE OF INJURY OR ILLNESS 12 / 22 / 78		ACCIDENT TYPE	
23. TIME OF DAY 7:30 a.m.		24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 12-22-78 <input type="checkbox"/> No		AGENCY	
25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned 12-27-78 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		AGENCY PART	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		Completed by (type or print) R. R. Hart		SUPPLEMENTAL AGENCY	
Signature R. R. Hart		Title Office Manager		NATURE OF INJURY	
Date		Date		PART OF BODY	
Date		Date		INJURY DATE	
Date		Date		EXTENT OF INJURY	
Date		Date		INSURANCE CARRIER	
Date		Date		REPORT LAG	
Date		Date		CODED BY	

Completed by (type or print) **R. R. Hart** Signature **R. R. Hart** Title **Office Manager** Date

Please complete and distribute as marked



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Avenue, Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171	
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same			
EMPLOYEE	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	CASE NO.
	6. NAME James Beu		7. SOCIAL SECURITY NUMBER 551-40-6241	EMPLOYER NO.
	8. HOME ADDRESS (number and street, city, Zip) 2111 February St. & Ct., San Diego, CA 92110		8A. PHONE NUMBER 276-1828	INDUSTRY
INJURY	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker/Foreman	11. DATE OF BIRTH 4 / 5 / 30 Month Day Year	SEX
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Commercial		12A. DATE OF HIRE 1 / 4 / 54 Month Day Year	AGE
	13. WAGES \$ 588.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	OCCUPATION
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Silvergate Jobsite - S.D.G.E. J 7243		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WEEKLY WAGE
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Picking up some buckets.				COUNTY
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) As he was picking up the buckets, he pulled a muscle.				ACCIDENT TYPE
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Buckets				AGENCY
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Pulled muscle - lower back.				AGENCY PART
20. NAME AND ADDRESS OF PHYSICIAN Dr. Walker				SUPPLEMENTAL AGENCY
21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL Kaiser - Zion				NATURE OF INJURY
22. DATE OF INJURY OR ILLNESS 12 / 29 / 78 Month Day Year		23. TIME OF DAY 7:00 a.m.		PART OF BODY
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No		25. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No		INJURY DATE
26. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 12-29-78 <input type="checkbox"/> No, still off work		27. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		EXTENT OF INJURY
28. No time lost.				INSURANCE CARRIER
Completed by (type or print) _____ Signature _____ Date _____ Title Office Manager				REPORT LAG
Coded by 12/78				

Completed by (type or print)

Signature

Title

Date

R. R. Hart

Office Manager

1-2-79

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV, CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease, which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 S. Yates Avenue, Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same				EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY
	6. NAME Fritz Bodner		7. SOCIAL SECURITY NUMBER 157-16-7810		SEX
	8. HOME ADDRESS (number and street, city, Zip) 1425 Pepper Drive, El Centro, CA 92243		8A. PHONE NUMBER 353-0925		AGE
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker/Foreman			OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		11. DATE OF BIRTH 3 / 8 / 26 Month Day Year		WEEKLY WAGE
	13. WAGES 588.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			COUNTY
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Adult Detention Facility		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		ACCIDENT TYPE
	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				AGENCY
	5. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Wrapping duct.				AGENCY PART
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Tying one wire, ran hand into another one.				SUPPLEMENTAL AGENCY
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Wire.				NATURE OF INJURY
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Left hand - Puncture			PART OF BODY		
20. NAME AND ADDRESS OF PHYSICIAN		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL El Centro Hospital	INJURY DATE		
22. DATE OF INJURY OR ILLNESS 12 / 28 / 78 Month Day Year	23. TIME OF DAY 8:00 a.m. p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No	EXTENT OF INJURY		
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned <input type="checkbox"/> No, still off work No Lost Time		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	INSURANCE CARRIER		
25. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			REPORT LAG		
Completed by (type or print)		Signature R. R. Hart	Title Office Mgr.	DATE 12-29-78	

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company	1A. POLICY NUMBER 75WP180-4460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 So. Yates Ave Los Angeles, CA 90040	2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same			EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor	5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY
EMPLOYEE	6. NAME Walter R. Rech	7. SOCIAL SECURITY NUMBER 551-54-9514	SEX	
	8. HOME ADDRESS (number and street, city, Zip) 10201 Arundel Ave Westminster, CA 92683	8A. PHONE NUMBER 714-551-4095	AGE	
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker	11. DATE OF BIRTH 1/13/47 Month Day Year	OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field	12A. DATE OF HIRE 9/30/63 Month Day Year	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE
13. WAGES \$588.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY	
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Sheraton Hotel, Newport Beach, CA	Job 3606		ACCIDENT TYPE	
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Insulating air conditioning ducts with fiberglass.			AGENCY	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Fiberglass dust in the air got into my eyes			AGENCY PART	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Fiberglass fibers.			SUPPLEMENTAL AGENCY	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED? Eyes infected.			NATURE OF INJURY	
20. NAME AND ADDRESS OF PHYSICIAN John V. Fiore, M.D. 12665 Garden Grove Blvd, #401, Garden Grove, CA	21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL Grove, CA		PART OF BODY	
22. DATE OF INJURY OR ILLNESS 11/13/78 Month Day Year	23. TIME OF DAY 10:00 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 11/13/78 <input type="checkbox"/> No	INJURY DATE	
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 11/7/78 <input type="checkbox"/> No, still off-work OFF 1 Day	26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No		EXTENT OF INJURY	
26. Was Injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			INSURANCE CARRIER	

Completed by (type or print) R. R. Hart	Signature R. R. Hart	Title Office Manager	Date 11/16/78
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State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2333
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement; then the nearest district office of the California Division of Industrial Safety also must be notified immediately, by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Avenue Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same				
EMPLOYEE	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY	
	6. NAME Walter Stanton		7. SOCIAL SECURITY NUMBER 519-90-6963		SEX
	8. HOME ADDRESS (number and street, city, Zip) 4544 West 166th St Lawndale, Ca 90260		8A. PHONE NUMBER None		
INJURY	9. SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker	11. DATE OF BIRTH 12 / 17 / 78 Month Day Year	AGE	
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 3 / 14 / 77 Month Day Year		OCCUPATION
	13. WAGES \$ 578.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) U.S. Borax Plant, Boron, CA		Job NO. 8635	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY	
ILLNESS	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Sawing a 12'' block of thermo Insulation with a hand pruning saw.			ACCIDENT TYPE	
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) The saw blade slipped from the insulation			AGENCY	
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) A hand saw (pruning saw)			AGENCY PART	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED A jagged cut on second joint of Right index finger			SUPPLEMENTAL AGENCY		
20. NAME AND ADDRESS OF PHYSICIAN Edward Case Jr. M.D. 12560 Boron Ave. Boron, CA 93516		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL		NATURE OF INJURY	
22. DATE OF INJURY OR ILLNESS 11 / 9 / 78 Month Day Year	23. TIME OF DAY 11:20 a.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked _____ <input checked="" type="checkbox"/> No		PART OF BODY	
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 11/9/78 <input type="checkbox"/> No, still off work _____		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		INJURY DATE	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.				EXTENT OF INJURY	
Completed by (type or print) _____ Signature _____ Title _____ Date _____				INSURANCE CARRIER	
R.R. Hart Office Manager 11/13/78				REPORT LAG	
Coded by _____				CODING BY	

Please complete and distribute as marked

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

SAIS DIV. CODE

A	B	C

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PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYEE	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Avenue Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same				EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		INDUSTRY
	6. NAME Ronald M. Myers, Jr.		7. SOCIAL SECURITY NUMBER 546-41-5072		SEX
	8. HOME ADDRESS (number and street, city, Zip) 15947 Hunsaker Paramount, CA		8A. PHONE NUMBER 633-1534		AGE
	9. SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Warehouse Helper			11. DATE OF BIRTH 10/15/60 Month Day Year
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Carson Warehouse		12A. DATE OF HIRE 10/20/78 Month Day Year		OCCUPATION
	13. WAGES \$ 200.00 per week	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) 24100 Broad St, Carson, CA		15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COUNTY
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Lifting pipe covering box into pick-up truck				ACCIDENT TYPE	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Ron & Art Atkins was loading pipe covering in pick-up truck for delivery, Both were lifting box into pick-up when back went out.				AGENCY	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Lifting J-M T-12 pipe covering.				AGENCY PART	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Back				SUPPLEMENTAL AGENCY	
20. NAME AND ADDRESS OF PHYSICIAN Peter Dudar, M.D. 16453 So. Colorado Ave., Paramount, CA		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL Paramount Gen Hospital		NATURE OF INJURY	
22. DATE OF INJURY OR ILLNESS 10/31/78 Month Day Year	23. TIME OF DAY 1:00 p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 10/31/78 <input type="checkbox"/> No		PART OF BODY	
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 11/3/78 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		INJURY DATE	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.				EXTENT OF INJURY	
Completed by (type or print)		Signature	Title	Date	

R.R. Hart Office Manager 11/9/78

Please complete and distribute as marked



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

State of California
EMPLOYER'S REPORT
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INJURY OR ILLNESS

P. O. BOX 2323
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(Carrier name, address)

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PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, state, zip) 2741 South Yates Avenue Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 555-56-7645		INDUSTRY
EMPLOYEE	6. NAME Gary P. Portrey		8A. PHONE NUMBER 531-5275	SEX	
	8. HOME ADDRESS (number and street, city, zip) 10378 Mar Garita Fountain Valley, CA 92708		11. DATE OF BIRTH 2/11/41 Month Day Year	AGE	
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker		12A. DATE OF HIRE 5/5/66 Month Day Year	OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE	
13. WAGES \$ 588.00 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY	
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Beverly Hills Hotel		Job No. 51		ACCIDENT TYPE	
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Standing on 6ft ladder, Working in attic area, 1st floor hall way Insulating chilled water pipes.				AGENCY	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Felt sharp pain in right lower leg, While stretching to get into access hole in ceiling attic area.				AGENCY PART	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) None				SUPPLEMENTAL AGENCY	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Tore calf muscle in right lower leg.				NATURE OF INJURY	
20. NAME AND ADDRESS OF PHYSICIAN M. Stoler M.D. 11100 Warner Ave, Suite 202-210, Fountain Valley, CA 92708		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL		PART OF BODY	
22. DATE OF INJURY OR ILLNESS 10/13/78 Month Day Year	23. TIME OF DAY _____ a.m. _____ p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 10/13/78 <input type="checkbox"/> No		INJURY DATE	
25. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes, date returned _____ <input checked="" type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		EXTENT OF INJURY	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.				INSURANCE CARRIER	
Completed by (type or print)				REPORT LAG	
Signature				CODED BY	
Date					

R.R. Hart Office Manager 10/23/78

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS



Please complete and distribute as marked

- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

OSHA Case
or File No.

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorpe Insulation Company		1A. POLICY NUMBER 75wp1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 South Yates Avenue Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 552-78-0571		INDUSTRY
EMPLOYEE	6. NAME Lewis D. Brewer		8A. PHONE NUMBER 206-1535	SEX	
	8. HOME ADDRESS (number and street, city, Zip) 4132 Albatross Dr San Diego, CA 92103		11. DATE OF BIRTH 1 18 / 51 Month Day Year	AGE	
	9. SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker		12A. DATE OF HIRE 8 25 / 75 Month Day Year	OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	WEEKLY WAGE	
13. WAGES \$ 578.00 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	COUNTY	
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Kaiser Hospital, San Diego, CA		14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Job No. 7107		ACCIDENT TYPE	
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Applying Insulation		16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Applying Insulation		AGENCY	
INJURY OR ILLNESS	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Applying Insulation - apparently glass fibers imbedded into skin.		17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Applying Insulation - apparently glass fibers imbedded into skin.		
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Fiberglass Insulation got into finger causing infection. Red streak up hand.		18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Fiberglass Insulation got into finger causing infection. Red streak up hand.		
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Right index finger infected.		19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Right index finger infected.		
	20. NAME AND ADDRESS OF PHYSICIAN Thomas Stogdill M.D. - Kaiser		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL		
22. DATE OF INJURY OR ILLNESS 10 / 10 / 78 Month Day Year		23. TIME OF DAY _____ a.m. _____ p.m.		EXTENT OF INJURY	
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked _____ <input checked="" type="checkbox"/> No		25. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		INSURANCE CARRIER	
26. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 10/10/78 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		REPORT LAG	
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.		CODED BY:	

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

NIC FORM C-3

OSHA No.

EMPLOYER	Employer's name <i>Travis Insurance</i>		Location, if different from mailing address		Do Not Write in This Column	
	Office mail address <i>2660 Wagon Way</i>		Zip Code			
EMPLOYEE	City <i>Las Vegas</i>	State <i>Nev</i>	Zip <i>89109</i>	Nature of business (Mfg., etc.) <i>Insurance</i>	Telephone <i>77-6600</i>	Policy Number
	First name <i>Claris</i>	M.I. <i>M</i>	Last name <i>DELINCH</i>	Social Security Number <i>58-44-665</i>	Birthdate <i>6/1/32</i>	Age <i>37</i>
ACCIDENT	Home address (Number and street) <i>1100 Timberline Ave</i>			Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	Marital status 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Mar. 4 <input type="checkbox"/> Div. 5 <input type="checkbox"/> Widow/er	
	City <i>Las Vegas</i>	State <i>Nev</i>	Zip <i>89106</i>	Was worker paid for day of injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How long employed in Nevada? <i>11</i>	
EMPLOYEE	In which state was worker hired? <i>Nev</i>	Employee's occupation (Job title) when injured <i>Asst. Sec. Insurance</i>		Department in which regularly employed	Class Code on payroll report	
	Telephone <i>602-24142</i>	Is injured worker corporation officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sole proprietor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Partner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was worker in your employ when injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACCIDENT	Date of injury <i>10/15/77</i>	Hour of injury <i>5:00 P.M.</i>	Date employer notified of injury <i>10/15/77</i>	Last day of work after injury <i>10/15/77</i>	Date of return to work <i>1/1/78</i>	Number of work days lost <i>1</i>
	Address or location of accident <i>1100 Timberline Ave Las Vegas Nev</i>			City <i>Las Vegas</i>	County <i>Clinch</i>	State <i>Nev</i>
What was employee doing when accident occurred (loading truck, walking down stairs, etc.) <i>Lifting</i>						
How did accident occur? (Be specific and in detail; use additional sheet if necessary) <i>Lifting boxes in Insurance</i>						
by machine, tool, substance or object most closely connected with accident <i>Boxes</i>				Nature of injury (Scratch, cut, bruise, etc.) <i>Wounds</i>		
Part of body injured		Supervisor to whom injury reported <i>W. V. Gerlach</i>		Witnesses <i>W. V. Gerlach</i>		
Check the appropriate boxes if the nonfatal injury or diagnosed occupational illness resulted in						
<input type="checkbox"/> 1 Loss of consciousness	<input type="checkbox"/> 2 Restriction of work or motion	<input type="checkbox"/> 3 Transfer to another job	<input type="checkbox"/> 4 Termination	<input type="checkbox"/> 5 None of these	Did worker return to next scheduled shift after accident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If validity of claim is doubted state reason					Will you have light duty available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMPLOYEE'S WAGE DATA	How many days per week does worker work (Check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			Working shift From <i>7:00 A.M.</i> To <i>3:00 P.M.</i>		
	Scheduled day off <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S Rotating			Last day wages were earned <i>10/31/77</i>		Are you paying his wages during disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does employee receive commissions or piecework? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is employee furnished <input type="checkbox"/> Lodging <input checked="" type="checkbox"/> Board <input type="checkbox"/> Both		Value of lodging and board furnished \$ <i>300</i> Per <input checked="" type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month		
Wage not including room and board, or commissions or piecework \$ <i>11.36</i> Per <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month			Monthly value of commissions or piecework \$			
Attending physician name <i>Dr. J. L. ...</i>				If hospitalized, hospital name		
Address <i>777</i>				Address		
City <i>Las Vegas</i>			State <i>Nev</i>	Zip <i>89106</i>	City <i>Las Vegas</i>	
Authorized signature <i>Claris M. Delinch</i>				Title <i>Asst. Sec.</i>	Date Mo/Day/Yr. <i>1/1/78</i>	

EMPLOYER COPY

Claim is: Accepted Denied Deferred
 Reason for denial or deferral: _____
 Policy No. _____ Class _____ Policy Form _____
 Deemed wage _____ Status Clerk _____ Date _____
 Examiner Signature _____ Received _____

U.S. DEPARTMENT OF LABOR
WAGE AND LABOR STANDARDS ADMINISTRATION

EMPLOYER'S FIRST REPORT OF ACCIDENT OR OCCUPATIONAL ILLNESS

SEE INSTRUCTIONS ON REVERSE

LEAVE ITEMS 1 AND 2 BLANK

3. NAME OF INJURED EMPLOYEE (Print name) James		MIDDLE INITIAL D.	LAST NAME Welty		4. DATE OF INJURY (Month, day, year) 8/31/78
EMPLOYEE'S ADDRESS (Number, street, city, State, zip code) 6521 Acacia Ave Garden Grove, CA 92645					6. ACCIDENT IS BEING REPORTED UNDER THE FOLLOWING ACT (Check one, see instructions on reverse)
7. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	8. AGE OR DATE OF BIRTH 2/4/43	9. SOCIAL SECURITY NUMBER 558 58 7081			<input type="checkbox"/> LONGSHOREMEN AND HARBOR WORKERS' COMPENSATION ACT
10. ON DATE OF INJURY, GIVE a. HOUR BEGAN WORK 7:30 A M	b. HOUR OF ACCIDENT 2:30 P M	c. DID EMPLOYEE STOP WORK IMMEDIATELY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> DEFENSE BASE ACT
11. DID INJURY CAUSE LOSS OF TIME BEYOND DAY OR SHIFT OF ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12. DATE AND HOUR EMPLOYEE FIRST DID NOT RETURN TO WORK 9/1/78	13. DATE AND HOUR PAY STOPPED 8/31/78 4:00PM			<input type="checkbox"/> NONAPPROPRIATED FUND INSTAUMENTALITIES ACT
14. DATE AND HOUR EMPLOYEE RETURNED TO WORK 9/6/78 7:30 AM	15. OCCUPATION (Job title, longshoreman, welder, etc.) Asbestos Worker	16. NUMBER OF YEARS IN THIS OCCUPATION 13 years			<input type="checkbox"/> OUTER CONTINENTAL SHELF LANDS ACT
17. INJURED WHILE DOING SUCH WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no" explain in item 23.)	18. YEARS IN YOUR EMPLOY 11	19. NUMBER OF DAYS USUALLY WORKED PER WEEK 5			20. IF INJURED ON A VESSEL, WHAT WAS BEING DONE TO, ON, OR FROM THE VESSEL? (Check one)
21. WAGES OR EARNINGS (Include overtime, allowances, etc.) a. HOURLY RATE 14.45	b. DAILY RATE 115.60	c. WEEKLY 578.00	d. YEARLY 28,900.00		
22. EXACT PLACE WHERE ACCIDENT OCCURRED (See instructions on reverse) Job No. 9600 Long Beach Naval Shipyard on USS Chicago					<input type="checkbox"/> LOADING OR UNLOADING
23. NAME OF FOREMAN OR SUPERVISOR AT TIME OF ACCIDENT David Wright		24. EARLIEST DATE FOREMAN OR EMPLOYER KNEW OF ACCIDENT 9/1/78			<input type="checkbox"/> REPAIR OR CONVERSION
25. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED (Relate the events which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.) Hit head on main steam flange					<input type="checkbox"/> NEW SHIP CONSTRUCTION
26. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc. If there was a loss of part of the body, describe.) Injured neck					<input type="checkbox"/> SHIPREPAIRING (Demolition)
27. IF YOU PROVIDED OR AUTHORIZED MEDICAL ATTENTION, GIVE DATE. IF NOT, EXPLAIN WHY Employee acquired his own Medical Attention				28. DATE INSURANCE CARRIER NOTIFIED	
29. NAME OF PHYSICIAN Jerome L. Carter D.C.		30. ADDRESS (Number, street, city, State, zip code) 3321 E. Broadway, Long Beach, CA			
31. NAME OF HOSPITAL		32. ADDRESS (Number, street, city, State, zip code)			
33. NAME OF INSURANCE CARRIER Associated Indemnity Corp.		34. ADDRESS (Number, street, city, State, zip code) 3223 W. 6th St P. O. Box 2323, Los Angeles, CA 90051			
35. NAME OF EMPLOYER (Individual or firm name) Morpe Insulation Company		36. ADDRESS OF REPORTING OFFICE (Number, street, city, State, zip code) 2741 So. Yates Ave, Los Angeles, CA 90040			
37. NATURE OF EMPLOYER'S BUSINESS Industrial Insulating Contractor		38. SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR EMPLOYER R.R. Hart			
39. OFFICIAL TITLE OF PERSON SIGNING THIS REPORT Office Manager				40. DATE OF THIS REPORT 9/14/78	

U.S. DEPARTMENT OF LABOR
WAGE AND LABOR STANDARDS ADMINISTRATION

BUREAU OF EMPLOYEES' COMPENSATION

EMPLOYER'S FIRST REPORT OF ACCIDENT OR OCCUPATIONAL ILLNESS

SEE INSTRUCTIONS ON REVERSE

LEAVE ITEMS 1 AND 2 BLANK

1. NAME OF EMPLOYEE (OR PRINT)		FIRST NAME Fredrick		MIDDLE INITIAL	LAST NAME Leslie	
5. EMPLOYEE'S ADDRESS (Number, street, city, State, zip code) 1040 West 55th St Los Angeles, CA 90037						
7. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		8. AGE OR DATE OF BIRTH 8/4/56		9. SOCIAL SECURITY NUMBER 561 04 6654		
10. a. HOUR BEGAN WORK 7:30 A.M.		b. HOUR OF ACCIDENT 9:30 A.M.		c. DID EMPLOYEE STOP WORK IMMEDIATELY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
11. DID INJURY CAUSE LOSS OF TIME BEYOND DAY OR SHIFT OF ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. DATE AND HOUR EMPLOYEE FIRST DID NOT RETURN TO WORK 9/6/78 9:30 AM		13. DATE AND HOUR PAY STOPPED		
14. DATE AND HOUR EMPLOYEE RETURNED TO WORK 9/6/78		15. OCCUPATION (Job title, longshoreman, welder, etc.) Asbestos Worker		16. NUMBER OF YEARS IN THIS OCCUPATION 1st yr		
17. INJURED WHILE DOING SUCH WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no" explain in item 25.)		18. YEARS IN YOUR EMPLOY 7/20/78		19. NUMBER OF DAYS USUALLY WORKED PER WEEK 5		
21. WAGES OR EARNINGS (Include overtime, allowances, etc.)		a. HOURLY RATE 9.07		b. DAILY RATE \$72.56		c. WEEKLY \$362.80
						d. YEARLY \$18,140.00
22. EXACT PLACE WHERE ACCIDENT OCCURRED (See instructions on reverse) Job No. 9591 U.S.S. Ajax U.S. Naval Supply Ctr San Diego, CA						
23. NAME OF FOREMAN OR SUPERVISOR AT TIME OF ACCIDENT Ronald Earp				24. EARLIEST DATE FOREMAN OR EMPLOYER KNEW OF ACCIDENT 9/6/78 9:30 A.M.		
25. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED (Relate the events which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.) Employee was using hatchet to remove Insulation block & cloth in very tight working space, Hatchet bounced off block & struck him in right knee area.						
26. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc. If there was a loss of part of the body, describe.)		Removing Insulation from Vessel, Right knee was cut.				
27. IF YOU PROVIDED OR AUTHORIZED MEDICAL ATTENTION, GIVE DATE. IF NOT, EXPLAIN WHY. 9/6/78						28. DATE INSURANCE CARRIER NOTIFIED
29. NAME OF PHYSICIAN Dr. Mallis M.D.				30. ADDRESS (Number, street, city, State, zip code) 5450 Lea St, San Diego, CA		
31. NAME OF HOSPITAL				32. ADDRESS (Number, street, city, State, zip code)		
33. NAME OF INSURANCE CARRIER Associated Indemnity Corp.				34. ADDRESS (Number, street, city, State, zip code) 3223 W. sixth St, P.O. Box 2323, L.A., CA		
35. NAME OF EMPLOYER (Individual or firm name) Thorpe Insulation Company				36. ADDRESS OF REPORTING OFFICE (Number, street, city, State, zip code) 2741 So. Yates Ave, Los Angeles, CA 90040		
37. NATURE OF EMPLOYER'S BUSINESS Industrial Insulating Contractor				38. SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR EMPLOYER R.H. Hart		
39. OFFICIAL TITLE OF PERSON SIGNING THIS REPORT. Office Manager						40. DATE OF THIS REPORT 9/8/78

1. REC CASE NUMBER - 1
2. CARRIER'S NUMBER
4. DATE OF INJURY (Month, day, year)
9/6/78
6. ACCIDENT IS BEING REPORTED UNDER THE FOLLOWING ACT (Check one, see instructions on reverse)
- A LONGSHOREMEN'S AND HARBOUR WORKERS' COMPENSATION ACT
 - B DEFENSE BASE ACT
 - C NON-APPROPRIATED FUND INSTRUMENTALITIES ACT
 - D OUTER CONTINENTAL SHELF LANDS ACT
 - E DISTRICT OF COLUMBIA WORKMEN'S COMPENSATION ACT
20. IF INJURED ON A VESSEL, WHAT WAS BEING DONE TO, ON, OR FROM THE VESSEL? (Check one)
- A LOADING OR UNLOADING
 - B REPAIR OR CONVERSION
 - C NEW SHIP CONSTRUCTION
 - D SHIPREPAIRING (Demolition)
 - E DREDGING
 - F SHIPRE CONSTRUCTION
 - G MISCELLANEOUS SERVICES
- *See instructions on reverse

Please complete and distribute as marked



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case or File No.

State of California

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

P. O. BOX 2333
LOS ANGELES, CALIFORNIA 90051

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
 PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER

1. FIRM NAME Thorpe Insulation Co.	1A. POLICY NUMBER 75WP1804460
2. MAILING ADDRESS (Please include city, Zip) 2741 So. Yates Ave, Los Angeles, Ca. 90040	2A. PHONE NUMBER 726-7171
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same	
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor	5. STATE UNEMPLOYMENT-INSURANCE ACCT. NUMBER 038-0726-0
6. NAME Jill L. Macias	7. SOCIAL SECURITY NUMBER 554-19-3098
8. HOME ADDRESS (number and street, city, Zip) 551 Fredericks, #213, Oceanside, Ca. 92054	8A. PHONE NUMBER
9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Single <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Insulator
11. DATE OF BIRTH / /	
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Construction	12A. DATE OF HIRE 7 / 20 / 78
13. WAGES \$9.07 per hour	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) U.S.S. AJAX-MACHINE SHOP, 32nd St. Naval Sta, S.D.	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5181
15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE DO NOT USE THIS COLUMN

CASE NO.

EMPLOYER NO.

INDUSTRY

SEX

AGE

OCCUPATION

WEEKLY WAGE

COUNTY

ACCIDENT TYPE

AGENCY

AGENCY-PART

SUPPLEMENTAL AGENCY

NATURE OF INJURY

PART OF BODY

INJURY DATE

EXTENT OF INJURY

INSURANCE CARRIER

REPORT LAG

CODED BY

INJURY

16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific: Identify tools, equipment or material the employee was using) Passing trash bag - Trash bags fell on left foot.	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Trash bag fell on left foot.	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Trash bag.	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Contusion of left foot.	
20. NAME AND ADDRESS OF PHYSICIAN Dr. David Blaunt, 5450 Lea St., San Diego Ca 92102	
21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL	
22. DATE OF INJURY OR ILLNESS 9 / 18 / 78	23. TIME OF DAY 11:30 a.m.
24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 9/18/78 <input type="checkbox"/> No	
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 9/21/78 <input type="checkbox"/> No, still off work	26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.	

U.S. DEPARTMENT OF LABOR
WAGE AND LABOR STANDARDS ADMINISTRATION

BUREAU OF EMPLOYERS' COMPENSATION

EMPLOYER'S FIRST REPORT OF ACCIDENT OR OCCUPATIONAL ILLNESS

SEE INSTRUCTIONS ON REVERSE

LEAVE ITEMS 1 AND 2 BLANK

3. NAME OF EMPLOYEE FIRST NAME: JILL MIDDLE INITIAL: L. LAST NAME: MAGIAS		4. DATE OF INJURY (Month, day, year) 9/18/78	
5. EMPLOYEE'S ADDRESS (Number, street, city, State, zip code) 551 FREDERICKS, #213, OCEANSIDE, CA 92054		6. ACCIDENT IS BEING REPORTED UNDER THE FOLLOWING ACT. (Check one, see instructions on reverse) <input checked="" type="checkbox"/> LONGSHOREMEN'S AND HARBOUR WORKERS' COMPENSATION ACT <input type="checkbox"/> DEFENSE BASE ACT <input type="checkbox"/> NONAPPROPRIATED FUND ENTITLEMENT ACT <input type="checkbox"/> OUTER CONTINENTAL SHELF LANDS ACT <input type="checkbox"/> DISTRICT OF COLUMBIA WORKMEN'S COMPENSATION ACT	
7. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	8. AGE OR DATE OF BIRTH 21	9. SOCIAL SECURITY NUMBER 554 19 3098	
10. a. HOUR BEGAN WORK 7:30 A M	b. HOUR OF ACCIDENT 11:30 A M	c. DID EMPLOYEE STOP WORK IMMEDIATELY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. DID INJURY CAUSE LOSS OF TIME BEYOND DAY OR SHIFT OF ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12. DATE AND HOUR EMPLOYEE FIRST DID NOT RETURN TO WORK 9/19/78	13. DATE AND HOUR PAY STOPPED 9/18/78	
14. DATE AND HOUR EMPLOYEE RETURNED TO WORK 9/21/78	15. OCCUPATION (Job title, longshoreman, welder, etc.) Asb. Wkr.	16. NUMBER OF YEARS IN THIS OCCUPATION 2 Mo.	
7. INJURED WHILE DOING SUCH WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "no" explain in item 23.)	18. YEARS IN YOUR EMPLOY 2 Months	19. NUMBER OF DAYS USUALLY WORKED PER WEEK 5	
1. WAGES OR EARNINGS (Include overtime, allowances, etc.) 9.07	a. HOURLY RATE	b. DAILY RATE	c. WEEKLY
12. EXACT PLACE WHERE ACCIDENT OCCURRED (See instructions on reverse) U.S.S. AJAX-MACHINE SHOP 32nd ST, NAVAL STATION JOB #9591			
13. NAME OF FOREMAN OR SUPERVISOR AT TIME OF ACCIDENT ED IRWIN		24. EARLIEST DATE FOREMAN OR EMPLOYER KNEW OF ACCIDENT IMMEDIATELY	
15. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED (Relate the events which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.) PASSING TRASH BAGS - TRASH BAG FELL ON LEFT FOOT.			
6. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc. If there was a loss of part of body, describe.) CONTUSION OF LEFT FOOT.			
7. IF YOU PROVIDED OR AUTHORIZED MEDICAL ATTENTION, GIVE DATE. IF NOT, EXPLAIN WHY		28. DATE INSURANCE CARRIER NOTIFIED	
9. NAME OF PHYSICIAN DR. DAVID BLAUNT	30. ADDRESS (Number, street, city, State, zip code) 5450 LEA ST., SAN DIEGO, CA 92102		
11. NAME OF HOSPITAL	32. ADDRESS (Number, street, city, State, zip code)		
3. NAME OF INSURANCE CARRIER ASSOCIATED INDEMNITY CORP.	34. ADDRESS (Number, street, city, State, zip code) 3223 W. Sixth St, P.O. Box 2323, L.A., CA		
5. NAME OF EMPLOYER (Individual or firm name) HORPE INSULATION COMPANY	36. ADDRESS OF REPORTING OFFICE (Number, street, city, State, zip code) 2741 So. Yates, Los Angeles, Ca 90040		
NATURE OF EMPLOYER'S BUSINESS Industrial Insulation contractor	38. SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR EMPLOYER R.R. Hart		
7. OFFICIAL TITLE OF PERSON SIGNING THIS REPORT Office Manager	40. DATE OF THIS REPORT 9/29/78		

Please complete and distribute as marked



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Thorp Insulation Co		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 So. Yates, Los Angeles, Ca.		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS same		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0		EMPLOYER NO.
	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractors		7. SOCIAL SECURITY NUMBER 546-96-7952		INDUSTRY
	6. NAME Danny Shook		8A. PHONE NUMBER 836-6835		SEX
	8. HOME ADDRESS (number and street, city, Zip) 13241 Lilly St., Gabden Grove, Ca. 92643		11. DATE OF BIRTH 1 / 26 / 54 Month Day Year		AGE
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married		10. OCCUPATION (Regular job title, not specific activity at time of injury) Asb Wkr		OCCUPATION
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Construction		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WEEKLY WAGE
	13. WAGES 9.07 Hr. per week		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		COUNTY
	14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) U.S.S. Chicago, #1 Engine Room		15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ACCIDENT TYPE
INJURY OR ILLNESS	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Insulating 1/2" drain line			AGENCY	
	17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Slipped on larger pipe under me which I was balancing on.			AGENCY PART	
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) slipped on pipe			SUPPLEMENTAL AGENCY	
	19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Sprained right toe			NATURE OF INJURY	
	20. NAME AND ADDRESS OF PHYSICIAN Dr. John C. Mullen, 1920 Katella, Suite C, Orange, Ca.		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL	PART OF BODY	
	22. DATE OF INJURY OR ILLNESS 9 / 6 / 78 Month Day Year	23. TIME OF DAY 2:00 p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 9/8/78 <input type="checkbox"/> No	INJURY DATE	
	25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 9/11/78 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No	EXTENT OF INJURY	
	26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			INSURANCE CARRIER	
	Completed by (type or print) R B Hart			REPORT LAG	
	Signature R B Hart			CODED BY	
Title Office Man			Date 9/20/78		

U.S. DEPARTMENT OF LABOR
WAGE AND LABOR STANDARDS ADMINISTRATION

BUREAU OF EMPLOYEES' COMPENSATION

EMPLOYER'S FIRST REPORT OF ACCIDENT OR OCCUPATIONAL ILLNESS

SEE INSTRUCTIONS ON REVERSE

LEAVE ITEMS 1 AND 2 BLANK

1. NAME OF EMPLOYEE (Print) Danny		FIRST NAME		MIDDLE INITIAL	LAST NAME Shook	
2. EMPLOYEE'S ADDRESS (Number, street, city, State, zip code) 13241 Lilly St., Garden Grove, Ca. 92643						
7. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		8. AGE OR DATE OF BIRTH 24- 1/26/54		9. SOCIAL SECURITY NUMBER 546- 96 7952		
10. ON DATE OF INJURY, CITY 7:30		a. HOUR BEGAN WORK		b. HOUR OF ACCIDENT 2:00		c. DID EMPLOYEE STOP WORK IMMEDIATELY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
11. DID INJURY CAUSE LOSS OF TIME BEYOND DAY OR SHIFT OF ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. DATE AND HOUR EMPLOYEE FIRST DID NOT RETURN TO WORK 9/8/78		13. DATE AND HOUR PAY STOPPED 9/8/78		
14. DATE AND HOUR EMPLOYEE RETURNED TO WORK 9/11/78		15. OCCUPATION (Job title, longshoreman, welder, etc.) Asb. Wkr.		16. NUMBER OF YEARS IN THIS OCCUPATION 2 yrs.		
17. INJURED WHILE DOING SUCH WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "no" explain in Item 25.)		18. YEARS IN YOUR EMPLOY 8 mo.		19. NUMBER OF DAYS USUALLY WORKED PER WEEK 5		
21. WAGES OR EARNINGS (Include overtime, allowances, etc.) 9.07		a. HOURLY RATE		b. DAILY RATE		c. WEEKLY
22. EXACT PLACE WHERE ACCIDENT OCCURRED (See instructions on reverse) U.S.S. Chicago, #1 Engine Room,		Job # 9600				
23. NAME OF FOREMAN OR SUPERVISOR AT TIME OF ACCIDENT Dave Wright				24. EARLIEST DATE FOREMAN OR EMPLOYER KNEW OF ACCIDENT 9/9/78		
25. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED (Relate the events which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.) While insulating 1/2" drain line, slipped on larger pipe under me (which was keeping my balance)						
16. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc. If there was a loss of part of the body, describe.) Sprained right toe						
17. IF YOU PROVIDED OR AUTHORIZED MEDICAL ATTENTION, GIVE DATE. IF NOT, EXPLAIN WHY 9/8/78 - X-Rays and Medical Attention						28. DATE INSURANCE CARRIER NOTIFIED
9. NAME OF PHYSICIAN Dr. John C. Mullen			30. ADDRESS (Number, street, city, State, zip code) 1920 E. Katella, Suite C, Orange, Ca.			
11. NAME OF HOSPITAL			32. ADDRESS (Number, street, city, State, zip code)			
13. NAME OF INSURANCE CARRIER Associated Indemnity Corp.			34. ADDRESS (Number, street, city, State, zip code) 3223 W. 6th St. P.O. 2323, Los Angeles, Ca			
5. NAME OF EMPLOYER (Individual or firm name) Thorpe Insulation Co.			36. ADDRESS OF REPORTING OFFICE (Number, street, city, State, zip code) 2741 So. Yates, Los Angeles, Ca 90040			
NATURE OF EMPLOYER'S BUSINESS Industrial Insulating Contractor			38. SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR EMPLOYER R.R. Hart			40. DATE OF THIS REPORT 9/29/78
2. OFFICIAL TITLE OF PERSON SIGNING THIS REPORT Office Manager						

1. REC CASE NUMBER - 1
 2. CARRIER'S NUMBER
 3. DATE OF INJURY (Month, day, year)
9/6/78
 6. ACCIDENT IS BEING REPORTED UNDER THE FOLLOWING ACT (Check one, see instructions on reverse)
 - LONGSHOREMEN'S AND HARBOUR WORKERS' COMPENSATION ACT
 - DEFENSE BASE ACT
 - NONAPPROPRIATED FUND INSTAURMENTALITIES ACT
 - QUEER CONTINENTAL SHELF LANDS ACT
 - DISTRICT OF COLUMBIA WORKMEN'S COMPENSATION ACT
 20. IS INJURED ON A VESSEL, WHAT WAS BEING DONE TO, ON, OR FROM THE VESSEL? (Check one)
 - LOADING OR UNLOADING
 - REPAIR OR CONVERSION
 - NEW SHIP CONSTRUCTION
 - SHIPREPAIRING (Demolition)
 - DREGGING
 - MARINE CONSTRUCTION*
 - MISCELLANEOUS SERVICES*
- *See instructions on reverse

Please complete and file as marked



- FIREMAN'S FUND INSURANCE COMPANY
- THE AMERICAN INSURANCE COMPANY
- NATIONAL SURETY CORPORATION
- ASSOCIATED INDEMNITY CORPORATION
- AMERICAN AUTOMOBILE INSURANCE COMPANY

OSHA Case
or File No.

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

P. O. BOX 2323
LOS ANGELES, CALIFORNIA 90031

(Carrier name, address)

SAIS DIV. CODE

A	B	C

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

1. FIRM NAME Thorpe Insulation Co.		1A. POLICY NUMBER 75WP1804460	PLEASE DO NOT USE THIS COLUMN
2. MAILING ADDRESS (Please include city, Zip) 2741 So. Yates Ave., Los Angeles, Ca. 90040		2A. PHONE NUMBER 726-7171	
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS Same		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	CASE NO.
4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		7. SOCIAL SECURITY NUMBER 553-04-0848	EMPLOYER NO.
6. NAME Steven H. Owen		8A. PHONE NUMBER	INDUSTRY
8. HOME ADDRESS (number and street, city, Zip) 2932 Havasupai Ave., San Diego, Ca. 92117		11. DATE OF BIRTH 1 / 1 /	SEX
9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married	10. OCCUPATION (Regular job title, not specific activity at time of injury) Laborer	12A. DATE OF HIRE 9 / 11 / 78	AGE
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Construction		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	OCCUPATION
13. WAGES \$9.15 Hr.	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WEEKLY WAGE
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) U.S.S. Ajax, 32nd St. Naval Sta., San Diego		16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) REMOVING INSULATION FROM PIPING	COUNTY
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Fibers from insulation worked down into boot, through sock and into left heel		18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) insulation fibers	ACCIDENT TYPE
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Skin irritation left heel		20. NAME AND ADDRESS OF PHYSICIAN Dr. Bartell, 2333 First Ave, San Diego	AGENCY
21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL		22. DATE OF INJURY OR ILLNESS 9 / 17 / 78	AGENCY PART
23. TIME OF DAY 11:30 a.m.		24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input checked="" type="checkbox"/> Yes, date last worked 9/17/78 <input type="checkbox"/> No	SUPPLEMENTAL AGENCY
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 9/19/78 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No	NATURE OF INJURY
26. Was injury caused by 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name and address.			PART OF BODY

Completed by (type or print) R.R. Hart Signature Office Mgr. Title 9/29/78 Date

U.S. DEPARTMENT OF LABOR
WAGE AND LABOR STANDARDS ADMINISTRATION

BUREAU OF EMPLOYMENT COORDINATION

EMPLOYER'S FIRST REPORT OF ACCIDENT OR OCCUPATIONAL ILLNESS

SEE INSTRUCTIONS ON REVERSE

LEAVE ITEMS 1 AND 2 BLANK

NAME OF THE EMPLOYEE OR FIRM Steven		MIDDLE INITIAL H.	LAST NAME Owen		1. BEC CASE NUMBER
5. EMPLOYEE'S ADDRESS (Number, street, city, State, zip code) 2932 Havasupai Ave., San Diego, Ca. 92117					2. CARRIER'S NUMBER
7. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	8. AGE OR DATE OF BIRTH 21		9. SOCIAL SECURITY NUMBER 553- 04 0848		4. DATE OF INJURY (Month, day, year) 9/17/78
10. ON DATE OF INJURY, GIVE a. HOUR BEGAN WORK 4:00 P M	b. HOUR OF ACCIDENT 11:30 P M	c. DID EMPLOYEE STOP WORK IMMEDIATELY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (end of shift)			6. ACCIDENT IS BEING REPORTED UNDER THE FOLLOWING ACT (Check one, see instructions on reverse)
11. DID INJURY CAUSE LOSS OF TIME BEYOND DAY OR SHIFT OF ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12. DATE AND HOUR EMPLOYEE FIRST DID NOT RETURN TO WORK 9/18/78	13. DATE AND HOUR PAY STOPPED 9/17/78		<input checked="" type="checkbox"/> LONGSHOREMEN'S AND HARBOUR WORKERS' COMPENSATION ACT	
14. DATE AND HOUR EMPLOYEE RETURNED TO WORK 9/19/78	15. OCCUPATION (Job title, longshoreman, welder, etc.) Laborer	16. NUMBER OF YEARS IN THIS OCCUPATION 6 mo.		<input type="checkbox"/> DEFENSE BASE ACT	
17. INJURED WHILE DOING SUCH WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no" explain in item 25.)	18. YEARS IN YOUR EMPLOY 6 days	19. NUMBER OF DAYS USUALLY WORKED PER WEEK 5		<input type="checkbox"/> NONAPPROPRIATED FUND INSTRUMENTALITIES ACT	
21. WAGES OR EARNINGS (Include overtime, allowances, etc.) 9.15	a. HOURLY RATE	b. DAILY RATE	c. WEEKLY	d. YEARLY	<input type="checkbox"/> QUIET CONTINENTAL SHELF LANDS ACT
22. EXACT PLACE WHERE ACCIDENT OCCURRED (See instructions on reverse) Job # 9591 U.S.S. Ajax-32nd St. Naval Sta. in #3 Engine room, San Diego					<input type="checkbox"/> DISTRICT OF COLUMBIA WORKMEN'S COMPENSATION ACT
23. NAME OF FOREMAN OR SUPERVISOR AT TIME OF ACCIDENT Luther Shaw			24. EARLIEST DATE FOREMAN OR EMPLOYER KNEW OF ACCIDENT 9/17/78		20. IF INJURED ON A VESSEL, WHAT WAS BEING DONE TO, ON, OR FROM THE VESSEL? (Check one)
25. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED (Relate the events which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.) Removing insulation from piping, some fibers from the insulation worked down into boot, through sock, and into left heel, causing irritation of skin.					<input type="checkbox"/> LOADING OR UNLOADING
26. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc. If there was a loss of part of the body, describe.) Skin irritation left heel.					<input type="checkbox"/> REPAIR OR CONVERSION
27. IF YOU PROVIDED OR AUTHORIZED MEDICAL ATTENTION, GIVE DATE. IF NOT, EXPLAIN WHY Employee visited own doctor 9/25/78				28. DATE INSURANCE CARRIER NOTIFIED 9/25/78	
29. NAME OF PHYSICIAN Dr. Bartell		30. ADDRESS (Number, street, city, State, zip code) 2333 First Ave., San Diego, Ca. 92100			
31. NAME OF HOSPITAL		32. ADDRESS (Number, street, city, State, zip code)			
33. NAME OF INSURANCE CARRIER Associated Indemnity Corp.		34. ADDRESS (Number, street, city, State, zip code) 3223 W. Sixth St., F.O. 2323, L.A., Ca.			
35. NAME OF EMPLOYER (Individual or firm name) Corpe Insulation Co.		36. ADDRESS OF REPORTING OFFICE (Number, street, city, State, zip code) 2741 So. Yates, Los Angeles, Ca 90040			
37. NATURE OF EMPLOYER'S BUSINESS Industrial Insulation Contractor		38. SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR EMPLOYER R.R. Hart		40. DATE OF THIS REPORT 9/29/78	
39. OFFICIAL TITLE OF PERSON SIGNING THIS REPORT Office Manager					

U.S. DEPARTMENT OF LABOR
WAGE AND LABOR STANDARDS ADMINISTRATION

BUREAU OF EMPLOYERS' COMPENSATION

EMPLOYER'S FIRST REPORT OF ACCIDENT OR OCCUPATIONAL ILLNESS

SEE INSTRUCTIONS ON REVERSE

LEAVE ITEMS 1 AND 2 BLANK

1. NAME OF INJURED EMPLOYEE OR PRINT		FIRST NAME		MIDDLE INITIAL	LAST NAME	
		Luther			Shaw	
2. EMPLOYEE'S ADDRESS (Number, street, city, State, zip code)						
4881 Magnus Way San Diego, CA 92113						
7. SEX		8. AGE OR DATE OF BIRTH		9. SOCIAL SECURITY NUMBER		
<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		7/16/48		430 88 8480		
10. a. DATE OF INJURY, GIVE		b. HOUR BEGAN WORK		c. HOUR OF ACCIDENT		d. DID EMPLOYEE STOP WORK IMMEDIATELY?
8/11/78		7:30 M		2:00 P M		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. DID INJURY CAUSE LOSS OF TIME BEYOND DAY OF SHIFT OF ACCIDENT?		12. DATE AND HOUR EMPLOYEE FIRST DID NOT RETURN TO WORK		13. DATE AND HOUR PAY STOPPED		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		No Lost Time				
14. DATE AND HOUR EMPLOYEE RETURNED TO WORK		15. OCCUPATION (Job title, longshoreman, welder, etc.)		16. NUMBER OF YEARS IN THIS OCCUPATION		
8/11/78		Asbestos Worker		5		
17. INJURED WHILE DOING SUCH WORK?		18. YEARS IN YOUR EMPLOY		19. NUMBER OF DAYS USUALLY WORKED PER WEEK		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no" explain in item 25.)		1 month		5		
21. WAGES OR EARNINGS (Include overtime, allowances, etc.)		a. HOURLY RATE	b. DAILY RATE	c. WEEKLY	d. YEARLY	
		14.45	115.60	578.00	28,900.00	
22. EXACT PLACE WHERE ACCIDENT OCCURRED (See instructions on reverse)						
32nd St, San Diego, CA U.S.S. Ajax						
23. NAME OF FOREMAN OR SUPERVISOR AT TIME OF ACCIDENT				24. EARLIEST DATE FOREMAN OR EMPLOYER KNEW OF ACCIDENT		
Ronald Earp				8/11/78		

1. REC CASE NUMBER	2. CARRIER'S NUMBER
4. DATE OF INJURY (Month, day, year)	6. ACCIDENT IS BEING REPORTED UNDER THE FOLLOWING ACT (Check one, see instructions on reverse)
8/11/78	<input type="checkbox"/> LONGSHOREMEN'S AND HARBOUR WORKERS' COMPENSATION ACT
	<input type="checkbox"/> DEFENSE BASE ACT
	<input type="checkbox"/> NON-FEDERATED TUNO INSTRUMENTALITIES ACT
	<input type="checkbox"/> OUTER CONTINENTAL SHELF LANDS ACT
	<input type="checkbox"/> DISTRICT OF COLUMBIA WORKMEN'S COMPENSATION ACT
20. IF INJURED ON A VESSEL, WHAT WAS BEING DONE TO, ON, OR FROM THE VESSEL? (Check one)	
<input type="checkbox"/> LOADING OR UNLOADING	
<input type="checkbox"/> REPAIR OR CONVERSION	
<input type="checkbox"/> NEW SHIP CONSTRUCTION	
<input type="checkbox"/> SHIPBREAKING (Dismantling)	
<input type="checkbox"/> DREDGING	
<input type="checkbox"/> MACHINE CONSTRUCTION*	
<input type="checkbox"/> MISCELLANEOUS SERVICES*	

25. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED (Relate the events which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.)

Removing Fiberglas Board Insulation.
Employee was using Metal paint scraper and touched it against back side of exposed electrical panel.

6. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc. If there was a loss of part of the body, describe.)	Eyes Flash burn from Electrical sparks.
---	--

7. IF YOU PROVIDED OR AUTHORIZED MEDICAL ATTENTION, GIVE DATE. IF NOT, EXPLAIN WHY	28. DATE INSURANCE CARRIER NOTIFIED
8/11/78	

9. NAME OF PHYSICIAN	30. ADDRESS (Number, street, city, State, zip code)

1. NAME OF HOSPITAL	32. ADDRESS (Number, street, city, State, zip code)
Paradise Valley Hospital	San Diego, CA

3. NAME OF INSURANCE CARRIER	34. ADDRESS (Number, street, city, State, zip code)
Associated Indemnity Corp.	3223 W. sixth St, P. O. Box 2323, L. A., CA

5. NAME OF EMPLOYER (Individual or firm name)	36. ADDRESS OF REPORTING OFFICE (Number, street, city, State, zip code)
Thorpe Insulation Company	2741 So. Yates Ave, Los Angeles, CA 90040

NATURE OF EMPLOYER'S BUSINESS	38. SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR EMPLOYER
Industrial Insulating Contractor	R. R. Hart

2. OFFICIAL TITLE OF PERSON SIGNING THIS REPORT	40. DATE OF THIS REPORT
Office Manager	8/18/78

EMPLOYER'S
OF OCCUPATIONAL
INJURY OR ILLNESS
DLSR Form 5020 (Rev. 3)

PACIFIC INDEMNITY COMPANY

3200 WILSHIRE BLVD.
LOS ANGELES, CALIF. 90010
SOUTHERN CALIFORNIA EDISON COMPANY
MASTER INSURANCE PROGRAM

Project No.

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury; or (b) requires medical treatment other than first aid.
PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME THORPE INSULATION COMPANY		1A. POLICY NUMBER PEC 58762	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Please include city, Zip) 2741 So. Yates Ave., Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171		CASE NO.
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS SAME				EMPLOYER NO.
EMPLOYEE	4. NATURE OF BUSINESS (e.g., shoe manufacturer, cabinet works) Industrial Insulating Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER 038-0726-0	INDUSTRY	
	6. NAME Houk, Ronald		7. SOCIAL SECURITY NUMBER 555-66-6056	SEX	
	8. HOME ADDRESS (number and street, city, Zip) 511 East 8th Street, Escondido, CA 92025		8A. PHONE NUMBER	AGE	
EMPLOYEE	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker	11. DATE OF BIRTH 12 / 24 / 47 Month Day Year	OCCUPATION	
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Insulator		12A. DATE OF HIRE 2 / 15 / 73 Month Day Year	WEEKLY WAGE	
	13. WAGES \$ 14.45 per hr.	13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184	COUNTY	
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) San Onofre Jobsite, San Diego County J-4200		15. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ACCIDENT TYPE	
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Putting 3/4" stainless steel stripping around #2 drain tank.				AGENCY	
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary) While working the man received a cut on right hand				AGENCY PART	
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him, the vapor or poison inhaled or swallowed; the chemical that irritated his skin, in cases of strains, the thing he was lifting, pulling, etc.) Stripping				SUPPLEMENTAL AGENCY	
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Laceration at web of right hand between thumb and index finger				NATURE OF INJURY	
20. NAME AND ADDRESS OF PHYSICIAN Escondido, CA Palomar Hosp. E. R.		21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL		PART OF BODY	
22. DATE OF INJURY OR ILLNESS 8 / 4 / 78 Month Day Year	23. TIME OF DAY 3:00 a.m. p.m.	24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked _____ <input checked="" type="checkbox"/> No		INJURY DATE	
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 8-4-78 <input type="checkbox"/> No, still off work		26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date _____ <input checked="" type="checkbox"/> No		EXTENT OF INJURY	
27. HAS EMPLOYEE RETURNED TO WORK? No lost time				INSURANCE CARRIER	
28. REPORT LAG				REPORT LAG	
29. CODED BY				CODED BY	

Completed by (type or print) **Lloyd Fossen** Signature **J. E. Knutsen** Title **Treasurer** Date **8-17-78**

State of California
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR ILLNESS

MISSEY COMPANY

INSURANCE COMPANY

File No.

- Post Office Box 60004
 Los Angeles, California 90060
- Post Office Box 3062
 San Francisco, California 94139
- Post Office Box 5353
 Fresno, California 93755
- Post Office Box 1103
 San Diego, California 92041
- Post Office Box 1458
 Tustin, California 92680

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.

PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. FIRM NAME Plant Thorpe Insulation		1A. POLICY NUMBER WCP 75010 A		PLEASE DO NOT USE THIS COLUMN Case No. Employer No. Industry Sex Age Occupation Weekly Wage County Accident Type Agency Agency Part Supplemental Agency Nature of Injury Part of Body Injury Date Extent of Injury Insurance Carrier Report Lag Coded By	
	2. MAILING ADDRESS (Please include city, zip) Los Angeles, CA 90040		2A. PHONE NUMBER 726-7171			
	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS PG & E Diablo Canyon Project Avila Beach, CA					
	4. NATURE OF BUSINESS (e.g. shoe manufacturer, cabinet works) Insulation Contractor		5. STATE UNEMPLOYMENT INSURANCE ACCOUNT NUMBER 038-0726-0			
EMPLOYEE	6. NAME E. Mankowski		7. SOCIAL SECURITY NUMBER 546-88-7468		Age Occupation Weekly Wage County Accident Type Agency Agency Part Supplemental Agency Nature of Injury Part of Body Injury Date Extent of Injury Insurance Carrier Report Lag Coded By	
	8. HOME ADDRESS (number and street, city, zip) P. O. Box 295, Avila Beach, CA 93424		8A. PHONE NUMBER			
	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	10. OCCUPATION (Regular job title, not specific activity at time of injury) Asbestos Worker, App.		11. DATE OF BIRTH 11 / 25 / 52 Month Day Year		
	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED Field		12A. DATE OF HIRE 5 / 24 / 76 Month Day Year			
13. WAGES \$ 444.80 per week		13A. IS EMPLOYEE PAID ON COMMISSION OR PIECE WORK BASIS, OR PAID BOARD OR LODGING ALLOWANCE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 5184		
14. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (address, city and county) Diablo Canyon Elev. 140 Job 4001			15. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) I was holding a turbine cage while a fellow employee was straightening a bent bar with a hammer.						
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) The fellow employee glanced from the object that he was hitting and hit my knee instead of the object.						
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.) Hammer						
19. NATURE OF INJURY OR ILLNESS AND PART OF BODY AFFECTED Knee						
20. NAME AND ADDRESS OF PHYSICIAN Dr. Farmer 628 California S.L.O.			21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL			
22. DATE OF INJURY OR ILLNESS 7 / 11 / 78 Month Day Year		23. TIME OF DAY 8:45 a.m. p.m.		24. WAS EMPLOYEE UNABLE TO WORK ON ANY DAY AFTER INJURY? <input type="checkbox"/> Yes, date last worked <input checked="" type="checkbox"/> No		
25. HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes, date returned 7-11-78 <input type="checkbox"/> No, still off work			26. DID EMPLOYEE DIE? <input type="checkbox"/> Yes, date <input checked="" type="checkbox"/> No			
27. WAS INJURY OR EXPOSURE CAUSED BY ANYONE WHO WAS NOT ON THE EMPLOYER'S PAYROLL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No lost time			28. IS EMPLOYEE AN OFFICER, PARTNER OR RELATIVE OF EMPLOYER? No			
29. IS EMPLOYMENT <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal			30. LIST NAMES AND ADDRESSES OF WITNESSES ON REVERSE SIDE Over			
COMPLETED BY (type or print) Bob Hart		SIGNATURE Bob Hart		TITLE Office Manager		
				DATE 7-19-78		

Witnessed by:

1. B. Harvey
821 Visalia St.
Pismo Beach, CA
2. J. Illy
Arroyo Grande, CA

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

NIC FORM C-3

OSHA No.

Do Not Write in This Column

EMPLOYER	Employer's name Fruit Fly Co		Location, if different from mailing address			
	Office mail address 1275 N. Vallis Blvd.		Zip Code			
EMPLOYEE	City	State	Zip	Nature of business (Mfg., etc.)	Telephone	Policy Number
	Las Vegas	NV	89110	Construction	735-1150	17724
ACCIDENT	First name	M.I.	Last name	Social Security Number	Birthdate	Age
	Stanley	L.	Agovino	1-54-25-3125	2/25/49	29
EMPLOYEE	Home address (Number and street)			Sex	Marital status	
	1275 N. Vallis Blvd.			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Mar. 4 <input type="checkbox"/> Div. 5 <input type="checkbox"/> Widow/er	
ACCIDENT	City	State	Zip	Was worker paid for day of injury?	How long employed in Nevada?	
	Las Vegas	NV	89110	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYEE	In which state was worker hired?		Employee's occupation (Job title when injured)	Department in which regularly employed	Class Code on payroll report	
	Nevada		3rd Yr. A.U.			
ACCIDENT	Telephone	Is injured worker corporation officer?	Sole proprietor?	Partner	Was worker in your employ when injured?	
	453-1052	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMPLOYEE	Date of injury	Hour of injury	Date employer notified of injury	Last day of work after injury	Date of return to work	Number of work days lost
	7/12/70	1:30 P.M.	7/12/70	/ /	/ /	0
ACCIDENT	Address or location of accident			City	County	State
	1275 N. Vallis Blvd.			Las Vegas		NV
EMPLOYEE	What was employee doing when accident occurred (Loading truck, walking down stairs, etc.)					
	Examining pipe condition ducts					
ACCIDENT	How did accident occur? (Be specific and in detail; use additional sheet if necessary)					
	While examining ducts, boat over and wire struck in left eye.					
EMPLOYEE	Specify machine, tool, substance or object most closely connected with accident			Nature of injury (Scratch, cut, bruise, etc.)		
				Eye injury		
ACCIDENT	Part of body injured	Supervisor to whom injury reported		Witnesses		
	Eye	P. B. Caltrich				
EMPLOYEE	Check the appropriate boxes if the nonfatal injury or diagnosed occupational illness resulted in					
	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Restriction of work or motion	<input type="checkbox"/> Transfer to another job	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> None of these	Did worker return to next scheduled shift after accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ACCIDENT	If validity of claim is doubted state reason				Will you have light duty available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMPLOYEE	How many days per week does worker work (Check one)			Working shift		
	5			From 7:00 A.M. to 3:00 P.M.		
ACCIDENT	Scheduled day off			Last day wages were earned		Are you paying his wages during disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	S M T W T F S Rotating			/ /		
EMPLOYEE	Does employee receive commissions or piecework?		Is employee furnished			
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Lodging <input type="checkbox"/> Board <input checked="" type="checkbox"/> Both			
ACCIDENT	Value of lodging and board furnished			Monthly value of commissions or piecework		
	\$ Per Day Week Month			\$		
EMPLOYEE	Wage not including room and board, or commissions or piecework			If hospitalized, hospital name		
	\$ Per Hour Day Week Month					
ACCIDENT	Attending physician name			Address		
	Dr. [Name]			[Address]		
EMPLOYEE	Address			City State Zip		
	[Address]			[City] [State] [Zip]		
ACCIDENT	Authorized signature			Title		Date Mo/Day/Yr.
	[Signature]			[Title]		[Date]

EMPLOYER COPY

Claim is: Accepted Denied Deferred
 Reason for denial or deferral: _____
 Policy No. _____ Class _____ Policy Form _____
 Deemed wage _____ Status Clerk _____ Date _____
 Examiner Signature _____ Received _____
 C-3 (10-75)

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

NIC FORM C-3

OSHA No.

EMPLOYER	Employer's name Thorne Insulation Company		Location, if different from mailing address			Do Not Write in This Column
	Office mail address 2554 So. Highland Drive		Zip Code			
	City Las Vegas, NV	State NV	Zip 89109	Nature of business (Mfg., etc.) Insulation	Telephone 735-6050	
EMPLOYEE	First name Robert	M.I. V.	Last name Oelrich	Social Security Number 542-28-0703	Birthdate 9/9/24	Age 53
	Home address (Number and street) 1112 Pumbleweed Ave.			Sex 1 <input checked="" type="checkbox"/> M 2 <input type="checkbox"/> F	Marital status 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Mar. 4 <input type="checkbox"/> Div. 5 <input type="checkbox"/> Widow/er	
	City Las Vegas, NV	State NV	Zip 89106	Was worker paid for day of injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How long employed in Nevada? 25 yrs.	
	In which state was worker hired? Nevada	Employee's occupation (Job title) when injured. Foreman		Department in which regularly employed	Class Code on payroll report	
	Telephone 647-2142	Is injured worker corporation officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sole proprietor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Partner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was worker in your employ when injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of injury 6/7/78	Hour of injury 3:00 A.M.	Date employer notified of injury 6/9/78	Last day of work after injury 6/7/78	Date of return to work 6/7/78	Number of work days lost 0	
Address or location of accident MT Lincoln Hilton Hotel			City Las Vegas	County Clark	State NV	On employer premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What was employee doing when accident occurred (Loading truck, walking down stairs, etc.) Wrapping duct						
How did accident occur? (Be specific and in detail; use additional sheet if necessary) Hit elbow on beam						
Machinery, machine, tool, substance or object most closely connected with accident					If fatal, give date of death / /	
Part of body injured elbow (right)			Supervisor to whom injury reported Elly C. Foote		Nature of injury (Scratch, cut, bruise, etc.) bruise	
Check the appropriate boxes if the nonfatal injury or diagnosed occupational illness resulted in: 1 <input type="checkbox"/> Loss of consciousness 2 <input type="checkbox"/> Restriction of work or motion 3 <input type="checkbox"/> Transfer to another job 4 <input type="checkbox"/> Termination 5 <input checked="" type="checkbox"/> None of these			Did worker return to next scheduled shift after accident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If validity of claim is doubted state reason					Will you have light duty available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMPLOYEE'S WORKING DATA	How many days per week does worker work (Check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			Working shift From 7:00 A.M. P.M. To 3:30 P.M.		
	Scheduled day off <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S Rotating			Last day wages were earned / /		Are you paying his wages during disability? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Does employee receive commissions or piecework? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is employee furnished <input type="checkbox"/> Lodging <input type="checkbox"/> Board <input type="checkbox"/> Both		Value of lodging and board furnished \$ Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month		
	Wage not including room and board, or commissions or piecework \$ Per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month			Monthly value of commissions or piecework \$		
	Attending physician name Dr. [unclear]			If hospitalized, hospital name		
Address 771 [unclear] St. #2			Address			
City Las Vegas	State NV	Zip 89106	City Las Vegas	State NV	Zip 89106	
Authorized signature [Signature]			Title [unclear]	Date Mo/Day/Yr. 6/12/78		

EMPLOYER COPY

Claim is: Accepted, Denied, Deferred
Reason for denial or deferral

Policy No. _____ Class _____ Policy Form _____
Deemed wage _____ Status Clerk _____ Date _____

Examiner Signature

Received

NIC FORM C-4

EMPLOYEE

EMPLOYER

ACCIDENT

Do Not Write in This Column

EMPLOYER COPY

First name	M.I.	Last name	Social Security Number	Birthdate	Age
ROBERT V.		OELRICH	562-28-878	Mo. 9 Day 11 Yr. 53	
Home Address	Sex		Marital status		
1112 TUMBLEWOOD AVE.	1 <input checked="" type="checkbox"/> M 2 <input type="checkbox"/> F		1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Mar. 4 <input type="checkbox"/> Div. 5 <input type="checkbox"/> Widow/er		
City	State	Zip	Number of dependents	Dependent ages	
LAS VEGAS, NEV.		89106			
Telephone	Employee's occupation (Job title) when injured		Union affiliation		
647-2147	INSULATOR				
Employer's Business Name			Telephone		
THORPE INSULATION CO.			735-6050		
Office mail address (Number and street)		City	State	Zip	
2654 S. HIGHLAND DR.		LAS VEGAS,	NEV		
Date of injury	Hour of injury	Date employer notified	Last day of work after injury	Supervisor to whom reported	
17-8-77	A.M. P.M.	Mo. Day Yr.	Mo. Day Yr.		
Address or location of accident					
Describe the accident or exposure causing injury. (Be specific and in detail; use additional sheet if necessary.)					
Nature of injury			Part of body injured	Degree of disability	
				<input type="checkbox"/> No lost time <input type="checkbox"/> Unable to work	
I certify the above is a true statement in order to obtain the benefits of the Nevada Industrial Insurance and Nevada Occupational Disease Acts.					
Date	Place	Worker's Signature			
PHYSICIAN'S REPORT OF INITIAL TREATMENT					
First treatment	Place	Name of hospital			
	A.M. P.M.	Date	Diagnosis and description of injury or occupational disease		
			Electro shock		
Describe treatment used:					
X-ray findings:					
Anxiety					
Is additional medical care by a physician indicated?			NIC USE ONLY		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<p>TO EMPLOYER</p> <p>Please retain this copy for your records if you have not already done so, please submit form C-3</p>		
From information given you by the employee, together with medical evidence, can you directly connect this accident or disease as job incurred?					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Will patient be disabled from work 5 days or more?					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Estimate how long patient will be off work due to this injury or diseaseweeks					
Will injury or occupational disease likely result in permanent disability?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Did any previous injury or disease contribute to this disability? Explain yes.					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Date	Print doctor's name	Doctor's signature	Degree		
			Feld		
Address		Telephone			

U.S. DEPARTMENT OF LABOR
WAGE AND LABOR STANDARDS ADMINISTRATION

BUREAU OF EMPLOYEES' COMPENSATION

EMPLOYER'S FIRST REPORT OF ACCIDENT OR OCCUPATIONAL ILLNESS

SEE INSTRUCTIONS ON REVERSE

LEAVE ITEMS 1 AND 2 BLANK

1. BEC CASE NUMBER		2. CARRIER'S NUMBER	
3. EMPLOYEE'S ADDRESS (Number, street, city, State, zip code) 1255 Mariposa Dr., Brea, CA 92621			
4. DATE OF INJURY (Month, Day, year)	5. SOCIAL SECURITY NUMBER		
	290 26 4632		
6. ACCIDENT IS BEING REPORTED UNDER THE FOLLOWING ACT (Check one, see Instructions on reverse)	7. SEX		
A <input type="checkbox"/> LONGSHOREMEN'S AND HARBOR WORKERS' COMPENSATION ACT	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
B <input type="checkbox"/> DEFENSE BASE ACT	8. AGE OR DATE OF BIRTH		
C <input type="checkbox"/> NONAPPROPRIATED FUND INSTRUMENTALITIES ACT	12-18-29		
D <input type="checkbox"/> OUTER CONTINENTAL SHELF LANDS ACT	9. DID EMPLOYEE STOP WORK IMMEDIATELY?		
E <input type="checkbox"/> DISTRICT OF COLUMBIA WORKMEN'S COMPENSATION ACT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
10. OR DATE OF INJURY, GIVE			
a. HOUR BEGAN WORK		b. HOUR OF ACCIDENT	
7:30 AM		2:30 PM	
11. DID INJURY CAUSE LOSS OF TIME BEYOND DAY OR SHIFT OF ACCIDENT?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
12. DATE AND HOUR EMPLOYEE FIRST DID NOT RETURN TO WORK		13. DATE AND HOUR PAY STOPPED	
April 27, 1978		4-26-78	
14. DATE AND HOUR EMPLOYEE RETURNED TO WORK		15. OCCUPATION (Job title, longshoreman, welder, etc.)	
4-31-78		Asbestos Worker	
16. NUMBER OF YEARS IN THIS OCCUPATION		17. INJURED WHILE DOING SUCH WORK?	
23		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no" explain in item 25.)	
18. YEARS IN YOUR EMPLOY		19. NUMBER OF DAYS USUALLY WORKED PER WEEK	
20		40	
20. IF INJURED ON A VESSEL, WHAT WAS BEING DONE TO, ON, OR FROM THE VESSEL? (Check one)			
A <input type="checkbox"/> LOADING OR UNLOADING			
B <input type="checkbox"/> REPAIR OR CONVERSION			
C <input type="checkbox"/> NEW SHIP CONSTRUCTION			
D <input type="checkbox"/> SHIPREPAIRING (Demolition)			
E <input type="checkbox"/> DREDGING			
F <input type="checkbox"/> MARINE CONSTRUCTION*			
G <input type="checkbox"/> MISCELLANEOUS SERVICES*			
*See Instructions on reverse			
21. WAGES OR EARNINGS (Include overtime, allowances, etc.)			
a. HOURLY RATE	b. DAILY RATE	c. WEEKLY	d. YEARLY
13.90	111.20	556.00	27,800.00
22. EXACT PLACE WHERE ACCIDENT OCCURRED (See instructions on reverse)			
Job 9570 On American Mail, Engine Room, on Ships Ladder, Belheleham Shipyard, San Pedro, Seaside St.			
23. NAME OF FOREMAN OR SUPERVISOR AT TIME OF ACCIDENT		24. EARLIEST DATE FOREMAN OR EMPLOYER KNEW OF ACCIDENT	
Bill Mc Cord		Immediately	

25. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED (Relate the events which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led, or contributed to the accident.)

I, as Foreman, was checking men working on different levels of ship and caught my heel on sled of ladder in engine room and fell on stairs, twisting my ankle and leg.

26. NATURE OF INJURY (Name part of body affected--fractured left leg, bruised right thumb, etc. If there was a loss of part of the body, describe.)

Right ankle and leg (sprain)

27. IF YOU PROVIDED OR AUTHORIZED MEDICAL ATTENTION, GIVE DATE. IF NOT, EXPLAIN WHY

April 26, 1978

28. DATE INSURANCE CARRIER NOTIFIED

April 27, 1978

29. NAME OF PHYSICIAN

Rutherford

30. ADDRESS (Number, street, city, State, zip code)

La Habra Hospital

31. NAME OF HOSPITAL

La Habra

32. ADDRESS (Number, street, city, State, zip code)

Lambert St., La Habra

33. NAME OF INSURANCE CARRIER

Occidental

34. ADDRESS (Number, street, city, State, zip code)

35. NAME OF EMPLOYER (Individual or firm name)

Thorpe Insulation

36. ADDRESS OF REPORTING OFFICE (Number, street, city, State, zip code)

2741 So. Yates Ave. L.A.

37. NATURE OF EMPLOYER'S BUSINESS

Insulation

38. SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR EMPLOYER

39. OFFICIAL TITLE OF PERSON SIGNING THIS REPORT

Office Manager

R. R. Hart

40. DATE OF THIS REPORT

April 26, 1978

TO: RWF
JRC

10-3-78

FROM: JBC

SAFETY PROBLEMS
ACCIDENTS

	1976	1977	1978
FIELD HRS WORKED	243,440	298,882	231,934
ACCIDENTS	42	46	47
FREQUENCY FACTOR *	17.3	15.3	20.3

* = NUMBER OF ACCIDENTS PER 100,000 HOURS WORKED

BREAKDOWN OF ACCIDENT TYPES!

- CUTS 13
- EYES 9
- EEG-ANKLE SPAINS 6
- ARM-HAND SPAINS 5
- BACKS 5

OF THE 47 ACCIDENTS 19 INVOLVED
SERIOUS INJURY! OF THE 19
ONLY 4 WERE OF PROLONGED
DURATION!

WORKSHEET FOR WIRE RECORD OCT 77 TO
 SEP 78

		1	2	3	4
	LOCATION	OCT 77	NOV 77	DEC 77	JAN 78
1	HARRISON	1	1	1	1
2	BOBETT				
3	ABBOTT		1	1	
4	WILLIAMS JR	1			
5	SAN BERNARD				
6	LAS VEGAS			1	
7	SAN DIEGO		1	1	11
8	WAREHOUSE				
9	OFFICE				
10	SHOP				
11	INDUSTRIAL			1	
12	DIABLO			1	1
13	SAN ANTONIO				
14		2	3	6	1
15	TYPE OF SERVICE				
16	BOOK				
17	BOOK	1		11	1
18	WIRE FACTURING				
19	CUT	1	11	11	1
20	WIRE		1	1	11
21	WIRE KNOB ^{BUCK} SPECIAL				1
22	WIRE STOCK				
23	TELETYPE				
24	WIRE HAND ^{WIRE} ^{WIRE}			1	
25	WIRE FROM ^{WIRE} ^{WIRE}				
26	OTHER	1			
27		2	3	6	1
28					
29					
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78	MAR 78	APR 78	MAY 78	JUN 78	JULY 78	AUG 78	SEP 78	
1								1
1			1					2
	1							3
	1	1				11	111	4
					1			5
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		1						8
	11	1	111			11	1	9
1					1			10
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1	11							13
1	11	1	1			1	11	14
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							111	16
			11	11				17
		1				11	1	18
4	5	3	4	2	3	6	7	19
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TO: RCAF
FROM: JBC

11-9-77

SUBJECT: Safety

	1974	1975	1976	1977
Field Hours Worked	244,014	219,860	243,443	298,882
Accidents	31	27	42	46
Accidents Resulting in Wounds	1/1974	1/1975	1/1976	1/1977
Frequency Factor*	12.7	12.3	17.3	15.3

* = NUMBER OF ACCIDENTS PER 100,000 HOURS WORKED

BREAKDOWN ON MAJOR TYPES:

- CUTS 12
- ANKLE-KNEE 7
- BACK 6
- HAND-ARM 5
- NEBROSIS 1

OF THE 46 ACCIDENTS 13 INVOLVED SOME LOST TIME; OF THOSE 13 ONLY 4 WERE OF PROLONGED DURATION

CC: JBC

WORKMENS INJURY RECORD OCT 76 TO SEP 77

	LOCATION	OCT 76	NOV 76	DEC 76	JAN 77	FEB 77	
1	HARRISON	1				1	
2	BALDWIN	1			1	1	
3	ABBOTT						
4	WILLIAMS JR.					1	
5	SAN BLAS						
6	LAS VEGAS		1			1	
7	SAN ANTONIO				1		
8	WALL HOUSE						
9	OFFICE						
10	SHOP						
11	PREVIOUS AND	11		1			
12	WORKED		11	1			
13		5	3	0	0	4	
14							
15	TYPE OF INJURY						
16	BURN						
17	BACK	1					
18	WIRE PRODUCTS						
19	CUT		1	1	11	1	
20	LEFT						
21	ANNUIS-ANUS <small>GENERAL SPECIAL</small>	1	1	1		1	
22	ELEC. SHOCK						
23	TOOTH						
24	WREST-AND <small>RIGHT HAND</small>	1				1	
25	FOREIGN BODY <small>HAND FINGER</small>						
26	OTITIS	11	1			1	
27		5	0	0		4	
28							
29							
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31							
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33							
34							
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36							
37							
38							
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7

4 5 6 7 8 9 10 11 12

23 77 MAR 77 APR 77 MAY 77 JUN 77 JULY 77 AUG 77 SEP 77

1				1	1			1		1
1	11			1	1			1		1
1	1				11				11	1
1				1				1		1
1	1				1			1	11	1
	111	1			1				1	1
	1				1			1		1
					1					1
4	8	1	2	1	6	6	E		5	46
			1		1		1		11	1
1	1				1				11	6
1	1				1				11	2
1	1	1			1					12
1	1				1					4
1	1				1				1	7
1	1				1					5
1	1	1	2	1	6	11			5	9
4	8	1								46

TO:

① JRC

② JRC

From: R. W. FULTS

Date:

12/15

- FOR YOUR INFORMATION AND DISPOSITION.
- FOR YOUR INFORMATION. PLEASE RETURN TO MY OFFICE.
- PLEASE NOTE AND RETURN.
- PLEASE HANDLE.
- AS YOU REQUESTED.
- PLEASE RETURN WITH COMMENTS.
- PLEASE SEE ME ON THIS.

RE: FW 1725 LUTHERAN CHURCH

TO: Mr. JRC, WJ

RE: [unclear]

[unclear]

[unclear]

[unclear]

TO: BUM
JRC

SUBJECT: SAFETY

	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>
FIELD HOURS WORKED	198,502	244,019	219,860	243,444
ACCIDENTS	30	31	27	42
ACCIDENTS PER HR WORKED	1/6,617	1/7,872	1/8,143	1/5,796
FREQUENCY FACTOR	15	12.7	12.3	17.3

GOOD PERFORMANCE!!
00
MY CONGRATULATIONS
TO ALL YOUR PEOPLE FOR AN IMPROVED
SAFETY RECORD IN 1974. LET'S BEAT IT
IN 1975.

Paul

TO: RWF
JLC

11-2-76

FROM: JLC

SAFETY

Local	1973	1974	1975	1976
FIELD HOURS	198,502	244,019	219,860	243,440
ACCIDENTS	30	31	27	42
ACCIDENT RATE	1/6617	1/7872	1/8143	1/5796
FREQUENCY RATE	15	12.7	12.3	17.3

NOTE: FREQUENCY RATE REPRESENTS THE NUMBER OF ACCIDENTS PER 100,000 HOURS WORKED

OTHER FIGURES ARE:

WRS LOST DUE TO ACCIDENTS
1336

LOCAL 135 11.3

SHEET METAL 0

TECHNICAL 6

Company wide rate 14.3

An admirable goal for us to shoot for during the oncoming year would be a frequency factor of 10

MOST COMMON ACCIDENTS WERE:

BACK 9

CUTS 9

EYES 9

127 out of 48

LOST TIME

100 /

	PERSON	BROKEN NUM
19	DEWLEN	
7	EM. HENLY	CUT
26	FRANK O'DAY	DIZZY
11	KITZLEN	CUT ST
1	M. PARSONS	TWIST ANKLE
1	F. SHERILL	" "
2	R. CANCINO	EYE
3 1/2	E. LIGHT	TWIST ANKLE
2	J. MAXWELL	BACK
4	J. KOWE	CUT
1	WIM PIATT	SHIN
2	B. STOLTZ	BACK
1	J. WATKIN	ACID
2	J. BARNETT	BACK
5 1/2	WIM PIATT	BACK
1	AL VUNZ	NUM
?	TOM GLASS	BROKE ANKLE
10	J. GALONCA	CUT

147 1/2 DMS 167

200 W 7.8

+

1336 ARZ
LOSI

135 T SM

9	17,794	730	16	12
8	10,904	1367	X 40 WKS	X 40
7	21,077	4820	640	480
6	18,053	5169	X 50 WKS	X 50
5	21,049	4273	32,000 WKS	24,000
4	26,452	4999		
3	22,512	3044		
2	20,277	2560		
1	25,101	3593		
12	19,738	1850		
11	18,894	1496		
10	21,589	1604		
	<u>243,440</u>	<u>35,505</u>	32,000	24,000

LOCAL S	243,440
4 135	35,505
SM	32,000
TEAM	24,000
	<u>334,945</u>

TO: BUM
JRC

SUBJECT: SAFETY

	1973	1974	1975
FIELD HOURS WORKED	198,502	244,019	219,860
ACCIDENTS	30	31	27
ACCIDENTS PER HR WORKED	1/6,617	1/7,872	1/8,143

GOOD PERFORMANCE!!! MY CONGRATULATIONS
TO ALL YOUR PEOPLE FOR AN IMPROVED
SAFETY RECORD IN 1974. LET'S BEAT IT
IN 1975.

[Signature]

THORPE INSULATION COMPANY

INJURY RECAP

1973

1974

	O	N	D	J	F	M	A	M	J	J	A	S	TOTAL	O	N	D	J	F	M	A	M	J	J	A	S	TOTAL
FOSSEN																										
HARRISON					1								2												1	
BOWETT						3							7												6	
ABBOTT					1	1	2						6												6	
WILLIAMS					1		1	2					5												3	
SAN BERN.													0												1	
FOOTE					1								3												1	
WAREHOUSE					2								3												0	
OFFICE													0												1	
SHOP					1								2												0	
SAN DIEGO													2												0	
TOTAL	5	2	6	5	2	3	3	4	2				50	2	1	1	1	1	1	1	1	1	1	1	31	
BURN					1								1												0	
BACK						3							3												5	
WING PUNCTURE													2												1	
CUT					2	1	2	1	1	2			11												8	
EYE					1								2												6	
ANKLE-KNEE													3												4	
ASBESTOSIS													0												0	
OTHER					1								7												5	
ELECT SHOCK													0												0	
TEETH													0												0	
WRIST-HAND													1												2	
TOTAL	5	2	6	5	2	3	3	4	2				50	0	4	1	3	3	2	3	6	3	1	2	31	

TOTAL FIELD EMPLOYEES HOURS OCTOBER THRU SEPT

	ABESTOS WORKER #5		ASBESTOS WORKER #5		SHEET METAL #108		SHEET METAL #420
	HOURS		HOURS		HOURS		HOURS
	1975	1976	1975	1976	1975	1976	1975
1 OCT	14330		724		293		
2 NOV	16520		575		708		
3 DEC	14290		575		672		
4 JAN	20809		948		595		JAN 263
5 FEB	16185		859		112		
6 MAR	15017		949		336		MAR 192
7 APR	15036		979		161		
8 MAY	18685 1/2		1346 1/2		632		
9 JUN	15072		1123 1/2		432		
10 JUL	15005		916		295		
11 AUG	18580		1247		390		
12 SEPT	16609 1/2		962		320		
13							
14	196,139 ^o		11,204 ^o		4946		455
15							
16	ABESTOS WORKER #273						
17	HRS						
18	OCT 74	171 ^o					
19							
20	BOILER MAKERS #92		SHEET METAL #88		SHEET METAL #273		CARPENTER #235
21	HOURS		HOURS		HOURS		HOURS
22	1975		1975		1975		1975
23 OCT							
24 NOV							
25 DEC			98 1/2		168		
26 JAN			192		400		
27 FEB			136		414		40
28 MAR			136		453		156
29 APR			166 1/2		160		160
30 MAY			241		288		147 1/2
31 JUN	206		253		160		96
32 JUL	4		17		152		104
33 AUG	309 1/2		807 1/2		200		201
34 SEPT	296		611 1/2		149 1/2		119 1/2
35	715 1/2		2,659 ^o		2,544 1/2		1,026 ^o
36							
37	TOTAL HOURS						
38	1973	198,502					
39	1974	244,019					
40	1975	219,860					

TOTAL FIELD EMPLOYEES HOURS 1973 & 1974

	ASBESTOS WORKER #5		ASBESTOS WORKER #35		SHEET METAL #108	
	1973	1974	1973	1974	1973	1974
1	14,098	18,896	731	751	272	312
2	11,977	22,115	589	2,028	586	1,311
3	15,917	19,921	1,307	1,402	560	328
4	8,951	17,888	1,053	792	438	757
5	11,965	19,198	1,010	1,017	342	1,962
6	16,317	23,243	1,412	1,405	711	1,117
7	12,094	19,397	1,268	831	334	478
8	14,831	24,489	1,035	991	831	674
9	19,597	20,777	1,505	428	857	387
10	16,242	14,567	986	703	40	276
11	18,549	23,716	1,057	1,577	1,750	85
12	18,188	15,509	859	455	416	172
13						
14	178,526	217,896 ²	12,815	11,645 ²	7,161	7,437
15	12,315	11,645				
16	7,161	7,437				
17	0	1,080				
18	0	5,959				
19	198,502	214,019				
20			CARPENTER		SHEET METAL #88	
21			HRS		HRS	
22			1973	1974	1973	1974
23						18
24						1,000
25						476
26						475
27						728
28						16,022
29						472
30				128		1,401
31				952		145
32						
33						
34						12
35			NONE	1,080	NONE	5,959
36						
37						
38						
39						
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THORPE INSURANCE COMPANY

INURED RECEIPT

1975

1976

	OND J E M A M J J A S							TOTAL	OND J E M A M J J A S							TOTAL			
ROSEN								2											
HEWLESON								1											
ROLDERTT								3						1					
ABERTT								7						1					
WILUAMS								1											
SAND BERN								5											
FOOTE								2											
WARGENSE								3											
OFFICE								4											
SINCE								1											
SANDLIER								2											
TOTAL								27						11					
BOUN								1											
BACK								5						1					
WIDE RUNGUE								1											
CUT								9						1					
EYE								4											
ANKLE-WIND								2						1					
ASBESTOSIS								4											
OTHER								5						1					
FEET SHOCK								4											
TEETH								4											
WREST - HAND								4											
TOTAL								27						11					
	3	4	8	13	16	19	21	22	25	27	27	2	5	11	17	20	24	30	36

WORKMEN'S INJURY RECORD OCT 75 TO SEPT 76

	LOCATION	OCT 75	NOV 75	DEC 75	JAN 76	FEB 76	
1	HANKISON						
2	BOLDEN	1	1	1	11	11	
4	ADOTT						
5	WILLIAMS JR						
6	SAN PEDRO		1				
7	LOS VEGOS						
8	SAN PEDRO	1		1	1		
9	WAREHOUSE					1	
10	OFFICE						
11	SHOP						
12	FOSSON			11	11	1	
13	DIPBLO	11	1				
14		4	3	4	5	4	
15	TYPE OF INJURY						
16	BURN						
17	TRUCK				1	1	
18	WIRE						
19	CUT		1	1	1		
20	SLIP			1		1	
21	INJURY - KNEE STRIKE				1	1	
22	ELEC. SHOCK						
23	TEETH	1					
24	WREST - HAND STRIKE		1			1	
25	FOSSON	1		1			
26	OFFICE	11	1	1	1		
27		4	3	2	5	4	
29	MAN HOURS WORKED		LOCAL 5		4		
30	FREQUENCY RATE		LOCAL 135		5		
36	FREQUENCY RATE = NO. OF INJURIES X 100,000						
38	TOTAL MAN HOURS WORKED						
40	FACTORS INDICATE NO. OF ACCIDENTS						

6

	5	6	7	8	9	10	11	12
Feb 76	Mar 76	Apr 76	May 76	Jun 76	July 76	Aug 76	Sep 76	TOTAL
	1	11	1	1	1			1
				1			1	3
			1	1				2
				11	11			4
	1						1	5
								10
							1	19
	11	11		111				9
4	5	5	5	8	3	1	3	48
					1			1
	1	11		111		1		9
	1	1	11	1	1		1	9
	11	11	1	11				9
				11			1	6
								0
	1				1			1
							1	2
4	5	5	3	8	3	1	3	48

42 x 100,000 = 47
243,440

TENNISBALLS

2 x 100,000 = 6
32,000

4 x 100,000 = 11
35,505

SHEET METAL

0 x 100,000 = 0
24,000

EVERY 100,000 HOURS WORKED.

Workmen's Injury Report

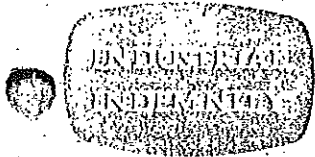
Oct 1974 To Aug '75

	LOCATION	OCT '74	NOV '74	DEC '74	JAN '75	FEB '75
1	HARRISON					
2	BOLDETTI	1			11	
3	ABBOTT	11	11			1
4	WILLIAMS, JR			11	1	
5	SAN BERO					1
6	FOOTE					
7	WAREHOUSE					
8	OFFICE					
9	SHOP					1
10	SAN DIEGO	1			1	1
11	FOSSEN					
12		2	2	2	4	4
13						
14						
15	<u>TYPE OF INJURY</u>					
16	BURN					
17	BACK				8 STALFZ	
18	WIRE-PUNCTURE					
19	CUT					1
20	EYE			1		
21	ANKLE-KNEE ^{BRAKE-} _{SPRAIN}				11	1
22	ELECTRIC SHOCK					
23	TEETH					
24	WRIST-HAND ^{BRAKE} _{SPRAIN}		1			11
25	FOREIGN BODY ^{HAND} _{FINGER}					
26	OTHER	11	1	1	1	
27						
28		2	2	2	4	4
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						

	MAR '75	APR '75	MAY '75	JUNE '75	JULY '75	AUG '75	Total
			1		1		2
1		1		1	1	1	3
1			1				1
	1	1					2
					1		1
1					1		1
1							1
4	1	2	2	1	4	1	25

W ABBOTT

1	1	1	11			1	0
1							2
1							0
1							0
1							0
1							0
1							0
1		1			111		3
4	1	2	2	1	4	1	9
							25



INDUSTRIAL INDEMNITY COMPANY SAFETY SERVICES

June 4, 1975

Mr. Jay Cordell, Field Operations Superintendent
THORPE INSULATION COMPANY
2741 South Yates Avenue
Los Angeles, California 90040

RE: CB 733-0178 10/1/74-75

THORPE INSULATION		
JUN 5 1975		
RWF	<input checked="" type="checkbox"/>	COMM
BLM	<input type="checkbox"/>	EST
IBK	<input type="checkbox"/>	IND
JEK	<input type="checkbox"/>	ACCT.
DSW	<input type="checkbox"/>	GR
GRC	<input checked="" type="checkbox"/>	PUR
		MAT

Dear Jay:

Thank you for the time provided me on May 30, 1975, when I was able to review with you your accident frequency and severity pattern through the first 5 months of the present policy year of 1975.

With the larger field operations service crews you have spread throughout the Southern California area, I am quite happy to see we have no severe frequency or severity problem in this present policy period.

Minor injuries, such as cuts and eye irritations from foreign bodies can be expected in your specialty operations.

Please feel free to contact our Engineering Supervisor, Chris Hart, at Box 2300, Riverside, phone # (714) 686-5141. He will be able to assist you in setting up a similar such Supervisor's Safety Program as we have had in the Los Angeles and San Diego Divisions this year.

I will be forwarding to our Pasadena Claims Division the information related to me with regard to the alleged continuing trauma injury reported by your previous employee, Raymond Weaver. Thank you for the interest you expressed and the information you provided by way of your excellent recordkeeping folder on each employee. It is only through concerned employers that we can hope to offset any asperious claim, which could adversely affect your overall net insurance program.

Please feel free to contact me at anytime.

Sincerely,

Jerry Mazon
JERRY MAZONE (cd)
Engineering Manager

JM:cd

cc: MARSH & MC LENNAN INC.

Workmen's Injury Report 5-1-73 to 9-30-74

		NOV '73	DEC '73	JAN '74	FEB '74	MAR '74
1	HARRISON	1			2	
2	BALDETTI					
3	ABBOTT	1		2	1	1
4	WILLIAMS, JR.			1		
5	SANBERG					1
6	FOOTE			1		2
7	WAREHOUSE					
8	OFFICE					
9	SHOP					
10	SPAINFIELD	2	1	1		
11	Fasson					
12		<u>4</u>	<u>1</u>	<u>5</u>	<u>3</u>	<u>4</u>
13						
14						
15						
16	<u>TYPE OF INJURY</u>					
17	BURN					
18	BACK			1	1	1
19	WIRE PUNCTURE	1		1		1
20	CUT			1	2	1
21	EYE	1				
22	ANKLE-KNEE <small>BRK BRK</small> SPRAIN					
23	ASBESTOSIS					
24	OTHER	1	1	2		1
25	ELECTRIC SHOCK					
26	TEETH					
27	WRIST-HAND <small>SPRAIN</small> FINGER	1				
28	Foreign Body <small>HAND</small> FINGER					
29						
30		<u>4</u>	<u>1</u>	<u>5</u>	<u>3</u>	<u>4</u>
31						
32						
33						
34						
35	① W. EDWARDS CUT FINGER LOST DAYS 3-8-73 to 8-19-74 Lost 110 days					
36	② G. PORTREY - BACK - 1 DAY LOST					
37	③ M. TYLER - BACK 7 DAYS LOST (see 1972 Back Injury)					
38	④ D. FARVER - HISTORY OF BACK INJURY					
39	⑤ B. HAITHCOAT - BACK					
40	⑥ G. GOLF BACK					
	⑦ AL NUNEZ - CUT FINGERS 68 DAYS LOST					

24	5	6	7	8	9	10	11	12
APRIL 74	MAY 74	TOTAL 5-1-73 to 5-31-74	JUNE 74	JULY 74	AUG 74	SEPT 74	TOTAL 6-1-74 to 9-74	
1		6	2	1	0		3	
1		1	1	1		1	3	
	2	14	2	1		1	4	
		5		1			1	
		1					0	
		3					0	
1		2					0	
		0	1				0	
		0					0	
	1	7					0	
3	3	39	6	4	0	2	12	
		1			0		0	
	0	5	3				3	
		3					0	
1	2	13	1				1	
2		4	1	1			2	
		1	1	3		2	6	
		9					0	
		-					1	
		3						
3	3	39	6	4		1	12	

*edges
(young)*

Wardens Injury Report - 5-1-73 to 5-1-74

LOCATION	MAY '73	JUNE '73	JULY '73	AUG. '73	SEPT '73	OCT '73							
1 HARRISON		1				1							
2 BOLDETTI													
3 ABBOTT	1 1	1	2	2	1								
4 WILLIAMS	3		1										
5 SAN BERN													
6 FOOTE													
7 WAREHOUS					1								
8 OFFICE													
9 SHOP													
10 SAN DIEGO						2							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%;"></td> </tr> </table>								4	2	3	3	4	
	4	2	3	3	4								
16 TYPE OF INJURY													
17 BURN	1				1								
18 BACK					1								
19 WIRE PUNCTURE						2							
20 CUT	1	1	1	1									
21 EYE						1							
22 ANKLE - HAND KNEE			1										
23 ASBESTOSIS													
24 OTHER	1	1		1	1								
25 ELECTRIC SHOCK													
26 TEETH													
27 WRIST - HAND (Hand)	1		1										
28 FOREIGN BODY													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">1 2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%;"></td> </tr> </table>								4	1 2	3	3	4	
	4	1 2	3	3	4								

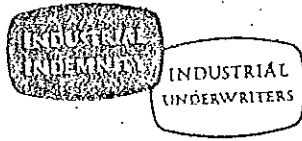
THORPE INSULATION COMPANY WORKMEN'S COMPENSATION INJURY RECAP

			OCT-NOV 1972	DEC-JAN '72-'73	FEB-MAR 1973	APR-MAY 1973
1	NUMBER					
2	HARRISON					1
3	BOLDETTI		3		3	1
4	ABBOTT		1			1
5	WILLIAMS			1		1
6	KEESICK					1
7	WALSH					1
8	FOOTE		1	1	1	
9	WAREHOUSES				1	1
10	OFFICE					
11	SHOP				1	1
12	S.D.					
13	TOTAL					
14						
15						
16						
17						
18						
19	<u>TYPE OF INJURY</u>					
20	BURN					1
21	BACK				3	
22	WIREFUNCTURE		1			
23	CUT		2	1	2	2
24	EYE		1			
25	ANKLE-KNEE	BREAK - SPRAIN		1		1
26	ASBESTOSIS					
27	OTHER		1		1	1
28	ELECTRIC SHOCK					
29	TEETH					
30	WEIST-HAND-FINGER	(BREVIAIN)				
31	FOREIGN BODY	(HAND-FINGER)				
32						
33	TOTAL					
34						
35						
36						
37						
38						
39						
40						

2.
J. YATES, LOS ANGELES
 NAME OF INSURED

ACCIDENT/LOSS RECORD

1 03 51575 CB6060721
 CO. DIV. PRODUCER POLICY NUMBER
INDUSTRIAL INDEMNITY CO.
 POLICY PERIOD



PRODUCER
MARSH + MC LENNAN INC
3303 WILSHIRE BLVD
LOS ANGELES CA 90010

10 00 5184 10/ 1/72 10/ 1/73
 GOV. CLASS EFFECTIVE EXPIRING
R 3/31/73

E.A.P. PREMIUM TO DATE LOSS RATIO AA '08 DATE

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST
11/ 9/72	72 78 65025	5184	ILLG J "B"	CONTACT DEBRIS	F B EYE	65.
10/24/72	72 78 65076	5184	LAWING D "B"	BUMPED UNK	LAC HEAD	49
2/ 8/73	73 03 27683	5184	GRANT T "B"		INJ BACK/L	4,000 F
10/ 2/72	73 78 1257	5184	GDAY F P	CUT BY SHARPO	LAC FINGER	
10/ 2/72	73 78 2052	5184	GDAY F P	CUT BY SHARPO	LAC FINGER	
12/26/72	73 78 7725	5184	GAY J "Wms"	SLIP STAIRS	INJ ANKLE	
2/ 7/73	73 78 10905	1463	EDWARDS W "B"	CUT BY MATERL	LAC FINGER	
2/16/73	73 78 14452	5184	GOFF G "SHOP"	HITBY MATERL	INJ HEAD	
= OF CLAIMS						8
						4,114

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
 RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST DESIGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (E) ARE UNPAID MEDICAL. ONLY CLAIMS ESTIMATED TO AVERAGE \$40 EACH. THEY ARE CLOSURE IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS BEING SHOWN IN WHOLE DOLLARS.

CODES - AA S = SCHEDULED R = REQUESTED B = BOTH SCHEDULED AND REQUESTED BLANK = NOT APPLICABLE
 CB S = SEVERITY F = FREQUENCY B = BOTH SEVERITY AND FREQUENCY BLANK = NOT APPLICABLE

WORKMEN'S COMPENSATION
ACCIDENT/LOSS RECORD

THE INSULATION COMPANY

NAME OF INSURED

1 03 51575 06669561
CO. DIV. PRODUCER POLICY NUMBER

PRODUCER

HARSH & MCLENNAN INC OF
3305 WILSHIRE BL
LOS ANGELES CA 90010

INDUSTRIAL
UNDERWRITERS

INDUSTRIAL INDEMNITY CO
POLICY PERIOD

01 00 5184 6/1/70 10/1/70
GOV. CLASS EFFECTIVE EXPIRING

00,000 21,616 10.7 US 1/31/72
E.A.P. PREMIUM TO DATE LOSS RATIO AA OS DATE

ACCIDENT/LOSS DATE	CLAIM NUMBER	CLASS CODE	CLAIMANT	CAUSE	NATURE	RESERVE OR CLOSING COST	
6/14/70	70 03 20909	5184	WEAVER G	CARRYING LADDER	LT/TESTICLE	1,750	
6/2/70	70 03 47004	5184	PATON M	KNIFE	FINGER	42	
7/2/70	70 03 47978	5184	PATTERSON J	KNIFE	RT ARM	20	
7/17/70	70 03 49036	5184	SHORT A	STAPLE GUN	FINGER	14	
7/10/70	70 03 49116	5184	JARVIS B	KNIFE	LT FINGER	20	
7/15/70	70 03 47566	5184	HARTMAN J	LADDER	BACK	86	
9/14/70	70 03 50962	5184	MAXWELL J	SPRAIN	BACK	68	
1/17/70	70 03 51144	5184	SUITOR J	KNIFE	RT FINGER	15	
7/24/70	70 03 52151	8810	SCIACCIO T	FILING CABINET	LT FINGER	32	
6/18/70	70 53 43803	5184	HILLENBRAND W	WIRE	RIGHT FOREARM	16	
7/21/70	70 55 44165	5184	WALSH H	HIT OBJ	RT HAND	55	
9/30/70	70 55 45165	5184	WEAVER G	CGT IN OBJ	RT HAND	153	
11/2/70	70 55 45716	5184	WALSH H	F B	LT EYE	12	
3/27/71	71 55 47766	5184	WALSH H	HITBY H TOOL	LAC NOSE	25	
					# OF CLAIMS	14	2,373

L/R = 10.7

PREMIUM TO DATE INCLUDES ANY EARNED PREMIUM BILLED PLUS THE AMOUNT ESTIMATED TO BE EARNED TO DATE OF THIS REPORT.
RESERVE OR CLOSING COST IS THE INCURRED VALUE AS OF THE DATE OF THIS REPORT. OPEN CLAIMS WITH RESERVES REPRESENTING ESTIMATED FINAL COST ARE DESIGNATED "R". COMPENSATION CLAIMS WITH NO AMOUNT SHOWN (+) ARE UNPAID MEDICAL. ONLY CLAIMS ESTIMATED TO AVERAGE \$40 EACH. THEY ARE INCLUDED IN CLAIM COUNT BUT NOT IN LOSS RATIO. DIFFERENCE BETWEEN MANUAL TOTAL OR LISTED CLAIMS COST AND PRINTED TOTAL IS DUE TO INDIVIDUAL COSTS BEING SHOWN IN WHOLE DOLLARS.

CODES - AA S = SCHEDULED; R = REQUESTED; B = BOTH SCHEDULED AND REQUESTED; BLANK = NOT APPLICABLE
 OS = SEVERITY; F = FREQUENCY; B = BOTH SEVERITY AND FREQUENCY; BLANK = NOT APPLICABLE

RPE INSULATION COMPANY
WORKMEN'S COMPENSATION INJURY RECAP

		1	2	3	4
		OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP
		1970	1971	1971	1971
	NUMBER AND COST OF INJURIES				
1	HARRISON	3	303	2	51
2	BOLDETT	2	700	-	-
3	ABBOTT	2	70	2	42
4	NEALES	-	-	-	-
5	WILLIAMS	1	112	1	48
6	KRESICK	1	16	1	100
7	WALSH	-	-	-	-
8	FOOTE	-	-	-	-
9	WAREHOUSES	1	4200	1	59
10	OFFICE	1	54	-	-
11	SHOP	-	-	-	-
12	TOTAL				
13					
14					
15					
16					
17					
18					
19					
20	REPEAT TYPE OF INJURY				
21	(2) BACK	2		1	
22	(1) WIRE PUNCTURE	1	2		17
23	(2) CUT	1	2		
24	(4) EYE	1	1		
25	(2) ANKLE AND KNEE <small>BREAK</small> SPRAIN	1			120
26	ASBESTOSIS				
27	OTHER	2	1	3	
28	ELECTRICAL SHOCK				1
29	(3) TEETH		2		
30	(1) WRIST HAND, FINGER, SPRAIN	2		1	
31	(3) FOREIGN BODY, HAND, FINGER			2	
32	TOTAL	10	8	8	4
33					
34					
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100					

* COST NOT AVAILABLE

SEP	TOTAL	OCT - DEC	JAN - MAR	APR - JUN	JUL - SEP	TOTAL
1	1971	1971	72	72	72	1972
-	6	372	-	-	-	-
-	5	813	1	30	1	1
*	7	282	-	1	3	29
-	1	33	1	114	*	-
-	2	160	-	1	*	-
*	4	126	-	-	1	2200
n	1	17	1	1320	-	1
780	3	5039	-	2	8	2
-	1	54	-	-	-	-
			1	50	1	2
	30	6556				24
						3651
17	3		1	1	2	1
	4					1
	3			2	3	1
	7		1	1	1	3
780	3		1	1		1
	6		2	1	1	1
	1					5
	2					1
	4					1
	2					1
	30		5	6	7	6
						24

Workmen's Compensation Injury Report

No.	Date	Employee	Dept	Injury	Amount	Continued	Days
1	4 19	Rayce, W.	A	Inj Toe	15.-		
2	5 3	WENTY C.	A	cut arm	0		
3	5 5	McNamee K	A	L.B. Eye	14.-		
4	5 17	Palitana J	Whse	cut finger	0		
5	6 1	Tyler M.	K	Balla	2200.		
6	6 5	Magalski	B	cut finger	0		
7	6 16	Geoff	Whse	Back	0		
8							
9							
10							
11							
12							
13							
14							
15							
16							
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REGULATION X

EMISSION STANDARDS FOR ADDITIONAL SPECIFIC AIR CONTAMINANTS

Rule 1001 General Provisions, Emission Standards for Additional Specific Air Contaminants

- (a) Any owner or operator subject to the provisions of these rules and regulations shall furnish the control officer written notification as follows:
- (1) The anticipated date of initial startup of the source not more than 60 days nor less than 30 days prior to such date.
 - (2) The date of initial source startup within 15 days after such date.
- (b) Emission tests may be waived upon written application to the Air Pollution Control Officer if, in his judgement, the source is meeting the standard or if valid test data has been submitted to the U. S. Environmental Protection Agency. Approval of any waiver granted pursuant to this Rule 1001 (b), shall not abrogate the Air Pollution Control Officer's authority under these rules and regulations or in any way prohibit the Air Pollution Control Officer from later cancelling such waiver. Such cancellation will be made only after notice is given to owner or operator of the source.
- (c) Emissions shall be tested according to methods specified by the Air Pollution Control Officer.
- (d) A person shall not build, erect, install, alter or replace any equipment subject to the provisions of this Regulation unless that person first complies with the provisions of Rule 201 and all other provisions of these rules and regulations.
- (e) All procedural provisions and prohibitions of the rules and regulations of the District shall be applicable to all persons and sources coming under the purview of this Regulation.
- (f) If other rules in these rules and regulations are more restrictive or contain additional emission standards, those rules shall apply.

Rule 1002 Emission Standard for Asbestos

(a) Definitions

- (1) ACTIVE WASTE DISPOSAL SITE means any disposal site other than an inactive site.
- (2) ADEQUATELY WETTED means sufficiently mixed or coated with water or an aqueous solution to prevent dust emissions.
- (3) ASBESTOS means actinolite, amosite, anthophyllite, chrysotile, crocidolite, tremolite.
- (4) ASBESTOS MATERIAL means asbestos or any material containing asbestos.
- (5) ASBESTOS MILL means any facility engaged in the conversion or any intermediate step in the conversion of asbestos ore into commercial asbestos. Outside storage of asbestos materials is not considered a part of such facility.
- (6) ASBESTOS TAILINGS means any solid waste product of asbestos mining or milling operations which contains asbestos.
- (7) ASBESTOS-CONTAINING WASTE MATERIAL means any waste which contains commercial asbestos and is generated by a source subject to the provisions of this subpart, including asbestos mill tailings, control device asbestos waste, friable asbestos waste material, and bags or containers that previously contained commercial asbestos.
- (8) COMMERCIAL ASBESTOS means any variety of asbestos which is produced by extracting asbestos from asbestos ore.
- (9) CONTROL DEVICE ASBESTOS WASTE means any asbestos-containing waste material that is collected in a pollution control device.
- (10) DEMOLITION means the wrecking or taking out of any load-supporting structural member and any related removing or stripping of friable asbestos materials.

(11) ELEMENT means any boiler, pipe, furnace, duct, tank, reactor, turbine, or structural member.

(12) FABRICATING means any processing of a manufactured product containing commercial asbestos, with the exception of processing at temporary sites for the construction or restoration of buildings, structures, facilities or installations.

(13) FRIABLE ASBESTOS MATERIAL means any material that contains more than one percent asbestos by weight and that can be crumbled, pulverized, or reduced to powder, when dry, by hand pressure.

(14) INACTIVE WASTE DISPOSAL SITE means any disposal site or portion thereof, where additional asbestos-containing waste material will not be deposited and where the surface is not disturbed by vehicular traffic.

(15) MANUFACTURING means the combining of commercial asbestos, or in the case of woven friction products the combining of textiles containing commercial asbestos, with any other material(s), including commercial asbestos, and the processing of this combination into a product as specified in paragraph (b) (2).

(16) OUTSIDE AIR means the air outside buildings and structures.

(17) PARTICULATE ASBESTOS MATERIAL means finely divided particles of asbestos material.

(18) REMOVING means taking out friable asbestos materials used to insulate or fireproof any element from any building, structure, facility, or installation.

(19) RENOVATION means the removing or stripping of friable asbestos material used to insulate or fireproof any element. Operations in which load-supporting structural members are wrecked out are excluded.

(20) PLANNED RENOVATION means a renovation operation, or a number of such operations, in which the amount of friable asbestos material that will be removed or stripped

within a given period of time can be predicted. Operations that are individually non-scheduled are included, provided a number of such operations can be predicted to occur during a given period of time based on operating experience.

(21) EMERGENCY RENOVATION means a renovation operation that results from a sudden, unexpected event, and is not a planned renovation. Operations necessitated by non-routine failures of equipment are included.

(22) ROADWAYS means surfaces on which motor vehicles travel including, but not limited to highways, roads, streets, parking areas, and driveways.

(23) STRIPPING means taking off friable asbestos materials used for insulation or fireproofing from any pipe, duct boiler, tank, reactor, turbine, furnace, or structural member.

(24) VISIBLE EMISSIONS means any emissions which are visually detectable without the aid of instruments and which contain particulate asbestos material.

(b) Emission Standards

A person shall not cause to be discharged into the atmosphere asbestos in the following amounts from the sources listed:

(1) Roadways: the surfacing of roadways with asbestos tailings or asbestos containing wastes is prohibited except for temporary roadways on an area of asbestos ore deposits. The deposition of asbestos tailings on roadways covered with snow or ice is considered "surfacing".

(2) Manufacturing: no visible emissions to the outside air, except when air-cleaning is elected as provided in the Exceptions to Visible Emission Standard, from any building or structure in which the following materials are manufactured or directly from the manufacturer of these materials if they are manufactured outside of buildings or structures:

(A) cloth, cord, wicks, tubing, tape, twine, rope, thread, yarn, roving, lap, or other textile materials,

- (B) cement products ,
- (C) fireproofing and insulating materials,
- (D) friction products,
- (E) paper, millboard, and felt,
- (F) floor tile,
- (G) paints, coatings, caulks, adhesives, sealants ,
- (H) plastics and rubber materials,
- (I) chlorine,
- (J) shotgun shells,
- (K) asphalt concrete

(3) Demolition and Renovation: any owner or operator of a demolition or renovation operation who demolishes any institutional, commercial, or industrial building (including apartment buildings having more than four dwelling units), structure, facility, installation, or portion thereof which contains any element that is insulated or fireproofed with friable asbestos material or renovates any of the above where more than 80 meters (ca. 260 feet) of pipe insulated or fireproofed with friable asbestos material is stripped or removed or where more than 15 square meters (ca. 160 square feet) of friable asbestos material used to insulate or fireproof any other element is stripped or removed shall use the following procedures to prevent emissions of particulate asbestos material to outside air.

(A) Friable asbestos materials, used to insulate or fireproof any element shall be removed from any building, structure, facility or installation subject to this paragraph. Such removal shall occur before wrecking or dismantling of any portion of such building, structure, facility, or installation that would break up the friable asbestos materials and before wrecking or dismantling of any other portion of such building, structure, facility, or installation that would preclude access to such materials for subsequent removal. Removal of friable asbestos material

used for insulation or fireproofing of any pipe, duct, or structural member which are encased in concrete or other similar structural materials is not required prior to demolition, but such material shall be adequately wetted whenever exposed during demolition.

(B) Friable asbestos materials used to insulate or fireproof elements shall be adequately wetted during stripping, except as provided in paragraphs (D), (F), or (G) of this section.

(C) Elements that are insulated or fireproofed with friable asbestos materials may be taken out of any building, structure, facility, or installation subject to this paragraph as units or in sections provided the friable asbestos materials exposed during cutting or dis-jointing are adequately wetted during the cutting or disjointsing operation. Such units shall not be dropped or thrown to the ground, but shall be carefully lowered to ground level.

(D) The stripping of friable asbestos materials used to insulate or fireproof any element that has been removed as a unit or in sections as provided in paragraph (C) of this section, shall be performed in accordance with paragraph (B) of this section. Rather than comply with the wetting requirement, a local exhaust ventilation and collection system may be used to prevent emissions to the outside air. Such local exhaust ventilation systems shall be designed and operated to capture the asbestos particulate matter produced by the stripping of friable asbestos material. There shall be no visible emissions to the outside air from such local exhaust ventilation and collection systems except as provided in the Exceptions to Visible Emission Standard.

(E) All friable asbestos materials that have been removed or stripped shall be adequately wetted to ensure that such materials remain wet during all remaining stages of demolition of renovation and related handling operations. Such materials that have been removed or stripped more than 50 feet above ground level, except those materials removed as units or in sections, shall be transported to the ground via dust-tight chutes or containers.

(F) Except as specified below, the wetting requirements of this paragraph are suspended when the temperature at the point of wetting is below 0°C (32°F). When friable asbestos materials are not wetted due to freezing temperatures, such materials on elements shall, to the maximum extent possible, be removed as units or in sections prior to wrecking. In no case shall the requirements of paragraphs (3) (D) or (3) (E) be suspended due to freezing temperatures.

(G) For renovation operations, local exhaust ventilation and collection systems may be used, instead of wetting as specified in paragraph (3) (B) to prevent emissions of particulate asbestos material to outside air when damage to equipment resulting from the wetting would be unavoidable. Upon request and supply of adequate information, the control officer will determine whether damage to equipment resulting from wetting to comply with the provisions of this paragraph would be unavoidable. Such local exhaust ventilation systems shall be designed and operated to capture the asbestos particulate matter produced by the stripping and removal of friable asbestos material. There shall be no visible emissions to the outside air from such local exhaust ventilation and collection systems, except as provided in the Exceptions to Visible Emission Standard.

(H) The demolition of a building, structure, facility, or installation, pursuant to an order of an authorized representative of a State or local governmental agency, issued because that building is structurally unsound and in danger of imminent collapse is exempt from all but the following requirements of paragraph (3) of this section.

(i) The requirements on stripping of friable asbestos materials from previously removed units or sections as specified in paragraph (3) (D) of this section;

(ii) the wetting, as specified by paragraph (3) (E) of this section, of friable asbestos materials that have been removed or stripped; and

(iii) the portion of the structure being demolished that contains friable asbestos materials shall be adequately wetted during the wrecking operation.

(4) Spraying: there shall be no visible emissions to the outside air from the spray-on application of materials containing more than one percent asbestos, on a dry weight basis, used to insulate or fireproof equipment and machinery, except as provided in the Exceptions to Visible Emission Standard. Spray-on materials used to insulate or fireproof buildings, structures, pipes, and conduits shall contain less than one percent asbestos on a dry weight basis.

Any owner or operator who intends to spray asbestos materials which contain more than one percent asbestos on a dry weight basis to insulate or fireproof equipment and machinery shall report such intention to the control officer at least 20 days prior to the commencement of the spraying operation. Such report shall include the following information:

- (A) name of owner or operator,
- (B) address of owner or operator,
- (C) location of spraying operation,
- (D) procedures to be followed to meet the requirements of this paragraph.

(5) Fabricating: there shall be no visible emissions to the outside air, except as provided in the Exceptions to Visible Emission Standard from any of the following operations if they use commercial asbestos or from any building or structure in which such operations are conducted.

- (A) The fabrication of cement building products.
- (B) The fabrication of friction products, except those operations that primarily install asbestos friction materials on motor vehicles.
- (C) The fabrication of cement or silicate board for ventilation hoods, ovens, electrical panels, laboratory furniture, bulkheads, partitions and ceilings for marine construction, and flow control devices for the molten metal industry.

(6) Insulating: molded insulating materials which are friable and wet-applied insulating materials which are friable after drying, installed after the effective date of these regulations,

shall contain no commercial asbestos. The provisions of this paragraph do not apply to insulating materials which are spray applied; such materials are regulated under paragraph 4.

(7) Waste disposal for manufacturing, fabricating, demolition, renovation and spraying operations: the owner or operator of any source covered under the provisions of paragraphs (2), (3), (4), or (5) of this section shall meet the following standards:

(A) there shall be no visible emissions to the outside air, except as provided in paragraph (7) (C) of this section, during the collection, processing (including incineration), packaging, transporting, or desposition of any asbestos-containing waste material which is generated by such source;

(B) all asbestos-containing waste material shall be deposited at waste disposal sites which are operated in accordance with the provisions of paragraph (9);

(C) rather than meet the requirement of paragraph (7) (A) of this section, an owner or operator may elect to use either of the disposal methods specified under (i) and (ii) of this section or an alternative disposal method which has received prior-approval by the Air Pollution Control Officer.

(i) Treatment of asbestos-containing waste material with water:

(I) control device asbestos waste shall be thoroughly mixed with water into a slurry and other asbestos-containing waste material shall be adequately wetted. There shall be no visible emissions to the outside air from the collection, mixing and wetting operations, except as provided in the Exceptions to Visible Emission Standard;

(II) After wetting, all asbestos-containing waste material shall be sealed into leak-tight containers while wet, and such containers shall be deposited at waste disposal sites which are operated in accordance with the provisions of paragraph (9).

The containers shall be labeled with a warning label that states:

CAUTION

**Contains Asbestos
Avoid Opening or Breaking Container
Breathing Asbestos is Hazardous
to your Health**

Alternatively, warning labels specified by the Occupational Safety and Health Administration may be used.

(ii) Processing of asbestos-containing waste material into non-friable

forms:

(I) all asbestos-containing waste material shall be formed into non-friable pellets or other shapes and deposited at waste disposal sites which are operated in accordance with the provisions of paragraph (9);

(II) there shall be no visible emissions to the outside air from the collection and processing of asbestos-containing waste material except as specified in the Exceptions to Visible Emission Standard;

(III) for the purposes of this paragraph (7) the term all asbestos-containing waste material as applied to demolition and renovation operations covered by paragraph (3) of this section includes only friable asbestos waste and control device asbestos waste.

(8) Inactive Waste Disposal Sites: the owner of any inactive waste disposal site, which was operated by sources covered under (2) or (5) and where asbestos-containing waste material produced by such sources was deposited, shall meet the following standards:

(A) there shall be no visible emissions to the outside air from an inactive waste disposal site subject to this paragraph, except as provided in paragraph (8) (E) of this section;

(B) warning signs shall be displayed at all entrances, and along the property line of the site or along the perimeter of the sections of the site where asbestos-containing waste material was deposited, at intervals of 100 meters (ca. 330 feet) or less, except as

specified in paragraph (8) (D) of this section. Signs shall be posted in such a manner and location that a person may easily read the legend. The warning signs required by this paragraph shall conform to the requirements of 20" X 14" upright format signs specified by OSHA and this paragraph. The signs shall display the following legend in the lower panel, with letter sizes and styles of a visibility at least equal to those specified in this paragraph.

LEGEND

Asbestos Waste Disposal Site
Do Not Create Dust
Breathing Asbestos is Hazardous
to your Health

Notation

1" Sans Serif, Gothic or Block
3/4" Sans Serif, Gothic or Block
14 Point Gothic

Spacing between lines shall be at least equal to the height of the upper of the two lines;

(C) the perimeter of the site shall be fenced in a manner adequate to deter access by the general public, except as specified in paragraph (8) (D) of this section;

(D) warning signs and fencing are not required where the requirements of paragraphs (8) (5) (i) or (ii) of the section are met, or where a natural barrier adequately deters access by the general public. Upon request and supply of appropriate information, the control officer will determine whether a fence or a natural barrier adequately deters access to the general public; and

(E) rather than meet the requirement of paragraph (8) (A) of the section, an owner may elect to meet the requirements of this paragraph or may use an alternative control method for emissions from inactive waste disposal sites which has received prior approval by the control officer.

(i) The asbestos-containing waste material shall be covered with at least 15 centimeters (ca. 6 inches) of compacted non-asbestos-containing material, and a cover

of vegetation shall be grown and maintained on the area adequate to prevent exposure of the asbestos-containing waste material; or

(ii) the asbestos-containing waste material shall be covered with at least 60 centimeters (ca. 24 inches) of compacted non-asbestos-containing material and maintained to prevent exposure of the asbestos-containing waste; or

(iii) for inactive waste disposal sites for asbestos tailings, a resinous or petroleum-based dust suppression agent which effectively binds dust and controls wind erosion shall be applied. Such agent shall be used as recommended for the particular asbestos tailings by the dust suppression agent manufacturer. Other equally effective dust suppression agents may be used upon prior approval by the control officer. For purposes of this paragraph, waste crankcase oil is not considered a dust suppression agent.

(9) Active Waste Disposal Sites: an active waste disposal site (for disposal of asbestos-containing waste material) shall meet the requirements of this section.

(A) There shall be no visible emissions to the outside air from any active waste disposal site where asbestos-containing waste material has been deposited, except as provided in paragraph (9) (E) of this rule.

(B) Warning signs shall be displayed at all entrances, and along the property line of the site or along the perimeter of the sections of the site where asbestos-containing waste material is deposited, at intervals of 100 meters (ca. 330 feet) or less except as specified in paragraph (9) (D) of this rule. Signs shall be posted in such a manner and location that a person may easily read the legend. The warning signs required by this paragraph shall conform to the requirements of 20" X 14" upright format signs specified by the OSHA and this paragraph. The signs shall display the following legend in the lower panel, with letter sizes and styles of a visibility at least equal to those specified in this paragraph.

LEGEND

Asbestos Waste Disposal Site
Do Not Create Dust
Breathing Asbestos is Hazardous
to your Health

Notation

1" Sans Serif, Gothic or Block
3/4" Sans Serif, Gothic or Block
14 Point Gothic

Spacing between lines shall be at least equal to the height of the upper of the two lines.

(C) The perimeter of the disposal site shall be fenced in order to adequately deter access to the general public except as specified in paragraph (9) (D) of this rule.

(D) Warning signs and fencing are not required where the requirements of paragraph (E) (i) of this section are met, or where a natural barrier adequately deters access to the general public. Upon request and supply of appropriate information, the Air Pollution Control Officer will determine whether a fence or a natural barrier adequately deters access to the general public.

(E) Rather than meet the requirement of paragraph (9) (A) of this rule, an owner or operator may elect to meet the requirements of paragraph (9) (E) (i) or (9) (E) (ii) of this rule, or may use an alternative control method for emissions from active waste disposal sites which has received prior approval by the Air Pollution Control Officer.

(i) At the end of each operating day, or at least one every 24-hour period while the site is in continuous operation, the asbestos-containing waste material which was deposited at the site during the operating day or previous 24-hour period shall be covered with at least 15 centimeters (ca. 6 inches) of compacted non-asbestos-containing material.

(ii) At the end of each operating day, or at least once every 24-hour period while the disposal site is in continuous operation, the asbestos-containing waste material which was deposited at the site during the operating day or previous 24-hour period

shall be covered with a resinous or petroleum-based dust suppression agent which effectively binds dust and controls wind erosion. Such agent shall be used as recommended for the particular dust by the dust suppression agent manufacturer. Other equally effective dust suppression agents may be used upon prior approval by the control officer. For purposes of this paragraph, waste crankcase oil is not considered a dust suppression agent.

(c) Exceptions to Visible Emission Standard

(1) Rather than meet the no-visible-emission requirements as specified by paragraphs (b) (1) and (b) (2), an owner or operator may elect to use air cleaning to clean emissions containing particulate asbestos material before such emissions escape to, or are vented to, the outside air. If air cleaning is elected, the following requirements shall apply:

(A) Fabric filter collection devices must be used, except as noted in paragraphs (A) and (D) of this section. Such devices must be operated at a pressure drop of no more than four inches water gage, as measured across the filter fabric. The airflow permeability, as determined by ASTM method D737-69, must not exceed $30 \text{ ft.}^3/\text{min}/\text{ft.}^2$ for woven fabrics or $35 \text{ ft.}^3/\text{min}/\text{ft.}^2$ for felted fabrics, exceed that $40 \text{ ft.}^3/\text{min}/\text{ft.}^2$ for woven and $45 \text{ ft.}^3/\text{min}/\text{ft.}^2$ for felted fabrics is allowed for filtering air from asbestos ore dryers. Each square yard of felted fabric must weigh at least 14 ounces and be at least one-sixteenth inch thick throughout. Synthetic fabrics must not contain fill yarn other than that which is spun.

(B) If the use of fabric filters creates a fire or explosion hazard, the control officer may authorize the use of wet collectors designed to operate with a unit contacting energy of at least 40 inches water gage pressure.

(C) The control officer may authorize the use of filtering equipment other than that described in paragraphs (A) and (B) of this section if the owner or operator demonstrates to the satisfaction of the control officer that the filtering of particulate asbestos material is equivalent to that of the described equipment.

(D) All air-cleaning equipment authorized by this rule must be properly installed, used, operated, and maintained. Bypass devices may be used only during upset or emergency conditions and then only for so long as it takes to shut down the operation generating the particulate asbestos material.

(2) Where the presence of uncombined water is the sole reason for failure to meet the no-visible-emission requirement of paragraphs (b) (2), (b) (3), (b) (4), (b) (7), (b) (8) or (b) (9) of the Emission Standards, such failure shall not be a violation of such emission requirements.

(d) Reporting

The owner or operator of any existing source to which this rule is applicable shall, within 90 days after the effective date, provide the following information to the control officer:

(1) A description of the emission control equipment used for each process.

(2) If a fabric filter device is used to control emissions, the pressure drop across the fabric filter in inches water gage.

(A) If the fabric filter device utilizes a woven fabric, the airflow permeability in $\text{ft.}^3/\text{min}/\text{ft.}^2$; and, if the fabric is synthetic, indicate whether the fill yarn is spun or not spun.

(B) If the fabric filter device utilizes a felted fabric, the density in $\text{oz}/\text{yd.}^2$, the minimum thickness in inches, and the airflow permeability in $\text{ft.}^3/\text{min}/\text{ft.}^2$.

(3) For waste disposal operations subject to paragraph (b)(7) of the Emission Standards:

(A) a brief description of each process that generates asbestos-containing waste material;

(B) the average weight of asbestos-containing waste material disposed of, measured in kg/day ;

- (C) the emission control methods used in all stages of waste disposal; and
- (D) the type of disposal site or incineration site used for ultimate disposal, the name of the site operator, and the name and location of the disposal site.

(4) For inactive waste disposal sites subject to paragraph (b) (8) of the Emission

Standards:

- (A) a brief description of the site; and
- (B) the method or methods used to comply with the standard, or alternative

procedures to be used.

✓ (5) For demolition and renovation operations subject to paragraph (b) (3) of the Emission

Standard:

(A) Written notice of intention to demolish or renovate shall be provided to the control officer at least:

(i) ten days prior to commencement of demolition;

(ii) as early as possible prior to commencement of emergency demolition

subject to paragraph (b) (3) (H) of the Emission Standards; and

✓ (iii) as early as possible prior to commencement of renovation.

(B) Such notice shall include the following information:

(i) name of owner or operator;

(ii) address of owner or operator;

(iii) description of the building, structure, facility, or installation to be demolished or renovated, including the size, age, and prior use of the structure, and the approximate amount of friable asbestos material used for insulation and fireproofing;

(iv) address or location of the building, structure, facility or installation;

(v) scheduled starting and completion dates of demolition or renovation;

(vi) nature of planned demolition or renovation and method(s) to be employed;

(vii) procedures to be employed to meet the requirements of (b) (3) and (b) (7);

(viii) the name and address or location of the waste disposal site where the friable asbestos waste will be deposited; and

(ix) name, title, and authority of the state or local governmental representative who has ordered a demolition which is subject to paragraph (b) (3) (8) of the Emission Standards.

(C) For purposes of determining whether a planned renovating operation constitutes a renovation within the meaning of this paragraph, the amount of friable asbestos material to be removed or stripped shall be:

(i) for planned renovating operations involving individually non-scheduled operations, the additive amount of friable asbestos material that can be predicted will be removed or stripped at a source over the maximum period of time for which a prediction can be made. The period shall be not less than 30 days and not longer than one year; and

(ii) for each planned renovating operation not covered by paragraph (i), the total amount of friable asbestos material that can be predicted will be removed or stripped at a source.

(D) For purposes of determining whether an emergency renovating operation constitutes a renovation within the meaning of this paragraph, the amount of friable asbestos material to be removed or stripped shall be the total amount of friable asbestos material that will be removed or stripped as a result of the sudden, unexpected event that necessitated the renovation.

(E) For demolition operations where the amount of friable asbestos material in the building or portion thereof to be demolished is less than 79 meters (ca. 260 feet) used to insulate pipe, and less than 15 square meters (ca. 160 square feet) used to insulate or

fireproof any other element, written notice shall be provided to the control officer at least 20 days prior to commencement of demolition and shall include the following information:

- (A) name of owner or operator;
- (B) address of owner or operator
- (C) address or location of the building, structure, facility, or installation;
- (D) scheduled and completion dates of demolition or renovation; and
- (E) the measured or estimated amount of friable asbestos material used for insulation and fireproofing which is present. Techniques to estimation shall be explained.

Rule 1003 Emission Standard For Beryllium

(a) Definitions

(1) BERYLLIUM means the element beryllium. Where weights or concentrations are specified, such weights or concentrations apply to beryllium only, excluding the weight or concentration of any associated elements.

(2) BERYLLIUM ALLOY means any metal to which beryllium has been added in order to increase its beryllium content and which contains more than 0.1 percent beryllium by weight.

(3) BERYLLIUM-CONTAINING WASTE means material contaminated with beryllium and/or beryllium compounds used or generated during any process or operation performed by a source subject to this rule.

(4) BERYLLIUM ORE means any naturally occurring material mined or gathered for its beryllium content.

(5) CERAMIC PLANT means a manufacturing plant producing ceramic items.

(6) EXTRACTION PLANT means a facility chemically processing beryllium ore to beryllium metal, alloy, or oxide, or performing any of the intermediate steps in these processes.

(7) FOUNDRY means a facility engaged in the melting or casting of beryllium metal or alloy.

(8) INCINERATOR for the purpose of this Rule only, means any furnace used in the process of burning waste for the primary purpose of reducing the volume of the waste by removing combustible matter.

(9) MACHINE SHOP means a facility performing cutting, grinding, turning, honing, milling, deburring, lapping, electrochemical machining, etching, or other similar operations.

(10) PROPELLANT means a fuel and oxidizer physically or chemically combined which undergoes combustion to provide rocket propulsion.

(11) PROPELLANT PLANT means any facility engaged in the mixing, casting, or machining of propellant.

(b) Emission Standard

(1) No person shall discharge or cause the discharge to the atmosphere of more than ten grams of beryllium over a 24-hour period from the following stationary sources:

(A) Extraction plants, ceramic plants, foundries, incinerators, and propellant plants which process beryllium ore, beryllium, beryllium oxide, beryllium alloys, or beryllium-containing waste; and

(B) Machine shops which process beryllium, beryllium oxides, or any alloy where such alloy contains more than five percent beryllium by weight.

(2) The burning of beryllium and/or beryllium-containing waste, except propellants, is prohibited except in incinerators, emissions from which must comply with this rule.

(c) Testing Procedure

(1) Unless a waiver of emission testing is obtained under Rule 1001 (b), each owner or operator required to comply with paragraph (b) (1) shall test emissions from his source;

(A) within 90 days of the effective date of this Rule; and

(B) within 90 days of startup in the case of a new source.

(2) The Air Pollution Control Officer shall be notified at least 30 days prior to an emission test so that he may, at his option, observe the test. At his option, the Air Pollution Control Officer may conduct the required test.

(3) Samples shall be taken over such a period or periods as are necessary to accurately determine the maximum emissions which will occur in any 24-hour period. Where emissions depend upon the relative frequency of operation of different types of processes, operating hours, operating capacities, or other factors the calculation of maximum 24-hour period emissions will be based on that combination of factors which is likely to occur during the subject period and which result in the maximum emissions. No changes in the operation shall be made which would potentially increase emissions above that determined by the most recent source test, until a new emission level has been estimated by calculation and the results reported to the Air Pollution Control Officer.

(4) All samples shall be analyzed and beryllium emissions shall be determined within 30 days after the source test. All determinations shall be reported to the Air Pollution Control Officer by a registered letter dispatched before the close of the next business day following such determination.

(5) Records of emission test results and other data needed to determine total emissions shall be retained at the source and made available for inspection by the Air Pollution Control Officer for a minimum of two years.

Rule 1003.1 Emission Standard for Beryllium Rocket Motor Firing

(a) Definitions

- (1) BERYLLIUM PROPELLANT means any propellant incorporating beryllium.
- (2) ROCKET MOTOR TEST SITE means any building, structure, facility, or installation where the static test firing of a beryllium rocket motor and/or the disposal of beryllium propellant is conducted.

(b) Emission Standard

- (1) No person may discharge or cause the discharge of emissions to the atmosphere:
 - (A) from rocket-motor sites which cause time weighted atmospheric concentrations of beryllium to exceed 75 microgram minutes per cubic meter of air within the limits of ten to 60 minutes, accumulated during any two consecutive weeks, in any area in which an effect adverse to public health could occur; and
 - (B) if combustion products from the firing of beryllium propellant are collected in a closed tank, emissions from such tank shall not exceed two grams per hour and maximum of ten grams per day.

(c) Monitoring

- (1) Ambient air concentrations shall be measured during and after firing of a rocket motor or propellant disposal and in such a manner that the effect of these emissions can be

compared with the standard. Such sampling techniques shall be approved by the Air Pollution Control Officer.

(2) All samples shall be analyzed and results shall be calculated within 30 days after samples are taken and before any subsequent rocket motor firing or propellant disposal at the given site. All results shall be reported to the Air Pollution Control Officer by a registered letter dispatched before the close of the next business day following determination of such results.

(3) Records of air sampling test results and other data needed to determine integrated intermittent concentrations shall be retained at the source and made available for inspection by the Air Pollution Control Officer for at least two years.

(4) The Air Pollution Control Officer shall be notified at least 30 days prior to an air sampling test so that he may, at his option, observe the test. At his option, the control officer may conduct the required test.

(d) Test Procedure

(1) Sources subject to paragraph (b) (1) (B) of this rule shall be continuously sampled, during release of combustion products from the tank, in such a manner that compliance with the standards can be determined. The provisions of Rule 1001 (c) shall apply.

(2) All samples shall be analyzed, and beryllium emissions shall be determined within 30 days after samples are taken and before any subsequent rocket motor firing or propellant disposal at the given site. All determinations shall be reported to the Air Pollution Control Officer by registered letter dispatched before the close of the next business day following such determinations.

(3) Records of emission test results and other data needed to determine total emissions shall be retained at the source and made available for inspection by the Air Pollution Control

(4) The Air Pollution Control Officer shall be notified at least 30 days prior to an emission test so that he may, at his option, observe the test. At his option, the Air Pollution Control Officer may conduct the required test.

Rule 1004 Emission Standard For Mercury

(a) Definitions

(1) CONDENSER STACK GASES means the gaseous effluent evolved from the stack or processes using heat to extract mercury metal from mercury ore.

(2) MERCURY means the element mercury, excluding any associated elements, and includes mercury in particulates, vapors, aerosols, and compounds.

(3) MERCURY ORE means a mineral mined specifically for its mercury content.

(4) SLUDGE means sludge produced by a treatment plant that processes municipal or industrial waste waters.

(5) SLUDGE DRYER means a device used to reduce the moisture content of sludge by heating to temperatures above 65°C (ca. 150°F) directly with combustion gases.

(b) Emission Standard

(1) Emissions to the atmosphere from sludge incineration plants, sludge drying plants, or a combination of these that process wastewater treatment plant sludges shall not exceed 3,200 grams of mercury per 24-hour period.

(c) Testing Procedure

(1) Sludge incineration and drying plants

(A) Unless a waiver of emission testing is obtained under Rule 1001 (b) each owner or operator of a source subject to the standard in Rule 1004 shall test emissions from that source. Such tests shall be conducted in accordance with the procedures set forth below.

(B) Emissions shall be tested according to methods specified by the Air Pollution Control Officer:

(i) The test shall be performed within 90 days of the effective date of these regulations in the case of an existing source or a new source which has an initial startup date preceding the effective date.

(ii) The test shall be performed within 90 days of startup in the case of a new source which did not have an initial startup date preceding the effective date.

(C) The Air Pollution Control Officer shall be notified at least 30 days prior to an emission test, so that he may, at his option, observe the test.

(D) Samples shall be taken over such a period or periods as are necessary to determine accurately the maximum emissions that will occur in a 24-hour period. No changes shall be made in the operation that would potentially increase emissions above the level determined by the most recent stack test until the new emission level has been estimated by calculation and the results reported to the Air Pollution Control Officer.

(E) All samples shall be analyzed, and mercury emissions shall be determined within 30 days after the stack test. Each determination shall be reported to the Air Pollution Control Officer by a registered letter dispatched before the close of next business day following such determination.

(F) Records of emission test results and other data needed to determine total emissions shall be retained at the source and shall be made available for inspection by the Air Pollution Control Officer for at least two years.

(2) Sludge Sampling

(A) As an alternative means for demonstrating compliance with Rule 1004, an owner or operator may follow the procedures specified in this section.

(i) A sludge test shall be conducted within 90 days of the effective date of these regulations in the case of an existing source or new source which has an initial startup date preceding the effective date; or

(ii) A sludge test shall be conducted within 90 days of startup in case of a new source which did not have an initial startup date preceding the effective date.

(B) The Air Pollution Control Officer shall be notified at least 30 days prior to a sludge sampling test so that he may, at his option, observe the test.

(C) Sludge shall be sampled according to paragraph (C) (i) below. Sludge charging rate for the plant shall be determined according to paragraph (C) (ii) of this section, and the sludge analysis shall be performed according to paragraph (C) (iii) of this section.

(i) The sludge shall be sampled after dewatering and before incineration or drying, at a location that provides a representative sample of the sludge that is charged to the incinerator or dryer. Eight consecutive grab samples shall be obtained at intervals of between 45 and 60 minutes and thoroughly mixed into one sample. Each of the eight grab samples shall have a volume of at least 20 ml but not more than 400 ml. A total of three composite samples shall be obtained within an operating period of 24 hours. When the 24-hour operating period is not continuous, the total sampling period shall not exceed 72 hours after the first grab sample is obtained. Samples shall not be exposed to any condition that may result in mercury contamination or loss.

(ii) The maximum 24-hour period sludge incineration or drying rate shall be determined by use of a flow rate measurement device that can measure the mass rate of sludge charged to the incinerator or dryer with an accuracy of 5 percent over its operating range. Other methods of measuring sludge mass charging rates may be used if they have received prior approval by the Air Pollution Control Officer.

(iii) The handling, preparation, and analysis of sludge samples shall be accomplished according to methods specified by the Air Pollution Control Officer.

(C) The mercury emissions shall be determined by use of the following equation:

$$E_{\text{Hg}} = 1 \times 10^{-3} cQ$$

where:

E_{Hg} = mercury emissions, g/day

c = mercury concentration of sludge on a dry solids basis Hg/g (ppm).

Q = sludge charging rate, kg/day

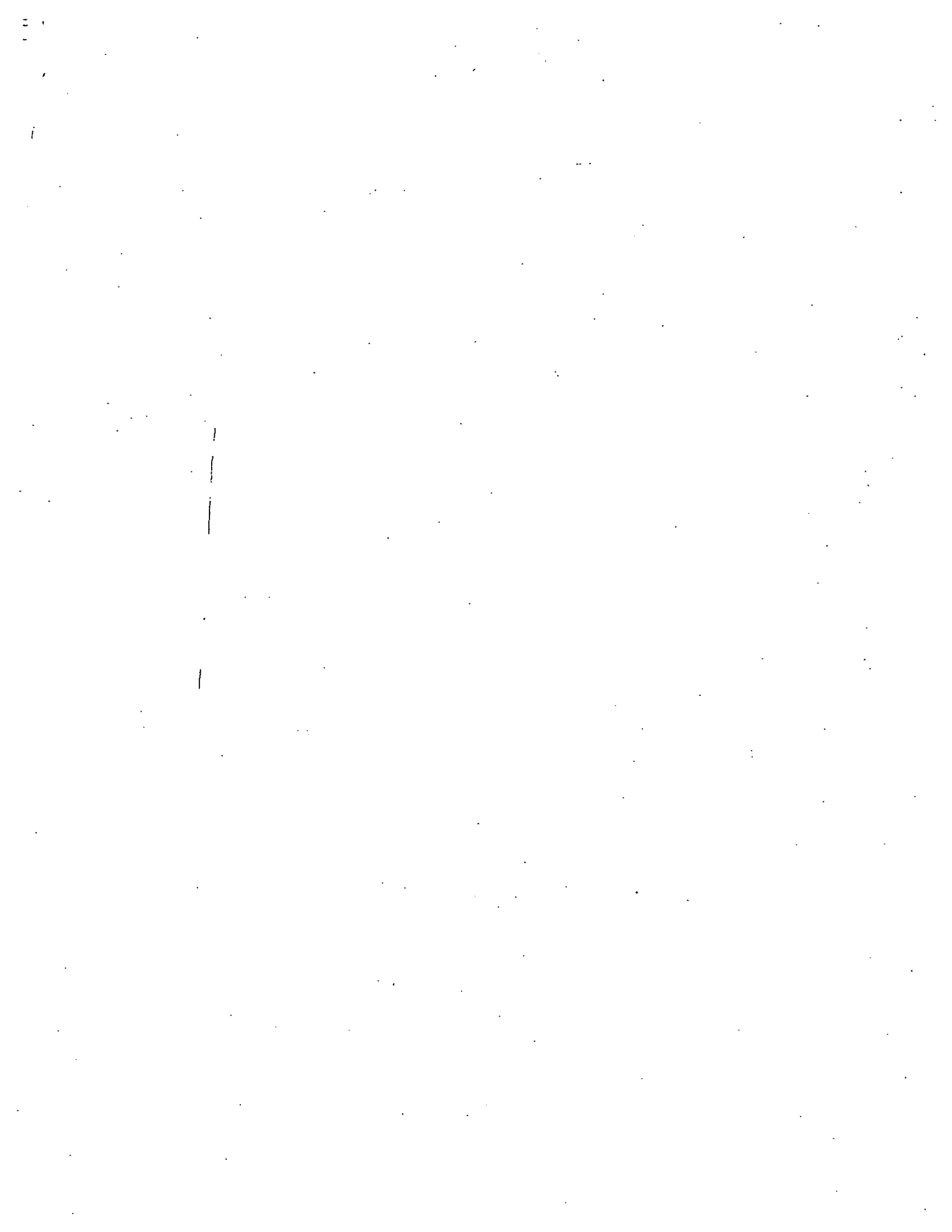
(E) No changes in the operation of a plant shall be made after a sludge test has been conducted which would potentially increase emissions above the level determined by the most recent sludge test, until the new emissions level has been estimated by calculation and the results reported to the Air Pollution Control Officer.

(F) All sludge samples shall be analyzed for mercury content within 30 days after sludge sample is collected. Each determination shall be reported to the Air Pollution Control Officer by a registered letter dispatched before the close of the next business day following such determination.

(G) Records of sludge sampling, charging rate determination and other data needed to determine mercury content of wastewater treatment plant sludges shall be retained at the source and made available, for inspection by the Air Pollution Control Officer for a minimum of two years.

(d) Emission Monitoring

(1) Wastewater treatment plant sludge incineration and drying plants. All such sources for which mercury emissions exceed 1,600 g/day, demonstrated by any of the methods specified in this rule, shall monitor mercury emissions at intervals of at least once per year by any of the methods specified in this rule.



TUESDAY, OCTOBER 14, 1975



Register
Federal

PART V:

ENVIRONMENTAL
PROTECTION
AGENCY

NATIONAL EMISSION
STANDARDS FOR
HAZARDOUS AIR
POLLUTANTS

Asbestos and Mercury

2320

Adopted December 3, 1976
John Carroll

REGULATION X

EMISSION STANDARDS FOR ADDITIONAL SPECIFIC AIR CONTAMINANTS

THORPE INSULATION			
MAY 17, 1977			
RWT	✓	TREAS	
COMM		ACTS	
CONST		ADMIN	✓
FST		CR	
IND		OFFICE	
MAT		PUR	
ORDER			

Rule 1001 General Provisions, Emission Standards for Additional Specific Air Contaminants

(a) Any owner or operator subject to the provisions of these rules and regulations shall furnish the control officer written notification as follows:

(1) The anticipated date of initial startup of the source not more than 60 days nor less than 30 days prior to such date.

(2) The date of initial source startup within 15 days after such date.

(b) Emission tests may be waived upon written application to the Air Pollution Control Officer if, in his judgement, the source is meeting the standard or if valid test data has been submitted to the U. S. Environmental Protection Agency. Approval of any waiver granted pursuant to this Rule 1001 (b), shall not abrogate the Air Pollution Control Officer's authority under these rules, and regulations or in any way prohibit the Air Pollution Control Officer from later cancelling such waiver. Such cancellation will be made only after notice is given to owner or operator of the source

(c) Emissions shall be tested according to methods specified by the Air Pollution Control Officer.

(d) A person shall not build, erect, install, alter or replace any equipment subject to the provisions of this Regulation unless that person first complies with the provisions of Rule 201 and all other provisions of these rules and regulations.

(e) All procedural provisions and prohibitions of the rules and regulations of the District shall be applicable to all persons and sources coming under the purview of this Regulation.

(f) If other rules in these rules and regulations are more restrictive or contain additional emission standards, those rules shall apply.

Rule 1002 Emission Standard for Asbestos

(a) Definitions

- (1) ACTIVE WASTE DISPOSAL SITE means any disposal site other than an inactive site.
- (2) ADEQUATELY WETTED means sufficiently mixed or coated with water or an aqueous solution to prevent dust emissions.
- (3) ASBESTOS means actinolite, amosite, anthophyllite, chrysotile, crocidolite, tremolite.
- (4) ASBESTOS MATERIAL means asbestos or any material containing asbestos.
- (5) ASBESTOS MILL means any facility engaged in the conversion or any intermediate step in the conversion of asbestos ore into commercial asbestos. Outside storage of asbestos materials is not considered a part of such facility.
- (6) ASBESTOS TAILINGS means any solid waste product of asbestos mining or milling operations which contains asbestos.
- (7) ASBESTOS-CONTAINING WASTE MATERIAL means any waste which contains commercial asbestos and is generated by a source subject to the provisions of this subpart, including asbestos mill tailings, control device asbestos waste, friable asbestos waste material, and bags or containers that previously contained commercial asbestos.
- (8) COMMERCIAL ASBESTOS means any variety of asbestos which is produced by extracting asbestos from asbestos ore.
- (9) CONTROL DEVICE ASBESTOS WASTE means any asbestos-containing waste material that is collected in a pollution control device.
- (10) DEMOLITION means the wrecking or taking out of any load-supporting structural member and any related removing or stripping of friable asbestos materials.

(11) ELEMENT means any boiler, pipe, furnace, duct, tank, reactor, turbine, or structural member.

(12) FABRICATING means any processing of a manufactured product containing commercial asbestos, with the exception of processing at temporary sites for the construction or restoration of buildings, structures, facilities or installations.

(13) FRIABLE ASBESTOS MATERIAL means any material that contains more than one percent asbestos by weight and that can be crumbled, pulverized, or reduced to powder, when dry, by hand pressure.

(14) INACTIVE WASTE DISPOSAL SITE means any disposal site or portion thereof, where additional asbestos-containing waste material will not be deposited and where the surface is not disturbed by vehicular traffic.

(15) MANUFACTURING means the combining of commercial asbestos, or in the case of woven friction products the combining of textiles containing commercial asbestos, with any other material(s), including commercial asbestos, and the processing of this combination into a product as specified in paragraph (b) (2).

(16) OUTSIDE AIR means the air outside buildings and structures.

(17) PARTICULATE ASBESTOS MATERIAL means finely divided particles of asbestos material.

(18) REMOVING means taking out friable asbestos materials used to insulate or fireproof any element from any building, structure, facility, or installation.

(19) RENOVATION means the removing or stripping of friable asbestos material used to insulate or fireproof any element. Operations in which load-supporting structural members are wrecked out are excluded.

(20) PLANNED RENOVATION means a renovation operation, or a number of such operations, in which the amount of friable asbestos material that will be removed or stripped

within a given period of time can be predicted. Operations that are individually non-scheduled are included, provided a number of such operations can be predicted to occur during a given period of time based on operating experience.

(21) EMERGENCY RENOVATION means a renovation operation that results from a sudden, unexpected event, and is not a planned renovation. Operations necessitated by non-routine failures of equipment are included.

(22) ROADWAYS means surfaces on which motor vehicles travel including, but not limited to highways, roads, streets, parking areas, and driveways.

(23) STRIPPING means taking off friable asbestos materials used for insulation or fireproofing from any pipe, duct boiler, tank, reactor, turbine, furnace, or structural member.

(24) VISIBLE EMISSIONS means any emissions which are visually detectable without the aid of instruments and which contain particulate asbestos material.

(b) Emission Standards

A person shall not cause to be discharged into the atmosphere asbestos in the following amounts from the sources listed:

(1) Roadways: the surfacing of roadways with asbestos tailings or asbestos containing wastes is prohibited except for temporary roadways on an area of asbestos ore deposits. The deposition of asbestos tailings on roadways covered with snow or ice is considered "surfacing".

(2) Manufacturing: no visible emissions to the outside air, except when air-cleaning is elected as provided in the Exceptions to Visible Emission Standard, from any building or structure in which the following materials are manufactured or directly from the manufacturer of these materials if they are manufactured outside of buildings or structures:

(A) cloth, cord, wicks, tubing, tape, twine, rope, thread, yarn, roving, lap, or other textile materials,

- (B) cement products,
- (C) fireproofing and insulating materials,
- (D) friction products,
- (E) paper, millboard, and felt,
- (F) floor tile,
- (G) paints, coatings, caulks, adhesives, sealants,
- (H) plastics and rubber materials,
- (I) chlorine,
- (J) shotgun shells,
- (K) asphalt concrete

(3) Demolition and Renovation: any owner or operator of a demolition or renovation operation who (demolishes) any institutional, commercial, or industrial building (including apartment buildings having more than four dwelling units), structure, facility, installation, or portion thereof which contains any element that is insulated or fireproofed with friable asbestos material (or renovates any of the above) where more than 80 meters (ca. 260 feet) of pipe insulated or fireproofed with friable asbestos material is stripped or removed or where more than 15 square meters (ca. 160 square feet) of friable asbestos material used to insulate or fireproof any other element is stripped or removed shall use the following procedures to prevent emissions of particulate asbestos material to outside air.

(A) Friable asbestos materials, used to insulate or fireproof any element shall be removed from any building, structure, facility or installation subject to this paragraph. Such removal shall occur before wrecking or dismantling of any portion of such building, structure, facility, or installation that would break up the friable asbestos materials and before wrecking or dismantling of any other portion of such building, structure, facility, or installation that would preclude access to such materials for subsequent removal. Removal of friable asbestos material

ulation or fireproofing of any pipe, duct, or structural member which are encased in concrete or other similar structural materials is not required prior to demolition, but such material shall be adequately wetted whenever exposed during demolition.

(B) Friable asbestos materials used to insulate or fireproof elements shall be adequately wetted during stripping, except as provided in paragraphs (D), (F), or (G) of this section.

(C) Elements that are insulated or fireproofed with friable asbestos materials may be taken out of any building, structure, facility, or installation subject to this paragraph as units or in sections provided the friable asbestos materials exposed during cutting or disjuncting are adequately wetted during the cutting or disjuncting operation. Such units shall not be dropped or thrown to the ground, but shall be carefully lowered to ground level.

(D) The stripping of friable asbestos materials used to insulate or fireproof any element that has been removed as a unit or in sections as provided in paragraph (C) of this section, shall be performed in accordance with paragraph (B) of this section. Rather than comply with the wetting requirement, a local exhaust ventilation and collection system may be used to prevent emissions to the outside air. Such local exhaust ventilation systems shall be designed and operated to capture the asbestos particulate matter produced by the stripping of friable asbestos material. There shall be no visible emissions to the outside air from such local exhaust ventilation and collection systems except as provided in the Exceptions to Visible Emission Standard.

(E) All friable asbestos materials that have been removed or stripped shall be adequately wetted to ensure that such materials remain wet during all remaining stages of demolition or renovation and related handling operations. Such materials that have been removed or stripped more than 50 feet above ground level, except those materials removed as units or in sections, shall be transported to the ground via dust-tight chutes or containers.

(F) Except as specified below, the wetting requirements of this paragraph are suspended when the temperature at the point of wetting is below 0°C (32°F). When friable asbestos materials are not wetted due to freezing temperatures, such materials on elements shall, to the maximum extent possible, be removed as units or in sections prior to wrecking. In no case shall the requirements of paragraphs (3) (D) or (3) (E) be suspended due to freezing temperatures.

(G) For renovation operations, local exhaust ventilation and collection systems may be used, instead of wetting as specified in paragraph (3) (B) to prevent emissions of particulate asbestos material to outside air when damage to equipment resulting from the wetting would be unavoidable. Upon request and supply of adequate information, the control officer will determine whether damage to equipment resulting from wetting to comply with the provisions of this paragraph would be unavoidable. Such local exhaust ventilation systems shall be designed and operated to capture the asbestos particulate matter produced by the stripping and removal of friable asbestos material. There shall be no visible emissions to the outside air from such local exhaust ventilation and collection systems, except as provided in the Exceptions to Visible Emission Standard.

(H) The demolition of a building, structure, facility, or installation, pursuant to an order of an authorized representative of a State or local governmental agency, issued because that building is structurally unsound and in danger of imminent collapse is exempt from all but the following requirements of paragraph (3) of this section.

(i) The requirements on stripping of friable asbestos materials from previously removed units or sections as specified in paragraph (3) (D) of this section;

(ii) the wetting, as specified by paragraph (3) (E) of this section, of friable asbestos materials that have been removed or stripped; and

(iii) the portion of the structure being demolished that contains friable asbestos materials shall be adequately wetted during the wrecking operation.

(4) Spraying: there shall be no visible emissions to the outside air from the spray-on application of materials containing more than one percent asbestos, on a dry weight basis, used to insulate or fireproof equipment and machinery, except as provided in the Exceptions to Visible Emission Standard. Spray-on materials used to insulate or fireproof buildings, structures, pipes, and conduits shall contain less than one percent asbestos on a dry weight basis.

Any owner or operator who intends to spray asbestos materials which contain more than one percent asbestos on a dry weight basis to insulate or fireproof equipment and machinery shall report such intention to the control officer at least 20 days prior to the commencement of the spraying operation. Such report shall include the following information:

- (A) name of owner or operator,
- (B) address of owner or operator,
- (C) location of spraying operation,
- (D) procedures to be followed to meet the requirements of this paragraph.

(5) Fabricating: there shall be no visible emissions to the outside air, except as provided in the Exceptions to Visible Emission Standard from any of the following operations if they use commercial asbestos or from any building or structure in which such operations are conducted.

- (A) The fabrication of cement building products.
- (B) The fabrication of friction products, except those operations that primarily install asbestos friction materials on motor vehicles.
- (C) The fabrication of cement or silicate board for ventilation hoods, ovens, electrical panels, laboratory furniture, bulkheads, partitions and ceilings for marine construction, and flow control devices for the molten metal industry.

(6) Insulating: molded insulating materials which are friable and wet-applied insulating materials which are friable after drying, installed after the effective date of these regulations,

shall contain no commercial asbestos. The provisions of this paragraph do not apply to insulating materials which are spray applied; such materials are regulated under paragraph 4.

(7) Waste disposal for manufacturing, fabricating, demolition, renovation and spraying operations: the owner or operator of any source covered under the provisions of paragraphs (2), (3), (4), or (5) of this section shall meet the following standards:

(A) there shall be no visible emissions to the outside air, except as provided in paragraph (7) (C) of this section, during the collection, processing (including incineration), packaging, transporting, or desposition of any asbestos-containing waste material which is generated by such source;

(B) all asbestos-containing waste material shall be deposited at waste disposal sites which are operated in accordance with the provisions of paragraph (9);

(C) rather than meet the requirement of paragraph (7) (A) of this section, an owner or operator may elect to use either of the disposal methods specified under (i) and (ii) of this section or an alternative disposal method which has received prior-approval by the Air Pollution Control Officer.

(i) Treatment of asbestos-containing waste material with water:

(I) control device asbestos waste shall be thoroughly mixed with water into a slurry and other asbestos-containing waste material shall be adequately wetted. There shall be no visible emissions to the outside air from the collection, mixing and wetting operations, except as provided in the Exceptions to Visible Emission Standard;

(II) After wetting, all asbestos-containing waste material shall be sealed into leak-tight containers while wet, and such containers shall be deposited at waste disposal sites which are operated in accordance with the provisions of paragraph (9).

The containers shall be labeled with a warning label that states:

CAUTION

Contains Asbestos
Avoid Opening or Breaking Container
Breathing Asbestos is Hazardous
to your Health

Alternatively, warning labels specified by the Occupational Safety and Health Administration may be used.

(ii) Processing of asbestos-containing waste material into non-friable forms:

(I) all asbestos-containing waste material shall be formed into non-friable pellets or other shapes and deposited at waste disposal sites which are operated in accordance with the provisions of paragraph (9);

(II) there shall be no visible emissions to the outside air from the collection and processing of asbestos-containing waste material except as specified in the Exceptions to Visible Emission Standard;

(III) for the purposes of this paragraph (7) the term all asbestos-containing waste material as applied to demolition and renovation operations covered by paragraph (3) of this section includes only friable asbestos waste and control device asbestos waste.

(8) Inactive Waste Disposal Sites: the owner of any inactive waste disposal site, which was operated by sources covered under (2) or (5) and where asbestos-containing waste material produced by such sources was deposited, shall meet the following standards:

(A) there shall be no visible emissions to the outside air from an inactive waste disposal site subject to this paragraph, except as provided in paragraph (8) (E) of this section;

(B) warning signs shall be displayed at all entrances, and along the property line of the site or along the perimeter of the sections of the site where asbestos-containing waste material was deposited, at intervals of 100 meters (ca. 330 feet) or less, except as

specified in paragraph (8) (D) of this section. Signs shall be posted in such a manner and location that a person may easily read the legend. The warning signs required by this paragraph shall conform to the requirements of 20" X 14" upright format signs specified by OSHA and this paragraph. The signs shall display the following legend in the lower panel, with letter sizes and styles of a visibility at least equal to those specified in this paragraph.

LEGEND

Asbestos Waste Disposal Site
Do Not Create Dust
Breathing Asbestos is Hazardous
to your Health

Notation

1" Sans Serif, Gothic or Block
3/4" Sans Serif, Gothic or Block
14 Point Gothic

Spacing between lines shall be at least equal to the height of the upper of the two lines;

(C) the perimeter of the site shall be fenced in a manner adequate to deter access by the general public, except as specified in paragraph (8) (D) of this section;

(D) warning signs and fencing are not required where the requirements of paragraphs (8) (5) (i) or (ii) of the section are met, or where a natural barrier adequately deters access by the general public. Upon request and supply of appropriate information, the control officer will determine whether a fence or a natural barrier adequately deters access to the general public; and

(E) rather than meet the requirement of paragraph (8) (A) of the section, an owner may elect to meet the requirements of this paragraph or may use an alternative control method for emissions from inactive waste disposal sites which has received prior approval by the control officer.

(i) The asbestos-containing waste material shall be covered with at least 15 centimeters (ca. 6 inches) of compacted non-asbestos-containing material, and a cover

of vegetation shall be grown and maintained on the area adequate to prevent exposure of the asbestos-containing waste material; or

(ii) the asbestos-containing waste material shall be covered with at least 60 centimeters (ca. 24 inches) of compacted non-asbestos-containing material and maintained to prevent exposure of the asbestos-containing waste; or

(iii) for inactive waste disposal sites for asbestos tailings, a resinous or petroleum-based dust suppression agent which effectively binds dust and controls wind erosion shall be applied. Such agent shall be used as recommended for the particular asbestos tailings by the dust suppression agent manufacturer. Other equally effective dust suppression agents may be used upon prior approval by the control officer. For purposes of this paragraph, waste crankcase oil is not considered a dust suppression agent.

(9) Active Waste Disposal Sites: an active waste disposal site (for disposal of asbestos-containing waste material) shall meet the requirements of this section.

(A) There shall be no visible emissions to the outside air from any active waste disposal site where asbestos-containing waste material has been deposited, except as provided in paragraph (9) (E) of this rule.

(B) Warning signs shall be displayed at all entrances, and along the property line of the site or along the perimeter of the sections of the site where asbestos-containing waste material is deposited, at intervals of 100 meters (ca. 330 feet) or less except as specified in paragraph (9) (D) of this rule. Signs shall be posted in such a manner and location that a person may easily read the legend. The warning signs required by this paragraph shall conform to the requirements of 20" X 14" upright format signs specified by the OSHA and this paragraph. The signs shall display the following legend in the lower panel, with letter sizes and styles of a visibility at least equal to those specified in this paragraph.

LEGEND

Asbestos Waste Disposal Site
Do Not Create Dust
Breathing Asbestos is Hazardous
to your Health

Notation

1" Sans Serif, Gothic or Block
3/4" Sans Serif, Gothic or Block
14 Point Gothic

Spacing between lines shall be at least equal to the height of the upper of the two lines.

(C) The perimeter of the disposal site shall be fenced in order to adequately deter access to the general public except as specified in paragraph (9) (D) of this rule.

(D) Warning signs and fencing are not required where the requirements of paragraph (E) (i) of this section are met, or where a natural barrier adequately deters access to the general public. Upon request and supply of appropriate information, the Air Pollution Control Officer will determine whether a fence or a natural barrier adequately deters access to the general public.

(E) Rather than meet the requirement of paragraph (9) (A) of this rule, an owner or operator may elect to meet the requirements of paragraph (9) (E) (i) or (9) (E) (ii) of this rule, or may use an alternative control method for emissions from active waste disposal sites which has received prior approval by the Air Pollution Control Officer.

(i) At the end of each operating day, or at least one every 24-hour period while the site is in continuous operation, the asbestos-containing waste material which was deposited at the site during the operating day or previous 24-hour period shall be covered with at least 15 centimeters (ca. 6 inches) of compacted non-asbestos-containing material.

(ii) At the end of each operating day, or at least once every 24-hour period while the disposal site is in continuous operation, the asbestos-containing waste material which was deposited at the site during the operating day or previous 24-hour period

shall be covered with a resinous or petroleum-based dust suppression agent which effectively binds dust and controls wind erosion. Such agent shall be used as recommended for the particular dust by the dust suppression agent manufacturer. Other equally effective dust suppression agents may be used upon prior approval by the control officer. For purposes of this paragraph, waste crankcase oil is not considered a dust suppression agent.

(c) Exceptions to Visible Emission Standard

(1) Rather than meet the no-visible-emission requirements as specified by paragraphs (b) (1) and (b) (2), an owner or operator may elect to use air cleaning to clean emissions containing particulate asbestos material before such emissions escape to, or are vented to, the outside air. If air cleaning is elected, the following requirements shall apply:

(A) Fabric filter collection devices must be used, except as noted in paragraphs (A) and (D) of this section. Such devices must be operated at a pressure drop of no more than four inches water gage, as measured across the filter fabric. The airflow permeability, as determined by ASTM method D737-69, must not exceed $30 \text{ ft.}^3/\text{min}/\text{ft.}^2$ for woven fabrics, or $35 \text{ ft.}^3/\text{min}/\text{ft.}^2$ for felted fabrics, exceed that $40 \text{ ft.}^3/\text{min}/\text{ft.}^2$ for woven and $45 \text{ ft.}^3/\text{min}/\text{ft.}^2$ for felted fabrics is allowed for filtering air from asbestos ore dryers. Each square yard of felted fabric must weigh at least 14 ounces and be at least one-sixteenth inch thick throughout. Synthetic fabrics must not contain fill yarn other than that which is spun.

(B) If the use of fabric filters creates a fire or explosion hazard, the control officer may authorize the use of wet collectors designed to operate with a unit contacting energy of at least 40 inches water gage pressure.

(C) The control officer may authorize the use of filtering equipment other than that described in paragraphs (A) and (B) of this section if the owner or operator demonstrates to the satisfaction of the control officer that the filtering of particulate asbestos material is equivalent to that of the described equipment.

(D) All air-cleaning equipment authorized by this rule must be properly installed, used, operated, and maintained. Bypass devices may be used only during upset or emergency conditions and then only for so long as it takes to shut down the operation generating the particulate asbestos material.

(2) Where the presence of uncombined water is the sole reason for failure to meet the no-visible-emission requirement of paragraphs (b) (2), (b) (3), (b) (4), (b) (7), (b) (8) or (b) (9) of the Emission Standards, such failure shall not be a violation of such emission requirements.

(d) Reporting

The owner or operator of any existing source to which this rule is applicable shall, within 90 days after the effective date, provide the following information to the control officer:

(1) A description of the emission control equipment used for each process.

(2) If a fabric filter device is used to control emissions, the pressure drop across the fabric filter in inches water gage.

(A) If the fabric filter device utilizes a woven fabric, the airflow permeability in $\text{ft.}^3/\text{min}/\text{ft.}^2$; and, if the fabric is synthetic, indicate whether the fill yarn is spun or not spun.

(B) If the fabric filter device utilizes a felted fabric, the density in $\text{oz}/\text{yd.}^2$, the minimum thickness in inches, and the airflow permeability in $\text{ft.}^3/\text{min}/\text{ft.}^2$.

(3) For waste disposal operations subject to paragraph (b)(7) of the Emission Standards:

(A) a brief description of each process that generates asbestos-containing waste material;

(B) the average weight of asbestos-containing waste material disposed of, measured in kg/day ;

(C) the emission control methods used in all stages of waste disposal; and

(D) the type of disposal site or incineration site used for ultimate disposal,

the name of the site operator, and the name and location of the disposal site.

(4) For inactive waste disposal sites subject to paragraph (b) (8) of the Emission Standards:

(A) a brief description of the site; and

(B) the method or methods used to comply with the standard, or alternative procedures to be used.

✓ (5) For demolition and renovation operations subject to paragraph (b) (3) of the Emission Standard:

(A) Written notice of intention to demolish or renovate shall be provided to the control officer at least:

(i) ten days prior to commencement of demolition;

(ii) as early as possible prior to commencement of emergency demolition subject to paragraph (b) (3) (H) of the Emission Standards; and

(iii) as early as possible prior to commencement of renovation.

(B) Such notice shall include the following information:

✓ (i) name of owner or operator;

(ii) address of owner or operator;

(iii) description of the building, structure, facility, or installation to be demolished or renovated, including the size, age, and prior use of the structure, and the approximate amount of friable asbestos material used for insulation and fireproofing;

✓ (iv) address or location of the building, structure, facility or installation;

(v) scheduled starting and completion dates of demolition or renovation;

(vi) nature of planned demolition or renovation and method(s) to be employed;

(vii) procedures to be employed to meet the requirements of (b) (3) and (b) (7);

(viii) the name and address or location of the waste disposal site where the friable asbestos waste will be deposited; and

(ix) name, title, and authority of the state or local governmental representative who has ordered a demolition which is subject to paragraph (b) (3) (8) of the Emission Standards.

(C) For purposes of determining whether a planned renovating operation constitutes a renovation within the meaning of this paragraph, the amount of friable asbestos material to be removed or stripped shall be:

(i) for planned renovating operations involving individually non-scheduled operations, the additive amount of friable asbestos material that can be predicted will be removed or stripped at a source over the maximum period of time for which a prediction can be made. The period shall be not less than 30 days and not longer than one year; and

(ii) for each planned renovating operation not covered by paragraph (i), the total amount of friable asbestos material that can be predicted will be removed or stripped at a source.

(D) For purposes of determining whether an emergency renovating operation constitutes a renovation within the meaning of this paragraph, the amount of friable asbestos material to be removed or stripped shall be the total amount of friable asbestos material that will be removed or stripped as a result of the sudden, unexpected event that necessitated the renovation.

(E) For demolition operations where the amount of friable asbestos material in the building or portion thereof to be demolished is less than 79 meters (ca. 260 feet) used to insulate pipe, and less than 15 square meters (ca. 160 square feet) used to insulate or

fireproof any other element, written notice shall be provided to the control officer at least 20 days prior to commencement of demolition and shall include the following information:

- (A) name of owner or operator;
- (B) address of owner or operator
- (C) address or location of the building, structure, facility, or installation;
- (D) scheduled and completion dates of demolition or renovation; and
- (E) the measured or estimated amount of friable asbestos material used for insulation and fireproofing which is present. Techniques to estimation shall be explained.

Rule 1003 Emission Standard For Beryllium

(a) Definitions

(1) BERYLLIUM means the element beryllium. Where weights or concentrations are specified, such weights or concentrations apply to beryllium only, excluding the weight or concentration of any associated elements.

(2) BERYLLIUM ALLOY means any metal to which beryllium has been added in order to increase its beryllium content and which contains more than 0.1 percent beryllium by weight.

(3) BERYLLIUM-CONTAINING WASTE means material contaminated with beryllium and/or beryllium compounds used or generated during any process or operation performed by a source subject to this rule.

CAL/OSHA REGS.

DEPARTMENT OF HEALTH

714-744 P STREET

SACRAMENTO, CALIFORNIA 95814

(5)843-7900 Ext. 306



August 1977

LETTER TO CALIFORNIA EMPLOYERS WHO USE ASBESTOS

SUBJECT: Reporting Asbestos Use to Cal/OSHA

The purpose of this letter is to make you aware that California employers who use asbestos or certain asbestos-containing materials are required to report such use as part of an expanded State program to prevent job-related cancer. Such reports must be filed in writing prior to September 1, 1977, with the State Division of Industrial Safety, 455 Golden Gate Avenue, San Francisco, CA 94102. After September 1, employers face a \$500 fine for failing to report asbestos use.

The State's new Occupational Carcinogens Control Act, which took effect on January 1, 1977, requires State government to exercise strong leadership to prevent exposing employees, employers and others to asbestos and 15 other State-regulated cancer-causing substances in the work place. Asbestos is included in this group of substances, because it is a known cause of cancer in humans.

REPORTING ASBESTOS USE

The new Occupational Carcinogens Control Act directed the State Occupational Safety and Health Standards Board to adopt regulations requiring employers using cancer-causing substances, including asbestos, to submit a written report regarding such use or any incident which results in the release of a potentially hazardous amount into any area where employees may be exposed. As a result, the Standards Board amended Section 5208 of Title 8 of the California Administrative Code by adding a new subsection (1). This subsection, which describes the new reporting requirements, is reproduced below. We urge you to carefully read this new requirement and report any uses covered on or before September 1, 1977.

- (1) Report of Use. Not later than September 1, 1977, employers shall report the information required by Subsection (1) (2) to the Chief of the Division of Industrial Safety, 455 Golden Gate Avenue, San Francisco, California 94102. After September 1, 1977, the information required by Subsection (1)(2) shall be reported prior to the commencement of any new, unreported operation or process covered by these Orders.

NOTE: It is not intended that each activity listed in paragraph (1)(1) involving asbestos or asbestos-containing products be reported upon each use or activity. Anticipated present and future use reported initially is sufficient to comply with this section.

(1) Operating and Processing Requiring Reporting.

- (A) Any use, handling disposal, processing, manufacturing, packaging or repackaging of asbestos or asbestos-containing products which require labeling by Subsection (i)* of this section.
- (B) Brake repair and clutch repair operations where asbestos-containing frictional materials are processed in a manner which may product airborne asbestos fibers, such as grinding, sanding, drilling, brake shoe arcing and beveling, or removing asbestos-containing dust with compressed air. Automotive repair facilities which are registered with the State Bureau of Automotive Repairs meet the registration requirements of this subparagraph, but are not otherwise exempt from this Section.
- (C) Maintenance, construction, repair, renovation, demolition or salvage activities in which any materials containing more than 1% asbestos (dry weight) are sanded, ground, abrasive blasted, sawed, cut, shoveled, removed, or otherwise handled in such manner that asbestos dust would be raised.
- (D) Any other use where employee exposure exceeds the concentrations of airborne fibers given in Subsection (a).*

*See State General Industry Safety Orders Section 5208.

NOTE: The ordinary use, handling, or installation of products which do not require labeling under Subsection (i)* are exempt from the reporting requirements. Examples of non-labeled products include, but are not limited to, vinyl-asbestos floor tile, resilient sheet flooring, packings, and gaskets, fibrated asphalt coatings and coated asbestos cloth.

Operations such as retail, wholesale, warehousing, transportation or distribution of products requiring labeling are exempt from reporting requirements providing such products are handled or stored in sealed or unbroken containers.

(2) Reporting Requirements.

(A) The name of the employer and the address(es) of the place(s) of employment.

Where there are multiple locations where employees may be exposed to asbestos-containing materials infrequently (such as public utility vaults), the employer may provide a general description of such potential exposures and the nature and type of such locations in lieu of identifying each separate location.

(B) A brief description of the way(s) in which the asbestos or asbestos-containing product(s) are to be processed, handled, used or transported.

(C) The estimated number of employees potentially exposed.

(D) The asbestos-containing product(s) being used or manufactured or the type(s) of structure(s) being constructed, demolished or repaired.

(E) The names and addresses of any collective bargaining representatives or other representatives of the affected employees.

(F) Employers with temporary jobsites, such as construction or demolition need register with the Division only once. Such registration is valid only on condition that the work is performed by the same employer and that prior to the commencement of each work when known in advance, the employer notifies the appropriate District Office by telegram, letter, or a telephone call which shall be confirmed in writing indicating the location and commencement of the activity.

(3) Incidents. Any incident, accident or emergency resulting in a known exposure of an employee, unprotected by an appropriate respirator, to asbestos fibers in excess of the limits prescribed by Section 5208(a),* shall be reported in writing to the Chief of the Division of Industrial Safety within 15 days of the incident. The report shall include the following information:

(A) The number of employees over-exposed.

(B) The circumstances surrounding the over-exposure, including the process, operation or job involved

(C) The result of any environment analyses done to monitor employee exposure or to define the hazard

(D) The steps taken, or being taken to prevent a recurrence or to avoid future over-exposures.

(E) The product being manufactured or the type of structure being repaired, constructed or demolished

(4) Posting. A copy of each report required by this Subsection shall be posted by the employer in the location or locations where asbestos is used, or where other notices are normally posted, which shall be conspicuous to affected employees.

*See State General Industry Safety Orders Section 5208.

THE REPORTING PROCESS

As you will note from the regulation, the reporting process is not complicated. All an employer must do is send a letter to the Chief of the Division of Industrial Safety, 455 Golden Gate Avenue, San Francisco, CA 94102. Depending upon your particular operation, include the following information:

- Name and address of location(s) where asbestos is used.
- Number of employees working with asbestos, including maintenance personnel.
- Manner in which asbestos or asbestos-containing products are used or handled.
- Names and addresses of any collective bargaining representatives or other representatives of affected employees.

If you prefer, forms for reporting are available from the Chief of the Division of Industrial Safety at the above address.

NO-FEE CONSULTATION

The State is not attempting to penalize employers for using asbestos or the other regulated substances. Asbestos is an important ingredient in many products where substitutes are not readily available.

To help employers achieve compliance with the provisions of the law and to work safely with asbestos, both the Division of Industrial Safety and the State Department of Health will provide penalty-free, no-charge consultative services and educational programs. These services will be provided on request by any employer, employee or employee group.

Employers who prefer not to contact a State agency for consultative services may wish to refer their questions to their asbestos suppliers, compensation insurance carriers, or someone else in the private sector. For example, some major asbestos suppliers and insurance companies provide industrial hygiene assistance with asbestos-related problems as part of their customer service.

PENALTIES

The safety regulations for asbestos are in Section 5208 of Title 8 of the California Administrative Code and have been in effect for a number of years. They are designed to protect workers from harmful exposures to asbestos and violations of these regulations have been subject to fines when discovered by Cal/OSHA compliance personnel. These safety regulations have not been changed. The only changes are that fines for violations of safety standards involving asbestos are higher after July 1 (\$1,000 for serious violations and \$5,000 for repeat violations), and there is a new fine of \$500 for failure to report use of asbestos after September 1, 1977.

FOR REGULATIONS AND MORE INFORMATION

Free copies of the safety regulations covering asbestos (Section 5208) and information on how to protect workers may be obtained by contacting one of the State Health Department Offices listed below:

In Northern California

State of California
Occupational Health Branch
Occupational Cancer Control Unit
2151 Berkeley Way
Berkeley, CA 94704

(415) 843-7900, Ext. 306

In Southern California

State of California
Occupational Health Branch
Occupational Cancer Control Unit
1449 West Temple Street
Los Angeles, CA 90026

(213) 620-4290

EMPLOYEE COMPLAINTS

The law requires the State Department of Health and the Division of Industrial Safety to respond to complaints from employees regarding potentially unlawful use of the regulated cancer-causing substances in their work places. Priority is given to investigation of such complaints.

ROUTINE INSPECTIONS

The law also requires the State Department of Health to conduct self-initiated inspections of work places where asbestos and other regulated cancer-causing substances are used. These inspections are to ensure that the safety regulations for these substances are followed. Responsibility for enforcement of these regulations, as with all other safety and health regulations rests with the State Division of Industrial Safety. These routine inspections will follow Cal/OSHA procedures with no advance notice to employers and first-instance penalties.

DISPOSAL

The Department of Health, Vector and Waste Management Section, has designated asbestos-containing wastes as hazardous wastes. Accordingly, such wastes must be transported and disposed of in accordance with State laws and regulations on hazardous waste. Wastes in a form which can release dust should be put into a tightly closed bag or other container from which the dust cannot escape.

The Cal/OSHA regulations (Section 5208 (i)(2)) require this caution label to be attached to containers of asbestos waste:

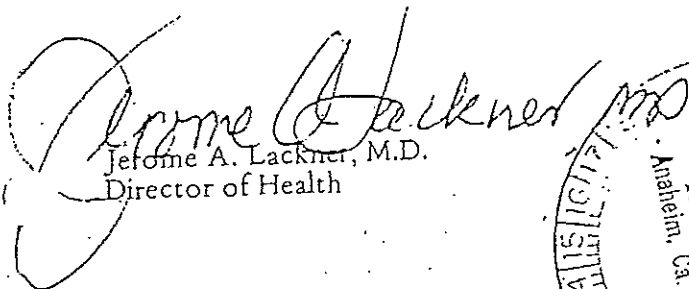
CAUTION
Contains Asbestos Fibers
Avoid Creating Dust
Breathing Asbestos Dust May Cause
Serious Bodily Harm

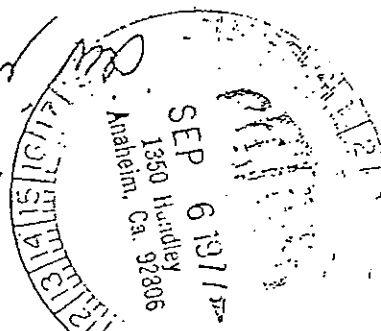
For more information on requirements for disposing of asbestos-containing wastes, write to the following address:


State Department of Health
Vector & Waste Management Section
714 P Street
Sacramento, CA 95814

The State Department of Health and the State Department of Industrial Relations provide this information to employers now to alert them to their major legal responsibilities under the Occupational Carcinogen Control Act and to give maximum lead time to planning to achieve health and safety standards mandated by the law. Both Departments will work cooperatively with employers and employees in the interests of improved worker safety and health.

Sincerely,


Jerome A. Lackner, M.D.
Director of Health




Donald Vial
Director of Industrial Relations and
Designated Administrator for Cal/OSHA

DEPARTMENT OF HEALTH

7 STREET

SACRAMENTO, CALIFORNIA 95814



(5) 843-7900 Ext. 306

May 1977

AN OPEN LETTER TO CALIFORNIA EMPLOYERS

SUBJECT: Occupational Carcinogens Control Act

This letter is intended to make you aware of major new legal responsibilities applying to California employers who use certain cancer-causing substances (carcinogens). These new responsibilities apply equally to employers in the private sector, such as commercial firms and companies, and to public employers, such as State agencies, cities, counties and public districts.

The purpose is the prevention of job-induced cancer.

The State's new Occupational Carcinogens Control Act, which took effect on January 1, 1977, requires State government to exercise strong leadership to prevent employees, employers and others from exposure to cancer-causing substances in the work place. A detailed list of the currently regulated carcinogens is provided on page 2 of this letter.

This new Act requires the State Department of Health to inspect work places where cancer-causing substances are used. Primary responsibility for enforcing these safety and health standards, as with all other job safety and health standards, rests with the State Division of Industrial Safety in the State Department of Industrial Relations.

Starting July 1, 1977, employers will be subject to increased civil penalties for violations of prescribed standards or orders relating to the use of the regulated cancer-causing substances. Penalties will include a \$500 fine for failing to report to the State Division of Industrial Safety use of these substances or incidents of over-exposure, a \$1,000 fine for a violation of standards or orders involving use of a carcinogen, and a \$5,000 fine for repeated violations.

The Department of Health is specifically directed by the Act to make every effort to learn the identity of existing users of carcinogenic substances, and to notify, inform and educate users about the requirements of the Act. We intend this letter to be one means of notifying, informing and educating.

Uses contemplated by the Act include the manufacture of a carcinogen, industrial uses of a carcinogen or formation of a carcinogen as a result of a chemical reaction, the sale or transfer of a carcinogen, the storage or disposal of such substances, the use of a carcinogen for research and the transportation of a carcinogen.

Carcinogen, under the Act, means and includes the following recognized cancer-causing substances:

- (a) Any of the following substances and any compound, mixture or product containing such substances:

<u>Chemical Name</u>	<u>Common or Trade Name</u>
(1) 2-Acetylaminofluorene	2-AAF
(2) 4-Aminodiphenyl	4-ADP
(3) Benzidine (and its salts)	
(4) bis-Chloromethyl ether	BCME
(5) 3,3-Dichlorobenzidine (and its salts)	DCB
(6) 4-Dimethylaminoazobenzene	Methyl Yellow
(7) beta-Naphthylamine	2-NA
(8) 4-Nitrobiphenyl	4-NBP
(9) N-Nitrosodimethylamine	Dimethylamine
(10) beta-Propiolactone	Betaprone (TM)
(11) Methyl chloromethyl ether	CMME
(12) alpha-Naphthylamine	1-NA
(13) 4,4'-Methylene bis (2-Chloroaniline)	MOCA (TM)
(14) Ethyleneimine	EI

- (b) Asbestos, including chrysotile, amosite, crocidolite, tremolite, anthophyllite and actinolite.

- (c) Vinyl chloride.

- (d) Any other substance for which standards are adopted and in effect due to cancer-causing properties and any compound, mixture or product containing such a substance, except as specifically exempted from such standards.

Specific standards for the safe use of the recognized, cancer-causing substances, listed above in subparagraphs (a), (b) and (c), have been set by the State Occupational Safety and Health Standards Board and appear in Title 8, California Administrative Code, as Sections 5208, 5209 and 5210. These standards remain in effect until amended or repealed by the Standards Board.

Additionally, the new Occupational Carcinogens Control Act requires written reports by employers to the State Division of Industrial Safety on the use of regulated carcinogens and also written reports of any incident which results in the release of a carcinogen into any area where employees may be potentially exposed. At present such reports are required for the 14 substances listed under (a), and for vinyl chloride listed under (c), above. Reporting will be required for asbestos on approximately July 1, after the State Occupational Safety and

Health Standards Board has completed hearings scheduled in early May. In the future, reporting requirements for additional cancer-causing substances will be adopted by the Board as provided in (d), above.

The reporting process is easy. All an employer must do is send a postcard or letter to the Chief of the Division of Industrial Safety, 455 Golden Gate Avenue, San Francisco, California, 94102, with the following information:

The name and address of the location where the carcinogen is used.

The number of employees working with the carcinogen including maintenance personnel.

The manner in which the carcinogen is present; e.g., whether it is manufactured, processed, used, repackaged, released, stored or otherwise handled.

Another feature of the new Act is that after July 1, 1977, inspection fees must be paid by employers (unless this provision of the law is changed) to the Industrial Safety Division according to a fee schedule adopted by the Division Chief. The fees range from \$25 to a maximum of \$500, depending on the time required and the number of employees affected. Employers will not be charged for more than one inspection for the same use in any one calendar year, though more than one inspection may be performed. These inspections must follow Cal/OSHA legal procedure, with no advance notice to employers permitted.

The Act requires the State Department of Health to respond to complaints from employees regarding potentially unlawful use of the regulated cancer-causing substances in their work places. The Department will give priority to investigation of such complaints.

To help employers achieve compliance with the provisions of the Occupational Carcinogens Control Act, the State Department of Health will provide penalty-free, no-charge consultative services and educational programs. These services will be provided on request by any employer or employee.

Copies of regulations on the regulated carcinogens and information on how to comply with the Occupational Carcinogens Control Act may be obtained by contacting one of the offices listed below:

In Northern California

State Department of Health
Occupational Cancer Control Unit
2151 Berkeley Way
Berkeley, CA 94704

(415) 843-7900, Ext. 306

In Southern California

State Department of Health
Occupational Cancer Control Unit
1449 West Temple Street
Los Angeles, CA 90026

(213) 620-4290

May 1977

Employers who currently have carcinogenic substances on their premises but who choose not to keep them should not hastily dispose of such substances. Employers are required by the State Health and Safety Code to contact the State Department of Health's Hazardous Waste Unit for permission to dispose of these substances. Contact the Unit nearest you:

Headquarters Office

744 P Street
Sacramento, CA 95814

(916) 322-2337

Berkeley Office

2151 Berkeley Way
Berkeley, CA 94704

(415) 843-7900, Ext. 434

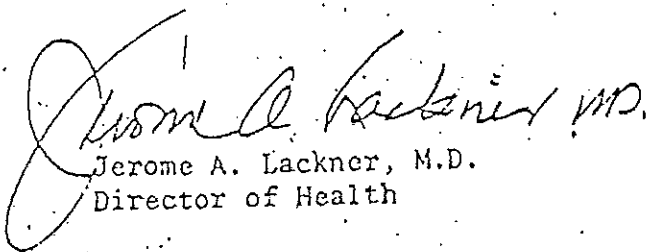
Los Angeles Office

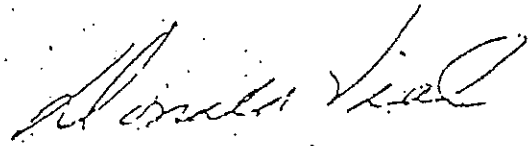
EARL MARLETTA
Post Office Box 30327
Terminal Annex
Los Angeles, CA 90033

(213) 620-2380

The State Department of Health and the State Department of Industrial Relations provide this information to employers now to alert them to their major legal responsibilities under the Occupational Carcinogens Control Act and to give maximum lead time for planning to achieve health and safety standards mandated by the law. Both Departments will work cooperatively with employers and employees to simplify compliance with the Act in the interests of worker safety.

Sincerely,


Jerome A. Lackner, M.D.
Director of Health


Donald Vial, Director
Department of Industrial Relations

OTAY CLASS I
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PUBLIC WORKS
SAN DIEGO DIVISION
NO CLASS I SITES

PRIVILEGE BRK. ROAD FILL
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WESTERN INSULATION CONTRACTORS ASSOCIATION

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August 11, 1977

To: All California Members

In our memorandum of July 25, 1977 we indicated that we would provide you with Section 5208 of the Occupational Carcinogens Control Act - a section having to do with asbestos. We have received a supply of Section 5208 from the state and attach it for your information and guidance.

If your employees are handling asbestos, we urge you to fill in form IS183 and return to the Division of Industrial Safety. This form was attached to our letter of July 25 and you may have already sent it in. We have more IS183's so write if needed.

HEG/b

~~If respiratory equipment is used to protect workmen performing the operation either:~~

- (1) Ventilation shall be provided sufficient to prevent escape of harmful quantities of the fumes into the workroom; or
- (2) The operation shall be isolated; or
- (3) The work shall be performed out doors, in such a location that fumes will not enter any building in harmful quantities.

(b) Cadmium, cadmium-coated articles and cadmium compounds shall not be allowed in any cooking or eating room; and eating or cooking shall not be allowed where such articles are present. Men who handle cadmium or cadmium-coated articles should wash their hands thoroughly before eating or smoking.

(c) No employer shall require any employee to process by the application of heat any object plated with cadmium unless the object or container in which it is first received is labeled:

WARNING!
THIS OBJECT IS PLATED WITH CADMIUM
DO NOT BURN, WELD OR HEAT WITHOUT
PROVIDING ADEQUATE VENTILATION.
BURNING, WELDING OR HEATING OF CADMIUM
PRODUCE POISONOUS VAPOR

~~Or labeled with other equivalent wording.~~

5208. Asbestos. (a) The 8-hour time-weighted average concentration of airborne asbestos fibers to which any employee may be exposed shall not exceed 2 fibers, longer than 5 micrometers, per cubic centimeter of air as determined by the membrane filter method using phase contrast illumination and 400 to 450X magnification. The ceiling or short time concentration to which employees are exposed shall not exceed 10 fibers, longer than 5 micrometers, per cubic centimeter of air.

(b) Engineering Controls. Controls such as, but not limited to, isolation, enclosure, exhaust ventilation, and dust collection shall be used to meet the exposure limits in Section 5208 (a). All hand-operated and power-operated tools which may produce or release asbestos fibers in excess of such limit shall be provided with local exhaust ventilation systems. The American National Standards Institute Z9.2-1971 Standard Governing the Design and Operation of Local Exhaust Systems shall be used as a guide to design, construct, install, and maintain exhaust ventilation and dust collection systems.

(c) Work Practices. Asbestos shall be mixed, handled, applied, removed, cut, or otherwise worked wet insofar as practicable. Asbestos spills shall be cleaned up promptly. Asbestos-containing cement, mortar, coating, grout, plaster, or similar material shall not be removed from bags, cartons, or other containers without being wetted, unless it is enclosed and/or ventilated to effectively control airborne fibers

(Register 76, No. 45—11-6-76)

as specified in Section 5208 (a). Asbestos waste, scrap, debris and asbestos contaminated materials consigned for disposal shall be collected and disposed in sealed impermeable bags or containers.

(d) Respiratory Protective Equipment. When engineering controls and wet handling methods are not feasible or are incapable of controlling the concentration or in an emergency, respiratory protection shall be provided and worn in accordance with provisions of Section 5141 and the following requirements:

(1) Reusable or single-use air filtering respirators shall be used when the concentration exceeds the levels specified in Section 5208 (a), but may not be used when the concentration may reasonably be expected to exceed 10 times the limit.

(2) Powered air filtering respirators may be worn for lower concentrations, but shall be worn when the asbestos fiber concentration is reasonably expected to exceed 10 times, but not 100 times the limit in Section 5208 (a).

(3) Continuous flow or pressure demand air-line respirators or self-contained breathing apparatus may be worn for lower concentrations, but shall be worn when the asbestos fiber concentration is reasonably expected to exceed 100 times the limit in Section 5208 (a).

(4) No employee shall be assigned to tasks requiring the use of respirators if based on his most recent examination an examining physician determines that the employee will be unable to function normally wearing a respirator or that the safety or health of the employee or other employees will be impaired by his use of a respirator. Such employee shall be rotated to an equivalent job whose duties he is able to perform, if such a position is available.

(e) Change Rooms and Special Clothing.

(1) The employer shall provide and require the use of special clothing such as coveralls or similar whole body clothing, head coverings, gloves, and foot coverings for any employee exposed to airborne concentrations of asbestos fibers, which exceed the ceiling level prescribed in Section 5208 (a).

(2) At any fixed place of employment exposed to airborne concentrations of asbestos fibers in excess of the exposure limits prescribed in Section 5208 (a), the employer shall provide change rooms for employees working regularly at the place, and shall provide two separate lockers or containers for each employee, so separated or isolated as to prevent contamination of the employees' street clothes from his work clothes.

(f) Laundering.

(1) Laundering of asbestos-contaminated clothing shall be done so as to prevent the release of airborne asbestos fibers in excess of the exposure limits prescribed in Section 5208 (a).

(2) Any employer who gives asbestos-contaminated clothing to another person for laundering shall inform such person of the

requirement in Section 5208 (f) (1) to effectively prevent the release of airborne asbestos fibers in excess of the exposure limits prescribed in Section 5208 (a).

(3) Contaminated clothing shall be transported in sealed impermeable bags or other closed, impermeable containers, and labeled in accordance with Section 5208 (i).

(g) Monitoring and Record Keeping.

(1) Monitoring. (A) The employer shall sample the air and determine the concentration of asbestos fibers within the breathing zone of employees whose exposure to airborne asbestos may exceed an 8-hour time-weighted average concentration of 1 fiber, longer than 5 micrometers, per cubic centimeter or a ceiling concentration of 10 fibers, longer than 5 micrometers, per cubic centimeter due to work assignment(s) at or near operations with asbestos or asbestos-containing products which result in the release of asbestos fibers.

(B) Following any change in control, process, or production method which may alter the airborne concentration of asbestos, the employer shall monitor the level of any employee's exposure which may have been affected by such change.

(C) Monitoring shall be repeated at least once every 6 months where exposure to airborne asbestos may exceed an 8-hour time-weighted average concentration of 1 fiber, longer than 5 micrometers, per cubic centimeter or a ceiling concentration of 10 fibers, longer than 5 micrometers, per cubic centimeter.

(D) The sampling of airborne asbestos required by this paragraph shall be performed in a manner which will assure a reasonably accurate determination and shall be made without regard to employee use of respiratory protective equipment.

(E) All determinations of airborne concentrations of asbestos fibers performed under requirements of this section shall use the membrane filter method with phase contrast illumination, 400 to 450 \times magnification, and 4 millimeter objective.

(2) Record Keeping. Every employer shall maintain records of any personal or environmental monitoring required by this subsection. Records shall be maintained for a period of at least 20 years and shall be made available upon request to the Chief of the Division of Industrial Safety, the Director of the State Department of Health, and to authorized representatives of either. Upon written request of an employee, a former employee, or an employee representative of either, the employer shall furnish the monitoring record of that employee or former employee. In the event the employer ceases to do business and there is no successor to receive and retain his records for the prescribed period, these records shall be transmitted by registered mail to the Director, National Institute for Occupational Safety and Health, U.S. Department of Health, Education and Welfare, and each employee shall be notified in writing of this transfer.

(h) Caution Signs.

(1) Posting. Caution signs shall be provided and displayed at each location where airborne concentrations of asbestos fibers may be in excess of the exposure limits prescribed in Section 5208 (a). Signs shall be posted at such a distance from such a location so that an employee may read the signs and take necessary protective steps before entering the area marked by the signs. Signs shall be posted at all approaches to areas containing excessive concentrations of airborne asbestos fibers.

(2) Sign Specifications. The warning signs required by subparagraph (h)(1) shall conform to the requirements of format signs specified in Section 6003 (d)(4) of the General Industry Safety Orders and to this subparagraph. The signs shall display the following legend in the lower panel, with the letter sizes and styles of a visibility at least equal to that specified in this subparagraph.

Legend	Notation
Asbestos.....	1" Sans Serif, Gothic or Block
Dust Hazard.....	1/2" Sans Serif, Gothic or Block
Avoid Breathing Dust	1/2" Gothic
Wear Assigned Protective Equipment.....	1/2" Gothic
Do Not Remain In Area Unless Your Work Requires It.....	1/2" Gothic
Breathing Asbestos Dust May Be Hazardous To Your Health.....	14 Point Gothic

Spacing between lines shall be at least equal to the height of the upper of any two lines.

(i) Caution Labels.

(1) Labeling. Caution labels shall be affixed to all raw materials, mixtures, scrap, waste, debris, and other products containing asbestos fibers or to their containers, except that no label is required where asbestos fibers have been modified by a bonding agent, coating, binder, or other material so that during any reasonably foreseeable use, handling, storage, disposal, processing, or transportation, no airborne concentrations of asbestos fibers in excess of the exposure limits prescribed in Section 5208 (a) will be released. For large outdoor storage such as mine ore tailings piles, labeling shall not be required if properly posted.

(2) Label Specifications. Caution labels required by this subsection shall be conspicuous and legible and shall contain the following or equivalent warning:

CAUTION
Contains Asbestos Fibers
Avoid Creating Dust
Breathing Asbestos Dust May Cause
Serious Bodily Harm

(j) Medical Examinations.

(1) The employer shall provide or make available at no cost to the employee a comprehensive preplacement medical examination by a licensed physician for each employee engaged in an occupation where exposure to airborne asbestos, without regard to the use of respiratory protective equipment, has been determined to exceed, or may be reasonably expected to exceed, an 8-hour time-weighted average concentration of 1 fiber, longer than 5 micrometers, per cubic centimeter or a ceiling concentration of 10 fibers, longer than 5 micrometers, per cubic centimeter.

The examination shall be provided or made available within 30 calendar days of an employee's initial assignment to such occupation and shall include as a minimum a 14-inch by 17-inch chest X-ray (posterior-anterior), a history to elicit symptomatology of respiratory disease, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at one second (FEV_{1.0}).

(2) At least annually every employer shall provide or make available at no cost to the employee a medical examination to employees as specified in paragraph (j)(1). The employer shall provide or make available, within 30 days of termination of employment of any employee exposed to airborne asbestos, a medical examination as specified in paragraph (j)(1), if such examination has not been taken within the previous year of termination.

NOTE: Pursuant to authority granted by Labor Code Section 6305(b), the Division, upon the advice of the Department of Health, may require an employer to make additional diagnostic test(s) available during medical examinations performed under the provisions of this paragraph when a preponderance of evidence indicates the advisability of such supplemental testing.

(3) Records shall be kept of medical examinations required by this subsection for each employee; such records shall be maintained by the employer for at least 30 years. Access to records of medical examinations required by this subsection shall be made available for inspection and copying to the Division of Industrial Safety, the Department of Health, and to authorized physicians or medical consultants of either of them. Upon written request of an employee or former employee, the employer shall provide a copy of the medical examination record to the employee's or former employee's physician. Any physician who conducts a medical examination required by this subsection shall furnish the employer of the examined employee or former employee all the information required by this subsection and any other medical information related to occupational exposure to asbestos.

(k) Employee Notification. Any employee found to have been exposed to asbestos fibers in excess of either of the permissible limits prescribed by subsection (a) shall be notified in writing of the ex-

TITLE 8

DIVISION OF INDUSTRIAL SAFETY
GENERAL INDUSTRY SAFETY ORDERS

442.3

(Register 77, No. 23—6-77)

posure within 5 days of the finding. The individuals so exposed shall also be notified of the corrective action, in compliance with subsections (b), (c), (d), (e) and (f) being taken by the employer.

(1) Reports of Use. Not later than September 1, 1977, employers shall report the information required by Subsection (1) (2) to the Chief of the Division of Industrial Safety, 455 Golden Gate Avenue, San Francisco, California 94102. After September 1, 1977, the information required by Subsection (1) (2) shall be reported prior to the commencement of any new, unreported operation or process covered by these Orders.

Note: It is not intended that each activity listed in paragraph (1) (1) involving asbestos or asbestos-containing products be reported upon each use or activity. Anticipated present and future use reported initially is sufficient to comply with this Section.

(1) Operations and Processes Requiring Reporting.

(A) Any use, handling, disposal, processing, manufacturing, packaging or repackaging of asbestos or asbestos-containing products which require labeling by Subsection (i) of this section.

(B) Brake repair and clutch repair operations where asbestos-containing frictional materials are processed in a manner which may produce airborne asbestos fibers, such as grinding, sanding, drilling, brake shoe arcing and beveling, or removing asbestos-containing dust with compressed air. Automotive repair facilities which are registered with the State Bureau of Automotive Repairs meet the registration requirements of this subparagraph, but are not otherwise exempt from this Section.

(C) Maintenance, construction, repair, renovation, demolition or salvage activities in which any materials containing more than 1% asbestos (dry weight) are sanded, ground, abrasive, blasted, sawed, cut, shoveled, removed, or otherwise handled in such a manner that asbestos dust would be raised.

(D) Any other use where employee exposure exceeds the concentrations of airborne fibers given in Subsection (a).

Note: The ordinary use, handling, or installation of products which do not require labeling under Subsection (i) are exempt from the reporting requirements. Examples of non-labeled products include but are not limited to, vinyl-asbestos floor tile, resilient sheet flooring, packings and gaskets, fabricated asphalt coatings and coated asbestos cloth.

Operations such as retail, wholesale, warehousing, transportation or distribution of products requiring labeling are exempt from reporting requirements providing such products are handled or stored in sealed or unbroken containers.

(2) Reporting Requirements.

(A) The name of the employer and the address(es) of the place(s) of employment.

Where there are multiple locations where employees may be exposed to asbestos-containing materials infrequently (such as public utility vaults), the employer may provide a general description of such potential exposures and the nature and type of such locations in lieu of identifying each separate location.

442.4

INDUSTRIAL RELATIONS

TITLE 8

(Register 77, No. 23—6477)

(B) A brief description of the way(s) in which the asbestos or asbestos-containing product(s) are to be processed, handled, used or transported.

(C) The estimated number of employees potentially exposed.

(D) The asbestos-containing product(s) being used or manufactured or the type(s) of structure(s) being constructed, demolished or repaired.

(E) The names and addresses of any collective bargaining representatives or other representatives of the affected employees.

(F) Employers with temporary jobsites, such as construction or demolition need register with the Division only once. Such registration is valid only on condition that the work is performed by the same employer and that prior to the commencement of each work when known in advance, the employer notifies the appropriate District Office by telegram, letter, or a telephone call which shall be confirmed in writing indicating the location and commencement of the activity.

(3) Incidents. Any incident, accident or emergency resulting in a known exposure of an employee, unprotected by an appropriate respirator, to asbestos fibers in excess of the limits prescribed by Section 5203(a), shall be reported in writing to the Chief of the Division of Industrial Safety within 15 days of the incident. The report shall include the following information:

(A) The number of employees over-exposed.

(B) The circumstances surrounding the over-exposure, including the process, operation or job involved.

(C) The results of any environment analyses done to monitor employee exposure or to define the hazard.

(D) The steps taken, or being taken to prevent a recurrence or to avoid future over-exposures.

(E) The product being manufactured or the type of structure being repaired, constructed or demolished.

(4) Posting. A copy of each report required by this Subsection shall be posted by the employer in the location or locations where asbestos is used, or where other notices are normally posted, which shall be conspicuous to affected employees.

NOTE: Authority cited: Section 6500, Labor Code. Additional Authority cited: Section 142.3, Labor Code and Section 24230, Health and Safety Code.

History: 1. Amendment of subsections (a), (f) and (i) filed 6-30-76 as an emergency; effective upon filing. Certificate of Compliance included (Register 76, No. 27). For prior history, see Register 73, No. 34.

2. Amendment filed 7-16-76, effective thirtieth day thereafter (Register 76, No. 29).

3. Amendment filed 11-1-76 as an emergency; effective upon filing (Register 76, No. 43). Certificate of Compliance included.

4. New subsection (l) filed 6-1-77, effective thirtieth day thereafter (Register 77, No. 23).

~~5203. Carcinogens. (a) Scope and Application. This section applies to an area in which any of the substances listed below is manufactured, processed, used, repackaged, released, stored or otherwise handled but does not apply to solid or liquid mixtures with a content less than the percent specified below or to transshipment in sealed containers except for the labeling requirements under paragraphs (c)(2), (c)(3) and (c)(4) of this section.~~

7/20/84
John Carroll

STANDARDS PRESENTATION
TO

CALIFORNIA OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD

New	TENT Amend	Exist Number If different from proposed	PROPOSED STATE STANDARD, TITLE 8, CHAPTER 4	Feder Stand Sectic Numbe
			5208. Asbestos	1910.10
			(a) <u>General.</u>	
X			(1) <u>Application.</u> This section establishes requirements for the control of employee exposures to asbestos including chrysotile, amosite, crocidolite, tremolite, anthophyllite, and actinolite.	(a)(1)
X			(2) <u>Compliance Program.</u> Where an employee's exposure to asbestos fibers, as determined under the provisions of paragraph (g)(1) of this section, exceeds either of the permissible limits prescribed by paragraph (a)(4), the employer shall undertake a program to control exposure within those limits by means of engineering controls and supplemental work practices.	(f)(1)
X			(3) <u>Employee Notification.</u> Any employee found to have been exposed to asbestos fibers in excess of either of the permissible limits prescribed by paragraph (a)(4) shall be notified in writing of the exposure within 5 days of the finding. The employee shall also be notified of the corrective action, in compliance with paragraph (a)(2), being taken by the employer.	(i)(3)
			(4) <u>Permissible Exposure Limits.</u>	
			(A) The 8-hour time-weighted average concentration of airborne asbestos fibers to which any employee may be exposed during a work day shall not exceed 2 fibers, longer than 5 micrometers, per cubic centimeter of air, as determined by the membrane filter method using phase contrast illumination and 400 to 450X illumination.	(h)(2)
			(B) The ceiling or short-time concentration of airborne asbestos fibers to which any employees are may be exposed shall not exceed 10 fibers, longer than 5 micrometers, per cubic centimeter of air at any time.	(h)(3)
			(b) <u>Engineering Controls.</u>	
			(1) Controls such as, but not limited to, isolation, enclosure, exhaust ventilation, and dust collection shall be used to meet the exposure limits in Section 5208 paragraph (a)(4).	(c)(1)(

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New	TENT Amend	Exist Number <small>If different from proposed</small>	PROPOSED STATE STANDARD, TITLE 8, CHAPTER 4	Federal Standar Sector Number
			<p>(2) All hand-operated and power-operated tools which may produce or release asbestos fibers in excess of such limit <u>the exposure limits prescribed in paragraph (a)(4)</u> shall be provided with local exhaust ventilation systems.</p> <p>(3) The American National Standards Institute Z9.2-1971 Standard Governing the Design and Operation of Local Exhaust Systems shall be used as a guide to design, construct, install, and maintain exhaust ventilation and dust collection systems.</p> <p>(c) Work Practices.</p> <p>(1) Asbestos shall be mixed, handled, applied, moved, cut, or otherwise worked wet insofar as practicable.</p> <p>(2) Asbestos spills shall be cleaned up promptly.</p> <p>(3) Asbestos-containing cement, mortar, coating, grout, plaster, or similar material shall not be removed from bags, cartons, or other containers <u>without being wetted, unless it is enclosed and/or ventilated to effectively control airborne fibers within the permissible exposure limits as specified in Section 5208 paragraph (a)(4).</u></p> <p>(4) Asbestos waste, scrap, debris and asbestos contaminated materials consigned for disposal shall be collected and disposed in <u>sealed impermeable bags or containers.</u></p> <p>(d) Respiratory Protective Equipment. When engineering controls and wet handling methods <u>supplemental work practices</u> are not feasible or are incapable of controlling the concentration <u>an employee's exposure within the permissible limits prescribed by paragraph (a)(4),</u> or in an emergency, respiratory protective equipment shall be provided and worn in accordance with provisions of Section 5144 and the following requirements:</p> <p>(1) Reusable or single use air filtering respirators shall be used when the concentration exceeds the levels specified in Section 5208(a), but may not be used when the concentration may reasonably be expected to exceed 10 times the limit. <u>At asbestos fiber concentrations equivalent to exposure levels not to exceed 10 times the limits prescribed by paragraph (a)(4), any reusable or single-use air purifying (filtering) respirator shall be used as minimum protection.</u></p>	<p>(c)(1)(i)</p> <p>(c)(1)(i) (a)</p> <p>(c)(2)(i)</p> <p>(h)(i)</p> <p>(c)(2)(i)</p> <p>(h)(2)</p> <p>(d)(1), (i), (ii)</p> <p>(d)(2)(i) (a)</p> <p>(d)(2)(i)</p>

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New	Amend	Exist Number If different from proposed	PROPOSED STATE STANDARD, TITLE 8, CHAPTER 4	Federal Standards Section Number
			<p>(2) Powered air filtering respirators may be worn for lower concentrations; but shall be worn when the asbestos fiber concentration is reasonably expected to exceed 10 times, but not 100 times the limit in Section 5208(a). <u>At asbestos fiber concentrations equivalent to exposure levels not to exceed 100 times the limits prescribed by paragraph (a)(4), a powered air filtering respirator shall be used as minimum protection.</u></p>	(d)(2)(i)
	X		<p>(3) Continuous flow or pressure demand air line respirators or self-contained breathing apparatus may be worn for lower concentrations; but shall be worn when the asbestos fiber concentration is reasonably expected to exceed 100 times the limit in Section 5208(a). <u>At asbestos fiber concentrations equivalent to exposure levels greater than 100 times the limits prescribed by paragraph (a)(4), a continuous flow or pressure demand supplied air respirator or self-contained breathing apparatus shall be used.</u></p>	(d)(2)(i)
	X		<p>(4) No employee shall be assigned to tasks requiring the use of respirators if based on his most recent examination an examining physician determines that the employee will be unable to function normally wearing a respirator or that the safety or health of the employee or other employees will be impaired by his use of a respirator. Such employee shall be rotated to an equivalent job whose duties he is able to perform, if such a position is available.</p> <p>(e) Change Rooms and Special Clothing.</p>	(d)(2)(i) (c)
			<p>(1) The employer shall provide and require the use of special clothing such as coveralls or similar whole body clothing, head coverings, gloves, and foot coverings for any employee exposed to airborne concentrations of asbestos fibers which exceed the ceiling level prescribed in Section 5208 subparagraph (a)(4)(B).</p>	(d)(3)
			<p>(2) At any fixed place of employment exposed where <u>exposures to airborne concentrations of asbestos fibers in excess of the exposure exceed limits prescribed in Section 5208 paragraph (a)(4), the employer shall provide change rooms for employees working regularly at the place.</u></p>	(d)(4)(c)
			<p>(3) The employer shall provide two separate lockers or containers for each employee, so separated or isolated as to prevent contamination of the employees <u>employee's</u> street clothes from his work clothes.</p>	(d)(4)(c)

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Rev.	ENR Amend	Exist Number <small>If different from proposed</small>	PROPOSED STATE STANDARD, TITLE 8, CHAPTER 4	Federal Standard Section Number
			<p>(f) Laundering.</p> <p>(1) Laundering of asbestos-contaminated clothing shall be done so as to prevent the release of airborne asbestos fibers in excess of the exposure limits prescribed in Section 5208 <u>paragraph (a)(4)</u>.</p> <p>(2) Any employer who gives asbestos-contaminated clothing to another person for laundering shall inform such person of the requirement in Section 5208 <u>paragraph (f)(1)</u> to effectively prevent the release of airborne asbestos fibers in excess of the exposure limits prescribed in Section 5208 <u>paragraph (a)(4)</u>.</p> <p>(3) Contaminated clothing shall be transported in sealed impermeable bags or other closed, impermeable containers, and labeled in accordance with Section 5208 <u>(b) subsection (i)</u>.</p> <p>(g) Monitoring and Recordkeeping.</p> <p>(1) Monitoring.</p> <p><u>(A) The employer shall sample the air and determine the concentration of asbestos fibers within the breathing zone of employees at locations where the whose exposure to airborne asbestos concentration may be reasonably expected to exceed an 8-hour time-weighted average concentration of 1 fiber, longer than 5 micrometers, per cubic centimeter or a ceiling concentration of 10 fibers, longer than 5 micrometers, per cubic centimeter due to work assignment(s) at or near operations with asbestos or asbestos-containing products which result in the release of asbestos fibers.</u></p> <p>Where the asbestos fiber concentration exceeds the level permitted in Section 5208(a), the employer shall undertake a compliance program as specified in subsections (b);(c);(d);(e); and (f) of this section; and in addition, a schedule of monitoring shall be established so the time-weighted average concentration can be calculated with reasonable accuracy for each employee based on his working time at each concentration to which he is exposed. The number of sampling locations; the number of samples; and the frequency of sampling may be reduced when sufficient experience has indicated that the concentration can</p>	<p>(d)(4)(i)(a)</p> <p>(d)(4)(i)(b)</p> <p>(d)(4)(i)(c)</p> <p>(f)(1)(3)</p>

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New	TENT Amend	Exist Number If different from proposed	PROPOSED STATE STANDARD, TITLE 8, CHAPTER 4	Feder. Stand: Sectio: Numbe:
			<p>be estimated reliably. However, the sampling frequency may not be reduced to less than once each 6 months where exposure may reasonably be expected to exceed 1 fiber, longer than 5 micrometers, per cubic centimeter.</p>	
X			<p>(B) <u>Following any change in control, process, or production method which may alter the airborne concentration of asbestos, the employer shall monitor the level of any employee's exposure which may have been affected by such change.</u></p>	
	X		<p>(C) <u>Monitoring shall be repeated at least once every 6 months where exposure to airborne asbestos may exceed an 8-hour time-weighted average concentration of 1 fiber, longer than 5 micrometers, per cubic centimeter or a ceiling concentration of 10 fibers, longer than 5 micrometers, per cubic centimeter.</u></p>	(f)(2)(i) (3)(i)
	X		<p>(D) <u>The sampling of airborne asbestos required by this paragraph shall be performed in a manner which will assure a reasonably accurate determination and shall be made without regard to employee use of respiratory protective equipment.</u></p>	(f)(2)(i) (3)(i)
	X		<p>(E) <u>All determinations of airborne concentrations of asbestos fibers performed under requirements of this section shall use the membrane filter method with phase contrast illumination, 400 to 450X magnification, and 4 millimeter objective.</u></p>	(e)
			<p>(2) Recordkeeping.</p>	
			<p>(A) Every employer shall maintain records of any personal or environmental monitoring required by this subsection.</p>	(i)(1)
			<p>(B) Records shall be maintained for a period of at least 20 years and shall be made available upon request to the Chief of the Division of Industrial Safety, the Director of the State Department of Health, and to authorized representatives of either.</p>	(i)(1)
			<p>(C) Upon written request of an employee, a former employee, or an employee representative of either, the employer shall furnish the monitoring record of that employee or former employee.</p>	(i)(2)

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New	Amend	Exist Number If different from proposed	<p>PROPOSED STATE STANDARD, TITLE 8, CHAPTER 4</p>	Feder Standa Sectio Numbe														
			<p>(D) In the event the employer ceases to do business and there is no successor to receive and retain his records for the prescribed period, these records shall be transmitted by registered mail to the Director, National Institute for Occupational Safety and Health, U.S. Department of Health, Education and Welfare, and each employee shall be notified in writing of this transfer.</p> <p>(h) Caution Signs.</p> <p>(1) Posting. Caution signs shall be provided and displayed at each location where airborne concentrations of asbestos fibers may be in excess of the exposure limits prescribed in Section 5208 paragraph (a)(4). Signs shall be posted at such a distance from such a location so that an employee may read the signs and take necessary protective steps before entering the area marked by the signs. Signs shall be posted at all approaches to areas containing excessive concentrations of airborne asbestos fibers.</p> <p>(2) Sign Specifications. The warning signs required by subparagraph (h)(1) shall conform to the requirements of format signs specified in Section 6003(d)(4) of the General Industry Safety Orders and to this subparagraph. The signs shall display the following legend in the lower panel, with the letter sizes and styles of a visibility at least equal to that specified in this subparagraph.</p> <table border="0" data-bbox="568 1365 1299 1722"> <thead> <tr> <th>Legend</th> <th>Notation</th> </tr> </thead> <tbody> <tr> <td>Asbestos.....</td> <td>1" Sans Serif, Gothic or Block</td> </tr> <tr> <td>Dust Hazard.....</td> <td>1/2" Sans Serif, Gothic or Block</td> </tr> <tr> <td>Avoid Breathing Dust</td> <td>1/2" Gothic</td> </tr> <tr> <td>Wear Assigned Protective Equipment.....</td> <td>1/2" Gothic</td> </tr> <tr> <td>Do Not Remain In Area Unless Your Work Requires It.....</td> <td>1/2" Gothic</td> </tr> <tr> <td>Breathing Asbestos Dust May Be Hazardous To Your Health.....</td> <td>14 Point Gothic</td> </tr> </tbody> </table> <p>Spacing between lines shall be at least equal to the height of the upper of any two lines.</p>	Legend	Notation	Asbestos.....	1" Sans Serif, Gothic or Block	Dust Hazard.....	1/2" Sans Serif, Gothic or Block	Avoid Breathing Dust	1/2" Gothic	Wear Assigned Protective Equipment.....	1/2" Gothic	Do Not Remain In Area Unless Your Work Requires It.....	1/2" Gothic	Breathing Asbestos Dust May Be Hazardous To Your Health.....	14 Point Gothic	<p>(5)(1)(</p> <p>(5)(1)(</p>
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C New	TENT Amend	Exist Number If different from proposed	PROPOSED STATE STANDARD, TITLE 8, CHAPTER 4	Fede Stand Sectic Numbe
			<p>(i) Caution Labels.</p> <p>(1) Labeling. Caution labels shall be affixed to all raw materials, mixtures, scrap, waste, debris, and other products containing asbestos fibers or to their containers, except that no label is required where asbestos fibers have been modified by a bonding agent, coating, binder, or other material so that during any reasonably foreseeable use, handling, storage, disposal, processing, or transportation, no airborne concentrations of asbestos fibers in excess of the exposure limits prescribed in Section 5208 paragraph (a)(4) will be released. For large outdoor storage such as mine ore tailings piles, labeling shall not be required if properly posted.</p> <p>(2) Label Specifications. Caution labels required by this subsection shall be conspicuous and legible and shall contain the following or equivalent warning:</p> <p style="text-align: center;">CAUTION Contains Asbestos Fibers Avoid Creating Dust Breathing Asbestos Dust May Cause Serious Bodily Harm</p> <p>(j) Medical Examinations.</p> <p>(1) The employer shall provide or make available at his cost a preplacement examination of each employee working regularly with asbestos who has been or may be reasonably expected to be exposed to concentrations of asbestos fibers in excess of 1 fiber, longer than 5 micrometers, per cubic centimeter. The employer shall provide or make available at his cost a comprehensive preplacement medical examination by a licensed physician for each employee engaged in an occupation where exposure to airborne asbestos, without regard to the use of respiratory protective equipment, has been determined to exceed, or may be reasonably expected to exceed, an 8-hour time-weighted average concentration of 1 fiber, longer than 5 micrometers, per cubic centimeter or a ceiling concentration of 10 fibers, longer than 5 micrometers, per cubic centimeter. Such examination shall be given within 90 days of the effective date of this regulation for existing employees who have not had an examination within 1 year and within 90 days following his first employment for new employees.</p>	<p>(g)(2)(</p> <p>(s)(2)(</p> <p>(:)(1),</p>

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New	TENT Amend	Exist Number If different from proposed	PROPOSED STATE STANDARD, TITLE 8, CHAPTER 4	Feder Standa Sectio Numbe
	X		<p style="text-align: center;">The examination shall be given within 30 calendar days of an employee's initial assignment to such occupation and such examination shall include as a minimum a 14-inch by 17-inch chest X-ray (posterior-anterior), a history to elicit symptomatology of respiratory disease, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at one second (FEV_{1.0}).</p> <p>(2) At least annually every employer shall provide or make available at his cost a medical examination to employees as specified in Section 5208 paragraph (j)(1). The employer shall provide or make available, within 30 days of termination of employment of any employee exposed to airborne asbestos, a medical examination as specified in Section 5208 paragraph (j)(1), if such examination has not been taken within the previous year of termination.</p> <p><u>NOTE: Pursuant to authority granted by Labor Code Section 6305(b), the Division, upon the advice of the Department of Health, may require an employer to make additional diagnostic test(s) available during medical examinations performed under the provisions of this paragraph when a preponderance of evidence indicates the advisability of such supplemental testing.</u></p> <p>(3) Records shall be kept of medical examinations required in Section 5208(j)(2) by this subsection for each employee; such records shall be maintained by the employer for at least 30 years. Access to records of medical examinations required in Section 5208(j)(2) by this subsection shall be made available for inspection and copying to the Division of Industrial Safety, the Department of Health, and to authorized physicians or medical consultants of either of them, and upon request of an employee or former employee, the employer shall provide a copy of the medical examination record to his the employee's or former employee's physician. Any physician who conducts a medical examination required by this subsection shall furnish the employer of the examined employee or former employee all the information required in Section 5208-(j) by this subsection and any other medical information related to occupational exposure to asbestos.</p>	<p>(j)(2)</p> <p>(j)(3),</p> <p>(j)(6)(ii)</p>
X				
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ROUTING AND TRANSMITTAL SLIP		ACTION	
1 TO (Name, office symbol or location) JOHN CARROLL THORPE INSULATION CO.	INITIALS	CIRCULATE	
	DATE	COORDINATION	
2 2741 S. YATES AV. LOS ANGELES, CA 90040	INITIALS	FILE	
	DATE	INFORMATION	
3	INITIALS	NOTE AND RETURN	
	DATE	PER CONVERSATION	
4	INITIALS	SEE ME	
	DATE	SIGNATURE	

REMARKS

THORPE INSULATION
JUL 24 1978

Mr. F	<input checked="" type="checkbox"/>	Treas
Cons...	<input checked="" type="checkbox"/>	Acctg
Const	<input checked="" type="checkbox"/>	Admin
EST	<input type="checkbox"/>	CR
...	<input type="checkbox"/>	Office
...	<input type="checkbox"/>	PER

Do NOT use this form as a RECORD of approvals, concurrences, disapprovals, clearances, and similar actions.

FROM (Name, office symbol or location) Kenneth A. Clark	DATE	7-21-78
	PHONE	432-3434

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The value of E_m shall not exceed unity (1).

(ii) To illustrate the formula prescribed in subdivision (i) of this subparagraph, consider the following exposures:

Material	Actual concentration of 8-hour exposure	8-hour time weighted average exposure limit
Acetone (Table Z-1)	500 p.p.m.	1,000 p.p.m.
2-Butanone (Table Z-1)	45 p.p.m.	200 p.p.m.
Toluene (Table Z-2)	40 p.p.m.	200 p.p.m.

Substituting in the formula, we have:

$$E_m = \frac{500}{1,000} + \frac{45}{200} + \frac{40}{200}$$

$$E_m = 0.500 + 0.225 + 0.200$$

$$E_m = 0.925$$

Since E_m is less than unity (1), the exposure combination is within acceptable limits.

(e) To achieve compliance with paragraph (a) through (d) of this section, administrative or engineering controls must first be determined and implemented whenever feasible. When such controls are not feasible to achieve full compliance, protective equipment or any other protective measures shall be used to keep the exposure of employees to air contaminants within the limits prescribed in this section. Any equipment and/or technical measures used for this purpose must be approved for each particular use by a competent industrial hygienist or other technically qualified person. Whenever respirators are used, their use shall comply with § 1910.134.

1910.1001—ASBESTOS

(a) Definitions.

For the purpose of this section.

(1) "Asbestos" includes chrysotile, amosite, crocidolite, tremolite, anthophyllite, and actinolite.

(2) "Asbestos fibers" means asbestos fibers longer than 5 micrometers.

(b) Permissible exposure to airborne concentrations of asbestos fibers.

(1) Standard effective July 7, 1972. The 8-hour time-weighted average airborne concentrations of asbestos fibers to which any employee may be exposed shall not exceed five fibers, longer than 5 micrometers, per cubic centimeter of air, as determined by the method prescribed in paragraph (e) of this section.

(2) Standard effective July 1, 1976. The 8-hour time-weighted average airborne concentrations of asbestos fibers to which any employee may be exposed shall not exceed two fibers, longer than 5 micrometers, per cubic centimeter of air, as determined by the method prescribed in paragraph (e) of this section.

(3) Ceiling concentration. No employee shall be exposed at any time to airborne concentrations of asbestos fibers in excess of 10 fibers, longer than 5 micrometers, per cubic centimeter of air, as determined by the method prescribed in paragraph (e) of this section.

(c) Methods of compliance.

(1) Engineering methods.

(i) Engineering controls. Engineering controls, such as, but not limited to, isolation, enclosure, exhaust ventilation, and dust

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collection, shall be used to meet the exposure limits prescribed in paragraph (b) of this section.

(ii) Local exhaust ventilation.

(a) Local exhaust ventilation and dust collection systems shall be designed, constructed, installed, and maintained in accordance with the American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, ANSI Z9.2-1971, which is incorporated by reference herein.

(b) See § 1910.6 concerning the availability of ANSI Z9.2-1971, and the maintenance of a historic file in connection therewith. The address of the American National Standards Institute is given in § 1910.100.

(iii) Particular tools. All hand-operated and power-operated tools which may produce or release asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section, such as, but not limited to, saws, scorers, abrasive wheels, and drills, shall be provided with local exhaust ventilation systems in accordance with subdivision (ii) of this subparagraph.

(2) Work practices.

(i) Wet methods. Insofar as practicable, asbestos shall be handled, mixed, applied, removed, cut, scored, or otherwise worked in a wet state sufficient to prevent the emission of airborne fibers in excess of the exposure limits prescribed in paragraph (b) of this section, unless the usefulness of the product would be diminished thereby.

(ii) Particular products and operations. No asbestos cement, mortar, coating, grout, plaster, or similar material containing asbestos shall be removed from bags, cartons, or other containers in which they are shipped, without being either wetted, or enclosed, or ventilated so as to prevent effectively the release of airborne asbestos fibers in excess of the limits prescribed in paragraph (b) of this section.

(iii) Spraying, demolition, or removal. Employees engaged in the spraying of asbestos, the removal, or demolition of pipes, structures, or equipment covered or insulated with asbestos, and in the removal or demolition of asbestos insulation or coverings shall be provided with respiratory equipment in accordance with paragraph (d)(2)(iii) of this section and with special clothing in accordance with paragraph (d)(3) of this section.

(d) Personal protective equipment.

(1) Compliance with the exposure limits prescribed by paragraph (b) of this section may not be achieved by the use of respirators or shift rotation of employees, except:

(i) During the time period necessary to install the engineering controls and to institute the work practices required by paragraph (c) of this section;

(ii) In work situations in which the methods prescribed in paragraph (c) of this section are either technically not feasible or feasible to an extent insufficient to reduce the airborne concentrations of asbestos fibers below the limits prescribed by paragraph (b) of this section; or

(iii) In emergencies.

(iv) Where both respirators and personnel rotation are allowed by subdivisions (i), (ii), or (iii) of this subparagraph, and both are practicable, personnel rotation shall be preferred and used.

(2) Where a respirator is permitted by subparagraph (1) of this paragraph, it shall be selected from among those approved by the Bureau of Mines, Department of the Interior, or the National Institute for Occupational Safety and Health, Department of Health, Education, and Welfare; under the provisions of 30 CFR Part 11 (37 F.R. 6244, Mar. 25, 1972), and shall be used in accordance with subdivisions (i), (ii), (iii), and (iv) of this subparagraph.

(i) Air purifying respirators. A reusable or single use air purifying respirator, or a

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respirator described in subdivision (ii) or (iii) of this subparagraph, shall be used to reduce the concentrations of airborne asbestos fibers in the respirator below the exposure limits prescribed in paragraph (b) of this section, when the ceiling or the 8-hour time-weighted average airborne concentrations of asbestos fibers are reasonably expected to exceed no more than 10 times those limits.

(ii) Powered air purifying respirators. A full facepiece powered air purifying respirator, or a powered air purifying respirator, or a respirator described in subdivision (iii) of this subparagraph, shall be used to reduce the concentrations of airborne asbestos fibers in the respirator below the exposure limits prescribed in paragraph (b) of this section, when the ceiling or the 8-hour time-weighted average concentrations of asbestos fibers are reasonably expected to exceed 10 times, but not 100 times, those limits.

(iii) Type "C" supplied-air respirators, continuous flow or pressure-demand class. A type "C" continuous flow or pressure-demand, supplied-air respirator shall be used to reduce the concentrations of airborne asbestos fibers in the respirator below the exposure limits prescribed in paragraph (b) of this section, when the ceiling or the 8-hour time-weighted average airborne concentrations of asbestos fibers are reasonably expected to exceed 100 times those limits.

(iv) Establishment of a respirator program.

(a) The employer shall establish a respirator program in accordance with the requirements of the American National Standard Practices for Respiratory Protection, ANSI Z88.2-1969, which is incorporated by reference herein.

(b) See § 1910.6 concerning the availability of ANSI Z88.2-1969 and the maintenance of an historic file in connection therewith. The address of the American National Standards Institute is given in § 1910.100.

(c) No employee shall be assigned to tasks requiring the use of respirators if, based upon his most recent examination, an examining physician determines that the employee will be unable to function normally wearing a respirator, or that the safety or health of the employee or other employees will be impaired by his use of a respirator. Such employee shall be rotated to another job or given the opportunity to transfer to a different position whose duties he is able to perform with the same employer, in the same geographical area and with the same seniority, status, and rate of pay he had just prior to such transfer, if such a different position is available.

(3) Special clothing: The employer shall provide, and require the use of, special clothing, such as coveralls or similar whole body clothing, head coverings, gloves, and foot coverings for any employee exposed to airborne concentrations of asbestos fibers, which exceed the ceiling level prescribed in paragraph (b) of this section.

(4) Change rooms:

(i) At any fixed place of employment exposed to airborne concentrations of asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section, the employer shall provide change rooms for employees working regularly at the place.

(ii) Clothes lockers: The employer shall provide two separate lockers or containers for each employee, so separated or isolated as to prevent contamination of the employee's street clothes from his work clothes.

(iii) Laundering:

(a) Laundering of asbestos contaminated clothing shall be done so as to prevent the release of airborne asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section.

(b) Any employer who gives asbestos-contaminated clothing to another per-

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son for laundering shall inform such person of the requirement in (a) of this subdivision to effectively prevent the release of airborne asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section.

(c) Contaminated clothing shall be transported in sealed impermeable bags, or other closed, impermeable containers, and labeled in accordance with paragraph (g) of this section.

(e) Method of measurement.

All determinations of airborne concentrations of asbestos fibers shall be made by the membrane filter method at 400-450 × (magnification) (4 millimeter objective) with phase contrast illumination.

(f) Monitoring.

(1) Initial determinations. Within 6 months of the publication of this section, every employer shall cause every place of employment where asbestos fibers are released to be monitored in such a way as to determine whether every employee's exposure to asbestos fibers is below the limits prescribed in paragraph (b) of this section. If the limits are exceeded, the employer shall immediately undertake a compliance program in accordance with paragraph (c) of this section.

(2) Personal monitoring.

(i) Samples shall be collected from within the breathing zone of the employees, on membrane filters of 0.8 micrometer porosity mounted in an open-face filter holder. Samples shall be taken for the determination of the 8-hour time-weighted average airborne concentrations and of the ceiling concentrations of asbestos fibers.

(ii) Sampling frequency and patterns. After the initial determinations required by subparagraph (1) of this paragraph, samples shall be of such frequency and pattern as to represent with reasonable accuracy the levels of exposure of employees. In no case shall the sampling be done at

intervals greater than 6 months for employees whose exposure to asbestos may reasonably be foreseen to exceed the limits prescribed by paragraph (b) of this section.

(3) Environmental monitoring.

(i) Samples shall be collected from areas of a work environment which are representative of the airborne concentrations of asbestos fibers which may reach the breathing zone of employees. Samples shall be collected on a membrane filter of 0.8 micrometer porosity mounted in an open-face filter holder. Samples shall be taken for the determination of the 8-hour time-weighted average airborne concentrations and of the ceiling concentrations of asbestos fibers.

(ii) Sampling frequency and patterns. After the initial determinations required by subparagraph (1) of this paragraph, samples shall be of such frequency and pattern as to represent with reasonable accuracy the levels of exposure of the employees. In no case shall sampling be at intervals greater than 6 months for employees whose exposures to asbestos may reasonably be foreseen to exceed the exposure limits prescribed in paragraph (b) of this section.

(4) Employee observation of monitoring. Affected employees, or their representatives, shall be given a reasonable opportunity to observe any monitoring required by this paragraph and shall have access to the records thereof.

(g) Caution signs and labels.

(1) Caution signs.

(i) Posting. Caution signs shall be provided and displayed at each location where airborne concentrations of asbestos fibers may be in excess of the exposure limits prescribed in paragraph (b) of this section. Signs shall be posted at such a distance from such a location so that an employee may read the signs and take necessary protective steps before entering the area marked by the signs. Signs shall be posted

STANDARDS AND INTERPRETATIONS

at all approaches to areas containing excessive concentrations of airborne asbestos fibers.

(ii) **Sign specifications.** The warning signs required by subdivision (i) of this subparagraph shall conform to the requirements of 20" x 14" vertical format signs specified in § 1910.145(d)(4), and to this subdivision. The signs shall display the following legend in the lower panel, with letter sizes and styles of a visibility at least equal to that specified in this subdivision.

Legend	Notation
Asbestos	1" Sans Serif, Gothic or Block.
Dust Hazard	¾" Sans Serif, Gothic or Block.
Avoid Breathing Dust Wear Assigned Protective Equip- ment.	¼" Gothic.
Do Not Remain In Area Unless Your Work Requires It.	¼" Gothic.
Breathing Asbestos Dust May Be Hazardous To Your Health.	14 point Gothic.

Spacing between lines shall be at least equal to the height of the upper of any two lines.

(2) **Caution labels.**

(i) **Labeling.** Caution labels shall be affixed to all raw materials, mixtures, scrap, waste, debris, and other products containing asbestos fibers, or to their containers, except that no label is required where asbestos fibers have been modified by a bonding agent, coating, binder, or other material so that during any reasonably foreseeable use, handling, storage, disposal, processing, or transportation, no airborne concentrations of asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section will be released.

(ii) **Label specifications.** The caution labels required by subdivision (i) of this subparagraph shall be printed in letters of sufficient size and contrast as to be read-

ily visible and legible. The label shall state:

CAUTION

Contains Asbestos Fibers
Avoid Creating Dust
Breathing Asbestos Dust May Cause
Serious Bodily Harm

(h) **Housekeeping.**

(1) **Cleaning.** All external surfaces in any place of employment shall be maintained free of accumulations of asbestos fibers if, with their dispersion, there would be an excessive concentration.

(2) **Waste disposal.** Asbestos waste, scrap, debris, bags, containers, equipment, and asbestos-contaminated clothing, consigned for disposal, which may produce in any reasonably foreseeable use, handling, storage, processing, disposal, or transportation airborne concentrations of asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section shall be collected and disposed of in sealed impermeable bags, or other closed, impermeable containers.

(i) **Recordkeeping.**

(1) **Exposure records.** Every employer shall maintain records of any personal or environmental monitoring required by this section. Records shall be maintained for a period of at least 20 years and shall be made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of the National Institute for Occupational Safety and Health, and to authorized representatives of either.

[41 F.R. 11504, March 19, 1976.]

(2) **Employee access.** Every employee and former employee shall have reasonable access to any record required to be maintained by subparagraph (1) of this paragraph, which indicates the employee's own exposure to asbestos fibers.

(3) **Employee notification.** Any employee found to have been exposed at any time to airborne concentrations of asbestos fibers in excess of the limits prescribed in paragraph (b) of

this section shall be notified in writing of the exposure as soon as practicable but not later than 5 days of the finding. The employee shall also be timely notified of the corrective action being taken.

(i) Medical examinations.

(1) **General.** The employer shall provide or make available at his cost, medical examinations relative to exposure to asbestos required by this paragraph.

(2) **Preplacement.** The employer shall provide or make available to each of his employees, within 30 calendar days following his first employment in an occupation exposed to airborne concentrations of asbestos fibers, a comprehensive medical examination, which shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicit symptomatology of respiratory disease, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV_{1.0}).

(3) **Annual examinations.** On or before January 31, 1973, and at least annually thereafter, every employer shall provide, or make available, comprehensive medical examinations to each of his employees engaged in occupations exposed to airborne concentrations of asbestos fibers. Such annual examination shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicit symptomatology of respiratory disease, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV_{1.0}).

(4) **Termination of employment.** The employer shall provide, or make available, within 30

calendar days before or after the termination of employment of any employee engaged in an occupation exposed to airborne concentrations of asbestos fibers, a comprehensive medical examination which shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicit symptomatology of respiratory disease, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV_{1.0}).

(5) **Recent examinations.** No medical examination is required of any employee, if adequate records show that the employee has been examined in accordance with this paragraph within the past 1-year period.

(6) Medical records.

(i) **Maintenance.** Employers of employees examined pursuant to this paragraph shall cause to be maintained complete and accurate records of all such medical examinations. Records shall be retained by employers for at least 20 years.

(ii) **Access.** The contents of the records of the medical examinations required by this paragraph shall be made available, for inspection and copying, to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of NIOSH, to authorized physicians and medical consultants of either of them, and, upon the request of an employee or former employee, to his physician. Any physician who conducts a medical examination required by this paragraph shall furnish to the employer of the examined employee all the information specifically required by this paragraph, and any other medical information related to occupational exposure to asbestos fibers.

1910.1002—COAL TAR PITCH VOLATILES; INTERPRETATION OF TERM

As used in § 1910.1002 (Table Z-1), coal tar pitch volatiles include the fused polycyclic hydrocarbons which volatilize from the distillation residues of coal, petroleum, wood, and other organic matter.

distillation residues of coal, petroleum, wood, and other organic matter.

[37 F.R. 24749, November 21, 1972.]

CODE OF FEDERAL REGULATIONS, TITLE 29

SECTION 1910.1001

§ 1910.1001 Asbestos.

(a) *Definitions.* For the purpose of this section, (1) "Asbestos" includes chrysotile, amosite, crocidolite, tremolite, anthophyllite, and actinolite.

(2) "Asbestos fibers" means asbestos fibers longer than 5-micrometers.

(b) *Permissible exposure to airborne concentrations of asbestos fibers—*(1) *Standard effective July 7, 1972.* The 8-hour time-weighted average airborne concentrations of asbestos fibers to which any employee may be exposed shall not exceed five fibers, longer than 5 micrometers, per cubic centimeter of air, as determined by the method prescribed in paragraph (e) of this section.

(2) *Standard effective July 1, 1976.* The 8-hour time-weighted average airborne concentrations of asbestos fibers to which any employee may be exposed shall not exceed two fibers, longer than 5 micrometers, per cubic centimeter of air, as determined by the method prescribed in paragraph (e) of this section.

(3) *Ceiling concentration.* No employee shall be exposed at any time to airborne concentrations of asbestos fibers in excess of 10 fibers, longer than 5 micrometers, per cubic centimeter of air, as determined by the method prescribed in paragraph (e) of this section.

General Requirement: New standard effective July 1, 1976

General Requirement: Ceiling limit unchanged

(c) Methods of compliance—(1) Engineering methods. (i) Engineering controls. Engineering controls, such as, but not limited to, isolation, enclosure, exhaust ventilation, and dust collection, shall be used to meet the exposure limits prescribed in paragraph (b) of this section.

(ii) Local exhaust ventilation. (a) Local exhaust ventilation and dust collection systems shall be designed, constructed, installed, and maintained in accordance with the American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, ANSI Z9.2-1971, which is incorporated by reference herein.

(b) See § 1910.6 concerning the availability of ANSI Z9.2-1971, and the maintenance of a historic file in connection therewith. The address of the American National Standards Institute is given in § 1910.100.

(iii) Particular tools. All hand-operated and power-operated tools which may produce or release asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section, such as, but not limited to, saws, scorers, abrasive wheels, and drills, shall be provided with local exhaust ventilation systems in accordance with subdivision (ii) of this subparagraph.

(2) Work practices—(i) Wet methods. Insofar as practicable, asbestos shall be handled, mixed, applied, removed, cut, scored, or otherwise worked in a wet state sufficient to prevent the emission of airborne fibers in excess of the exposure limits prescribed in paragraph (b) of this section, unless the usefulness of the product would be diminished thereby.

(ii) Particular products and operations. No asbestos cement, mortar, coating, grout, plaster, or similar material containing asbestos shall be removed from bags, cartons, or other containers in which they are shipped, without being either wetted, or enclosed, or ventilated so as to prevent effectively the release of airborne asbestos fibers in excess of the limits prescribed in paragraph (b) of this section.

(iii) Spraying, demolition, or removal. Employees engaged in the spraying of asbestos, the removal, or demolition of pipes, structures, or equipment covered or insulated with asbestos, and in the removal or demolition of asbestos insulation or coverings shall be provided with respiratory equipment in accordance with paragraph (d) (2) (iii) of this section and with special clothing in accordance with paragraph (c) (3) of this section.

(d) Personal protective equipment—(1) Compliance with the exposure limits prescribed by paragraph (b) of this section may not be achieved by the use of respirators or shift rotation of employees, except:

(i) During the time period necessary to install the engineering controls and to institute the work practices required by paragraph (c) of this section;

(ii) In work situations in which the methods prescribed in paragraph (c) of

Specific Requirement: Engineering controls must be used to meet exposure limits.

Specific Requirement: Standards for local exhaust ventilation established in ANSI Z9.2-1971.

Specific Requirement: Local exhaust ventilation mandatory on tools releasing excessive asbestos fiber concentrations.

Specific Requirement: Asbestos products must be in wet state if practicable.

Specific Requirement: Controls must be implemented to prevent the release of excessive concentrations of asbestos fiber from asbestos products.

Specific Requirement: Respiratory protective equipment and special clothing required if employees overexposed in spraying, demolition, and removal of asbestos product.

this section are either technically not feasible or feasible to an extent insufficient to reduce the airborne concentrations of asbestos fibers below the limits prescribed by paragraph (b) of this section; or

(iii) In emergencies,

(iv) Where both respirators and personnel rotation are allowed by subdivisions (i), (ii), or (iii) of this subparagraph, and both are practicable, personnel rotation shall be preferred and used.

(2) Where a respirator is permitted by subparagraph (1) of this paragraph, it shall be selected from among those approved by the Bureau of Mines, Department of the Interior, or the National Institute for Occupational Safety and Health, Department of Health, Education, and Welfare, under the provisions of 30 CFR Part 11 (37 F.R. 6244, Mar. 25, 1972), and shall be used in accordance with subdivisions (i), (ii), (iii), and (iv) of this subparagraph.

(i) Air purifying respirators. A reusable or single use air purifying respirator, or a respirator described in subdivision (ii) or (iii) of this subparagraph, shall be used to reduce the concentrations of airborne asbestos fibers in the respirator below the exposure limits prescribed in paragraph (b) of this section, when the ceiling or the 8-hour time-weighted average airborne concentrations of asbestos fibers are reasonably expected to exceed no more than 10 times those limits.

(ii) Powered air purifying respirators. A full facepiece powered air purifying respirator, or a powered air purifying respirator, or a respirator described in subdivision (iii) of this subparagraph, shall be used to reduce the concentrations of airborne asbestos fibers in the respirator below the exposure limits prescribed in paragraph (b) of this section, when the ceiling or the 8-hour time-weighted average concentrations of asbestos fibers are reasonably expected to exceed 10 times but not 100 times those limits.

(iii) Type "C" supplied-air respirators, continuous flow or pressure-demand class. A type "C" continuous flow or pressure-demand, supplied-air respirator shall be used to reduce the concentrations of airborne asbestos fibers in the respirator below the exposure limits prescribed in paragraph (b) of this section, when the ceiling or the 8-hour time-weighted average airborne concentrations of asbestos fibers are reasonably expected to exceed 100 times those limits.

(iv) Establishment of a respirator program. (a) The employer shall establish a respirator program in accordance with the requirements of the American National Standards Practices for Respiratory Protection, ANSI Z88.2-1969, which is incorporated by reference herein.

b. See § 1910.6 concerning the availability of ANSI Z88.2-1969 and the maintenance of an historic file in connection therewith. The address of the American National Standards Institute is given in § 1910.100.

(c) No employee shall be assigned to tasks requiring the use of respirators if, based upon his most recent examination, an examining physician determines that the employee will be unable to function normally wearing a respirator, or that

Specific Requirement: Respirators or personnel rotation allowed if engineering controls are not feasible to meet exposure limit
Personnel rotation preferred

Specific Requirement: Bureau of Mines or NIOSH approved respirators must be used.

Specific Requirement: Air purifying respirators for levels less than 10 times exposure limits.

Specific Requirement: Powered air purifying respirators for levels greater than 10 times but less than 100 times exposure limits.

Specific Requirement: Supplied air respirators for levels greater than 100 times exposure limits.

Specific Requirement: Respirator program as established in ANSI Z88.2-1969.

General Requirement: Medical examination required to determine if employees are fit to wear a respirator

the safety or health of the employee or other employees will be impaired by his use of a respirator. Such employee shall be rotated to another job or given the opportunity to transfer to a different position whose duties he is able to perform with the same employer, in the same geographical area and with the same seniority, status, and rate of pay he had just prior to such transfer, if such a different position is available.

(3) Special clothing: The employer shall provide, and require the use of, special clothing, such as coveralls or similar whole body clothing, head coverings, gloves, and foot coverings for any employee exposed to airborne concentrations of asbestos fibers, which exceed the ceiling level prescribed in paragraph (b) of this section.

(4) Change rooms: (i) At any fixed place of employment exposed to airborne concentrations of asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section, the employer shall provide change rooms for employees working regularly at the place.

(ii) Clothes lockers: The employer shall provide two separate lockers or containers for each employee, so separated or isolated as to prevent contamination of the employee's street clothes from his work clothes.

(iii) Laundering: (a) Laundering of asbestos contaminated clothing shall be done so as to prevent the release of airborne asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section.

(b) Any employer who gives asbestos-contaminated clothing to another person for laundering shall inform such person of the requirement in (a) of this subdivision to effectively prevent the release of airborne asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section.

(c) Contaminated clothing shall be transported in sealed impermeable bags, or other closed, impermeable containers, and labeled in accordance with paragraph (g) of this section.

(c) Method of measurement. All determinations of airborne concentrations of asbestos fibers shall be made by the membrane filter method at 400-450 X (magnification) (4 millimeter objective) with phase contrast illumination.

(1) Monitoring—(1) Initial determinations. Within 6 months of the publication of this section, every employer shall cause every place of employment where asbestos fibers are released to be monitored in such a way as to determine whether every employee's exposure to asbestos fibers is below the limits prescribed in paragraph (b) of this section. If the limits are exceeded, the employer shall immediately undertake a compliance program in accordance with paragraph (c) of this section.

(2) Personal monitoring—(1) Samples shall be collected from within the breathing zone of the employees, on membrane filters of 0.8 micrometer porosity mounted in an open-face filter holder. Samples shall be taken for the determination of the 8-hour time-weighted average airborne concentrations and of the ceiling concentrations of asbestos fibers.

Specific Requirement: Special clothing required for employees exposed over ceiling level.

Specific Requirement: Change rooms required for employees overexposed to asbestos fibers.

Specific Requirement: Two separate clothes lock must be provided to employees overexposed to asbestos fibers.

Specific Requirement: Special work practices used to prevent release of excess asbestos fiber concentrations.

General Requirement: Person laundering contaminated clothing must be informed.

General Requirement: Contaminated clothing must be transported in sealed and labeled containers.

General Requirement: Measurement requires open face membrane filter and phase contrast illumination.

General Requirement: Initial monitoring of all operations where asbestos fibers are released is required.

General Requirement: Breathing zone samples must be obtained.

(H) Sampling frequency and patterns. After the initial determinations required by subparagraph (1) of this paragraph, samples shall be of such frequency and pattern as to represent with reasonable accuracy the levels of exposure of employees. In no case shall the sampling be done at intervals greater than 6 months for employees whose exposure to asbestos may reasonably be foreseen to exceed the limits prescribed by paragraph (b) of this section.

(3) Environmental monitoring—(1) samples shall be collected from areas of a work environment which are representative of the airborne concentrations of asbestos fibers which may reach the breathing zone of employees. Samples shall be collected on a membrane filter of 0.8 micrometer porosity mounted in an open-face filter holder. Samples shall be taken for the determination of the 8-hour time-weighted average airborne concentrations and of the ceiling concentrations of asbestos fibers.

(ii) Sampling frequency and patterns. After the initial determinations required by subparagraph (1) of this paragraph, samples shall be of such frequency and pattern as to represent with reasonable accuracy the levels of exposure of the employees. In no case shall sampling be at intervals greater than 6 months for employees whose exposures to asbestos may reasonably be foreseen to exceed the exposure limits prescribed in paragraph (b) of this section.

(4) Employee observation of monitoring. Affected employees, or their representatives, shall be given a reasonable opportunity to observe any monitoring required by this paragraph and shall have access to the records thereof.

(g) Caution signs and labels. (1) Caution signs. (i) Posting. Caution signs shall be provided and displayed at each location where airborne concentrations of asbestos fibers may be in excess of the exposure limits prescribed in paragraph (b) of this section. Signs shall be posted at such a distance from such a location so that an employee may read the signs and take necessary protective steps before entering the area marked by the signs. Signs shall be posted at all approaches to areas containing excessive concentrations of airborne asbestos fibers.

(ii) Sign specifications. The warning signs required by subdivision (1) of this subparagraph shall conform to the requirements of 20" x 14" vertical format signs specified in § 1910.145(d)(4), and to this subdivision. The signs shall display the following legend in the lower panel, with letter sizes and styles of a visibility at least equal to that specified in this subdivision.

Legend	Notation
Asbestos	1" Sans Serif, Gothic or Block.
Dust Hazard	¾" Sans Serif, Gothic or Block.
Avoid Breathing Dust	¼" Gothic.
Wear Assigned Protective Equipment.	¼" Gothic.
Do Not Remain In Area Unless Your Work Requires It.	¼" Gothic.

Specific Requirement: Personal monitoring must be made within every 6 months if employee exposures are foreseen to exceed limits.

General Requirement: Initial area sampling required.

Specific Requirement: Area monitoring must be made within every 6 months if employee exposures are foreseen to exceed limits.

General Requirement: Observation of monitoring by employees or representatives is allowed.

Specific Requirement: Caution signs must be posted at locations where asbestos concentrations exceed exposure limits.

Specific Requirement: Signs must be certain and legend.

Legend

Notation

Breathing Asbestos Dust. 14 point Gothic.
May Be Hazardous To
Your Health.

Spacing between lines shall be at least equal to the height of the upper of any two lines.

(2) Caution labels—(i) Labeling. Caution labels shall be affixed to all raw materials, mixtures, scrap, waste, debris, and other products containing asbestos fibers, or to their containers, except that no label is required where asbestos fibers have been modified by a bonding agent, coating, binder, or other material so that during any reasonably foreseeable use, handling, storage, disposal, processing, or transportation, no airborne concentrations of asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section will be released.

(ii) Label specifications. The caution labels required by subdivision (i) of this subparagraph shall be printed in letters of sufficient size and contrast as to be readily visible and legible. The label shall state:

CAUTION

Contains Asbestos Fibers

Avoid Creating Dust.

Breathing Asbestos Dust May Cause
Serious Bodily Harm

(h) Housekeeping—(1) Cleaning. All external surfaces in any place of employment shall be maintained free of accumulations of asbestos fibers if, with their dispersion, there would be an excessive concentration.

(2) Waste disposal. Asbestos waste, scrap, debris, bags, containers, equipment, and asbestos-contaminated clothing, consigned for disposal, which may produce in any reasonably foreseeable use, handling, storage, processing, disposal, or transportation airborne concentrations of asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section shall be collected and disposed of in sealed impervious bags, or other closed, impervious containers.

(i) Recordkeeping—(1) Exposure records. Every employer shall maintain records of any personal or environmental monitoring required by this section. Records shall be maintained for a period of at least 20 years and shall be made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of the National Institute for Occupational Safety and Health, and to authorized representatives of either.

[1910.1001(i)(1) amended at 41 FR 11505, March 19, 1976]

(2) Employee access. Every employee and former employee shall have reasonable access to any record required to be maintained by subparagraph (1) of this paragraph, which indicates the employee's own exposure to asbestos fibers.

(3) Employee notification. Any employee found to have been exposed at any time to airborne concentrations of asbestos fibers in excess of the limits prescribed in paragraph (b) of this section shall be notified in writing of the exposure as soon as practicable but not later than 5 days of the finding. The employee shall also be timely notified of the corrective action being taken.

Specific Requirement: Caution Labels must be affixed to asbestos product which may release excessive airborne asbestos concentrations.

Specific Requirement: External surfaces must be maintained free of accumulation of asbestos if excessive concentrations may be generated.

Specific Requirement: Asbestos waste which may produce excessive concentrations must be disposed in sealed containers.

General Requirement: Personal and environmental monitoring records must be retained for 20 years.

General Requirement: Access to personal exposure records must be made available to employees.

Specific Requirement: Overexposed employees must be notified in writing within 5 days of finding overexposure. They must be informed of the corrective action to be taken.

(1) Medical examinations—(1) General. The employer shall provide or make available at his cost, medical examinations relative to exposure to asbestos required by this paragraph.

(2) Preplacement. The employer shall provide or make available to each of his employees, within 30 calendar days following his first employment in an occupation exposed to airborne concentrations of asbestos fibers, a comprehensive medical examination, which shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicit symptomatology of respiratory disease, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV_{1.0}).

(3) Annual examinations. On or before January 31, 1973, and at least annually thereafter, every employer shall provide, or make available, comprehensive medical examinations to each of his employees engaged in occupations exposed to airborne concentrations of asbestos fibers. Such annual examination shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicit symptomatology of respiratory disease, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV_{1.0}).

(4) Termination of employment. The employer shall provide, or make available, within 30 calendar days before or after the termination of employment of any employee engaged in an occupation exposed to airborne concentrations of asbestos fibers, a comprehensive medical examination which shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicit symptomatology of respiratory disease, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV_{1.0}).

(5) Recent examinations. No medical examination is required of any employee, if adequate records show that the employee has been examined in accordance with this paragraph within the past 1-year period.

(6) Medical records—(i) Maintenance. Employers of employees examined pursuant to this paragraph shall cause to be maintained complete and accurate records of all such medical examinations. Records shall be retained by employers for at least 20 years.

(ii) Access. The contents of the records of the medical examinations required by this paragraph shall be made available, for inspection and copying, to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of NIOSH, to authorized physicians and medical consultants of either of them, and, upon the request of an employee or former employee, to his physician. Any physician who conducts a medical examination required by this paragraph shall furnish to the employer of the examined employee all the information specifically required by this paragraph, and any other medical information related to occupational exposure to asbestos fibers.

General Requirement: Preplacement, annual, & termination of employee medical examinations are required for employees engaged in occupations exposed to measurable concentrations of asbestos fibers. Medical examinations are required if employees are "exposed" airborne asbestos concentrations in excess of 0.1 fibers/cc (TWA) or 0.5 fibers/cc (15-minute sampling period-peak).

General Requirement: There must be provision plans for provisions to medical records for at 20 years.

General Requirement: Records must be made available to OSHA, NIOSH, employees, and their represen

Title 40—Protection of Environment
CHAPTER I—ENVIRONMENTAL
PROTECTION AGENCY
[FRL 431-2]

PART 61—NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS

Amendments to Standards for Asbestos and Mercury

On October 25, 1974 (39 FR 38064), pursuant to section 112 of the Clean Air Act, as amended, the Administrator proposed amendments to national emission standards for the hazardous air pollutants asbestos and mercury. The Administrator also proposed amendments to Appendix B, Test Methods, of this part.

Interested persons representing industry, trade associations, environmental groups, and Federal, State and local governments participated in the rulemaking by sending comments to the Agency. Commentators submitted 40 letters, many with multiple comments. The comments have been considered, and the proposed amendments have been reevaluated. Each comment, some of which were submitted by more than one party, has been separately addressed in writing by the Agency. The Freedom of Information Center, Room 202 West Tower, 401 M Street, SW, Washington, D.C. has copies of the comment letters received and a summary of the issues and Agency responses available for public inspection. In addition, copies of the issue summary and Agency responses may be obtained upon written request from the EPA Public Information Center (PM-215), 401 M Street, S.W., Washington, D.C. 20460 (specify Public Comment Summary—Proposed Amendments to National Emission Standards for Hazardous Air Pollutants—Asbestos and Mercury). Where determined by the Administrator to be appropriate, changes have been made to the proposed amendments, and the revised version of the amendments to the national emission standards for asbestos and mercury is promulgated herein. The principal changes to the proposed amendments and the Agency's responses to the major comments received are summarized below.

Copies of *Background Information on National Emission Standards for Hazardous Air Pollutants—Proposed Amendments to Standards for Asbestos and Mercury* (EPA-450/2-74-009a) which explains the basis for the proposed amendments are available on request from the Emission Standards and Engineering Division, Research Triangle Park, North Carolina 27711, Attention: Mr. Don E. Goodwin.

ASBESTOS

CHANGES TO PROPOSED AMENDMENTS

Manufacturing. The Agency received numerous comments stating that the proposed amendments should apply only to asphalt concrete manufacturing plants that use asbestos. This was the Agency's intent. Section 61.22(c) has been revised by the addition of the wording, "that use commercial asbestos."

Demolition and Renovation. A comment was received during review of the amendments within the Agency that ducts can be insulated with amounts of friable asbestos material similar to those on boilers, tanks, reactors, turbines, furnaces and structural members, and should be covered by the demolition and renovation regulations. Since demolition and renovation operations can involve ducts insulated with appreciable quantities of friable asbestos material, "ducts" has been added to the list of apparatus that are covered by the amendments.

The comment was made that the quantity of friable asbestos material proposed as the minimum amount for establishing renovation operations as major sources of asbestos subject to the proposed amendments was arbitrary, but should also apply to demolition operations. The Agency explained in the preamble to the proposed amendments that this amount of asbestos is typically contained in a four-unit apartment building, which is the maximum size for apartment buildings excluded from the demolition provisions. Therefore, the minimum quantity of friable asbestos material covered by the demolition and renovation provisions is essentially equivalent. The Agency considered applying regulations only to demolition operations in which more than a specified amount of friable asbestos material was involved, prior to promulgation of demolition provisions on April 6, 1973 (38 FR 8820). This approach was rejected primarily because it would complicate enforcement procedures. However, the Agency realizes that certain commercial buildings contain smaller amounts of friable asbestos material than the lower size cutoff limit proposed for renovating operations. On reevaluation, the Agency concluded that the available information justifies changing the proposed amendment to allow exemption of demolition operations involving less than 80 meters of friable asbestos pipe insulation and less than 15 square meters of friable asbestos material used to insulate or fireproof any duct, boiler, tank, reactor, turbine, furnace or structural member. The owner or operator of a demolition operation desiring this exemption must notify the Administrator, at least 20 days prior to beginning demolition, of the measured or estimated amount of friable asbestos material involved in the demolition. This will permit the exception to be implemented without requiring prior inspection of every site by Agency personnel, which would be an excessive enforcement burden. This differs from the reporting requirements of the renovation provisions of the amendments. The nature of renovation operations necessitates a greater familiarity on the part of the operator with the quantities of friable asbestos materials present than for demolition operations. For this reason, the Agency believes that it is not necessary to require reports from all renovation operations in order to ensure effective enforcement of the renovation provisions that apply to only larger renovation operations.

Several comments were received which stated that operating machinery could be damaged by wetting procedures during certain renovation operations. The wetting during renovation of a heated boiler, near sensitive electric equipment, and over operating machinery in an industrial plant were mentioned as specific examples. One comment also stated that portable local exhaust ventilation systems are effective alternatives to wetting. The proposed amendments have been changed to allow the use of local exhaust ventilation systems when damage to equipment from wetting is unavoidable, provided that the system captures the asbestos particulate material produced during the removal of friable asbestos material and discharges no visible emissions from its exhaust. The Administrator will make determinations, upon request, of whether damage to equipment from wetting would be unavoidable.

Several comments were received which stated that the proposed frequency for submitting to the Agency written notices of intention to perform repetitive renovation work at a single facility was excessive. One commentator suggested that definitions for "emergency renovation" and "routine maintenance renovation" be included, and that a yearly filing of intention to renovate should be allowed for each industrial plant. It is evident from the comments received that some plants perform renovation operations very frequently, such as twice a week. The proposed reporting requirements for such plants would be excessive. The proposed amendment has been changed so that these requirements are reduced, and the applicability of the requirement is more clearly defined by adding more detailed language and definitions for "planned renovation" and "emergency renovation" operations. Additionally, the applicability of the amendment has been clarified by specifying how the quantities of asbestos involved in "planned renovation" and "emergency renovation" are to be determined. The basic characteristic that distinguishes the two types of renovation operations is the degree of predictability of their occurrence. The amount of friable asbestos material that will be removed or stripped within a given period of time can be predicted for planned renovation operations, including both scheduled and non-scheduled operations, whereas no such prediction can be made for emergency renovation operations. The given period of time for predicting purposes has been specified to be between 30 days and one year for planned renovation operations involving individually non-scheduled operations. A reporting time shorter than 30 days would require the submission and review of a large number of reports, and predictions over periods longer than one year could give inaccurate predictions of friable asbestos material to be removed. In emergency renovation operations, the amount of friable asbestos material that is subject to the amendment is the total amount of such material.

rial that will be removed or stripped as a result of the individual emergency.

One commentator stated that the proposed amendment covering renovation could be circumvented by the carrying out of small portions, which are individually not subject to the amendment, of a larger operation. Section 61.17 has been added to the General Provisions to explicitly prevent this potential circumvention and to apply in general to circumvention of all standards promulgated under this part.

One commentator stated that a requirement in § 61.22(d)(2)(vi) of the proposed amendments was inconsistent and should be revised. This section required that friable asbestos material removed from buildings greater than 50 feet in height be transported to the ground via dust-tight chutes or containers. The cited inconsistency arises because this requirement applied at all heights, including those less than 50 feet, for a building 50 feet or greater in height, whereas it did not apply to buildings less than 50 feet in height. The requirement has been changed so that it applies only to materials that have been removed or stripped at more than 50 feet above ground level.

Several minor changes have been made in response to comments. Language has been added to allow delivery of notices of intention to renovate or demolish to the Administrator by means other than the U.S. mail. There is a minor clarifying language change between § 61.22(d)(2)(i) of the proposed demolition provisions and the corresponding provision, § 61.22(d)(4)(i), of the regulations promulgated herein. A comment suggested the term "adequately wetted" should be defined and differentiated from "thoroughly wetted," since both terms appeared in the proposed amendments. The use of these terms has been reevaluated, and a definition of "adequately wetted" has been added. The term "thoroughly wetted" has been deleted and the term "adequately wetted" has been used throughout.

The Agency has made a revision in the proposed requirement (§ 61.22(d)(1)) for notification of intention to perform renovation or demolition operations. An additional reporting requirement for the name and location of the waste disposal site where demolition and renovation waste will be deposited has been added to assist in enforcing the waste disposal provisions of the amendments.

Spraying. During review of the amendments within the Agency, a question arose concerning whether the waste generated by operations that use spray-on materials which contain less than one percent of asbestos by weight to insulate or fireproof buildings, structures, pipes and conduits was covered by the asbestos waste disposal amendment (§ 61.22(j)). The spraying provisions do not apply to such operations, though reports of the operations were required by the standard promulgated on April 6, 1973. Therefore, the waste disposal processes associated with these operations are not regulated by the waste disposal amendments.

Based on Agency enforcement experience since promulgation of the standard on April 6, 1973, the required reporting of spraying operations where less than 1 percent asbestos material is used is felt to be unnecessary. Accordingly, the Agency has revised the reporting requirements of paragraph 61.22(e) to apply only to spray-on insulation and fireproofing material that contains more than one percent asbestos by weight.

Waste Disposal. The proposed amendments would have applied directly to all waste disposal sites that accept asbestos waste from any emission source covered under the asbestos standard. The Agency estimated that approximately 2500 disposal sites would be covered. Review of these proposed amendments within the Agency indicated that enforcement would have required a disproportionate commitment of Agency resources. Alternative means of controlling asbestos emissions from waste disposal sites were therefore examined.

The number of acceptable waste disposal sites that meet the criteria in § 61.22(j)(3) of the proposed amendments, which are similar to the criteria for sanitary landfills, has increased significantly within the past several years and the trend is continuing in that direction. This trend is noted in a recent publication ("Waste Age," January 1975). This indicates that acceptable sites (i.e., private and municipal sanitary landfills) which follow practices that reduce asbestos emissions will be available for disposal of asbestos-containing waste. Therefore, it was determined that an effective means of reducing emissions from waste disposal sites without undue enforcement burdens would be to require already-regulated asbestos waste generators to dispose of asbestos-containing wastes at properly operated disposal sites. This is provided for in the amendments herein promulgated.

The Agency's greatest concern is with disposal sites which accept large quantities of asbestos waste. In most cases, companies which generate large quantities of asbestos-containing waste also own and operate their own disposal sites because of convenience and economics. For example, all domestic asbestos mills operate their own tailings disposal sites. The Agency anticipates that these large waste generators will operate their disposal sites in the future in compliance with the proposed § 61.22(l) in order to meet the requirement that they dispose of their waste at a acceptable sites.

Inactive disposal sites may also be major emission sources if they contain large amounts of asbestos waste. It is likely that at inactive sites containing small amounts of asbestos waste the asbestos is covered by non-asbestos waste, and the chance of significant asbestos emissions is small. It was decided to require that those inactive sites which are known to contain large quantities of asbestos comply with the standards specified in section 61.22(1) to reduce asbestos emissions. This category of asbestos waste disposal sites is usually operated by the sources that generate the asbestos-con-

taining wastes, as noted above. Accordingly, the amendments promulgated herein apply to inactive disposal sites that have previously been operated by certain sources covered by the asbestos standard. The owner of such an inactivated site must comply with the amendments regardless of whether or not he generated the waste or operated the disposal site when it was active. This category of sites includes asbestos mill tailings disposal sites, and the large disposal sites at asbestos manufacturing and fabricating plants which have caused concern in the past. The owners or operators of spraying, demolition and renovation operations have not operated disposal sites in the past and are not expected to do so in the future. Due to the nature of such operations, the wastes generated are deposited at waste disposal sites which accept mostly non-asbestos-containing waste. As a result, the asbestos waste is effectively covered, thereby preventing emissions even in open dumps. For these reasons, inactive waste disposal sites that have been used by spraying, renovation and demolition are not regulated.

The amendments promulgated herein will control inactive asbestos waste disposal sites that contain large quantities of asbestos waste. The Agency's enforcement resources will be more effectively utilized since approximately 2000 waste disposal sites will not be directly regulated by the promulgated amendments. This should facilitate enforcement and protection of the public health.

The comment was made that the proposed permanent posting of warning signs at inactive asbestos waste disposal sites would be overly restrictive. The warning signs were intended primarily to warn the general public of the potential hazards that could result from creating dust by such disturbances as walking on exposed asbestos waste. If the disposal site is properly covered over as required by the alternative methods of complying with the proposed amendment for waste disposal sites, such minor disturbances will not generate asbestos emissions. Accordingly, the proposed amendment has been changed, and warning signs are not required if an inactive disposal site applies and properly maintains a covering of compacted non-asbestos-containing material at least 60 centimeters (ca. 2 feet) in depth, or at least 15 centimeters (ca. 6 inches) in depth with a cover of vegetation. The proposed amendment would have also required that active asbestos waste disposal sites post warning signs. The amendments promulgated herein do not apply directly to active disposal sites, and the specified operating practices for acceptable disposal sites do not require the posting of warning signs provided an appropriate cover of at least 15 centimeters (ca. 6 inches) of non-asbestos-containing material is applied to the active portion of the site at the end of each operating day. Comments were received that suggested the Agency should allow the use of existing natural barriers as substitutes for fences that are intended to deter access to some types of asbestos waste disposal sites. The Agen-

cy agrees that certain natural barriers, such as deep ravines and steep cliffs, can be as effective as fences in deterring access. The proposed amendment has been changed to suspend the requirements for fences, and also warning signs, when a natural barrier provides an adequate deterrent to public access. Upon request and supply of appropriate information, the Administrator will determine whether a specific type of fence or a natural barrier adequately deters access to the general public. In response to another comment, the proposed amendment for fencing of asbestos waste disposal sites has been revised to allow fences to be placed either along the property line of an affected source that contains a waste disposal site or along the perimeter of the disposal site itself. Either type of fence provides the necessary deterrent to public access to the disposal site.

Several comments were received on the proposed prohibition of incineration of containers that previously contained commercial asbestos. One commentator stated that the prohibition seemed undesirable because asbestos is thermally degraded at a temperature of 600° C. The Agency considered: (a) the uncertainty that the feed material to an incinerator will be uniformly heated to the combustion chamber temperature, (b) the uncertainty concerning the decomposition temperature of asbestos, and (c) the results of a stack gas test that detected emissions of asbestos from a sintering process in which the temperature attained was well above 600° C, in evaluating the comment. The Agency concluded that the available data do not justify changing the proposed regulation on grounds that the asbestos is thermally degraded in the combustion process. Another comment suggested that incineration should be permitted, provided there are no visible emissions of asbestos particulate matter from the incinerator. Information presented to the Agency after proposal indicated that some small incinerators, such as those operated by asbestos manufacturing plants, can be operated with no visible emissions. The proposed prohibition on incineration of containers that previously held commercial asbestos has been deleted. The provisions of the amendments for the disposal of asbestos-containing waste materials apply in particular to the disposal of containers that previously held commercial asbestos. Therefore, these containers can be incinerated under the amendments, provided the incineration operation does not discharge visible emissions.

Two commentators suggested that the proposed amendments should not require that EPA warning labels be attached to containers of asbestos waste in addition to the warning labels specified in regulations issued by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). The Agency agrees that both labels adequately convey the desired information; therefore, the proposed amendment has been changed to allow the OSHA warning label to be used in place of the EPA warning label.

Several commentators requested that the proposed alternative method of compliance included in the asbestos waste disposal amendments, which specified that the waste be formed into non-friable pellets, be changed to accommodate shapes other than pellets. The precise size and shape of the processed, non-friable waste is not important, and the amendment has been reworded to explicitly permit the forming of asbestos wastes into pellets or any other shapes.

A comment was made during review within the Agency that asbestos-containing wastes subject to the proposed amendment are sometimes used to surface roadways and that this practice should be prohibited. The Agency agrees that the use of asbestos-containing wastes on roadways can cause asbestos emissions similar to those caused by the use of asbestos tailings on roadways, which is prohibited by the asbestos standard. Vehicular traffic on roadways can pulverize asbestos waste and liberate fibers that can become airborne in the wake of moving vehicles and by the wind. The use of asbestos-containing wastes has therefore been prohibited from use on roadways.

The proposed amendment for waste disposal at asbestos mills included a provision requiring no visible emissions to the outside air from the deposition of asbestos ore tailings onto a disposal pile. An alternative method of compliance required that the waste be adequately wetted with a dust suppressant agent prior to deposition. Two commentators stated that an exemption from the wetting requirement of the alternative method is needed when the temperature at the disposal site is below freezing, to prevent freezing of the tailings and permit continued operation of the asbestos mill at such low temperatures. The investigation carried out by the Agency prior to proposal of the amendment indicated that wetting of asbestos tailings is the only presently available method for effectively controlling particulate emissions from the deposition operation. In response to the comments received, the Agency further investigated the cold weather operational problems of disposal systems for wetted asbestos tailings. Discussions were held with operators of three Canadian asbestos mills that frequently operate under cold weather conditions and have installed tailings wetting systems, with a firm that is experienced in designing systems to suppress dust generated by materials conveying operations, and with several non-asbestos mineral mining facilities that operate wetting systems for crushing and conveying operations. The investigation revealed that several Canadian asbestos mills are presently experimenting with wet tailings disposal systems to extend operation to temperatures substantially below freezing. However, the Agency is aware of no such system that has operated in a continuous manner at temperatures below -9.5° C (15° F). Accordingly, the Agency has concluded that wet tailings disposal systems for asbestos mills are not available for disposal site temperatures below -9.5° C (15° F), and the proposed amend-

ment has been changed to provide an exemption for wetting of tailings below this temperature. Only one existing domestic asbestos mill is expected to use the exemption to a significant extent. An examination of hourly temperatures representative of the location of that plant, and extending over a period of one year, showed that hourly temperatures are below 15° F for approximately 7 percent of the time.

Asbestos emissions at asbestos mill tailings disposal piles are contributed by the tailing conveying operation, the deposition operation, and wind entrainment of asbestos-containing particulate from the surface of the disposal pile. The first emission source is subject to previously promulgated regulations (38 FR 8820), and the latter two sources are subject to the amendments promulgated herein. The major sources of asbestos emissions from process gas streams at asbestos mills, namely effluents from crushers, dryers and milling equipment, are also covered by the previously promulgated regulations (38 FR 8820). The amendments promulgated herein, including an exemption from wetting of asbestos tailings at temperatures below -9.5° C (15° F), together with the standards promulgated on April 6, 1973 (38 FR 8820), represent use of the best available technology for control of emissions from asbestos mills. This is consistent with the determination of the Administrator that best available technology should be used to control major sources of asbestos emissions to protect the public health with an ample margin of safety.

The reporting format of Appendix A has been changed by the addition of paragraphs "C" and "D", to accommodate the addition of disposal of asbestos-containing wastes and certain inactive asbestos waste disposal sites to the amendments. The additional information required is essential for determining compliance with the regulations. Appendix A has also been revised into a new computer format which will promote more effective enforcement of the regulations. Section 61.24 has been revised to reflect the additional reporting information requested in Appendix A.

ADDITIONAL COMMENTS

Manufacturing and Fabrication. One comment questioned the need for including asphalt concrete manufacturing plants in the proposed amendments. The rationale for including asphalt concrete plants as major sources of asbestos is discussed in the background information document for the proposed amendments (EPA-450/2-74-009a). Two commentators suggested that the manufacture of asphalt concrete containing less than 3 to 5 percent asbestos in the total mixture should be exempt from the regulations. However, asbestos asphalt concrete typically contains 1 to 2 percent asbestos, and the Agency determined that asbestos asphalt concrete operations using even these low percentages of asbestos are major sources. No data or information were received that would indicate asphalt concrete plants are not

major sources, and the regulations promulgated herein apply to such sources. The Agency received two comments that the individual emission sources within an asbestos asphalt concrete plant which are subject to the proposed amendments should be specified. The Agency feels that revisions are not necessary. Only component operations that may emit asbestos are covered by the provisions; for example, if no asbestos is added to the aggregate dryer, the emissions from the dryer alone are not covered.

The possibility that the enforcement of the amendments promulgated herein for asphalt concrete plants may be in conflict with the enforcement of new source performance standards for asphalt concrete plants was raised by one commentator. It is possible that both the new source performance standard and the national emission standard for asbestos will apply simultaneously to emissions from some operations at some new and modified plants. Where this occurs, the visible emission standard promulgated herein applies to asbestos particulate matter, even though it is more restrictive than the opacity regulation of the new source performance standard. A more stringent standard is justified when asbestos is being processed because of the hazardous nature of asbestos.

Comments were received that the proposed definition of "fabricating" needed to be clarified. The Agency reviewed the definition and determined that changes in the definition are not necessary. Fabricating includes any type of processing, excluding field fabrication, performed on manufactured products that contain commercial asbestos. The Agency acknowledges that some component processes of asbestos fabricating operations could generate visible emissions in such a manner that the visible emissions do not contain asbestos generated by the process, though the commentators did not cite any specific examples. The Agency has observed this type of process in asbestos manufacturing operations. For example, visible emissions of organic materials are sometimes generated during the curing of asbestos friction products in operations where asbestos is bound into a matrix of non-asbestos material but the asbestos is not transferred into the emission stream. Such operations are in compliance with the standard of no visible emissions containing particulate asbestos material.

One commentator stated that some field fabrication operations release significant amounts of asbestos. The Agency's investigation prior to proposal of the amendments showed that there is only limited field fabrication of asbestos products other than insulating products. The fabrication of friable asbestos insulation was determined to be the only major asbestos field fabrication source, and this is regulated by prohibiting the use of such materials after the effective date of the amendments promulgated herein. In the judgment of the Administrator, the comment did not contain sufficient information to justify including other categories of asbestos field fabrication in the amendments. One commenta-

tor recommended that the Agency impose a standard of 0.03 grain per cubic foot for asbestos emissions in addition to the no-visible-emission standard. It is the judgment of the Agency that there are no sufficiently reliable emission measurement techniques to provide a basis for such a numerical standard and the setting of numerical standards should be delayed until accurate asbestos measuring techniques are available.

Demolition and Renovation. Comments were received which suggested that the proposed renovation provisions should not apply to operations carried out within buildings, or to operations regulated by the Occupational Safety and Health Administration (OSHA) for worker exposure to asbestos. The Agency recognizes that there may be less asbestos emissions from stripping of friable asbestos materials within a structure than from stripping in an unenclosed area. However, asbestos from the stripping operation carried out within a building or structure can be discharged into the outside air from building ventilation systems, windows and doors. Further, the disposal of friable asbestos waste materials generated by renovation operations, which includes the transport of waste materials to a disposal site, is an emission source that needs to be controlled regardless of whether the renovation is performed in the outside air or in buildings. In the judgment of the Administrator, the control of such asbestos emissions is necessary and is part of the best available control technology. The OSHA regulations (29 CFR 1910.93a) require that, ". . . insofar as practicable . . ." asbestos material be removed while wetted effectively to prevent emission of asbestos in excess of the specified OSHA exposure limit, but also specifically require that employees shall be provided with respiratory equipment for all spraying, demolition and removal of asbestos materials. The purpose of the OSHA standard, to protect employees' health, can be achieved by the use of respiratory equipment, even in those situations where wetting is not implemented and emissions may produce concentrations in excess of the OSHA exposure limit. The extent to which the resulting concentrations in the outside air are protective of public health is unknown. Accordingly, the proposed renovating provisions do not exempt operations that are controlled by OSHA regulations.

Two commentators stated that the alternative to the wetting requirement in the demolition provisions at sub-freezing temperatures should be allowed at all temperatures. In contrast, another commentator suggested that suspension of the wetting requirements at sub-freezing temperatures should be subject to a permit procedure that would discourage demolition at sub-freezing temperatures. The alternative was proposed because, in the judgment of the Agency, worker safety would be unduly jeopardized by the unsafe footing caused by ice formation from water use under freezing conditions. The proposed alternative is less restrictive on demolition contractors than a second course of action that was

considered, namely the prohibition demolition under freezing conditions. The proposed alternative suspends only portion of the wetting requirements under freezing conditions. Pipes, duct boilers, tanks, reactors, turbines, furnaces and structural members insulated or fireproofed with friable asbestos materials must be removed from the building in sections, to the maximum extent practicable, before wrecking of the building. The stripping of asbestos material from the previously removed sections must be accompanied by wetting at temperatures, and the resulting asbestos waste materials must be wetted at temperatures. These procedures do not jeopardize worker safety. Therefore, the Agency promulgated demolition provisions based on the use of the best available emission control methods at all temperatures, and these methods are different from non-freezing and freezing conditions.

Another comment indicated that sprayed fireproofing was the only type of asbestos material that could cause asbestos emissions to the atmosphere during demolition operations, and that molded insulation is not readily released into the air. The Agency has inspected both types of materials and has found that some types of molded insulating and plaster that contain asbestos are friable. Therefore, buildings containing these materials are covered by the amendments promulgated herein.

Comments were received that the Agency has a responsibility to develop asbestos measurement methods and determine by use of measurement methods whether demolition is a major source of asbestos emissions. The Agency keeps abreast of newly developed measurement techniques in the asbestos industry, and the development of asbestos measurement techniques is currently being funded by the Agency. No new information concerning measurement techniques was received from the comments. The Agency previously made the determination that building demolition is a major source of asbestos emissions, and no new information has been submitted to demonstrate that it is not a major source. Demolition and renovation operations generate short-term exposures of urban populations to asbestos. Since promulgation of the demolition regulations on April 6, 1973, no biological evidence supporting the significance of single short-term exposures to asbestos has been obtained. One-day inhalation exposures in animal experiments have produced an increase in the incidence of mesothelioma. (Wagner, J. C. Berry, G., and Timbrell, V., "The Effect of the Inhalation of Asbestos in Rats *Br. J. Cancer* 29, pp. 252-269, 1974). A copy of this article is available for inspection at the Public Information Referent Center, Room 2404, Waterside Mall, 40 M Street, SW, Washington, D.C. 20460. It can be concluded that human asbestos exposure for periods typically required to perform demolition and renovation operations is hazardous. Therefore, the Agency has not changed its previous determination that building demolition is a major source of asbestos emissions. Another commentator was concerned that

the demolition sources now covered by the asbestos standard as major sources were not defined as major sources by the National Academy of Sciences (NAS) study, which was cited by the Agency as a basis for the demolition regulation. The NAS study did not define categories of asbestos materials other than sprayed fireproofing as major emission sources because data were available at that time on fireproofing only. The Agency had concluded prior to proposing asbestos standards on December 7, 1971 that any friable asbestos material used for insulation or fireproofing has a comparable potential to create asbestos emissions upon demolition or renovation as sprayed fireproofing, and therefore these materials are also covered by the regulations.

Several comments were received stating that the definitions of "friable asbestos material," "asbestos," and "asbestos material" are vague and subjective and remain constitutionally deficient for a regulation enforceable by criminal proceedings. The Agency reevaluated the definitions and concluded that they are sufficiently clear that the owners or operators subject to the amendments can reasonably be expected to understand these terms. Owners or operators should be able to identify covered material and comply with the regulations on the basis of the definitions supplied.

Comments were made suggesting the Agency describe more specifically a proper wetting operation. The purpose of the wetting requirements is to reduce the amount of asbestos dust generated during demolition operations. Many different procedures would accomplish this; therefore, the Agency believes that specifying such procedures is neither necessary nor appropriate. A new definition of "adequately wetted" was added to the regulations promulgated herein. The Agency believes that owners or operators of demolition operations are familiar with proper wetting procedures.

Two comments were made stating that the proposed demolition and renovation amendments are not emission standards and that asbestos emissions must be proved in determining compliance with the regulations. Congress has specified that EPA should set emission standards for hazardous air pollutants. EPA, charged with implementing this requirement, has determined that the term "emission standard" includes work practice requirements designed to limit emissions. The position taken by the Administrator on this issue in the promulgation of the original regulations on asbestos on April 6, 1973 (38-FR 8820) is unchanged here. The demolition and renovation regulations require certain work procedures to be followed. These methods of control are required because of the impossibility at this time of prescribing and enforcing allowable numerical concentrations or mass emission limitations. One difficulty in prescribing a numerical emission standard is the relative inaccuracy of asbestos analytical methods. Dr. Arnold Brown, testifying in a recent court case involving asbestos emissions (*United States et al. v. Reserve*

Mining Co. et al., 498 F.2d 1073, 1079, (8th Cir., 1974)) stated, "It is reasonable to assume an error in the count of fibers in both water and air of at least nine times on the high side to one-ninth on the low side." Further testifying on the same subject, Dr. Brown stated, "... I do not recall having been exposed to a procedure with an error this large, and which people have seriously proposed a number based on this very poor procedure." Moreover, there is no place to measure the total emissions from a demolition or renovation operation. The Agency has determined that violations of the work practices specified in the demolition section will result in emissions of asbestos. Considering these facts, the prescription of work practices is not only a legally permissible form of an emission standard, but also the only practical and reasonable form.

Waste Disposal. A number of commentators questioned the relationship between the proposed no-visible-emissions requirements in the proposed asbestos waste disposal provisions and the alternative methods for complying with the requirement. The following points were included in the comments:

1. Can any of a variety of waste disposal methods be used to meet the no-visible-emissions limit?
2. Various other methods of disposal should be specified as alternatives.
3. The inclusion of a no-visible-emissions requirement in portions of the alternative methods of compliance is a paradox.
4. Various alternatives are either not feasible or are unnecessary for some specific waste disposal operations.

As stated in §§ 61.22 (j) and (k) of the proposed and promulgated amendments, a requirement for affected sources that dispose of asbestos waste is no visible emissions during waste disposal operations. This provides affected sources flexibility in developing and using those disposal techniques most suitable to individual needs. The Agency recognizes that the best available disposal methods for some of the sources may not be capable of preventing visible emissions during a minor portion of some of the disposal operations. Therefore, alternative methods of compliance that represent the best available disposal methods have been included in the regulations. Sources are not required to use these methods; they may use other methods that achieve no visible emissions. However, sources may elect to use one of the specified alternatives. Some of these alternatives result in no visible emissions; others may not. For those alternative methods that may not be capable of preventing visible emissions during all portions of the waste disposal process, a requirement has nevertheless been included that there be no visible emissions from those portions of the process that can achieve this performance level. The listing of a particular method of waste disposal as an alternative method of compliance does not imply that the method is universally applicable or that the use of the method is necessary to achieve no visible emissions.

Some comments questioned whether the proposed amendments would apply to asbestos waste disposal sites that were inactivated prior to the publication of the proposed amendments. Regulations established under section 112 of the Act are applicable to both existing sources and new sources. The amendments cover previously inactivated sites as well as sites that become inactive in the future. However, the proposed amendments have been revised as discussed in "Changes to the Proposed Amendments" so that only owners of sites which have been operated by asbestos mills, manufacturing plants, and fabricating plants subject to the asbestos standard must comply with the asbestos amendments proposed herein for inactive asbestos waste disposal sites.

Several commentators suggested that certain types of asbestos waste disposal sites should be excluded from the proposed amendments, depending upon the rate at which asbestos waste is deposited at the site, the percentage of the total waste that is asbestos, the friability of the asbestos waste, and the extent to which the site is in active operation. These comments were considered, but no changes in the proposed amendments were made as a result of the Agency's reevaluation. It would be extremely difficult to enforce regulations that depend on the rate or asbestos content of waste deposition. Further, the provisions promulgated herein shift the focus of the waste disposal requirements away from the site operator to the generator of the waste. Because of this, the burden of the requirements on a waste disposal site operator who accepts only a very small quantity of asbestos waste, and who the commentators desire to exclude from the regulations, is largely removed.

A comment was made that the proposed amendments could cause considerable hardship to small users of asbestos because some waste disposal sites may no longer accept asbestos wastes. There are an estimated 5,000 waste disposal sites in the U.S. which meet the standards of a sanitary landfill. A properly operated sanitary landfill complies with the soil-covering requirements of the amendments, and therefore will be affected only slightly by handling asbestos wastes. Accordingly, the Agency believes that small manufacturers and users of asbestos will not encounter severe problems in complying with the amendments for waste disposal sites.

Two commentators were concerned that the proposed waste disposal provisions would cause serious problems in contract hauling arrangements; and in the use of private landfills, municipal landfills, and waste disposal sites leased by generators of the asbestos waste. Since the generator of the waste has the direct responsibility for compliance during the transport of waste and for disposing of the waste at a properly operated disposal site, the Agency believes that problems in contract hauling arrangements can be avoided if the generator institutes proper waste handling practices. The Agency also believes that

the deletion in the promulgated amendments of some of the proposed requirements for posting of warning signs will remove many of the potential problems that were of concern. Further changes to the proposed amendments were judged unnecessary because they impose few additional requirements on disposal sites, such as municipal sanitary landfill sites, that are properly operated.

A comment suggested that bags which previously held commercial asbestos should be exempt if the bags have been cleaned sufficiently so that shaking the bags will not generate visible emissions of asbestos particulate matter. Even if such wastes do not produce visible emissions during the subsequent processing, transporting and depositing operations at a waste disposal site, there is a need for ensuring proper ultimate waste disposal because such bags still are likely to contain residual asbestos. The Agency believes that regulations are needed for this purpose and also for the purpose of ensuring that emissions from the cited method of cleaning bags are properly controlled. Accordingly, the disposal of bags that have been cleaned in the manner described has not been exempted from the amendments promulgated herein.

Comments were received which stated that the proposed waste disposal provisions would probably preclude the disposal of waste asbestos cement pipe in commercial landfills. It is the Agency's judgment that commercial landfills which comply with the regulations will be available. Further, the pipe crushing operation that is conventionally carried out during compaction at the disposal site can alternatively be performed and controlled by gas cleaning equipment at a stationary crusher.

MERCURY

CHANGES TO PROPOSED AMENDMENTS

The proposed definition of "sludge dryer" has been revised to indicate more clearly that only sludge drying operations that are directly heated by combustion gases are covered by the amendment. The amendment does not apply to devices that are indirectly heated, such as secondary mercury recovery furnaces.

A comment suggested that daily sludge sampling and analysis should be required to reveal potential variations in mercury content of the sludge. The daily averages of sludge mercury content are not expected to vary significantly, and the Agency believes that the added cost to the owners or operators of such sources for daily sampling and analysis of sludge is not justified. Variations in mercury concentration of sludge can occur over longer periods of time, however, and a requirement has been added that all facilities for which emissions are in excess of 1600 grams per day as determined by the initial compliance test must monitor on a yearly basis with the sludge sampling method. In addition, the Agency has authority to request sludge sampling and analysis, or stack sampling, and will exercise this authority whenever there are indications that a change in mer-

cury concentration of the sludge has occurred, that would significantly increase mercury emissions.

One commentator suggested several revisions to procedures in the proposed sludge testing method, Method 105. The procedures were reevaluated, and the method has been changed where appropriate. The proposed section 3.1.3 of Method 105 specified a 10 percent solution of stannous chloride as an alternative to stannous sulfate. One comment stated that it was inappropriate to require any solution percentage. The Agency agrees, and the requirement has been deleted. Another comment suggested that the required use of mercuric chloride of Bureau of Standards purity to prepare the mercury stock solution is not necessary because the precision of the method does not demand such purity. The Agency agrees with this comment, and the method has been changed to permit the use of reagent grade mercuric chloride. The comment was made that mercuric solutions should not be prepared in plastic containers. The Agency is in general agreement with this and a statement to this effect has been added to Method 105. Section 4.1.1 of the method specifies that the, "... sampling devices, glassware and reagents should be ascertained free of significant amounts of mercury." A major source of mercury contamination occurs when sample solutions and reagents come into contact with mercury-contaminated containers. A comment indicated that a specific quantity should be stated to indicate how much mercury is considered "significant." The Agency believes that the specification of an amount of mercury contamination is inappropriate because such an amount would be very difficult to measure. The mercury contamination of containers can be reduced to an insignificant amount by properly cleaning such containers before use. The proposed paragraph has therefore been changed to specify that sample containers shall be properly cleaned before use by rinsing with nitric acid, followed by rinsing with distilled water. Another comment suggested that the possible interferences with the analysis of mercury in sludge should be delineated and that preventative measures should be given. In response, two references in which such interferences are discussed have been added to Method 105.

ADDITIONAL COMMENTS

The Agency has determined that an ambient air mercury concentration of 1 microgram per cubic meter averaged over a 30-day period will protect the public health with an ample margin of safety. The maximum allowable mercury emission for sludge incineration and drying plants was calculated, by use of meteorological modeling techniques using restrictive dispersion conditions, that would not result in this ambient concentration being exceeded. The resulting maximum allowable emission is 3200 grams of mercury per day. Numerous comments were received that questioned the methodology used to calculate this emission limitation. Several comments

questioned the derivation of the ambient concentration of 1 microgram per cubic meter, 30-day average, and indicated that this level should be lower. The Agency evaluated these comments, but determined that no new information had been presented that had not been previously considered in the derivation of this allowable concentration. Another commentator stated that the restrictive meteorological conditions used for sewage sludge incineration and drying plants do not represent the "worst case" meteorological conditions, and discussed a specific existing facility as an example. The Agency analyzed this comment considering the meteorological conditions and topography at the specific site mentioned in the comment and concluded that, even with a mercury emission of 3200 grams per day, the public will be protected with an ample margin of safety at the cited facility. A copy of the Agency response to this comment is available for inspection at the Public Information Reference Center, Room 2404 Waterside Mall, 401 M St., Wash., D.C. 20460. The Agency knows of no sludge incineration or drying facility where the ambient guideline level of one microgram of mercury per cubic meter, 30-day average, will be exceeded. The following comments stating that the proposed emission limit is too stringent or that additional studies are needed before promulgation were received:

1. The proposed emission limit provides an excessive safety factor for some plant locations.
2. The proposed emission limit should be based on plant size, allowing larger emissions for larger plants.
3. The intent of the proposed amendment seems to be to limit the size of new plants and require disposal of sludge by alternative methods.
4. The regulation seems to be excessively stringent in order to simplify the administration of the standard for multiple sources.
5. There is not enough information to justify promulgating the amendment at this time; the promulgation should be delayed until further studies are made.

In contrast, several comments suggested that the proposed emission limit was too lenient. Since the emission limitation is related to an ambient concentration, it would be inappropriate to allow higher emissions for larger plants. Concerning plant location, it would be impractical to specify a different emission limitation for each present or future plant location which reflected local meteorological conditions. Moreover, section 112 of the Act provides for a national standard, and the Administrator has set this standard at a level which will prevent exceeding the specified safe ambient level at all locations. The Agency determined that there is sufficient information to justify promulgating emission regulations for sludge incinerators and no data or information were presented that would justify changing the mercury emission limit of 3200 grams per day.

A comment was made that the impact of multiple sources of mercury emissions was not addressed in the derivation

of the national emission standard for mercury. While the standard does not include special provisions for multiple sources, it does provide a large safety factor at many sites and this provides a measure of protection against the multiple source problem. The Agency knows of no location where existing multiple sources of mercury will cause the ambient guideline level of one microgram of mercury per cubic meter, 30-day average, to be exceeded. The Agency must approve all new construction or modification of sources regulated by the mercury standard. During the review of such construction or modification, the Agency will assess the impact that the new or modified sources have on the ambient mercury concentration. If the Agency discovers a situation where a source can cause the guideline ambient concentration to be exceeded, the national emission standard will be reevaluated. In addition, local planning agencies have the capability to prevent multiple source pollution problems through proper land use planning. The Agency urges these local agencies to consider the impact of multiple sources on such problems as mercury air pollution when making planning decisions.

Comments were received that questioned whether all sludge incineration and drying plants are major sources of mercury emissions that must demonstrate compliance with the standard. All of these facilities have the potential to emit mercury; the amount of mercury that is emitted depends upon the mercury content of the sludge and the sludge incineration or drying rate. Accordingly, all such facilities must demonstrate compliance with the emission limitation promulgated herein.

A comment was received that the economic impact of the proposed amendments on some large facilities may be large, since there may be few or no alternatives for sludge disposal. The Agency estimates that the largest mercury emission from an existing sludge incinerator or dryer is approximately 500 grams per day, which is approximately one-sixth of the maximum allowable emission. The time period over which sludge generation would increase in excess of six-fold should provide sufficient lead time for planning an economically feasible alternate disposal method, if it is required. The Agency therefore does not foresee a significant economic impact for the near future at any sludge incineration or drying plant.

Several comments stated that other sources such as ore processing plants, mercury compound manufacturing plants, industrial waste incinerators, coal-fired power plants, and rooms painted with mercury-containing paints should be investigated and regulated if necessary. The Agency previously investigated mercury emissions from nonferrous smelting plants, secondary mercury production plants, coal-fired power plants, and solid waste incineration plants, and determined that these sources do not emit mercury in such quantities that they are likely to cause the ambient mercury concentration to

exceed one microgram per cubic meter. The Agency has regulated all sources that may reasonably be expected to cause an ambient mercury concentration of as much as one microgram per cubic meter, 30-day average. However, the Agency will continue a policy of investigating any source of mercury that it has reason to believe has the potential to endanger the public health.

Another comment stated that the Agency should give specific suggestions, or references should be provided, for disposing of mercury-containing sludges on land in a manner that would protect water resources. The Agency's Office of Water and Hazardous Materials is preparing technical publications on various alternatives for the disposal of sludges, and such materials should be available in the near future.

Several comments were made on the mercury collection efficiency of water scrubbers. One commentator suggested that the mercury collection efficiency of individual water scrubbers should be assumed to be zero for purposes of determining compliance, until positively proven otherwise. Another commentator stated that the proposed sludge sampling method should take into account the amount of mercury that would be collected by a scrubber. The Agency has determined that the requirements of the standard are adequate. No credit for mercury removed by water scrubbers is allowed when compliance is determined by sludge sampling and analysis; however, if the mercury stack measurement method is used to determine compliance, only the amount of mercury emitted to the outside air is measured and any mercury collection by the system is taken into account. The Agency has determined that sludge sampling and analysis can be used as an alternative method to determine maximum mercury emissions, because it is sufficiently accurate. The method is also inexpensive when compared to a complete stack test.

The following comments were received which suggested changes to Method 105 for sludge sampling:

1. A 5 percent potassium permanganate solution is difficult to prepare, and a saturated solution should be required.

2. Potassium permanganate should be used to stabilize mercury solutions.

3. Hydroxylamine hydrochloride can be used in place of the uncommon salt sodium chloride-hydroxylamine sulfate to reduce excess potassium permanganate.

Solutions of 5 percent potassium permanganate can be prepared at room temperature. The Agency has no experience in using potassium permanganate to stabilize mercury solutions, and has not used hydroxylamine hydrochloride to reduce excess potassium permanganate. The method has proved to be satisfactory without the use of the suggested reagents. The Agency believes that the suggested changes are not necessary and the method has not been revised to accommodate these suggestions.

ENVIRONMENTAL AND ENERGY IMPACT

Environmental impact statements must accompany national emission

standards for hazardous air pollutants approved for proposal after October 14, 1974. The amendments recommended for promulgation were approved for proposal prior to this date, and an environmental impact statement has not been prepared. The environmental impact of the standards has been assessed, however, and is discussed in the background information document (EPA-450/2-74-009a) for the proposed standards and in the preamble (39 FR 38064) to the proposed standards.

The energy impact resulting from the control of asbestos waste disposal operations at asbestos emission sources and at waste disposal sites is expected to be insignificant since this waste is already collected and deposited at waste disposal sites. Only a relatively small quantity of additional waste material is generated as a result of better control of particulate emissions from manufacturing and fabrication sources covered by the standard. The major energy impact of the amendments is that resulting from the operation of fabric filtration devices at manufacturing and fabrication plants. It is estimated that approximately 170 baghouses of 1000 acfm capacity will be required to comply with the amendments. The operation of these control devices will require the consumption of 2.5 million kilowatt hours per year, which is equivalent to 3900 barrels per year of Number 6 fuel oil at the power generating station. The energy impact resulting from the NESHAP amendment is small and is justified by the increased control of asbestos emissions.

There is no energy impact that results from the regulation of mercury emissions from sludge incinerators and dryers:

Effective upon promulgation.

(Sec. 112 and 114 of the Clean Air Act, as amended (42 U.S.C. 1857c-7 and 9))

Dated: October 3, 1975.

JOHN QUARLES,
Acting Administrator.

Part 61 of Chapter I, Title 40 of the Code of Federal Regulations is amended as follows:

1. The table of sections is amended as follows:

	Subpart A—General Provisions
Sec.	
61.17	Circumvention.
	Subpart B—National Emission Standard for Asbestos
61.25	Waste disposal sites.
	Subpart E—National Emission Standard for Mercury
61.54	Sludge sampling.
61.55	Emission monitoring.
	Appendix E—Test Methods

Method 105—Method for determination of mercury in wastewater treatment plant sewage sludges.

2. The authority citation at the end of the table of sections for Part 61 is revised to read as follows:

AUTHORITY: Secs. 112 and 114 of the Clean Air Act, as amended by sec. 4(a) of Pub. L. 91-504, 84 Stat. 1678 (42 U.S.C. 1857c-7, 1857c-9).

Subpart A—General Provisions

3. Section 61.14 is amended by revising paragraph (c) and adding paragraph (d). The revised and added paragraphs read as follows:

§ 61.14 Source test and analytical methods.

(c) The Administrator may, after notice to the owner or operator, withdraw approval of an alternative method granted under paragraphs (a), (b) or (d) of this section. Where the test results using an alternative method do not adequately indicate whether a source is in compliance with a standard, the Administrator may require the use of the reference method or its equivalent.

(d) Method 105 in Appendix B to this part is hereby approved by the Administrator as an alternative method for sources subject to § 61.52(b).

4. A new § 61.17 is added to subpart A as follows:

§ 61.17 Circumvention.

No owner or operator subject to the provisions of this part shall build, erect, install, or use any article, machine, equipment, process, or method, the use of which conceals an emission which would otherwise constitute a violation of an applicable standard. Such concealment includes, but is not limited to, the use of gaseous dilutants to achieve compliance with a visible emissions standard, and the piecemeal carrying out of an operation to avoid coverage by a standard that applies only to operations larger than a specified size.

Subpart B—National Emission Standard for Asbestos

5. Section 61.21 is amended by revising paragraph (j) and adding paragraphs (k), (l), (m), (n), (o), (p), (q), (r), (s), (t), (u), (v), and (w). The revised and added paragraphs read as follows:

§ 61.21 Definitions.

(j) "Demolition" means the wrecking or taking out of any load-supporting structural member and any related removing or stripping of friable asbestos materials.

(k) "Friable asbestos material" means any material that contains more than 1 percent asbestos by weight and that can be crumbled, pulverized, or reduced to powder, when dry, by hand pressure.

(l) "Control device asbestos waste" means any asbestos-containing waste material that is collected in a pollution control device.

(m) "Renovation" means the removing or stripping of friable asbestos material used to insulate or fireproof any pipe, duct, boiler, tank, reactor, turbine, furnace, or structural member. Opera-

tions in which load-supporting structural members are wrecked or taken out are excluded.

(n) "Planned renovation" means a renovation operation, or a number of such operations, in which the amount of friable asbestos material that will be removed or stripped within a given period of time can be predicted. Operations that are individually non-scheduled are included, provided a number of such operations can be predicted to occur during a given period of time based on operating experience.

(o) "Emergency renovation" means a renovation operation that results from a sudden, unexpected event, and is not a planned renovation. Operations necessitated by non-routine failures of equipment are included.

(p) "Adequately wetted" means sufficiently mixed or coated with water or an aqueous solution to prevent dust emissions.

(q) "Removing" means taking out friable asbestos materials used to insulate or fireproof any pipe, duct, boiler, tank, reactor, turbine, furnace, or structural member from any building, structure, facility, or installation.

(r) "Stripping" means taking off friable asbestos materials used for insulation or fireproofing from any pipe, duct, boiler, tank, reactor, turbine, furnace, or structural member.

(s) "Fabricating" means any processing of a manufactured product containing commercial asbestos, with the exception of processing at temporary sites for the construction or restoration of buildings, structures, facilities or installations.

(t) "Inactive waste disposal site" means any disposal site or portion thereof where additional asbestos-containing waste material will not be deposited and where the surface is not disturbed by vehicular traffic.

(u) "Active waste disposal site" means any disposal site other than an inactive site.

(v) "Roadways" means surfaces on which motor vehicles travel including, but not limited to, highways, roads, streets, parking areas, and driveways.

(w) "Asbestos-containing waste material" means any waste which contains commercial asbestos and is generated by a source subject to the provisions of this subpart, including asbestos mill tailings, control device asbestos waste, friable asbestos waste material, and bags or containers that previously contained commercial asbestos.

6. Section 61.22 is amended by amending paragraphs (c) and (e), revising paragraphs (b), (d), (f), and (g) and adding paragraphs (h), (i), (j), (k), and (l). The revised and added paragraphs read as follows:

§ 61.22 Emission standard.

(b) Roadways: The surfacing of roadways with asbestos tailings or with asbestos-containing waste that is generated by any source subject to paragraphs (c), (d), (e) or (h) of this section is

prohibited, except for temporary roadways on an area of asbestos ore deposits. The deposition of asbestos tailings or asbestos-containing waste on roadways covered with snow or ice is considered "surfacing."

(c) Manufacturing: There shall be no visible emissions to the outside air, except as provided in paragraph (f) of this section, from any of the following operations if they use commercial asbestos or from any building or structure in which such operations are conducted.

(10) The manufacture of shotgun shells.

(11) The manufacture of asphalt concrete.

(d) Demolition and renovation: The requirements of this paragraph shall apply to any owner or operator of a demolition or renovation operation who intends to demolish any institutional, commercial, or industrial building (including apartment buildings having more than four dwelling units), structure, facility, installation, or portion thereof which contains any pipe, duct, boiler, tank, reactor, turbine, furnace, or structural member that is insulated or fireproofed with friable asbestos material, except as provided in paragraph (2) (1) of this section; or who intends to renovate any institutional, commercial or industrial building, structure, facility, installation, or portion thereof where more than 80 meters (ca. 260 feet) of pipe insulated or fireproofed with friable asbestos material are stripped or removed, or more than 15 square meters (ca. 160 square feet) of friable asbestos material used to insulate or fireproof any duct, boiler, tank, reactor, turbine, furnace, or structural member are stripped or removed.

(1) (i) The owner or operator of a demolition operation is exempted from the requirements of this paragraph provided, (1) the amount of friable asbestos material in the building or portion thereof to be demolished is less than 80 meters (ca. 260 feet) used to insulate pipes, and less than 15 square meters (ca. 160 square feet) used to insulate or fireproof any duct, boiler, tank, reactor, turbine, furnace, or structural member, and (2) the notification requirements of paragraph (d) (1) (ii) are met.

(ii) Written notification shall be postmarked or delivered to the Administrator at least 20 days prior to commencement of demolition and shall include the information required by paragraph (2) (2) of this section, with the exception of the information required by paragraphs (d) (2) (iii), (vi), (vii), (viii), and (ix) and shall state the measured or estimated amount of friable asbestos material used for insulation and fireproofing which is present. Techniques of estimation shall be explained.

(2) Written notice of intention to demolish or renovate shall be provided to the Administrator by the owner or operator of the demolition or renovation operation. Such notice shall be postmarked or delivered to the Administrator at least 10 days prior to commencement of demo-

tion, or as early as possible prior to commencement of emergency demolition subject to paragraph (d) (6) of this section, and as early as possible prior to commencement of renovation. Such notice shall include the following information:

- (i) Name of owner or operator.
- (ii) Address of owner or operator.
- (iii) Description of the building, structure, facility, or installation to be demolished or renovated, including the size, age, and prior use of the structure, and the approximate amount of friable asbestos material used for insulation and fireproofing.
- (iv) Address or location of the building, structure, facility, or installation.
- (v) Scheduled starting and completion dates of demolition or renovation.
- (vi) Nature of planned demolition or renovation and method(s) to be employed.

(vii) Procedures to be employed to meet the requirements of this paragraph and paragraph (j) of this section.

(viii) The name and address or location of the waste disposal site where the friable asbestos waste will be deposited.

(ix) Name, title, and authority of the State or local governmental representative who has ordered a demolition which is subject to paragraph (d) (6) of this section.

(3) (i) For purposes of determining whether a planned renovating operation constitutes a renovation within the meaning of this paragraph, the amount of friable asbestos material to be removed or stripped shall be:

(A) For planned renovating operations involving individually non-scheduled operations, the additive amount of friable asbestos material that can be predicted will be removed or stripped at a source over the maximum period of time for which a prediction can be made. The period shall be not less than 30 days and not longer than one year.

(B) For each planned renovating operation not covered by paragraph (d) (3) (i) (A), the total amount of friable asbestos material that can be predicted will be removed or stripped at a source.

(ii) For purposes of determining whether an emergency renovating operation constitutes a renovation within the meaning of this paragraph, the amount of friable asbestos material to be removed or stripped shall be the total amount of friable asbestos material that will be removed or stripped as a result of the sudden, unexpected event that necessitated the renovation.

(4) The following procedures shall be used to prevent emissions of particulate asbestos material to outside air:

(i) Friable asbestos materials, used to insulate or fireproof any pipe, duct, boiler, tank, reactor, turbine, furnace, or structural member, shall be removed from any building, structure, facility, or installation subject to this paragraph. Such removal shall occur before wrecking or dismantling of any portion of such building, structure, facility, or installation that would break up the friable asbestos materials and before

wrecking or dismantling of any other portion of such building, structure, facility, or installation that would preclude access to such materials for subsequent removal. Removal of friable asbestos materials used for insulation or fireproofing of any pipe, duct, or structural member which are encased in concrete or other similar structural material is not required prior to demolition, but such material shall be adequately wetted whenever exposed during demolition.

(ii) Friable asbestos materials used to insulate or fireproof pipes, ducts, boilers, tanks, reactors, turbines, furnaces, or structural members shall be adequately wetted during stripping, except as provided in paragraphs (d) (4) (iv), (d) (4) (vi) or (d) (4) (vii) of this section.

(iii) Pipes, ducts, boilers, tanks, reactors, turbines, furnaces, or structural members that are insulated or fireproofed with friable asbestos materials may be taken out of any building, structure, facility, or installation subject to this paragraph as units or in sections provided the friable asbestos materials exposed during cutting or disjoints are adequately wetted during the cutting or disjoints operation. Such units shall not be dropped or thrown to the ground, but shall be carefully lowered to ground level.

(iv) The stripping of friable asbestos materials used to insulate or fireproof any pipe, duct, boiler, tank, reactor, turbine, furnace, or structural member that has been removed as a unit or in sections as provided in paragraph (d) (4) (iii) of this section shall be performed in accordance with paragraph (d) (4) (ii) of this section. Rather than comply with the wetting requirement, a local exhaust ventilation and collection system may be used to prevent emissions to the outside air. Such local exhaust ventilation systems shall be designed and operated to capture the asbestos particulate matter produced by the stripping of friable asbestos material. There shall be no visible emissions to the outside air from such local exhaust ventilation and collection systems except as provided in paragraph (f) of this section.

(v) All friable asbestos materials that have been removed or stripped shall be adequately wetted to ensure that such materials remain wet during all remaining stages of demolition or renovation and related handling operations. Such materials shall not be dropped or thrown to the ground or a lower floor. Such materials that have been removed or stripped more than 50 feet above ground level, except those materials removed as units or in sections, shall be transported to the ground via dust-tight chutes or containers.

(vi) Except as specified below, the wetting requirements of this paragraph are suspended when the temperature at the point of wetting is below 0°C (32°F). When friable asbestos materials are not wetted due to freezing temperatures, such materials on pipes, ducts, boilers, tanks, reactors, turbines, furnaces, or structural

members shall, to the maximum extent possible, be removed as units or in sections prior to wrecking. In no case shall the requirements of paragraphs (d) (4) (iv) or (d) (4) (v) be suspended due to freezing temperatures.

(vii) For renovation operations, local exhaust ventilation and collection systems may be used, instead of wetting as specified in paragraph (d) (4) (ii), to prevent emissions of particulate asbestos material to outside air when damage to equipment resulting from the wetting would be unavoidable. Upon request and supply of adequate information, the Administrator will determine whether damage to equipment resulting from wetting to comply with the provisions of this paragraph would be unavoidable. Such local exhaust ventilation systems shall be designed and operated to capture the asbestos particulate matter produced by the stripping and removal of friable asbestos material. There shall be no visible emissions to the outside air from such local exhaust ventilation and collection systems, except as provided in paragraph (f) of this section.

(5) Sources subject to this paragraph are exempt from the requirements of §§ 61.05(a), 61.07, and 61.09.

(6) The demolition of a building, structure, facility, or installation, pursuant to an order of an authorized representative of a State or local governmental agency, issued because that building is structurally unsound and in danger of imminent collapse is exempt from all but the following requirements of paragraph (d) of this section:

(i) The notification requirements specified by paragraph (d) (2) of this section;

(ii) The requirements on stripping of friable asbestos materials from previously removed units or sections as specified in paragraph (d) (4) (iv) of this section;

(iii) The wetting, as specified by paragraph (d) (4) (v) of this section, of friable asbestos materials that have been removed or stripped;

(iv) The portion of the structure being demolished that contains friable asbestos materials shall be adequately wetted during the wrecking operation.

(e) (2) Any owner or operator who intends to spray asbestos materials which contain more than 1 percent asbestos on a dry weight basis to insulate or fireproof equipment and machinery shall report such intention to the Administrator at least 20 days prior to the commencement of the spraying operation. Such report shall include the following information:

(f) Rather than meet the no-visible-emission requirements as specified by paragraphs (a), (c), (d), (e), (h), (j), and (k) of this section, an owner or operator may elect to use the methods specified by § 61.23 to clean emissions containing particulate asbestos material before such emissions escape to, or are vented to, the outside air.

(g) Where the presence of uncombined water is the sole reason for failure to meet the no-visible-emission requirement of paragraphs (a), (c), (d), (e)

RULES AND REGULATIONS

(h), (j), or (k) of this section, such failure shall not be a violation of such emission requirements.

(h) Fabricating: There shall be no visible emissions to the outside air, except as provided in paragraph (f) of this section, from any of the following operations if they use commercial asbestos or from any building or structure in which such operations are conducted.

(1) The fabrication of cement building products.

(2) The fabrication of friction products, except those operations that primarily install asbestos friction materials on motor vehicles.

(3) The fabrication of cement or silicate board for ventilation hoods; ovens; electrical panels; laboratory furniture; bulkheads, partitions and ceilings for marine construction; and flow control devices for the molten metal industry.

(i) Insulating: Molded insulating materials which are friable and wet-applied insulating materials which are friable after drying, installed after the effective date of these regulations, shall contain no commercial asbestos. The provisions of this paragraph do not apply to insulating materials which are spray applied; such materials are regulated under § 61.22(e).

(j) Waste disposal for manufacturing, fabricating, demolition, renovation and spraying operations: The owner or operator of any source covered under the provisions of paragraphs (c), (d), (e), or (h) of this section shall meet the following standards:

(1) There shall be no visible emissions to the outside air, except as provided in paragraph (j) (3) of this section, during the collection, processing, including incineration; packaging; transporting; or deposition of any asbestos-containing waste material which is generated by such source.

(2) All asbestos-containing waste material shall be deposited at waste disposal sites which are operated in accordance with the provisions of § 61.25.

(3) Rather than meet the requirement of paragraph (j) (1) of this section, an owner or operator may elect to use either of the disposal methods specified under (j) (3) (i) and (ii) of this section, or an alternative disposal method which has received prior approval by the Administrator:

(i) Treatment of asbestos-containing waste material with water:

(A) Control device asbestos waste shall be thoroughly mixed with water into a slurry and other asbestos-containing waste material shall be adequately wetted. There shall be no visible emissions to the outside air from the collection, mixing and wetting operations, except as provided in paragraph (f) of this section.

(B) After wetting, all asbestos-containing waste material shall be sealed into leak-tight containers while wet, and such containers shall be deposited at waste disposal sites which are operated in accordance with the provisions of § 61.25.

(C) The containers specified under paragraph (j) (3) (i) (B) of this section

shall be labeled with a warning label that states:

CAUTION:

Contains Asbestos
Avoid Opening or Breaking Container
Breathing Asbestos is Hazardous
to Your Health

Alternatively, warning labels specified by Occupational Safety and Health Standards of the Department of Labor, Occupational Safety and Health Administration (OSHA) under 29 CFR 1910.83a(g) (2) (ii) may be used.

(ii) Processing of asbestos-containing waste material into non-friable forms:

(A) All asbestos-containing waste material shall be formed into non-friable pellets or other shapes and deposited at waste disposal sites which are operated in accordance with the provisions of § 61.25.

(B) There shall be no visible emissions to the outside air from the collection and processing of asbestos-containing waste material, except as specified in paragraph (f) of this section.

(4) For the purposes of this paragraph (j), the term all asbestos-containing waste material as applied to demolition and renovation operations covered by paragraph (d) of this section includes only friable asbestos waste and control device asbestos waste.

(k) Waste disposal for asbestos mills: The owner or operator of any source covered under the provisions of paragraph (a) of this section shall meet the following standard:

(1) There shall be no visible emissions to the outside air, except as provided in paragraph (k) (3) of this section, during the collection, processing, packaging, transporting or deposition of any asbestos-containing waste material which is generated by such source.

(2) All asbestos-containing waste material shall be deposited at waste disposal sites which are operated in accordance with the provisions of § 61.25.

(3) Rather than meet the requirement of paragraph (k) (1) of this section, an owner or operator may elect to meet the following requirements in paragraphs (k) (3) (i) and (ii), or use an alternative disposal method which has received prior approval by the Administrator:

(i) There shall be no visible emissions to the outside air from the transfer of control device asbestos waste to the tailings conveyor, except as provided in paragraph (f) of this section. Such waste shall be subsequently processed either as specified in paragraph (k) (3) (ii) of this section or as specified in paragraph (j) (3) of this section.

(ii) All asbestos-containing waste material shall be adequately mixed, with a wetting agent recommended by the manufacturer of the agent to effectively wet dust and tailings, prior to deposition at a waste disposal site. Such agent shall be used as recommended for the particular dust by the manufacturer of the agent. There shall be no discharge of visible emissions to the outside air from the wetting operation except as specified in paragraph (f) of this section. Wetting may be suspended when the ambient

temperature at the waste disposal site is less than -9.5°C (ca. 15°F). The ambient air temperature shall be determined by an appropriate measurement method with an accuracy of ±1°C (±2°F) and recorded at least at hourly intervals during the period that the operation of the wetting system is suspended. Records of such temperature measurements shall be retained at the source for a minimum of two years and made available for inspection by the Administrator.

(1) The owner of any inactive waste disposal site, which was operated by sources covered under § 61.22 (a), (c) or (h) and where asbestos-containing waste material produced by such sources was deposited, shall meet the following standards:

(1) There shall be no visible emission to the outside air from an inactive waste disposal site subject to this paragraph, except as provided in paragraph (1) (5) of this section.

(2) Warning signs shall be displayed at all entrances, and along the property line of the site or along the perimeter of the sections of the site where asbestos-containing waste material was deposited at intervals of 100 m (ca. 330 ft) or less except as specified in paragraph (1) (4) of this section. Signs shall be posted in such a manner and location that a person may easily read the legend. The warning signs required by this paragraph shall conform to the requirements of 20" x 14" upright format signs specified in 29 CFR 1910.145(d) (4) and this paragraph. The signs shall display the following legend in the lower panel, with letter sizes and styles of a visibility at least equal to the specified in this paragraph.

LEGEND

ASBESTOS WASTE DISPOSAL SITE

Do Not Create Dust

Breathing Asbestos is Hazardous to Your Health

Notation

1" Sans Serif, Gothic or Block

3/4" Sans Serif, Gothic or Block

14 Point Gothic

Spacing between lines shall be at least equal to the height of the upper of two lines.

(3) The perimeter of the site shall be fenced in a manner adequate to prevent access by the general public, except as specified in paragraph (1) (4) of this section.

(4) Warning signs and fencing are required where the requirements of paragraphs (1) (5) (i) or (ii) of this section are met, or where a natural barrier adequately defers access by the general public. Upon request and supply of appropriate information, the Administrator will determine whether a natural barrier adequately defers access to the general public.

(5) Rather than meet the requirement of paragraph (1) (1) of this section, an owner may elect to meet the requirements of this paragraph or may use an alternative control method for emissions from inactive waste disposal sites.

has received prior approval by the Administrator.

(i) The asbestos-containing waste material shall be covered with at least 15 centimeters (ca. 6 inches) of compacted non-asbestos-containing material, and a cover of vegetation shall be grown and maintained on the area adequate to prevent exposure of the asbestos-containing waste material; or

(ii) The asbestos-containing waste material shall be covered with at least 60 centimeters (ca. 2 feet) of compacted non-asbestos-containing material and maintained to prevent exposure of the asbestos-containing waste; or

(iii) For inactive waste disposal sites for asbestos tailings, a resinous or petroleum-based dust suppression agent which effectively binds dust and controls wind erosion shall be applied. Such agent shall be used as recommended for the particular asbestos tailings by the dust suppression agent manufacturer. Other equally effective dust suppression agents may be used upon prior approval by the Administrator. For purposes of this paragraph, waste crankcase oil is not considered a dust suppression agent.

7. The first sentence in § 61.23 is revised as follows:

§ 61.23 Air-Cleaning.

If air-cleaning is elected, as permitted by §§ 61.22(f) and 61.22(d) (4) (iv), the requirements of this section must be met.

8. The first sentence in § 61.24 is revised and redesignated as paragraph (e) and new paragraphs (c) and (d) are added as follows:

§ 61.24 Reporting.

(c) For sources subject to §§ 61.22(j) and 61.22(k):

(1) A brief description of each process that generates asbestos-containing waste material.

(2) The average weight of asbestos-containing waste material disposed of, measured in kg/day.

(3) The emission control methods used in all stages of waste disposal.

(4) The type of disposal site or incineration site used for ultimate disposal, the name of the site operator, and the name and location of the disposal site.

(d) For sources subject to § 61.22(l):

(1) A brief description of the site.

(2) The method or methods used to comply with the standard, or alternative procedures to be used.

(e) Such information shall accompany the information required by § 61.10. The information described in this section shall be reported using the format of Appendix A of this part.

9. A new section 61.25 is added to subpart B as follows:

§ 61.25 Waste disposal sites.

In order to be an acceptable site for disposal of asbestos-containing waste material under § 61.22 (j) and (k), an active waste disposal site shall meet the requirements of this section.

(a) There shall be no visible emissions to the outside air from any active waste

disposal site where asbestos-containing waste material has been deposited, except as provided in paragraph (e) of this section.

(b) Warning signs shall be displayed at all entrances, and along the property line of the site or along the perimeter of the sections of the site where asbestos-containing waste material is deposited, at intervals of 100 m (ca. 330 ft) or less except as specified in paragraph (d) of this section. Signs shall be posted in such a manner and location that a person may easily read the legend. The warning signs required by this paragraph shall conform to the requirements of 20" x 14" upright format signs specified in 29 CFR 1910.145(d) (4) and this paragraph. The signs shall display the following legend in the lower panel, with letter sizes and styles of a visibility at least equal to those specified in this paragraph.

LEGEND

ASBESTOS WASTE DISPOSAL SITE

Do Not Create Dust

Breathing Asbestos
is Hazardous to Your Health

Notation

1" Sans Serif, Gothic or Block

½" Sans Serif, Gothic or Block

14 Point Gothic

Spacing between lines shall be at least equal to the height of the upper of the two lines.

(c) The perimeter of the disposal site shall be fenced in order to adequately deter access to the general public except as specified in paragraph (d) of this section.

(d) Warning signs and fencing are not required where the requirements of paragraph (e) (1) of this section are met, or where a natural barrier adequately deters access to the general public. Upon request and supply of appropriate information, the Administrator will determine whether a fence or a natural barrier adequately deters access to the general public.

(e) Rather than meet the requirement of paragraph (a) of this section, an owner or operator may elect to meet the requirements of paragraph (e) (1) or (e) (2) of this section, or may use an alternative control method for emissions from active waste disposal sites which has received prior approval by the Administrator.

(1) At the end of each operating day, or at least once every 24-hour period while the site is in continuous operation, the asbestos-containing waste material which was deposited at the site during the operating day or previous 24-hour period shall be covered with at least 15 centimeters (ca. 6 inches) of compacted non-asbestos-containing material.

(2) At the end of each operating day, or at least once every 24-hour period while the disposal site is in continuous operation, the asbestos-containing waste material which was deposited at the site during the operating day or previous 24-hour period shall be covered with a resinous or petroleum-based dust suppression agent which effectively binds dust

and controls wind erosion. Such agent shall be used as recommended for the particular dust by the dust suppression agent manufacturer. Other equally effective dust suppression agents may be used upon prior approval by the Administrator. For purposes of this paragraph, waste crankcase oil is not considered a dust suppression agent.

Subpart E—National Emission Standard for Mercury

10. Section 61.50 is revised to read as follows:

§ 61.50 Applicability.

The provisions of this subpart are applicable to those stationary sources which process mercury ore to recover mercury, use mercury chlor-alkali cells to produce chlorine gas and alkali metal hydroxide, and incinerate, or dry wastewater treatment plant sludge.

11. Section 61.51 is amended by adding paragraphs (l) and (m) as follows:

§ 61.51 Definitions.

(l) "Sludge" means sludge produced by a treatment plant that processes municipal or industrial waste waters.

(m) "Sludge dryer" means a device used to reduce the moisture content of sludge by heating to temperatures above 65°C (ca. 150°F) directly with combustion gases.

12. Section 61.52 is revised to read as follows:

§ 61.52 Emission standard.

(a) Emissions to the atmosphere from mercury ore processing facilities and mercury cell chlor-alkali plants shall not exceed 2300 grams of mercury per 24-hour period.

(b) Emissions to the atmosphere from sludge incineration plants, sludge drying plants, or a combination of these that process wastewater treatment plant sludges shall not exceed 3200 grams of mercury per 24-hour period.

13. Section 61.53 is amended by adding paragraph (d) as follows:

§ 61.53 Stack sampling.

(d) Sludge incineration and drying plants.

(1) Unless a waiver of emission testing is obtained under § 61.13, each owner or operator of a source subject to the standard in § 61.52(b) shall test emissions from that source. Such tests shall be conducted in accordance with the procedures set forth either in paragraph (d) of this section or in § 61.54.

(2) Method 101 in Appendix B to this part shall be used to test emissions as follows:

(i) The test shall be performed within 90 days of the effective date of these regulations in the case of an existing source or a new source which has a initial startup date preceding the effective date.

(ii) The test shall be performed within 90 days of startup in the case of a new source which did not have an initial startup date preceding the effective date.

(3) The Administrator shall be notified at least 30 days prior to an emission test, so that he may at his option observe the test.

(4) Samples shall be taken over such a period or periods as are necessary to determine accurately the maximum emissions which will occur in a 24-hour period. No changes shall be made in the operation which would potentially increase emissions above the level determined by the most recent stack test, until the new emission level has been estimated by calculation and the results reported to the Administrator.

(5) All samples shall be analyzed, and mercury emissions shall be determined within 30 days after the stack test. Each determination shall be reported to the Administrator by a registered letter dispatched before the close of the next business day following such determination.

(6) Records of emission test results and other data needed to determine total emissions shall be retained at the source and shall be made available, for inspection by the Administrator, for a minimum of 2 years.

14. Sections 61.54 and 61.55 are added as follows:

§ 61.54 Sludge sampling.

(a) As an alternative means for demonstrating compliance with § 61.52 (b), an owner or operator may use Method 105 of Appendix B and the procedures specified in this section.

(1) A sludge test shall be conducted within 90 days of the effective date of these regulations in the case of an existing source or a new source which has an initial startup date preceding the effective date; or

(2) A sludge test shall be conducted within 90 days of startup in the case of a new source which did not have an initial startup date preceding the effective date.

(b) The Administrator shall be notified at least 30 days prior to a sludge sampling test, so that he may at his option observe the test.

(c) Sludge shall be sampled according to paragraph (c)(1) of this section, sludge charging rate for the plant shall be determined according to paragraph (c)(2) of this section, and the sludge analysis shall be performed according to paragraph (c)(3) of this section.

(1) The sludge shall be sampled after dewatering and before incineration or drying, at a location that provides a representative sample of the sludge that is charged to the incinerator or dryer. Eight consecutive grab samples shall be obtained at intervals of between 45 and 60 minutes and thoroughly mixed into one sample. Each of the eight grab samples shall have a volume of at least 200 ml but not more than 400 ml. A total of three composite samples shall be obtained within an operating period of 24 hours. When the 24-hour operating period is not continuous, the total sampling period shall not exceed 72 hours after the first grab sample is obtained. Samples shall not be exposed to any condition that may result in mercury contamination or loss.

(2) The maximum 24-hour period sludge incineration or drying rate shall be determined by use of a flow rate measurement device that can measure the mass rate of sludge charged to the incinerator or dryer with an accuracy of ±5 percent over its operating range. Other methods of measuring sludge mass charging rates may be used if they have received prior approval by the Administrator.

(3) The handling, preparation, and analysis of sludge samples shall be accomplished according to Method 105 in Appendix B of this part.

(d) The mercury emissions shall be determined by use of the following equation:

$$E_{Hg} = 1 \times 10^{-3} cQ$$

where

E_{Hg} = Mercury emissions, g/day.

c = Mercury concentration of sludge on a dry solids basis, µg/g (ppm).

Q = Sludge charging rate, kg/day.

(e) No changes in the operation of a plant shall be made after a sludge test has been conducted which would potentially increase emissions above the level determined by the most recent sludge test, until the new emission level has been estimated by calculation and the results reported to the Administrator.

(f) All sludge samples shall be analyzed for mercury content within 30 days after the sludge sample is collected. Each determination shall be reported to the Administrator by a registered letter dispatched before the close of the next business day following such determination.

(g) Records of sludge sampling, charging rate determination and other data needed to determine mercury content of wastewater treatment plant sludges shall be retained at the source and made available, for inspection by the Administrator, for a minimum of 2 years.

§ 61.55 Emission monitoring.

(a) Wastewater treatment plant sludge incineration and drying plants. All such sources for which mercury emissions exceed 1600 g/day, demonstrated either by stack sampling according to § 61.53 or sludge sampling according to § 61.54, shall monitor mercury emissions at intervals of at least once per year by use of Method 105 of Appendix B, or the procedures specified in § 61.54(c) and (d). The results of monitoring shall be reported and retained according to § 61.53(d) (5) and (6), or § 61.54(f) and (g).

15. Appendix A is revised to a new reporting format, and sections (I) (C) and (I) (D) are added as follows:

APPENDIX A

National Emission Standards for Hazardous Air Pollutants

Compliance Status Information

I. SOURCE REPORT

INSTRUCTIONS: Owners or operators of sources of hazardous pollutants subject to the National Emission Standards for Hazardous Air Pollutants are required to submit the information contained in Section I to the appropriate U.S. Environmental Protection Agency Regional Office prior to 90 days after the effective date of any standards or amendments which require the submission of such information.

A list of regional offices is provided in § 61.04.

A. SOURCE INFORMATION

1. Identification/Location - Indicate the name and address of each source.

1	2	3	4	5	8	9	13	0 0 0	0 0	1		
Region		State		County		Source Number		14	16	17	18	19
20	22	23	26	27		Source Name		46				
						47	Street Address (Location of Plant)				66	70
Dup 1-18		19		20		City Name		34		State	35	39
				40		State Regis. Number		54		55		59
				40		NEDS X Ref.						
				59	62	SIC	64	65	6	77	79	80
				62	64	FF		65	A/P	Staff		
Dup 1-18		5		CS		STP		EE				80
		19		30		31		49				

2. Contact - Indicate the name and telephone number of the owner or operator or other responsible official whom EPA may contact concerning this report.

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Dup 1-18 ^{4 1} 19 20 21 _____ Name _____ 43

44 ⁴⁶
Area Code 47 Number 54 80

3. Source Description - Briefly state the nature of the source (e.g., "Chlor-alkali Plant" or "Machine Shop").

Dup 1-18 ^{4 2} 19 20 21 _____ Description _____ 50

51 _____ Continued _____ 79 80

4. Alternative Mailing Address - Indicate an alternative mailing address if correspondence is to be directed to a location different than that specified above.

Dup 1-18 ^{4 3} 19 20 21 _____ Number Street or Box Number _____ 45 80

Dup 1-18 ^{4 4} 19 20 21 _____ City _____ 35 _____ 37 38 State 41 Zip 44 80

5. Compliance Status - The emissions from this source _____ can _____ cannot meet the emission limitations contained in the National Emission Standards on or prior to 90 days after the effective date of any standards or amendments which require the submission of such information.

Signature of Owner, Operator or Other Responsible Official

NOTE: If the emissions from the source will exceed those limits set by the National Emission Standards for Hazardous Air Pollutants, the source will be in violation and subject to Federal enforcement actions unless granted a waiver of compliance by the Administrator of the U.S. Environmental Protection Agency. The information needed for such waivers is listed in Section II of this form.

- B. PROCESS INFORMATION. Part B should be completed separately for each point of emission for each hazardous pollutant. [Sources subject to 61.22(1) may omit number 4. below.]

Dup 1-13 14 16 ^{0 0 5} 17 18 19 20 _____ SCC _____ 27 28 29 30 31
HEDS X Ref LS SIP

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1. **Pollutant Emitted** - Indicate the type of hazardous pollutant emitted by the process. Indicate "AB" for asbestos, "BE" for beryllium, or "HG" for mercury.

32	33	34	Regulation	43	49
POLLUTANT					EC

2. **Process Description** - Provide a brief description of each process (e.g., "hydrogen end box" in a mercury chlor-alkali plant, "grinding machine" in a beryllium machine shop). Use additional sheets if necessary.

50	Process Description	74	80
Dup 1-18	6 1	19 20 21	50
51		79	80
Dup 1-18	6 2	19 20 21	50
51		79	80

3. **Amount of Pollutant** - Indicate the average weight of the hazardous material named in Item 1 which enters the process in pounds per month (based on the previous twelve months of operation).

Dup 1-18	6 3	19 20 21	27	29	lbs./mo.	36	80
----------	-----	----------	----	----	----------	----	----

4. **Control Devices**

a. Indicate the type of pollution control devices, if any, used to reduce the emissions from the process (e.g., venturi scrubber, baghouse, wet cyclone) and the estimated percent of the pollutant which the device removes from the process gas stream.

Dup 1-18	6 4	19 20 21	PRIMARY CONTROL DEVICE:	43
----------	-----	----------	-------------------------	----

45	Primary Device Name	64	66	70	Percent Removal Efficiency	72	79
----	---------------------	----	----	----	----------------------------	----	----

80

Dup 1-18	6 5	SECONDARY CONTROL DEVICES:			45
	19 20	21			

47	Secondary Device Name	64	66	70	% EFFIC.	72	79	80
			Percent Removal	Efficiency				

b. Asbestos Emission Control Devices Only

i. If a baghouse is specified in Item 4a, give the following information:

The air flow permeability in cubic feet per minute per square foot of fabric area.

Air flow permeability = _____ cfm/ft²

The pressure drop in inches water gauge across the filter at which the baghouse is operated.

Operating pressure drop = _____ inches w.g.

If the baghouse material contains synthetic fill yarn, check whether this material is / / spun / / or not spun.

If the baghouse utilizes a felted fabric, give the minimum thickness in inches and the density in ounces per square yard.

Thickness = _____ inches Density = _____ oz/yd²

ii. If a wet collection device is specified in Item 4a, give the designed unit contacting energy in inches water gauge.

Unit contacting energy = _____ inches w.g.

C. DISPOSAL OF ASBESTOS-CONTAINING WASTES. Part C should be completed separately for each asbestos-containing waste generation operation arising from sources subject to §61.22(a), (c), (e), and (h).

Dup 1-13	14	16	0 0	17	18	5	19	20	SCC	27	28	29	30	31
											NEDS X Ref		CS	SIP
A B	32	33	34	Regulation			48	49	EC					
Pollutant														

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Dup 1-18 6 6 OPERATOR: 21 29 31 80

51 79 80

Dup 1-18 6 7 LOCATION: 21 29

31 70

71 79 80

D. WASTE DISPOSAL SITES. Part D should be completed separately for each asbestos waste disposal site subject to section 61.22(1).

Dup 1-13 14 16 17 18 19 20 SCC 27 28 29 30 31
MEDS X Ref CS SIP

A B
32 33 Regulation 48 49
Pollutant EC

WASTE DISPOSAL SITE 68 80

1. Description - Provide a brief description of the site, including its size and configuration, and the distance to the closest city or town, closest residence, and closest primary road.

Dup 1-18 6 1 SITE DESCRIPTION 37 39 60

51 79 80

Dup 1-18 6 2 DISTANCE: 29 30 TOWN: 34 36 40 42 43
K M

RESIDENCE: 54 56 60 62 63 K M ROAD: 65 69 71 75

K M 77 78 80

RULES AND REGULATIONS

- 1. Waste Generation - Provide a brief description of each process that generates asbestos-containing waste (e.g. disposal of control device wastes).

50 _____ Process Description _____ 79 80

- 2. Asbestos Concentration - Indicate the average percentage asbestos content of these materials.

Dup 1-18 6 1 _____ ASBESTOS CONCENTRATION: _____ 43 45 48
 19 20 21

% 50 80

- 3. Amount of Wastes - Indicate the average weight of asbestos-containing wastes disposed of, measured in kg/day.

Dup 1-18 6 2 _____ kg/day _____ 34 80
 19 20 21 27 29

- 4. Control Methods - Indicate the emission control methods used in all stages of waste disposal, from collection, processing, and packaging to transporting and deposition.

Dup 1-18 6 3 _____ Primary Control Method _____ 43
 19 20 21

45 _____ 79 80

Dup 1-18 6 4 _____ 50
 19 20 21

51 _____ 79 80

- 5. Waste Disposal - Indicate the type of disposal site (sanitary landfill, open, covered) or incineration site (municipal, private) where the waste is disposed of and who operates the site (company, private, municipal). State the name and location of the site (closest city or town, county, state).

Dup 1-18 6 5 _____ TYPE OF SITE: _____ 33 35 50
 19 20 21

51 _____ 79 80

2. Inactivation - After the site is inactivated, indicate the method or methods used to comply with the standard and send a list of the actions that will be undertaken to maintain the inactivated site.

Dup 1-18	6 8		COMPLIANCE		52
	19	20	METHOD/INACTIVE SITE:		
54		79		80	

II. WAIIVER REQUESTS

- A. WAIIVER OF COMPLIANCE. Owners or operators of sources unable to operate in compliance with the National Emission Standards for Hazardous Air Pollutants prior to 90 days after the effective date of any standards or amendments which require the submission of such information may request a waiver of compliance from the Administrator of the U.S. Environmental Protection Agency for the time period necessary to install appropriate control devices or make modifications to achieve compliance. The Administrator may grant a waiver of compliance with the standard for a period not exceeding two years from the effective date of the hazardous pollutant standards, if he finds that such period is necessary for the installation of controls and that steps will be taken during the period of the waiver to assure that the health of persons will be protected from imminent endangerment.

The report information provided in Section I must accompany this application. Applications should be sent to the appropriate EPA regional office.

1. Processes Involved - Indicate the process or processes emitting hazardous pollutants to which emission controls are to be applied.
2. Controls
 - a. Describe the proposed type of control device to be added or modification to be made to the process to reduce the emissions of hazardous pollutants to an acceptable level; (Use additional sheets if necessary.)
 - b. Describe the measures that will be taken during the waiver period to assure that the health of persons will be protected from imminent endangerment. (Use additional sheets if necessary.)
3. Increments of Progress - Specify the dates by which the following increments of progress will be met.
 - Date by which contracts for emission control systems or process modifications will be awarded; or date by which orders will be issued for the purchase of the component parts to accomplish emission control or process modification.

Dup 1-16 $\frac{017}{17 \quad 19 \quad 53 \quad 54 \quad 55 \quad \dots \quad 60 \quad 61}$ MO/DY/YR 66 80

- Date of initiation of on-site construction or installation of emission control equipment or process change.

Dup 1-16 $\frac{027}{17 \quad 19 \quad 53 \quad 54 \quad 55 \quad \dots \quad 60 \quad 61}$ MO/DY/YR 66 80

- Date by which on-site construction or installation of emission control equipment or process modification is to be completed.

Dup 1-16 $\frac{037}{17 \quad 19 \quad 53 \quad 54 \quad 55 \quad \dots \quad 60 \quad 61}$ MO/DY/YR 66 80

- Date by which final compliance is to be achieved.

Dup 1-16 $\frac{047}{17 \quad 19 \quad 53 \quad 54 \quad 55 \quad \dots \quad 60 \quad 61}$ MO/DY/YR 66 80

- B. **WAIVER OF EMISSION TESTS.** A waiver of emission testing may be granted to owners or operators of sources of beryllium or mercury pollutants if, in the judgment of the Administrator of the Environmental Protection Agency, the emissions from the source comply with the appropriate standard or if the owners or operators of the source have requested a waiver of compliance or have been granted a waiver of compliance.

This application should accompany the report information provided in Section I.

- Reason** - State the reasons for requesting a waiver of emission testing. If the reason stated is that the emissions from the source are within the prescribed limits, documentation of this condition must be attached.

Date

Signature of the Owner or operator

APPENDIX E—TEST METHODS

16. Method 105 is added to Appendix E as follows:

METHOD 105. METHOD FOR DETERMINATION OF MERCURY IN WASTEWATER TREATMENT PLANT SEWAGE SLUDGES

1. **Principle and applicability.** 1.1 Principle—A weighed portion of the sewage sludge sample is digested in aqua regia for 2 minutes at 85°C, followed by oxidation with potassium permanganate. Mercury in the digested sample is then measured by the conventional spectrophotometer cold vapor technique. An alternative digestion involving the use of an autoclave is described in paragraph 4.5.2 of this method.

1.2 Applicability—This method is applicable for the determination of total organic and inorganic mercury content in sewage sludges, soils, sediments, and bottom-type materials. The normal range of this method is 0.2 to 5 µg/g. The range may be extended above or below the normal range by increasing or decreasing sample size and through instrument and recorder control.

2. **Apparatus.** 2.1 Analysis—The conventional cold vapor technique(5) is used to analyze the sample.

2.1.1 Atomic Absorption Spectrophotometer—Any atomic absorption unit having an open sample presentation area in which to mount the absorption cell is suitable. Instrument settings recommended by the particular manufacturer should be followed.

¹ Instruments designed specifically for the measurement of mercury using the cold vapor technique are commercially available and may be substituted for the atomic absorption spectrophotometer.

2.1.2 Mercury Hollow Cathode Lamp—Westinghouse WL-22847, argon filled, or equivalent.

2.1.3 Recorder—Any multirange, variable-speed recorder that is compatible with the UV detection system is suitable.

2.1.4 Absorption Cell—Standard spectrophotometer cells 10 cm long, having quartz end windows may be used. Suitable cells may be constructed from plexiglass tubing, 2.5 cm O.D. x 11.4 cm (ca. 1" O.D. x 4 1/4"). The ends are ground perpendicular to the longitudinal axis, and quartz windows [2.5 cm diameter x 0.16 cm thickness (ca. 1" diameter x 1/16" thickness)] are cemented in place. Gas inlet and outlet ports [also of plexiglass but 0.6 cm O.D. (ca. 1/4" O.D.)] are attached approximately 1.8 cm (1/2") from each end. The cell is strapped to a burner for support and aligned in the light beam to give the maximum transmittance. NOTE: Two 5.1 cm x 5.1 cm (ca. 2" x 2") cards with 2.5 cm (ca. 1") diameter holes may be placed over each end of the cell to assist in positioning the cell for maximum transmittance.

2.1.5 Air Pump—Any peristaltic pump capable of delivering 1 liter of air per minute may be used. A Masterflex pump with electronic speed control has been found to be satisfactory. (Regulated compressed air can be used in an open one-pass system.)

2.1.6 Flowmeter—Capable of measuring an air flow of 1 liter per minute.

2.1.7 Aeration Tubing—Tygon tubing is used for passage of the mercury vapor from the sample bottle to the absorption cell and return. Straight glass tubing terminating in a coarse porous frit is used for sparging air into the sample.

2.1.8 Drying Tube—15 cm long x 1.0 cm diameter (ca. 6" long x 3/4" diameter) tube containing 20 grams of the desiccant magnesium perchlorate. The apparatus is assem-

bled as shown in Figure 105-1. In place of the magnesium perchlorate drying tube, a small reading lamp with 60W bulb may be used to prevent condensation of moisture inside the cell. The lamp is positioned so as not to interfere with the measurement and to shine on the absorption cell maintaining the air temperature about 5°C above ambient.

3. Reagents. 3.1 Analysis.

3.1.1 Aqua Regia—Prepare immediately before use by carefully adding three volumes of concentrated HCl to one volume of concentrated HNO₃.

3.1.2 Sulfuric Acid, 0.5N—Dilute 14.0 ml of concentrated sulfuric acid to 1.0 liter.

3.1.3 Stannous Sulfate—Add 25 g stannous sulfate to 250 ml of 0.5N sulfuric acid. This mixture is a suspension and should be stirred continuously during use. Stannous chloride may be used in place of the stannous sulfate.

3.1.4 Sodium Chloride—Hydroxylamine Sulfate Solution—Dissolve 12 grams of sodium chloride and 12 grams of hydroxylamine sulfate in distilled water and dilute to 100 ml. Hydroxylamine hydrochloride may be used in place of the hydroxylamine sulfate.

3.1.5 Potassium Permanganate—5% solution, w/v. Dissolve 5 grams of potassium permanganate in 100 ml of distilled water.

3.1.6 Stock Mercury Solution—Dissolve 0.1354 grams of reagent grade mercuric chloride (Assay >95%) in 75 ml of distilled water. Add 10 ml of concentrated nitric acid, and adjust the volume to 100.0 ml. 1 ml = 1 mg Hg.

3.1.7 Working Mercury Solution—Make successive dilutions of the stock mercury solution to obtain a working standard containing 0.1 µg per ml. This working standard and the dilutions of the stock mercury solution should be prepared fresh daily. Acidify of the working standard should be maintained at 0.15% nitric acid. This acid should be added to the flask as needed before the addition of the aliquot. Mercuric solutions should not be prepared in plastic containers.

4. **Procedures.** Samples for mercury analysis are subject to contamination from a variety of sources. Extreme care must be taken to prevent contamination. Certain interferences may occur during the analysis procedures. Extreme caution must be taken to avoid inhalation of mercury.

4.1 Sample Handling and Preservation.

4.1.1 Because of the extreme sensitivity of the analytical procedure and the omnipresence of mercury, care must be taken to avoid extraneous contamination. Sampling devices, sample containers, and reagents should be ascertained to be free of significant amounts of mercury; the sample should not be exposed to any condition in the laboratory that may result in contact or airborne mercury contamination. Sample containers to be used for collection and shipment of mercury samples should be properly cleaned before use. These should be rinsed with at least 20% v/v HNO₃, followed by distilled water.

4.1.2 While the sample may be analyzed without drying, it has been found to be more convenient to analyze a dry sample. Moisture may be driven off in a drying oven at a temperature of 60°C. No significant mercury losses have been observed by using this drying step. The dry sample should be pulverized and thoroughly mixed before the aliquot is weighed.

4.2 Interferences.

4.2.1 Interferences that may occur in sludge samples are sulfides, high copper, high chlorides, etc. A discussion of possible interferences and suggested preventative measures to be taken is given in Reference (8) (7).

4.2.2 Volatile materials which absorb at the 253.7 nm will cause a positive interfer-

RULES AND REGULATIONS

nce. In order to remove any interfering volatile materials, the dead air space in the BOD bottle should be purged with nitrogen before the addition of stannous sulfate.

4.3 Handling Sample Mercury Vapors After Analysis.

4.3.1 Because of the toxic nature of mercury vapor, precaution must be taken to avoid its inhalation. Therefore, a bypass should be included in the analysis system to either vent the mercury vapor into an exhaust hood or pass the vapor through some absorbing media, such as:

- (a) equal volumes of 0.1N KMNO₄ and 10% H₂SO₄;
- (b) 0.25% iodine in a 3% KI solution.

A specially treated charcoal that will absorb mercury vapor is also available from Barney and Cheney, E. 8th Ave. and North Cassidy St., Columbus, Ohio 43219, Catalog No. 580-13 or No. 580-22.*

4.4 Calibration.

4.4.1 Transfer 0, 0.5, 1.0, 2.0, 5.0 and 10 ml aliquots of the working mercury solution containing 0 to 1.0 µg of mercury to a series of 300-ml BOD bottles. Add enough distilled water to each bottle to make a total volume of 10 ml. Add 5 ml of aqua regia and heat 2 minutes in a water bath at 95°C. Allow the sample to cool and add 50 ml distilled water and 15 ml of KMnO₄ solution to each bottle and return to the water bath for 30 minutes. Cool and add 6 ml of sodium chloride-hydroxylamine sulfate solution to reduce the excess permanganate. Add 50 ml of distilled water. Treating each bottle individually, add 5 ml of stannous sulfate solution and immediately attach the bottle to the aeration apparatus. At this point, the sample is allowed to stand quietly without manual agitation. The circulating pump, which has previously been adjusted to a rate of 1 liter per minute, is allowed to run continuously.

*Mention of trade names or specific products does not constitute endorsement by the Environmental Protection Agency.

The absorbance, as exhibited either on the spectrophotometer or the recorder, will increase and reach maximum within 30 seconds. As soon as the recorder pen levels off, approximately 1 minute, open the bypass valve and continue the aeration until the absorbance returns to its minimum value. Close the bypass valve, remove the fritted tubing from the BOD bottle and continue the aeration. Proceed with the standards and construct a standard curve by plotting peak height versus micrograms of mercury.

4.5 Analysis.

4.5.1 Weigh triplicate 0.2g±0.001 g portions of dry sample and place in bottom of a BOD bottle. Add 5 ml of distilled water and 5 ml of aqua regia. Heat 2 minutes in a water bath at 95°C. Cool and add 50 ml distilled water and 15 ml potassium permanganate solution to each sample bottle. Mix thoroughly and place in the water bath for 30 minutes at 95°C. Cool and add 6 ml of sodium chloride-hydroxylamine sulfate to reduce the excess permanganate. Add 55 ml of distilled water. Treating each bottle individually, add 5 ml of stannous sulfate and immediately attach the bottle to the aeration apparatus. With each sample, continue as described in paragraph 4.4.1 of this method.

4.5.2 An alternative digestion procedure using an autoclave may also be used. In this method 5 ml of concentrated H₂SO₄ and 2 ml of concentrated HNO₃ are added to the 0.2 grams of sample. 5 ml of saturated KMnO₄ solution are added and the bottle is covered with a piece of aluminum foil. The samples are autoclaved at 121°C and 2.1 kg/cm² (ca. 15 psig) for 15 minutes. Cool, make up to a volume of 100 ml with distilled water, and add 6 ml of sodium chloride-hydroxylamine sulfate solution to reduce the excess permanganate. Purge the dead air space and continue as described in paragraph 4.4.1 of this method.

5. Calculation. 5.1 Measure the peak height of the unknown from the chart and read the mercury value from the standard curve.

5.2 Calculate the mercury concentration in the sample by the formula:

$$\mu\text{g Hg/gm} = \frac{\mu\text{g Hg in the aliquot}}{\text{wt. of the aliquot in g}}$$

5.3 Report mercury concentrations as follows: Below 0.1 µg/g; between 0.1 and 1 µg/g, to the nearest 0.01 µg/g; between 1 and 10 µg/g, to nearest 0.1 µg/g; above 10 µg/g, to nearest µg.

6. Precision and accuracy. 6.1 According to the provisional method in reference number 5, the following standard deviations on replicate sediment samples have been recorded at the indicated levels: 0.29 µg/g±0.02 and 0.82 µg/g±0.03. Recovery of mercury at these levels, added as methyl mercuric chloride, was 97 and 94%, respectively.

7. References.

1. Bishop, J. N. "Mercury in Sediments," Ontario Water Resources Comm., Toronto, Ontario, Canada, 1971.
2. Salma, M. Private communication, EPA Cal/Nev Basin Office, Alameda, California.
3. Hatch, W. R., and Ott, W. L. "Determination of Sub-Microgram Quantities of Mercury by Atomic Absorption Spectrophotometry," *Anal. Chem.* 40, 2085 (1968).
4. Bradenberger, H. and Bader, H. "The Determination of Nanogram Levels of Mercury in Solution by a Flameless Atomic Absorption Technique," *Atomic Absorption Newsletter* 6, 101 (1967).
5. Analytical Quality Control Laboratory (AQCL), Environmental Protection Agency, Cincinnati, Ohio, "Mercury in Sediment (Cold Vapor Technique)," Provisional Method, April 1972.
6. Kopp, J. F., Longbottom, M. C. and Lohring, L. B. "Cold Vapor Method for Determining Mercury," *Journal AWWA*, 64, 1 (1972), pp. 20-25.
7. "Manual of Methods for Chemical Analysis of Water and Wastes," Environmental Protection Agency, EPA-825/2-74-003, pp. 118-138.

[PR Doc.75-27231 Filed 10-14-75;8:45 am]

GEORGE WILSON			
MAY 22 1973			
100	EST		
100	IND		
100	AGUT.		
100	CT		
100	PLA		
	DIAT		

May 22, 1973

United States Environmental Protection Agency
 Region IX
 100 California Street
 San Francisco, CA 94111

Attention: Mr. Stan Zwicker

Gentlemen:

We are in receipt of your letter of April 25, addressed to both our main headquarters in Los Angeles and our branch operation in Wilmington, concerning the National Emission Standards for asbestos.

This is to advise you that we do not manufacture products made of asbestos at our facilities, and request that you remove our name as a possible source. All products that we handle will have the asbestos removed prior to July 1, 1973.

Our business is as an insulation contractor and distributor.

Please contact me if you have any further questions.

Sincerely,

R. W. Fults/er
 President

Bcc: R.W. Black-Wilmington
 B.L. McGuire- file



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
 REGION IX
 100 CALIFORNIA STREET
 SAN FRANCISCO, CALIFORNIA 94111

In Reply Refer
 to: E-4-1

Thorpe Insulation Co.
 24300 Broad
 Wilmington CA 90744

DEC 4 1975

THORPE INSULATION
WILMINGTON
DEC 4 1975
✓

THORPE INSULATION
DEC 17 1975

Dear Sir:

Pursuant to Section 112 of the Clean Air Act, as amended (42 U.S.C. 1857-C-7), the Administrator of the United States Environmental Protection Agency promulgated National Emission Standards for Hazardous Air Pollutants on April 6, 1973. These emission standards are applicable to certain sources of asbestos emissions. On October 14, 1975, these standards were revised to cover additional sources of asbestos emissions. Standards for asbestos would now apply to sources defined in Section 61.22, as revised.

The purpose of this letter is to notify the owners or operators of affected sources of the requirements of the regulations. Copies of these regulations are included in Enclosures (1) and (2). The requirements include:

Prohibited Activities*

1. No person may construct any new source or modify any existing source to which a standard is applicable after October 25, 1974, without first obtaining approval from EPA.
2. No person shall operate any new source in violation of any applicable standard after October 14, 1975.
3. No person shall operate any existing source in violation of any applicable standard after January 12, 1976, except under a waiver granted by the EPA Regional Administrator.

*The President may exempt any source from compliance with the standards for a period of not more than two years (renewable) if he finds that the technology to implement such standards is not available and the operation of such source is required for reasons of national security. Inquiries regarding this exemption should be addressed to this office.

4. No person shall fail to report or source test as required by these regulations.

Penalties

Any person who knowingly violates the requirements of the regulations shall be punished by a fine of not more than \$25,000 per day of violation or by imprisonment for not more than one year, or by both. If the conviction is for a violation committed after the first conviction, punishment shall be by a fine of not more than \$50,000 per day of violation or by imprisonment for not more than two years, or by both.

Initial Source Reporting

2. Owners or operators of existing sources subject to the regulations must report certain information to this office on or before January 12, 1976. A standard form to be used for reporting is included as Enclosure (3).

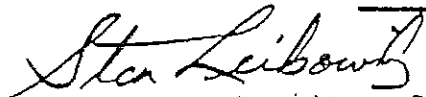
Waivers of Compliance

Waivers of compliance from the standards may be requested by owners or operators of existing sources. EPA may allow a period of up to two years after the date of promulgation for the installation of necessary controls if such a period is necessary for the installation of controls and if the health of persons will not be subject to imminent endangerment during the waiver period. EPA is unaware at this time of any present situations of imminent endangerment being created by existing sources of asbestos. For this reason Section IIA2.b. of the reporting form (Enclosure 3) need not be completed unless you are specifically advised to do so by this office. EPA will condition any waiver of compliance granted on the source taking those steps that EPA may in the future determine are necessary to assure that the health of persons will be protected from imminent endangerment.

Requests for waivers of compliance should be submitted by December 29, 1975, to be assured that action will be taken on the waiver request prior to January 12, 1976. Continued operation in excess of a standard after January 12, 1976, without a waiver of compliance is a violation of the Clean Air Act, as amended. The standard form to be used for requesting a waiver of compliance is included as part of the reporting form, Enclosure (3).

If you do not own or operate an affected source as described in the regulations, would you please notify this office of this fact in writing, stating the basis for your determination. If you have questions concerning the regulations, do not hesitate to contact Mr. Raymond Seid of our Permits Branch (415) 556-3450. ✓

Sincerely yours,



Stanley Leibowitz, Chief
General Services Section
Permits Branch
Enforcement Division

Enclosures

|

|

|

|

NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS
COMPLIANCE STATUS INFORMATION

Form Approved
OMB No. 158-R0131

I. SOURCE REPORT

INSTRUCTIONS: Owners or operators of sources of hazardous pollutants subject to the National Emission Standards for Hazardous Air Pollutants are required to submit the information contained in Section I to the appropriate U. S. Environmental Protection Agency Regional Office prior to 90 days after the effective date of any standards or amendments which require the submission of such information.

A listing of regional offices is provided in § 61.04.

PLEASE NOTE: Do not write in shaded areas.

A. SOURCE INFORMATION

1. IDENTIFICATION/LOCATION - Indicate the name and address of each source.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
REGION		STATE		COUNTY				SOURCE NUMBER				000		00		1		AQCR #			
23	24	25	26	27 SOURCE NAME 46																	
CITY CODE				47 STREET ADDRESS (LOCATION OF PLANT) 66																	
DUP 1-18				19	20 CITY NAME 34				STATE		35		39		80						
DUP 1-18				19	40 STATE REGIS. NUMBER 54				55 NEDS X REF.		59 SIC 62		64 FF A/P 65		77 STAFF 79		80				
DUP 1-18				19	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
DUP 1-18				19	CS	STP	EC	80													

2. CONTACT - Indicate the name and telephone number of the owner or operator or other responsible official whom EPA may contact concerning this report.

DUP 1-18				19	20	21 NAME 43																	44 AREA CODE 46	
DUP 1-18				19	20	47 NUMBER 54																	80	

3. SOURCE DESCRIPTION - Briefly state the nature of the source (e.g., "Chlor-alkali Plant" or "Machine Shop").

DUP 1-18				19	20	21 DESCRIPTION 50																		
DUP 1-18				19	20	51 CONTINUED 79																	80	

4. ALTERNATIVE MAILING ADDRESS - Indicate an alternative mailing address if correspondence is to be directed to a location different than that specified above.

DUP 1-18				19	20	21 NUMBER 45																	80					
DUP 1-18				19	20	21 CITY 35																	37 STATE 38		40 ZIP 44		80	

5. COMPLIANCE STATUS - The emissions from this source can cannot meet the emission limitations contained in the National Emission Standards prior to 90 days after the effective date of any standards or amendments which require the submission of such information.

Signature of Owner, Operator or Other Responsible Official

NOTE: If the emissions from the source will exceed those limits set by the National Emission Standards for Hazardous Air Pollutants, the source will be in violation and subject to Federal enforcement actions unless granted a waiver of compliance by the Administrator of the U.S. Environmental Protection Agency. The information needed for such waivers is listed in Section II of this form.

1. B. PROCESS INFORMATION. Part B should be completed separately for each point of emission for each hazardous pollutant.
[Sources subject to 61.22 (1) may omit number 4. below.]

DUP 1-13	14	16	0	0	5	20	SCC	27	28	29	30	31
									NEDS	X REF	CS	SIP

1. POLLUTANT EMITTED - Indicate the type of hazardous pollutant emitted by the process. Indicate "AB" for asbestos, "BE" for beryllium, or "HG" for mercury.

POLLUTANT	32	33	34	REGULATION												48	49	EC
-----------	----	----	----	------------	--	--	--	--	--	--	--	--	--	--	--	----	----	----

2. PROCESS DESCRIPTION - Provide a brief description of each process (e.g., "hydrogen end box" in a mercury chlor-alkali plant, "grinding machine" in a beryllium machine shop). Use additional sheets if necessary.

50	PROCESS DESCRIPTION												74	80
----	---------------------	--	--	--	--	--	--	--	--	--	--	--	----	----

DUP 1-18	19	20	21																							50
	51	79	80																							
DUP 1-18	19	20	21																							50
	51	79	80																							

3. AMOUNT OF POLLUTANT - Indicate the average weight of the hazardous material named in Item 1 which enters the process in pounds per month (based on the previous 12 months of operation).

DUP 1-18	19	20	21							27	29	LIBS ₁ / MIO ₁	36	80
----------	----	----	----	--	--	--	--	--	--	----	----	--------------------------------------	----	----

4. CONTROL DEVICES

- a. Indicate the type of pollution control devices, if any, used to reduce the emissions from the process (e.g., venturi scrubber, baghouse, wet cyclone) and the estimated percent of the pollutant which the device removes from the process gas stream.

DUP 1-18	19	20	21	PRIMARY CONTROL DEVICE													43
----------	----	----	----	------------------------	--	--	--	--	--	--	--	--	--	--	--	--	----

45	PRIMARY DEVICE NAME												64	66	PERCENT REMOVAL EFFICIENCY				70
----	---------------------	--	--	--	--	--	--	--	--	--	--	--	----	----	----------------------------	--	--	--	----

72	PERCENT EFFICIENCY				79	80
----	--------------------	--	--	--	----	----

DUP 1-18	19	20	21	SECONDARY CONTROL DEVICE													45
----------	----	----	----	--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	----

47	SECONDARY DEVICE NAME												64	66	PERCENT REMOVAL EFFICIENCY				70
----	-----------------------	--	--	--	--	--	--	--	--	--	--	--	----	----	----------------------------	--	--	--	----

72	PERCENT EFFICIENCY				79	80
----	--------------------	--	--	--	----	----

b. Asbestos Emission Control Devices Only

- i. If a baghouse is specified in Item 4a, give the following information:

- The air flow permeability in cubic feet per minute per square foot of fabric area.
Air flow permeability = _____ cfm/ft²
- The pressure drop in inches water gauge across the filter at which the baghouse is operated.
Operating pressure drop = _____ inches w.g.
- If the baghouse material contains synthetic fill yarn, check whether this material is spun or not spun.

If the baghouse utilizes a felted fabric, give the minimum thickness in inches and the density in ounces-per square-yard.

Thickness = _____ inches

Density = _____ oz/yd²

ii. If a wet collection device is specified in Item 4a, give the designed unit contacting energy in inches water gauge.

• Unit contacting energy = _____ inches w.g.

C. DISPOSAL OF ASBESTOS-CONTAINING WASTES. Part C should be completed separately for each asbestos-containing waste generation operation arising from sources subject to § 61.22 (a), (c), (e), and (h).

DUP 1-13

14	16	010	17	18	19	20	SCC	27	28	29	30	31
REGULATION												
NEDS X REF. CS SIP												
AIB												
32	33	34	48	49	EC							

1. WASTE GENERATION - Provide a brief description of each process that generates asbestos-containing waste (e.g., disposal of control device wastes).

50 _____ PROCESS DESCRIPTION _____ 79

80

2. ASBESTOS CONCENTRATION - Indicate the average percentage asbestos content of waste materials.

DUP 1-18

19	20	61	21	ASBESTOS CONCENTRATION										43
%														
50	80													

45 _____ 48

3. AMOUNT OF WASTES - Indicate the average weight of asbestos-containing wastes disposed of, measured in kg/day.

DUP 1-18

19	20	62	21	KG/DAY										34
25	34	80												

4. CONTROL METHODS - Indicate the emission control methods used in all stages of waste disposal, from collection, processing, and packaging to transporting and disposition.

DUP 1-18

19	20	63	21	PRIMARY CONTROL METHOD										43
45											79	80		

DUP 1-18

19	20	64	21											43
51											79	80		

5. WASTE DISPOSAL - Indicate the type of disposal site (sanitary landfill, open, covered) or incineration site (municipal, private) where the waste is disposed of and who operates the site (company, private, municipal). State the name and location of the site (closest city or town, county, state).

DUP 1-18

19	20	65	21	TYPE OF SITE										33
35											50			

51 _____ 79

80

DUP 1-18

19	20	66	21	OPERATOR										29
31											50			

51 _____ 79

80

DUP 1-18	6	7	L O C A T I O N :																		
	19	20	21																		29

31																											70		
-----														71	-----														79
														80															

D. WASTE DISPOSAL SITES. Part D should be completed separately for each asbestos waste disposal site subject to section 61.22 (f).

DUP 1-13			0	0	5	S C C																							
	14	16	17	18	19	20												27	28	29	30	31							
																	N E D S X R E F		C S		S I P								
A	B	R E G U L A T I O N																											
32	33	34																								48	49		
P O L L U T A N T																												E C	
W A S I T E		D I S P O S I T I O N A L S I T E																											
50																												68	80

1. DESCRIPTION - Provide a brief description of the site, including its size and configuration, and the distance to the closest city or town, closest residence, and closest primary road.

DUP 1-18	6	1	S I T E D E S C R I P T I O N :																									
	19	20	21																									37

39																											50	

51																											79	
																												80
DUP 1-18	6	2	D I S T A N C E :																T O W N :				K I M					
	19	20	21																	29	30	34	36	40	42	42		

R E S I D E N C E :																		K I M		R O A D :											
45														54	56				60	62	63	65				69	71				75

K I M		
77	78	80

2. INACTIVATION - After the site is inactivated, indicate the method or methods used to comply with the standard and send a list of the actions that will be undertaken to maintain the inactivated site.

DUP 1-18	6	3	C O M P L I A N C E M E T H O D / I N A C T I V E S I T E :																										
	19	20	21																										52

54																											79		
																												80	

CADILLAC

ASTOS

ASBESTOS DUST HAZARD

Avoid Breathing Dust—Wear Assigned Protective Equipment.

Do Not Remain In Area Unless Your Work Requires It.

Avoid Breathing Dust—Wear Assigned Protective Equipment.

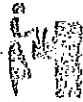
**Do Not Remain In Area Unless Your Work Requires It.
Breathing Asbestos Dust May Be Hazardous To Your Health.**

PH's 14 Kootenai 17/80

Plaintiff 15

Kudsen

A.Q.M.D.



Cajund

If 2-1/4" tabs specify AC182-115
If 3-3/4" tabs specify AC182-113
And state tab color and position(s) desired
If 4" tabs all right end specify AC182-215
and tab color desired

MADE IN U. S. A.



South Coast
AIR QUALITY MANAGEMENT DISTRICT

METROPOLITAN ZONE
434 S. SAN PEDRO STREET, LOS ANGELES, CALIFORNIA 90013 • (213) 974-7491

July 21, 1977

Thorpe Insulation Co.
24300 Broad Street
Carson, CA 90745

Attention: Mr. J. G. Carroll
Manager of Administration

Gentlemen:

We are returning your Check No. 8818 and application, which you submitted in response to our Notice to Apply. A review of your application and data submitted with the application indicates that both the basic equipment and related air pollution control equipment is exempt from permit requirements under our Rule 219-g-1.

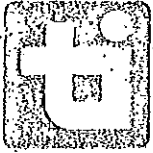
Very truly yours,

Robert J. MacKnight
Director of Engineering

Eugene Hochman
Supervising A. P. Engineer II
Engineering Division

EH:ll

Enclosures



thorpe insulation company

2741 South Yates Ave. • Los Angeles, California 90040

CITY OF COMMERCE BRANCH
Bank of America
NATIONAL AUTOMATED CLEARING ASSOCIATION
CITY OF COMMERCE, CALIF.

16-66
1220

DATE: JULY 19, 1977
CHECK NO.: 8818



AMOUNT: \$25.00*

PAY TO THE ORDER OF

SOUTH COAST AQMD
434 SOUTH SAN PEDRO STREET
LOS ANGELES, CA 90013

THORPE INSULATION COMPANY
GENERAL ACCOUNT

⑆ 1220 ⑈ 0066 ⑆ 05036 ⑈ 0038 2 ⑈

INVOICE DATE	REFERENCE	GROSS AMOUNT	DISCOUNT	PREVIOUS BALANCE	BALANCE	REMARKS
19/77	911.04	25.00			25.00	PERMIT TO OPERATE AIR POLLUTION CONTROL EQUIPMENT

PLEASE DETACH THIS REMITTANCE ADVICE BEFORE DEPOSITING CHECK

THORPE INSULATION COMPANY
2741 SOUTH YATES AVENUE • (213) 726-7171
LOS ANGELES, CALIFORNIA 90040

THE ATTACHED CHECK IS IN PAYMENT OF THE ITEMS LISTED ABOVE

PERMIT		NO. 18		1977	
R/F				Time	
Control				Permit	
Control				Permit	
EST				Permit	
IND				Permit	
MAT				Permit	
Other				Permit	

July 18, 1977

South Coast Air Quality Management District
 434 South San Pedro Street
 Los Angeles, CA 90013

Subject: PERMIT TO OPERATE POLLUTION CONTROL EQUIPMENT
 24300 Broad Street
 Carson, California

Attached is our application (Form 400-A) for permit to operate air pollution control equipment.

Application includes filing fee of \$25.00, plot plan - Exhibit A, schematic and flow diagram - Exhibit B, and information sheet with written description of process - Exhibit C.

J. G. Carroll/h
 Manager of Administration

In Duplicate

APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE

PLEASE TYPE OR PRINT

APCO USE
1-3 4-5 6-12
SEC 74 10 NUMBER

1A. PERMIT TO BE ISSUED TO: Thorpe Insulation Company

BUSINESS LICENSE NAME OF ORGANIZATION THAT IS TO RECEIVE PERMIT

1B. NAME (OR NAMES) OF OWNER OR PRINCIPAL PARTNERS DOING BUSINESS AS (OR) ABOVE ORGANIZATION

2A. MAILING ADDRESS: 24300 Broad Street, Carson, California 90745

3A. EQUIPMENT LOCATION (IF SAME ENTER "SAME"): Same 3B. Avalon - Sepulveda

4A. CONTACT PERSON (INITIALS & NAME): C. J. Carroll 4B. CONTACT PHONE NO. (AREA & NO.): 775-1207

5. EQUIPMENT: APPLICATION IS HEREBY MADE FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE THE FOLLOWING EQUIPMENT: Primary and secondary duct collection system from table mounted band saw.

5B. PRIMARY AIR POLLUTION CONTROL EQUIP.: See Exhibit B & C 5C. SECONDARY AIR POLLUTION CONTROL EQUIP.: See Exhibit B & C

5D. BOILER OPERATING CAPACITY N/A (THOUSANDS OF BTU/HR.) 5. BOILER STEAM USED FOR SPACE HEAT N/A

6. IF THIS EQUIPMENT HAD A PREVIOUS WRITTEN PERMIT, STATE NAME OF CORPORATION, COMPANY, OR INDIVIDUAL OWNER THAT OPERATED THIS EQUIPMENT, AND STATE PREVIOUS AIR POLLUTION CONTROL DISTRICT PERMIT NUMBER.

7. PERMIT APPLICATION: 13 NEW CONSTRUCTION, 14 CORPORATION, 15 STATE AGENCY, 16 FEDERAL AGENCY, 17 UTILITY, 18 INDIVIDUAL OWNER, 19 LOCAL GOV'T. AGENCY, 9. NO. OF EMPLOYEES AT THIS LOCATION: 10, 10. AREA OF ACRES TO TENNIS: 1.5

11. ESTIMATED COST OF EQUIPMENT OR ALTERATION: BASIC EQUIPMENT \$ 853.00, AIR POLLUTION CONTROL EQUIPMENT \$ 1,466.00, ANNUAL MAINTENANCE COST OF CONTROL EQUIPMENT \$ Negligible

12. FOR THE NEW CONSTRUCTION, ALTERATION, TRANSFER OF OWNERSHIP OR LOCATION, WHAT IS ESTIMATED STARTING DATE? ESTIMATED COMPLETION DATE?

13. GENERAL NATURE OF BUSINESS: Insulation contracting and distribution 14. PRINCIPAL PRODUCT: Insulation

15. ANNUAL THROUGHPUT BY QUARTERS: DEC-FEB 25, MAR-MAY 25, JUN-AUG 25, SEP-NOV 25, 15A. DO YOU CLAIM CONFIDENTIALITY OF DATA? YES, NO, 16. NORMAL OPERATING HOURS OF SUBJECT EQUIPMENT: HOURS/DAY 3, DAYS/WEEK 5, WEEKS/YEAR 50

17. SIGNATURE OF RESPONSIBLE MEMBER OF ORGANIZATION: J. G. Carroll 18. TYPED OR PRINTED NAME OF SIGNER: J. G. Carroll 19. OFFICIAL TITLE OF SIGNER: Manager of Administration

20. PHONE NO.: 726-7171 21. DATE: 7/18/77

APCO USE ONLY
STATE 65 COUNTY 13-14 LA OR RIV SH SCAB SED
C.P. 34-36 L.C. 37-38 SIC 39-42 I.P.P. 43-45 ST. LIST NO. 45-50 ALPHA LIST NO. 50-57 EQUIP. CAT. NO. 58-61
APPLICATION NO. 12-18 PERMIT NO. 19-24 TYPE 25 AORX UNITS 25-29 ASSIGNMENT 30-31 CLASS 32
VALIDATION 33-37 (1111) FILING FEE, 38-41 CHECK OR MONEY 72-79 PERMIT FEE, 50.50 CHECK OR MONEY 54-61

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
 APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE
 PLEASE TYPE OR PRINT

22. SUPPLEMENTARY INFORMATION FOR EACH STACK OR EMISSION POINT:

STACK NO.	(a) HEIGHT	(b) DIAMETER	(c) TEMP.	(d) FLOW RATE	(e) VELOCITY
1	10 Ft.	8 Inch	Amb	1000 CFM	
2					
3					

(IF MORE THAN 3, LIST ON A SEPARATE SHEET)

- (a) HEIGHT - DISTANCE ABOVE GROUND LEVEL TO DISCHARGE POINT, FEET.
 (b) DIAMETER OF DISCHARGE POINT TO NEAREST TENTH FOOT. NOTE: IF NOT CIRCULAR INSERT DIAMETER OF EQUIVALENT CIRCULAR AREA. USING A MEASURED OR ESTIMATED CROSS-SECTIONAL AREA (A, IN SQUARE FEET), THE EQUIVALENT DIAMETER (D_e, IN FEET) MAY BE CALCULATED:

$$D_e = 1.128 \sqrt{VA}$$

- (c) TEMPERATURE AT DISCHARGE POINT IN °F, ACTUAL OR ESTIMATED TO NEAREST 50°F.
 (d) FLOW RATE AT DISCHARGE POINT IN ACTUAL CUBIC FEET PER MINUTE (ACFM).
 (e) VELOCITY OF DISCHARGE IN FT/SEC, DESIGN OR MEASURED RATE.

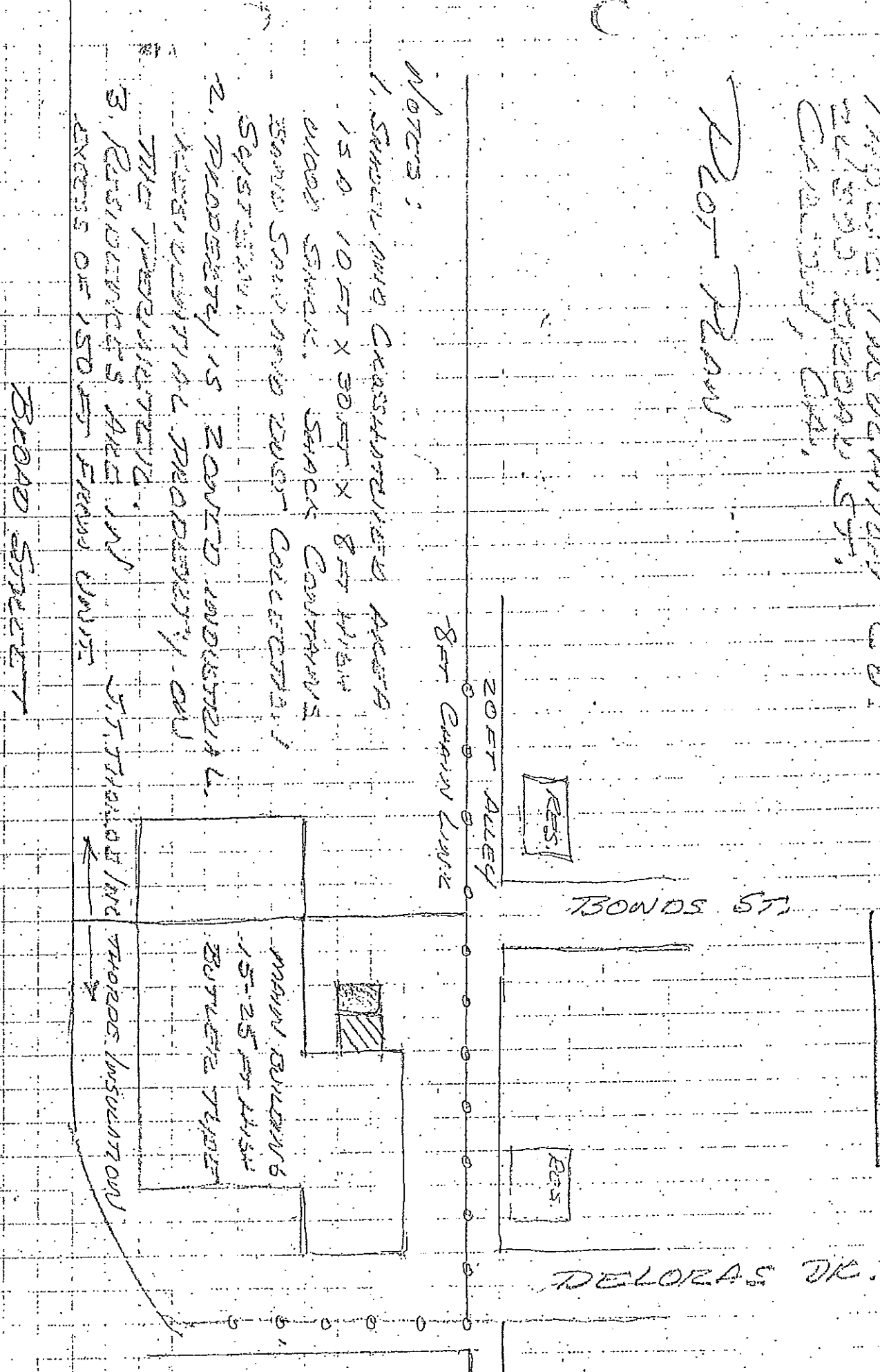
23. REMARKS

IF YOU WISH TO SPECIFY PROCESS INFORMATION AS PROPRIETARY OR CONFIDENTIAL, SPACE IS PROVIDED FOR THIS PURPOSE. HOWEVER, THE KINDS AND RATES OF EMISSIONS MAY NOT BE HELD CONFIDENTIAL. BY STATE LAW EMISSIONS ARE SUBJECT TO PUBLIC DISCLOSURE.

THE STATE INSURANCE CO.
 12300 WOODBINE ST,
 CHARLOTTE, CAROLINA

Plot Plan

EXHIBIT A



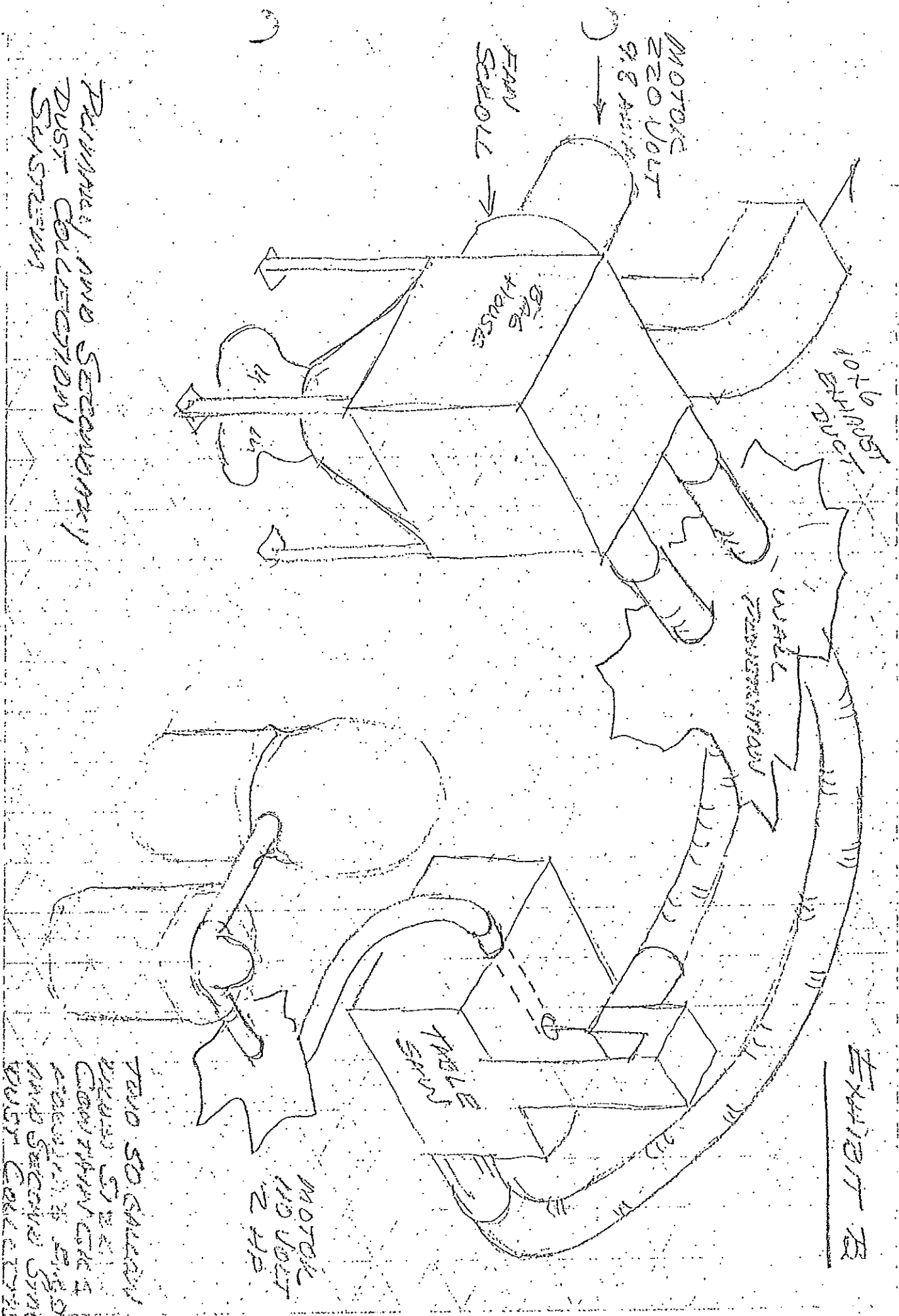
NOTES:

1. SHALL HAVE GRASSHOPPER AREA 15.0 10 FT X 30 FT X 8 FT HIGH WOOD SHED. SHARK CONTAINERS SAND SAND AND RUBBER COLLECTION SYSTEM.
2. PROPERTY IS ZONED INDUSTRIAL RESIDENTIAL PERMISSORY. ALL THE PERMISSIBLE.
3. RESIDENCES ARE IN ST. THOMAS LINE EXCEEDS ONE 150 FT FROM CURB

NOTES

1" = 100 FT

PRIMARY AND SECONDARY
DUST COLLECTION
SYSTEM



EXHAUST

TEND SO SALLAW
DUST S...
COLLECTOR...
AND SECONDARY...
DUST COLLECTION

INFORMATION SHEET AND WRITTEN DESCRIPTION
OF PROCESS

- A. The process is composed of a table type hand saw with connections and suction hoses collecting the generated dust and drawing it into one of two dust collection terminals. See Exhibit B.
1. The primary dust collection terminal consists of a 3 foot by 3 foot by 5 foot bag house with down-feed to impermeable sealed bags. The suction negative pressure is provided by a 220 volt, 9.8 amp motor and fan scroll. The clean air discharge is exhausted through 10 x 6 ducting. The dust is collected through two 5" flex hoses, 15 ft. length, drawing from saw blade housing and table base.
 2. The secondary dust collection terminal consists of two 50 gallon drums, each containing impermeable bags. The two drums provide first and second stage collection. This system is activated by a 2 horse power, 110 volt motor. The dust is collected from the base of the saw blade and transmitted through 15 feet of 2-1/2" flexible hose.
- B. The material being cut on the hand saw is a hydrous calcium silicate insulation material. The out-fall is a non toxic, non-hazardous nuisance dust completely contained in the collection system. The exhaust air discharged to the atmosphere is free of all airborne dust.
- C. The operating schedule of the hand saw and collection system is sporadic. An average would be 15 hours per week.

THORPE INSULATION			
JUN 16 1977			
Time		Time	
Place		Place	
Person		Person	
Event		Event	
Remarks		Remarks	

June 16, 1977

South Coast Air Quality
Management District
434 S. San Pedro Street
Los Angeles, CA 90013

Attention: Mr. George Russell

Subject: NOTICE TO APPLY FOR APCD PERMIT

We acknowledge and thank you for the extension to July 22, 1977 of the time allowed for filing our application for permit to operate our dust collection system, Form 400A.

The subject "Notice to apply for APCD Permit" was served by Ms. A. Rodriguez on 6/15/77 at 24300 Broad Street, Carson, California.

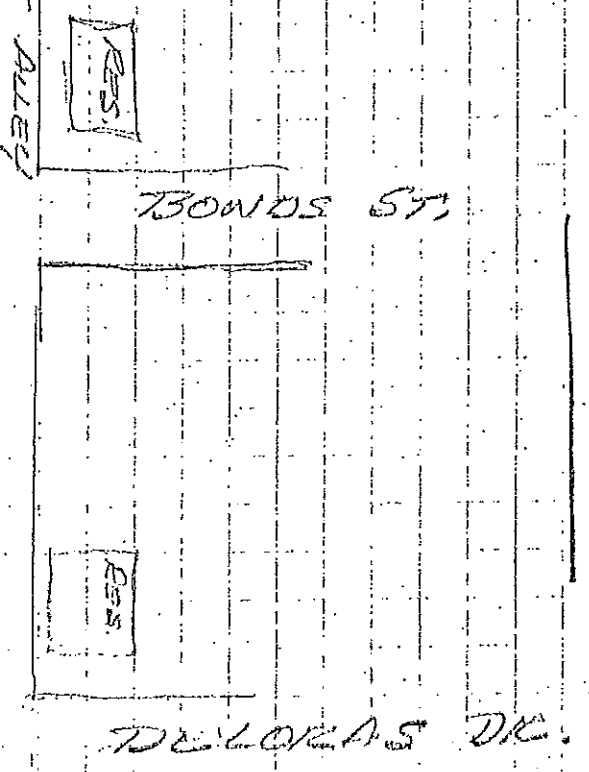
J. G. Carroll/h
Manager of Administration

THORPE INSULATION CO
 24000 HAWK ST
 CHASSY, CA

EXHIBIT A

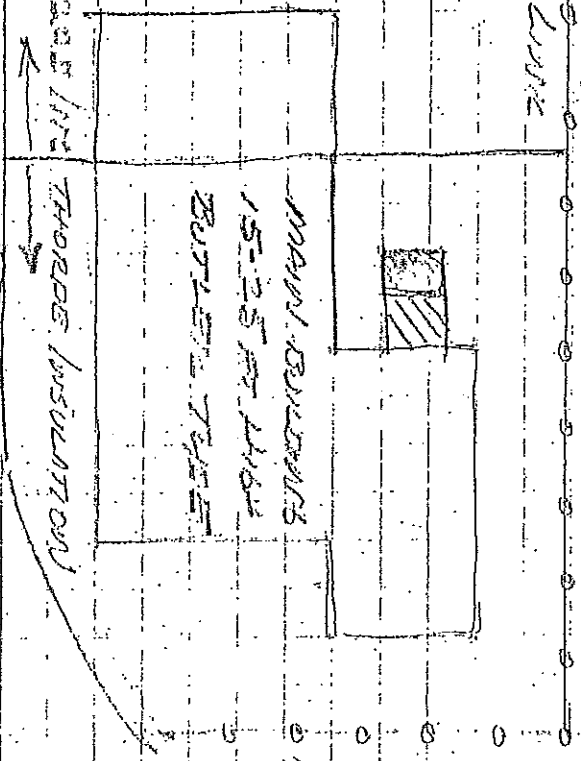
Plot Plans

1)



NOTES:

1. SANDER AND CLASSIFIED AREA
 15.4 10 FT X 30 FT X 8 FT HIGH
 WOOD SHED. SHACK CONTAINS
 SAND SANDPAPER DUST COLLECTOR
 SYSTEM
2. PROPERTY IS ZONED INDUSTRIAL.
 RESIDENTIAL PROPERTY ON
 THE PROPERTY
3. RESIDENTS ARE IN ST THORPE INT
 EXCESS OF 150 FT FROM UNIT

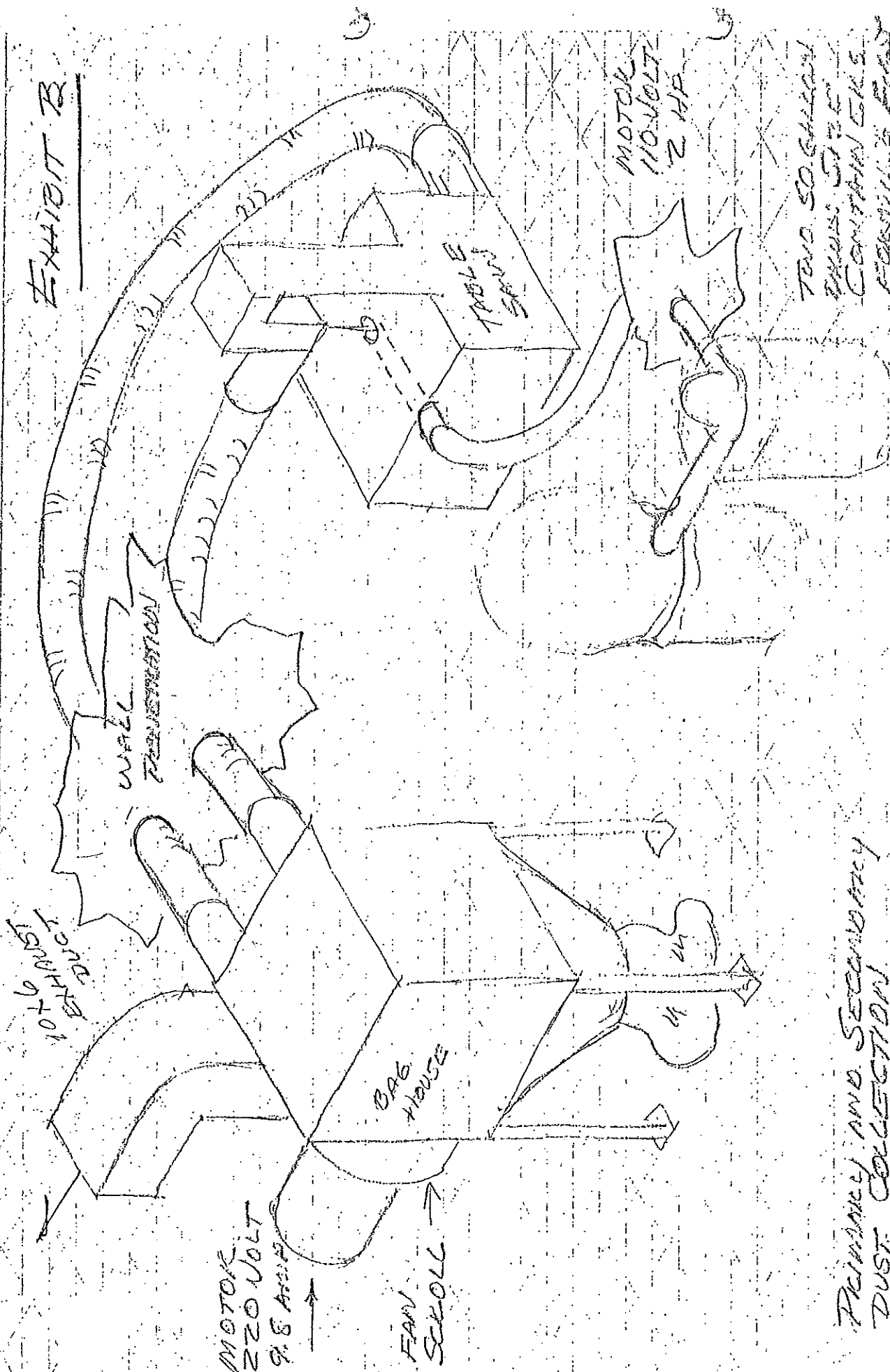


WOOD SHED

NOTES

1" = 100 FT

EXHIBIT B



MOTOR
220 VOLT
9.8 AMP

FAN
SCROLL

BAG
HOUSE

WALL
PENETRATION

TRAP
SPRING

MOTOR
110 VOLT
2 HP

TWO 50 GALLON
TANKS STORE
CONTAINING
POSSIBLE FIRST
AND SECOND STAGE
DUST COLLECTION

PRIMARY AND SECONDARY
DUST COLLECTION
SYSTEM

AIR POLLUTION CONTROL DISTRICT COUNTY OF LOS ANGELES
 434 SOUTH SAN PLEIKO STREET, LOS ANGELES, CALIFORNIA 90013/629-4777

THORPE INSI JUN 1977

NOTICE TO APPLY FOR APCD PERMIT

FIRM NAME (DBA): <u>THORPE Insulation Co.</u>	Const	PHONE 413 <u>834-7294</u>
OWNERSHIP: <u>Corp.</u>	CST	INSTALLING CONTRACTOR
MAILING ADDRESS: <u>24300 Broad St., Carson, Ca 90715</u>	ZIP	MAILING ADDRESS
EQUIPMENT ADDRESS: <u>Same</u>	Order	PHONE

YOU ARE HEREBY NOTIFIED THAT PURSUANT TO SECTION 24279 OF THE HEALTH AND SAFETY CODE OF THE STATE OF CALIFORNIA A MISDEMEANOR HAS BEEN COMMITTED THROUGH THE (BUILDING, ERECTING, ALTERATION, REPLACING, USING, OR OPERATION) OF Bag House
Control For 2 Ban Saws used for cutting composite products
(John Mandle Thermo-12 Pipe Insulation)

WITHOUT AN AIR POLLUTION CONTROL DISTRICT PERMIT SO TO DO. IF AN APPLICATION FOR THE ABOVE EQUIPMENT HAS NOT BEEN ACCEPTED BY THE AIR POLLUTION CONTROL DISTRICT WITHIN 14 CALENDAR DAYS OF THE DATE OF SERVICE OF THIS NOTICE, A MISDEMEANOR COMPLAINT MAY BE FILED IN A MUNICIPAL COURT IN THE COUNTY OF LOS ANGELES.

SERVED TO: Charles J. Carroll TITLE: Branch Manager RALPH E. GEORGE
 SERVED BY: A. Rodriguez DATE SERVED: 6/15/77 DIRECTOR OF ENFORCEMENT

THE FOLLOWING FORMS ARE LEFT HEREWITH:

APPLICATION FORMS 400A PERMIT INFORMATION, 400B PERMIT INSTRUCTION, 400C 400-4-3

REASON PERMIT REQUIRED:	<input checked="" type="checkbox"/> NO PRIOR PERMIT <input type="checkbox"/> ALTERATION <input type="checkbox"/> OWNER CHANGE <input type="checkbox"/> PREMISES CHANGE	APCD - I.D. NO.
NAME OF PRIOR PERMITEE:		FORMER PERMIT NO.

Excerpt From Health and Safety Code of the State of California,
Chapter 2 Division 20, Article 4 Rules and Regulations:

SEC. 24279. Every person required by the regulations of the air pollution control board to obtain a permit so to do who, without first obtaining such permit, builds, erects, alters, replaces, uses, or operates any source capable of emitting air contaminants, is guilty of a misdemeanor.

SEC. 24281. Every person violating any order, rule, or regulation of an air pollution control district is guilty of a misdemeanor. Every day during any portion of which such a violation occurs is a separate offense.

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

APPLICATION INSTRUCTIONS

For

EXHAUST SYSTEMS WITH DRY FILTERS (BAG HOUSES)

The proper filing fee, as indicated on Form 400-A, Application For Permit To Construct and Permit To Operate, must accompany each application. Checks or money orders should be made payable to the South Coast Air Quality Management District.

With each application for permit to construct and permit to operate an exhaust system with any type of dust filter (bag house), the following data, specifications, plans and drawings must be submitted in DUPLICATE:

1. EQUIPMENT LOCATION DRAWING. The drawing or sketch submitted must be to scale (suggested scale: 1 inch = 100 feet; accuracy of measurements to the nearest 5 feet will be satisfactory) and must show at least the following:
 - a. The property involved and outlines and heights of all buildings on it. Identify property lines plainly.
 - b. Location and identification of each piece of equipment the exhaust system is to serve.
 - c. Location of the ductwork and the dust filters (bag houses). Use lines to show ducts and include the outlines of the filter units and any pre-cleaners.
 - d. Location of the property with respect to streets and all adjacent properties. Identify adjacent properties. Show location of all buildings outside the property that are within 150 feet of the equipment involved in the application. Identify all such buildings (as residence, apartment house, machine shop, warehouse, etc.), specifying height of each building (number of stories). Indicate direction (north) on the drawing.
2. DESCRIPTIONS OF PROCESSES. The application must be accompanied by a written description of each process to be carried out in each unit of basic equipment, giving details of the function of the basic equipment in the process. The descriptions must be complete and in detail concerning all operations. Particular attention must be given to explaining all stages in the process where the discharge of any air contaminants may take place. All obtainable data must be supplied concerning the nature, volumes, particle sizes, weights and concentrations of all types of air contaminants that may be discharged at each stage in the process. Similarly, the operation of the exhaust system and each place of air pollution control equipment must be described in sufficient detail to show the extent of pick-up of air contaminants at the sources, the means of control and the expected efficiency of the control equipment.
3. OPERATING SCHEDULE. Specify the hours per day and days per week the equipment is to be operated.
4. PROCESS WEIGHT. Detail type and total weight of each material charged into the equipment or the process on the basis of pounds per hour or per other specified unit of time.
5. FUELS AND BURNERS USED. Indicate for fuel gas - type and cubic feet per hour; for fuel oil - grade and gallons per hour (specify temperature to which oil is preheated); for solid fuels - type and pounds per hour; indicate for burners - make, model, size, type, number of burners, and capacity range of each burner (from minimum to maximum).
6. FLOW DIAGRAM. For continuous processes, show the flow of materials either on a separate flow diagram or on the drawings accompanying the application.
7. DRAWINGS OF THE EXHAUST SYSTEM. Supply an assembly drawing, dimensioned and to scale, in plan and elevation, showing clearly all the ductwork and its connection with the filter and any pre-cleaners. Show all of the following details which apply, using auxiliary drawings if necessary:
 - a. Sizes and shapes of all hoods. Show accurately how closely the hood fits over the spot or area where air contaminants are generated or discharged. Show all openings clearly, particularly the main face opening of the hood.
 - b. Diameters or cross-sectional dimensions and lengths of all branch and main ducts.
 - c. Locations, sizes and shapes of all bends, junctions and transition pieces.
 - d. Locations, sizes and shapes of all passageways other than ordinary ducts. Also show all cooling devices (spray chambers, heat exchangers, cooling columns, etc.).
 - e. Locations and descriptions of all dampers, baffles and similar controls.
 - f. Locations, sizes and shapes of any by-passes around the control equipment. Describe how operated, stating under what conditions and for what lengths of time these by-passes are to be used.

- g. Locations of all fans or blowers. Show following specifications for fan and motor:
- (1) Fan: Make, model, size and speed (rpm). State volume of air (cubic feet per minute) to be handled and expected static pressure (inches of water). Supply a capacity table for the fan selected.
 - (2) Motor: Specify speed and horsepower.
8. CONTROL EQUIPMENT. (See NOTE below.) Supply the following information and drawings:
- a. Make, model, size, type and capacity of the filter units.
 - b. All data and calculations used in choosing or designing the filter units.
 - c. Specify which parts of the filter units, if any, are shut off at any time during operation. Give specific details and reasons.
 - d. Describe the means of disposal of the collected air contaminants and the procedure to be used for preventing losses when cleaning or emptying the filter units.
 - e. Expected temperature of gases or air entering the filter units. If special controls are to be installed to maintain the temperature and/or pressure within certain ranges, describe means by which control is maintained, stating limits of temperature and/or pressures to be permitted.
 - f. Expected efficiency of the filter units in controlling the types of air contaminants involved. Supply data to substantiate.
 - g. State pressure drop (inches of water) across each filter unit at design specifications.
 - h. Specify materials from which filter cloths are to be made. State total filtering area.
 - i. Describe shaking procedure and control of shaking.
 - j. Assembly drawing, dimensioned and to scale, in plan, elevation and as many sections as are needed to show clearly the filter unit and the means by which it operates. Minimum details are as follows:
 - (1) Over-all size and shape of the filter units. Show sizes and shapes of inlets and outlets.
 - (2) Means of compartmentation, if any. Show sizes and shapes of all other important internal details.
 - (3) Sizes and shapes of all gas or air passageways and of hoppers or other parts used to contain the collected air contaminants.
 - (4) Locations, sizes and shapes of all baffles, dampers, blast gates and similar devices.
 - (5) All special features which are in any way related to the efficiency of the units in controlling air contaminants. Explain.
 - (6) A separate drawing showing the same details as in items (1) through (5) for any centrifugal separator (cyclone) or any other type of pre-cleaner to be used in connection with the filter units.
 - (7) Type, size, shape and arrangement of the filters. Show clearance between adjacent filters. Indicate directions of movement of shaking mechanism. Show dimensions of walkways and other space allowed for use in changing filters and for maintenance work in general.

NOTE: Structural design calculations and details are not required. When standard commercial equipment is to be installed, the manufacturer's catalog describing the equipment may be submitted in lieu of the parts of Item 8 that it covers. All information required above that the catalog does not contain must be submitted by the applicant. ADDITIONAL INFORMATION MAY BE REQUIRED.

After permit to construct or to install is granted for any equipment, deviations from the approved plans are not permissible without first securing additional approval for the changes from the Engineering Division.

Further information or clarification concerning permits can be obtained by writing or calling the Permit Application Receiving Unit of the local zone.

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

APPLICATION INSTRUCTIONS - GENERAL

The proper filing fee, as indicated on Form 400-A, Application For Permit To Construct and Permit To Operate, must accompany each application. Checks or money orders should be made payable to the South Coast Air Quality Management District.

With each application for permit to construct and permit to operate the following data, specifications, plans and drawings must be submitted in DUPLICATE:

1. EQUIPMENT LOCATION DRAWING. The drawing or sketch submitted must be to scale (suggested scale: 1 inch = 100 feet; accuracy of measurements to the nearest 5 feet will be satisfactory) and must show at least the following:
 - a. The property involved and outlines and heights of all buildings on it. Identify property lines plainly.
 - b. Location and identification of the proposed equipment on the property.
 - c. Location of the property with respect to streets and all adjacent properties. Identify adjacent properties. Show location of all buildings outside the property that are within 150 feet of the equipment involved in the application. Identify all such buildings (as residence, apartment house, machine shop, warehouse, etc.), specifying height of each building (number of stories). Indicate direction (north) on the drawing.
2. DESCRIPTION OF EQUIPMENT. State make, model, size and type for either the unit or for its major parts.
3. DESCRIPTION OF PROCESS. The application must be accompanied by a written description of each process to be carried out in the equipment and of the function of the equipment itself in the process. The descriptions must be complete and in detail concerning all operations. Particular attention must be given to explaining all stages in the process where the discharge of any materials might contribute in any way to air pollution. All obtainable data must be supplied concerning the nature, volumes, particle sizes, weights and concentrations of all types of air contaminants that may be discharged at each stage in the process. Similarly, control procedures must be described in sufficient detail to show the extent of control of air contaminants anticipated in the design, specifying the expected efficiency of the control devices.
4. OPERATING SCHEDULE. Specify the hours per day and days per week the equipment is to be operated.
5. PROCESS WEIGHT. Detail type and total weight of each material charged into the equipment or the process on the basis of pounds per hour or per other specified unit of time.
6. FUELS AND BURNERS USED. Indicate for fuel gas - type and cubic feet per hour; for fuel oil - grade and gallons per hour (specify temperature to which oil is preheated); for solid fuels - type and pounds per hour; indicate for burners - make, model, size, type, number of burners, and capacity range of each burner (from minimum to maximum).
7. FLOW DIAGRAM. For continuous processes, show the flow of materials either on a separate flow diagram or on the drawings accompanying the application.
8. DRAWINGS OF EQUIPMENT. (See NOTE below.) Supply an assembly drawing, dimensioned and to scale, in plan, elevation and as many sections as are needed to show clearly the design and operation of the equipment and the means by which air contaminants are controlled. The following must be shown:

- a. Size and shape of the equipment. Show exterior and interior dimensions and features.
- b. Locations, sizes and shape details of all features which may affect the production, collection, conveying or control of air contaminants of any kind; location, size and shape details concerning all materials handling equipment.
- c. All data and calculations used in selecting or designing the equipment.
- d. Horsepower rating of all electric motors driving the equipment.

NOTE: Structural design calculations and details are not required. When standard commercial equipment is to be installed, the manufacturer's catalog describing the equipment may be submitted in lieu of the parts of Item 8 that it covers. All information required above that the catalog does not contain must be submitted by the applicant. ADDITIONAL INFORMATION MAY BE REQUIRED.

After permit to construct or to install is granted for any equipment, deviations from approved plans are not permissible without first securing additional approval for the changes from the Engineering Division.

Further information or clarification concerning permits can be obtained by writing or calling the Permit Application Receiving Unit of the local zone.

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

HEADQUARTERS: 9420 TELSTAR AVENUE
EL MONTE, CA 91731
PHONE: (213) 443-3931

APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE

APPLICATION INSTRUCTIONS

- A. Use one application Form 400-A for each permit unit of basic equipment and one application Form 400-A for each permit unit of air pollution control equipment. Call local Zone for assistance.
- B. A filing fee must accompany each application.
 - 1) Every applicant, except any federal, state or local governmental agency or public district, filing for a permit, shall pay a filing fee of \$25.00.
 - 2) If an application for a permit is canceled, or is denied and such denial becomes final, the filing fee required herein shall not be refunded nor applied to any subsequent application.
- C. Permit fees will be determined by the District in accordance with Rule 301. These fees shall be paid by the applicant within 30 days of notification or the permit will be canceled.
- D. Each application must be filled out completely. ONE COPY of application to be submitted to proper District office. SECOND COPY to be retained by applicant. Accompanying plans must be in duplicate.
- E. Each application must be signed by a responsible member of the organization that is to operate the equipment.
- F. File application with filing fee and two copies of plans at District office in County in which equipment is physically located.

County	District Office Address	Phone
Los Angeles County	434 S. San Pedro Street Los Angeles, CA 90013	(213) 974-7491 <i>Dr. Santora F. P. P. P.</i>
Orange County	1610 E. Ball Road Anaheim, CA 92805	(714) 991-7200
Riverside County	5888 Mission Boulevard Riverside, CA 92509	(714) 787-2416
San Bernardino County	172 W. Third Street San Bernardino, CA 92401	(714) 383-3363

INCOMPLETE APPLICATIONS NOT ACCEPTABLE

NOTE: FORM FURNISHED IN DUPLICATE - FILE ONE - KEEP ONE

One copy (2 sides) must be submitted with filing fee. Other copy to be retained by applicant.

Make check payable to 'South Coast AQMD'

EXCERPTS FROM RULES AND REGULATIONS

RULE 201. Permit to Construct. A person shall not build, erect, install, alter or replace any equipment, the use of which may cause the issuance of air contaminants or the use of which may eliminate, reduce or control the issuance of air contaminants without first obtaining written authorization for such construction from the Air Pollution Control Officer. A permit to construct shall remain in effect until the permit to operate the equipment for which the application was filed is granted or denied, or the application is cancelled.

RULE 202. Temporary Permit to Operate.

(a) New Equipment - A person shall notify the Air Pollution Control Officer before operating or using equipment granted a permit to construct. Upon such notification, the permit to construct shall serve as a temporary permit for operation of the equipment until the permit to operate is granted or denied. The equipment shall not be operated contrary to the conditions specified in the permit to construct.

(b) Altered Equipment - The permit to construct granted to modify equipment having a valid permit to operate shall serve as a temporary permit for operation of the equipment until a new permit to operate is granted or denied. The altered equipment shall not be operated contrary to the conditions specified in the permit to construct. A person must notify the Air Pollution Control Officer when construction of the modification has been completed.

(c) Existing Equipment - When an application for permit to operate is filed for existing equipment, the application shall serve as a temporary permit for operation of the equipment. If the equipment was previously operated under permit and has not been altered, it shall not be operated under a temporary permit contrary to the conditions specified in the previous permit to operate.

RULE 203. Permit to Operate. A person shall not operate or use any equipment, the use of which may cause the issuance of air contaminants or the use of which may reduce or control the issuance of air contaminants, without first obtaining a written permit from the Air Pollution Control Officer or except as provided in Rule 202. The equipment shall not be operated contrary to the conditions specified in the permit to operate.

RULE 204. Permit Conditions. To assure compliance with all applicable regulations, the Air Pollution Control Officer may impose written conditions on any permit. Commencing work or operation under such a permit shall be deemed acceptance of all the conditions so specified.

RULE 205. Cancellation of Applications. An application for a permit shall be cancelled and a permit to construct shall expire two years from the date of filing of the application, unless an extension of time has been approved by the Air Pollution Control Officer.

RULE 212. Standards for Approving Permits.

(a) The Air Pollution Control Officer shall deny a permit to construct or permit to operate, except as provided in Rule 204, unless the applicant shows that the equipment, the use of which may cause the issuance of air contaminants, or the use of which may eliminate, reduce or control the issuance of air contaminants, is so designed, controlled, or equipped with such air pollution equipment that it may be expected to operate without emitting air contaminants in violation of Sections 41700 or 41701 of the State Health and Safety Code or of these rules.

(b) If the Air Pollution Control Officer finds that the equipment has not been constructed in accordance with the permit and provides less effective air pollution control than the equipment specified in the permit to construct, he shall deny the permit to operate.

EQUIPMENT RECORD

NAME OF ASSET TOOLS AND EQUIPMENT

PRINTED IN U.S.A.

UPLOUGHS CORPORATION
OCC. DIV. "L" Form C-35

DEPARTMENT

LOCATION WILMINGTON SHOP

DESCRIPTION

Dust Queen Collector, Hopper Type - New
100 Lin. Ft. 5" C.W.C. Flex Tubing

ORIGIN.
INVEST
SALVAGE
TO BE I

MANUFACTURER'S SERIAL NO.

B-24

YEAR

TYPE

SIZE

H. P.

FLOOR SPACE OCCUPIED

AMOUNT OF INSURANCE CARRIED \$

APPRAISED BY

WHEN APPRAISED

19

APPRAISED VALUE \$

DATE ACQUIRED	DATE INSTALLED	NO. OF UNITS	DETAILS OF PURCHASE AND ASSEMBLY	POSTING REF.	ORIGINAL COST
1 1 64	1 1 64	1	Arlington Sheet Metal Co.		988.00

DEPRECIATION YEAR	19 64	19 65	19 66	19 67	19 68	19 69	19	19
REMAINING LIFE (YRS.) DETERMINED BY	60 Mos.	50 Mos.						
DATE DETERMINED	1-1-64							
NEW DEP. RATE	16.08							
AMOUNT FORWARD		160.95	353.91	540.87	733.83	932.79		
OCT.		160.8	160.8	160.8	160.8	160.8		
NOV.		160.8	160.8	160.8	160.8	160.8		
DEC.		160.8	160.8	160.8	160.8	2305		
JAN.		160.8	160.8	160.8	160.8			
FEB.		160.8	160.8	160.8	160.8			
MAR.		160.8	160.8	160.8	160.8			
APR.		160.8	160.8	160.8	160.8			
MAY		160.8	160.8	160.8	160.8			
JUN.		160.8	160.8	160.8	160.8			
JUL.		160.8	160.8	160.8	160.8			
AUG.		160.8	160.8	160.8	160.8			
SEP.		160.8	160.8	160.8	160.8			
TOTAL	160.95	197.03	397.96	540.87	733.83	932.79		

RECORD

SET TOOLS AND EQUIPMENT

SUB. ACCT. NO.

ACCT. NO. 205

EQUIPMENT AND DEPRECIATION RECORD

LOCATION WILMINGTON SHOP

Dust Queen Collector, Hopper Type - New
100 Lin. Ft. 5" C.W.C. Flex Tubing

ORIGINAL COST	ASSET NO.	988.00
INVESTMENT CR.		23.05
SALVAGE VALUE		
TO BE DEPRECIATED		964.95

B-24

YEAR

TYPE

MODEL

H. P.

AMOUNT OF INSURANCE CARRIED \$

RATE \$

WHEN APPRAISED

19

APPRAISED VALUE \$

SALVAGE OR SCRAP VALUE \$

DATE ACQUIRED	NO. OF UNITS	DETAILS OF PURCHASE AND ASSEMBLY	POSTING REF.	ORIGINAL COST	ADDITIONAL CHARGES	CREDITS	BALANCE
1 64	1	Arlington Sheet Metal Co.		988.00			988.00

	19 65	19 66	19 67	19 68	19 69	19	19	10	10	19
Mos. 50 Mos.										
4										
-64										
08										
	160.95	35391	54687	47383	93279					
	1608	1608	1608	1608	1608					
	1608	1608	1608	1608	1608					
	1608	1608	1608	1608	2305					
	1608	1608	1608	1608						
	1608	1608	1608	1608						
	1608	1608	1608	1608						
	1608	1608	1608	1608						
	1608	1608	1608	1608						
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	1608	1608	1608	1608						
	1608	1608	1608	1608						
	1608	1608	1608	1608						
	1608	1608	1608	1608						
	1608	1608	1608	1608						
0.95	19298	19296	19291	17216	8221					

FULLY DEPRECIATED



Type: Pipe and block
Temp. Limit: 1500F

Description

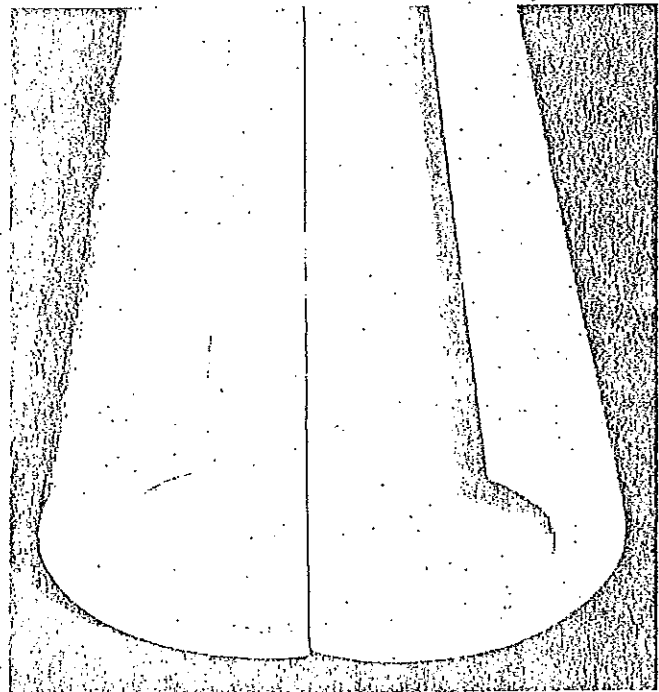
A molded, high temperature pipe and block insulation, J-M Thermo-12 is composed of hydrous calcium silicate. It is an insulating material which, because of its light weight, low thermal conductivity, great structural strength and insolubility in water, is ideal for high temperature piping and equipment.

Available Forms

Thermo-12 is furnished in both sectional pipe insulation and in block form. The pipe insulation comes in a complete selection of sizes up to 24" x 4" thick half sections. Pipe insulation is furnished in 3' lengths in thicknesses from 1" through 4" thick in 1/2" increments. Pipe sizes 25" through 33" are available in quad segments. Thermo-12 block is available in flat, 1V scored, 3V scored, 6" wide beveled, and radius block 42" diameter. Block is available in 36" lengths in thicknesses from 1" to 4". Block styles are available for application to various surface areas of flat and curved surfaces in diameter ranges from 34" to 250". Refer to published Price Book for standard dimensions for the various styles of block.

Uses

Especially recommended for use in the power generation and process industries on indoor and outdoor piping and equipment operating at temperatures to 1500F. Thermo-12 is light enough for easy handling and fast application. Repeated wettings have no permanent effect on it which makes it ideal for installations subjected to weather, or for insulating underground steam lines. Because it will not burn or carry flame, it may also be advantageously specified for use in the presence of inflammable gases and liquids.



Advantages

Exceptional Strength. Similar in chemistry and composition to a very fine concrete, Thermo-12 will withstand unusual operating abuse without appreciable damage.

Extreme Lightness. Thermo-12 is as light as many insulating materials possessing a fraction of its strength and durability.

Not Damaged by Water. Can be soaked in water without damage. After drying, conductivity will be as good as new.

Easy Application. Thermo-12 is purposely made in large blocks and half-sections to facilitate handling and reduce number of joints.

Low Conductivity. Thermo-12 offers one of the lowest K factors of all insulations in general use throughout the power generation and process industries.

Low Chloride Content. Thermo-12 has a low chloride content and can be used on Austenitic stainless steel without problems since it meets MIL-I-24244 A and NRC RDT M12-IT.

**Specification
Data**

Thermo-12"

Physical Properties

Density (dry) 13 lbs per cu ft
 Transverse Strength (Based on 1½" thickness of block tested in accordance with ASTM C203) 60 psi
 Compressive Strength (based on 1½" thickness of block) 250 psi to produce 5% compression
 Linear Shrinkage 1.1% after 24-hr soaking period at 1200F
 Maximum Service Temperature 1500F

**Compliance with Government Specs and
ASTM Standards**

Pipe Insulation

MIL-1-2781E to 1200F
 HH-I-523 Type II, Class A and B, to 1200F
 MIL-I-24244 A
 U.S. Coast Guard Certificate of Approval 164.009/163/0
 NRC RDT M12-1T
 NRC RDT M12-2T
 NRC Regulatory Guide 1.36

Block Insulation

MIL-I-2819F
 Class 2, to 1200F
 Class 3, to 1500F
 HH-I-523 Type I, to 1200F
 NRC RDT M12-1T
 NRC RDT M12-2T
 NRC Regulatory Guide 1.36
 MIL-I-24244, Amend. 3 A
 U.S. Coast Guard Certificate of Approval 164.009/163/0

Pipe and Block Insulation

C533, to 1200F

Thermal Conductivity (Btu. in. per sq. ft. per F per hr.)

	100	200	300	400	500	600	700	800	900	1000
*k	.38	.41	.44	.48	.53	.58	.65	.71	.78	.86

*Block is tested in accordance with ASTM C518 Rapid Heat Meter ASTM C177 Guarded Hot Plate



Johns-Manville

Ken-Caryl Ranch
 Denver, Colorado 80217

For Information on other
 J-M Thermal Insulations
 and Systems. Write the
 Johns-Manville
 Insulation Center,
 Drawer 17L, Denver,
 Colorado 80217 or Call
 (303) 979-1000.

The physical and chemical properties of Johns-Manville Thermo-12 represent typical average values obtained in accordance with accepted test methods and are subject to normal manufacturing variations. They are supplied as a technical service and are subject to change without notice. Numerical flame spread rating is not intended to reflect hazards presented by this or other materials under actual fire conditions. Check the Johns-Manville district office to assure current information.

LAINTIFFS 16 KNOTSW 1/20/80

t
thorpe

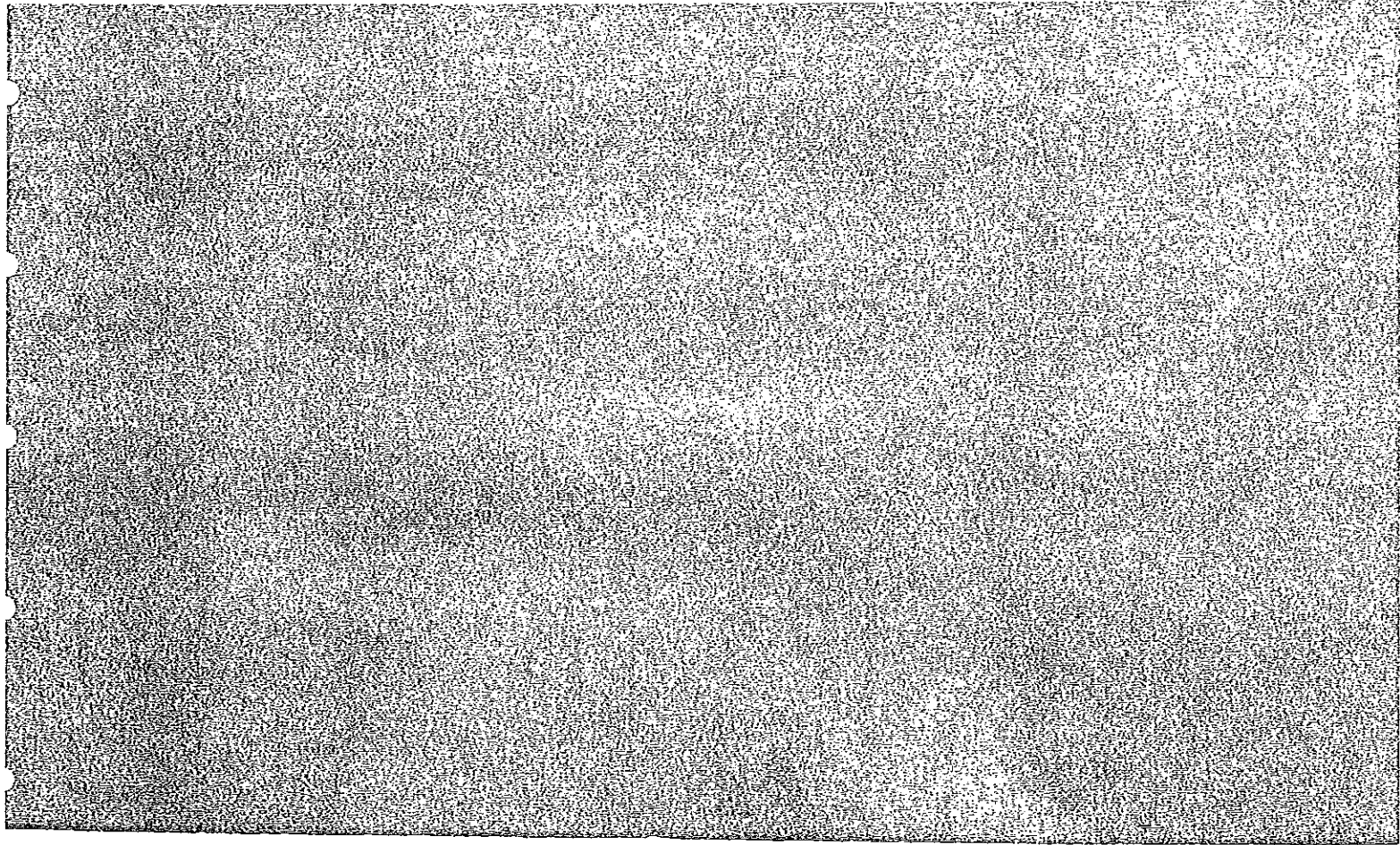
thorpe sales and company

ASBESTOS

REGULATIONS AND PROCEDURE

4

Thorpe



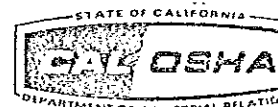
THE
AGENCY
LABOR RELATIONS
OFFICE
SAFETY

— OFFICIAL NOTICE —

TO ALL EMPLOYERS OF CALIFORNIA EMPLOYEES

Section 6408 (a) of the California Labor Code requires that information shall be posted regarding protections and obligations of employees under the occupational safety and health laws. This poster meets that requirement and must be prominently posted in all places of employment in the state of California. Section 6431 of the California Labor Code provides that any employer who violates any of the posting requirements of Section 6408 of the California Labor Code shall be assessed a civil penalty of up to one thousand dollars (\$1,000) for each violation.

SAFETY AND HEALTH PROTECTION IN THE JOB



State of California
Agriculture and Services Agency
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL SAFETY

The California Occupational Safety and Health Act of 1973 provides job safety and health protection for workers. The State Agriculture and Services Agency has primary responsibility for administering the Act, exercised through the Department of Industrial Relations. Job safety and health standards are promulgated by the Occupational Safety and Health Standards Board. Employers and employees are required to comply with these standards. Enforcement is carried out by the Division of Industrial Safety within the Department of Industrial Relations.

EMPLOYERS AND EMPLOYEES

The California Act states that every employer shall furnish employment and a place of employment which are safe and healthful for the employees herein, and that every employer and every employee shall comply with occupational safety and health standards and all rules, regulations, and orders pursuant to Division 5 of the California Labor Code which are applicable to his own actions and conduct.

employers and an abatement period established, civil penalties shall not be assessed.

Citations of violations issued by the Division of Industrial Safety must be prominently displayed at or near the place of violation for three days, until the unsafe condition is abated, whichever is longer, to warn employees of dangers that may exist there.

Any employee may protest the time given for abatement of the violation.

COMPLIANCE WITH SAFETY AND HEALTH REQUIREMENTS

To ensure compliance with safety and health requirements, the State Division of Industrial Safety conducts periodic job site inspections. The inspections are conducted by trained safety engineers. The law provides that an authorized representative of the employer and a representative of the employees be given an opportunity to accompany the safety engineer for the purpose of aiding the inspection. Where there is no authorized employee representative, the safety engineer consults with a reasonable number of employees concerning safety and health conditions in the workplace. Every employee has the right to bring unsafe or unhealthful conditions to the attention of the safety engineer making the inspection. In addition, every employee has the right to notify the Division of Industrial Safety if unsafe and unhealthful conditions are believed to exist at the workplace.

COMPLAINTS

Employees or their representatives have the right to file a complaint with the nearest office of the Division of Industrial Safety requesting an inspection if they believe unsafe or unhealthful conditions exist in the workplace. The Division, upon request, will withhold the names of employees who file complaints.

An employee may not be discharged or discriminated against in any way for filing complaints concerning unsafe working conditions or work practices in a place of employment, or otherwise exercising rights granted under the Act. An employee who believes he has been discriminated against may file a complaint with the nearest office of the State Labor Commissioner or with the San Francisco office of the U. S. Department of Labor Occupational Safety and Health Administration.

If the Division of Industrial Safety believes that an employer has violated a safety and health order of the State of California, it issues a citation to the employer. Each citation will specify a time period within which the alleged violation must be corrected. The Act provides for mandatory penalties against employers of up to \$1,000 for each serious violation and optional penalties of up to \$1,000 for each non-serious violation. Penalties of not more than \$1,000 per day may be proposed for failure to correct violations within the abatement period. Also, any employer who willfully or repeatedly violates any occupational safety and health order may be assessed civil penalties of not more than \$10,000 for each such violation. A violation that causes death or permanent or prolonged impairment of the health of any employee results, upon conviction, in a fine of not more than \$10,000 or imprisonment for not more than six months, or both.

OTHER INFORMATION

Any employee has the right to observe monitoring or measuring of employee exposure to hazards and the right of access to accurate records of employee exposure to potentially toxic materials or harmful physical agents.

The right to refuse to work under conditions that endanger life or health shall not be denied any employee.

This notice shall be conspicuously posted in each place of employment in the State of California as provided by the rules and regulations of the Division of Industrial Safety.

If the Division of Industrial Safety believes that an employer has violated a safety and health order of the State of California, it issues a citation to the employer. Each citation will specify a time period within which the alleged violation must be corrected. The Act provides for mandatory penalties against employers of up to \$1,000 for each serious violation and for optional penalties of up to \$1,000 for each nonserious violation. Penalties of not more than \$1,000 per day may be proposed for failure to correct violations within the abatement period. Also, any employer who willfully or repeatedly violates any occupational safety and health order may be assessed civil penalties of not more than \$10,000 for each such violation. A willful violation that causes death or permanent or prolonged impairment of the body of any employee results, upon conviction, in a fine of not more than \$10,000 or imprisonment of not more than six months, or both. A second conviction, after a first conviction, doubles these maximum penalties.

While governmental entities may be cited on the same basis as other

OTHER INFORMATION

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This notice shall be conspicuously posted in each place of employment in the State of California as provided by the rules and regulations of the Division of Industrial Safety.

In order to encourage voluntary compliance, the Division provides, upon request, a full range of occupational safety and health consulting services.

For information and assistance contact the nearest office of the Division of Industrial Safety.

OFFICES OF THE DIVISION OF INDUSTRIAL SAFETY

Main Offices

San Francisco.....	455 Golden Gate Ave.	94102	415-557-1946
Los Angeles	3460 Wilshire Blvd.	90010	213-381-1332

Regional Offices

Fresno	2550 Mariposa St.	93721	209-488-5274
Los Angeles (South) ..	3460 Wilshire Blvd.	90010	213-381-1332
Panorama City	8155 Van Nuys Blvd.	91402	213-988-6141
Sacramento.....	2422 Arden Way	95825	916-445-0668
San Diego	1309 State St.	92101	714-236-7325
San Francisco	1540 Market St.	94102	415-557-1677

District Offices

Bakersfield.....	225 Chester Ave.	93301	805-324-6437
Concord	1070 Concord Ave.	94520	415-676-5333
El Monte.....	3415 Fletcher Ave.	91731	213-572-6960
Fresno	2550 Mariposa St.	93721	209-488-5302
Long Beach	230 E. Fourth St.	90802	908-2844
Los Angeles (South).....	3460 Wilshire Blvd.	90010	213-381-3861
Modesto	1800 Coffee Rd.	95355	209-529-7751

Oakland	1111 Jackson St.	94607	415-4
Panorama City	8155 Van Nuys Blvd.	91402	213-7
Redding	1421 Court St.	96001	916-2
Sacramento.....	2422 Arden Way	95825	916-4
Salinas	21 W. Laurel Dr.	93901	408-4
San Bernardino.....	303 W. Third St.	92401	714-5
San Diego.....	1309 State St.	92101	714-2
San Francisco.....	1540 Market St.	94102	415-5
San Jose.....	888 No. First St.	95112	408-2
San Mateo.....	2555 Flores St.	94403	415-5
Santa Ana	28 Civic Center Plaza	92701	714-5
Santa Barbara	3704 State St.	93105	805-6
Santa Rosa	750 Mendocino Ave.	95401	707-5
Stockton	31 E. Channel St.	95202	209-5
Vernon	2833 Leonis Blvd.	90058	213-5

Field Offices

Chico	555 Rio Lindo Ave.	95925	916-3
Eureka.....	619 Second St.	95501	707-4
Ukiah	264 E. Smith St.	95482	707-4
Ventura	5740 Ralston St.	93003	805-6

Persons wishing to register a complaint alleging inadequacy in the administration of the California Occupational Safety and Health Plan may do so at the address: Occupational Safety and Health Administration c/o U. S. Department of Labor, (OSHA) c/o Federal Building c/o 450 Golden Gate Avenue—Room 4000 San Francisco, California 94102. Phone (415) 556-1636 or 556-8459. OSHA monitors the operation of State plans to assure that continued approval is maintained.



KIERAN D. BERGIN

Hazardous Waste Engineer
Solid Waste Management Department
Night Line (213) 699-7414 / From L.A. 685-5219
Residence (213) 693-9779

County Sanitation Districts
of Los Angeles County
(213) 699-7411 / From L.A. 685-5217

1955 Workman Mill Road
P.O. Box 4998
Whittier, CA 90607

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

Whittier, California 90607
(213) 685-5217

WALTER E. GARRISON

~~Sanitation Districts~~

Chief Engineer and General Manager

January 5, 1979

RECEIVED
JAN 10 1979

✓ JRC

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Order	

To Whom It May Concern

The Occupational Carcinogen Control Act of 1976 was enacted in order to protect persons in the work place from the hazards of known carcinogens. The act is very comprehensive, covering virtually all uses of carcinogenic materials, including storage, transportation and disposal.

In order to implement this act, the Division of Industrial Safety has promulgated regulations contained in the General Industrial Safety Orders, Title 8, California Administrative Code. Rules governing the use of asbestos are contained in Section 5208 of these orders. Two phrases are of paramount importance in determining appropriate methods of disposal: 1) "The ceiling or short time concentration to which employees are exposed shall not exceed 10 fibers, longer than 5 micrometers, per cubic centimeter of air"; and 2) "Asbestos waste, scrap, debris, and asbestos contaminated materials consigned for disposal shall be collected and disposed in sealed impermeable bags or containers."

The Sanitation Districts applied to the Division of Industrial Safety for registration as an asbestos user in order to continue disposal of asbestos at Calabasas. In the past, disposal was permitted if the asbestos was either double bagged in sealed plastic bags, or bagged and then placed inside sealed drums.

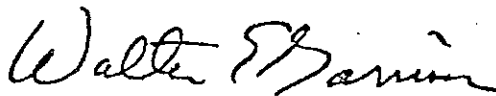
The only way to insure compliance with the ceiling concentration of asbestos in an open air environment, such as a landfill, is to make certain that no air borne asbestos fibers are created by the operation. It has recently become apparent that plastic bags are not able to withstand the rigors that loading, transportation and unloading put upon them. There have been several instances of broken asbestos bags, either during transportation or unloading. In some cases, instructions to hand unload and bury the bags were ignored, while in others the packaging was made of very weak plastic which easily ruptured.

In order to prevent a recurrence of these incidents, asbestos disposal will be carried out in the following manner: Effective immediately, asbestos that is to be buried at Calabasas landfill must be packaged in closed plastic

bags which must then be placed inside closed drums which will protect the bags during transportation, unloading, and disposal. Drums are to have secured lids during all phases of operation. Drums are to be secured during transportation. Unloading may be done in either of 2 ways: 1) from a lift gate truck, using a drum dolly to place drums in a disposal area as directed by site personnel; or 2) from a roll off truck, by placing the box on level ground, and moving the drums with the drum dolly to the specified disposal area. Asbestos containing drums are not to cascade out the back end of a roll off, or fall off the back end of a flat bed or enclosed van. Any occurrence of either incident will be grounds for permanent loss of asbestos disposal privileges.

The above procedures will be strictly enforced. It is recognized that these procedures will make it more burdensome to dispose of asbestos than it has been, but the legal requirements for disposal must take precedence over convenience. If any questions arise, please contact Kieran Bergin at the above address.

Very truly yours,



Walter E. Garrison
Chief Engineer and
General Manager

WEG:KDB:1ac

TICO ASB. PROCEDURE

t

MEMORANDUM

FROM J. G. Carroll

DATE August 10, 1978

TO Personnel Listed Below

SUBJECT PROCEDURES:
NOTIFICATION OF
ASBESTOS EXPOSURE

The State and Federal Regulations require that employees working with asbestos have medical examinations made available to them. These multiphasic medical examinations are provided and paid for through the Workers Health and Welfare Fund. Complete details on the program and examinations are contained in the Health and Welfare Fund Booklet in the possession of each of the workers.

We encourage all employees who have worked with asbestos to take advantage of the medical exams for their benefit and that of their families.

The procedures for this program are as follows:

1. Each Superintendent will complete the form "Asbestos Demolition or Removal Record" and return to me within 5 working days of the project completion.
2. A letter will then be sent to these individuals within 15 days of project completion notifying them of the availability of the physical examination.
3. Copies of these letters are to be maintained in the employee personnel file and in the master multiphasic examination file

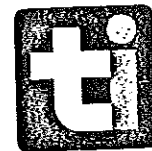
JGC
JGC/er

Attachments

Copies to: W. Abbott
E. Boldetti
D. Burke
C. Cole
J. Cordell
R. Earp
W. Foote
W. Harrison

D. Ralston
J. Rodriguez
C. Steadman
A. Williams, Jr.
J. Williams

CC: R. W. Fults
R. R. Hart
J. E. Knutsen



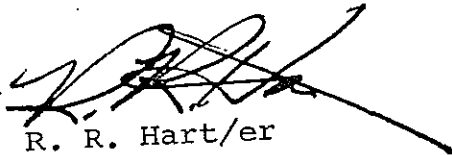
thorpeinsulationcompany

2741 South Yates Ave
Los Angeles, California 90040
(213) 726-7171 (714) 521-7463

Subject: MULTIPHASIC MEDICAL EXAMINATIONS

Our records indicate that you have worked with asbestos insulation material recently. We wish to remind you that no cost multiphasic examinations are made available to you through your Health and Welfare Fund.

You are encouraged to take advantage of this no cost medical examination. Simply contact the Health and Welfare Office at 1730 W. Olympic Boulevard, Suite 500, Los Angeles, CA 90015 (213) 386-1640.


R. R. Hart/er
Office Manager

J. G. Carroll

October 25, 1978

Personnel Listed Below

MAINTENANCE AND OPERATING
PROCEDURE FOR MOBILIZATION
AND USE OF AIR SUPPLY
RESPIRATORS

A. Air Source:

1. Use customers or owners air source, if available. If not available, compressors can usually be obtained from equipment rental companies.
 - a) Size of compressor is determined by the number of head sets to be used. Head sets require approximately 10 CFM each.

B. Air Purification:

1. Use either Bullard or American Bristol filters. See schematic for systems A & B.
 - a) Both systems have replacement filters.
 - b) Filter life is determined by the amount of oil, water, and particulate being filtered.
 - c) Each project should include, at least, one extra set of filters to avoid lost time.
2. American Bristol (System B):
 - a) The first element is a mechanical moisture separator. This unit should be drained by opening the valve on the bottom in the first 15 to 30 minutes and then as often as necessary to keep the water from getting into the other filters. Unit should be taken apart and cleaned once a year.
 - b) Second and third elements are 3X disposable filters which become ineffective when they are contaminated with moisture and oil. Contamination is determined when the beads in the sight glass change color from bright blue to pale white. At this point 3X filters should be changed immediately. With the change of filters, the beads in sight-glass will change back to bright blue in 15 to 30 minutes. Beads can be put in 350° F oven for 10 minutes to restore blue color.

J. G. Carroll

October 25, 1978

MAINTENANCE AND OPERATING
PROCEDURE FOR MOBILIZATION
AND USE OF AIR SUPPLY
RESPIRATORS

Page 2

- c) The fourth element is a combination 3CAC carbon monoxide filter - 50% catalyst and 50% activated carbon (hopcalite). This filter should be changed only if moisture is allowed to enter. Moisture will enter if the two 3X filters are not changed when the beads first change color.
- d) Air regulator should be adjusted for comfort, somewhere between 15 and 25 PSI.
- e) IMPORTANT NOTE: When not in use, inlet and outlet valves should be kept closed to avoid moisture contamination of filters.

3. Bullard (System A):

- a) The Bullard system has been modified to include the carbon monoxide 3CAC filter and sight glass. See 2c for filter replacement. Air regulator should be adjusted for comfort, somewhere between 15 and 25 PSI.
- b) The Bullard 4l AF filter is to be replaced when one of the following occurs:
 - 1. Air tastes or smells oily.
 - 2. Filter increases in weight by 1 to 1½ pounds
 - 3. Beads in sight-glass turn pale white.
 - 4. If air pressure falls below 12 PSI.
- c) The Bullard 4l-P4L filter pot has a pet-cock on the bottom. Water and oil should be drained off in the first 15 to 30 minutes and then as often as necessary to keep the system dry.

C. Air Respirators (Head Gear):

- 1. Bullard 999-3 type "C" air respirators include hard hat, cowl, lense and six feet of hose.
- 2. Head gear should be cleaned after each use.

J. G. Carroll

October 25, 1978

MAINTENANCE AND OPERATING
PROCEDURE FOR MOBILIZATION
AND USE OF AIR SUPPLY
RESPIRATORS

Page 3

D. Hoses:

1. The 3/8" black and yellow hoses are interchangeable and can be used with either system. Prior to use, the hose couplings (fittings) are to be checked to assure inter-connection.
2. The 1" yellow hose is to be used with the Bullard System "A".
3. The 3/4" red hose is to be used with the American Bristol System "B".
4. NOTE: Minor modification of hose fitting might be necessary for tie-in to air source.

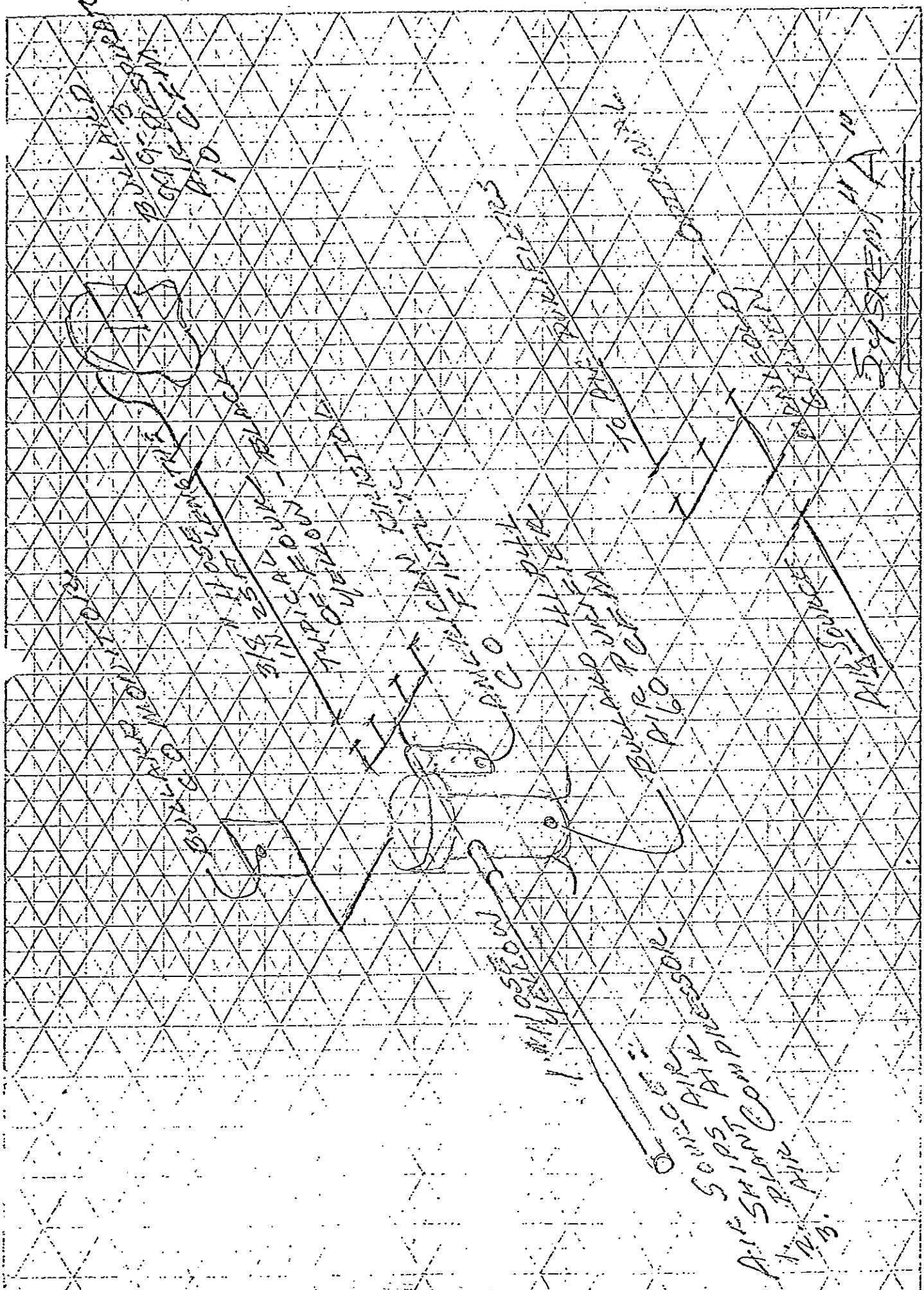
E. At the conclusion of each use equipment is to be cleaned and filters are to be checked and/or replaced in preparation for the next project.

JGC/ds

Copies to: W. M. Abbott
E. Boldetti
C. J. Carroll
C. H. Cole
R. R. Earp
W. E. Harrison

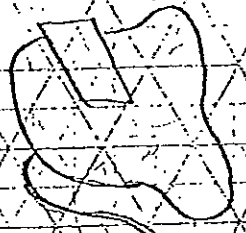
R. Myers
W. T. Riley
C. Steadman
J. A. Rodriguez
A. C. Williams
J. N. Williams

cc: RWF
JRC
JGC
RBS



E. D. BUCCARO

1 1/2" DIA. PIPE
1 1/2" DIA. PIPE
1 1/2" DIA. PIPE

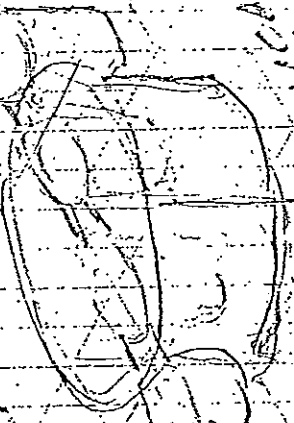


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AMERICAN BRISTOL
SYSTEM "B"

10-25-78

AIR BREATHING EQUIPMENT

INVENTORY

- 24 EA BULLOCK 999-3 AIR RESPIRATORS
- 24 EA 3/8" BLACK HOSES - (25 FT LONG)
- 24 EA 3/8" YELLOW HOSES - (25 FT LONG)
- 4 EA 3/4" RED HOSES - (50 FT LONG)
- 6 EA 1" YELLOW HOSES (50 FT LONG)
- 1 EA 1" HOSE MANIFOLD (4 CONNECTION)
- 3 EA BULLOCK H1P4L AIR PURIFIERS
- 1 EA BULLOCK CO MONITOR
- 4 EA AMERICAN KNIGHT 355 AIR PURIFIER
- 12 EA BULLOCK WAIST BELTS

CLEANING EQUIPMENT

- 4 EA MINUTEMAN ASBESTOS VACUUMS
- COMPLETE WITH ATTACHMENTS
- AND DISPOSABLE BAGS

7
THORPE INSULATION COMPANY

From: J. G. Carroll

Date: February 11, 1977

To: Bill Abbott
Ed Boldetti
Don Burke
Chick Carroll
Carl Cole
Ron Earp
Wally Foote
Bill Harrison
Russ Stefanski
Art Williams, Sr.
Art Williams, Jr.

Subject: OSHA RECORD KEEPING
REQUIREMENTS

cc: RWF
DSW
JRC

The California Division of Industrial Safety, General Industry Safety Orders, like the federal regulations, requires the employers to maintain records on and of those employees who have had exposure to airborne concentrations of asbestos fibers.

Fortunately, our insulation materials are now asbestos free. However, through removal or rework of existing calcium silicate, magnesia, etc., it is possible that our people could become exposed to airborne asbestos fibers.

It is our intent to be in compliance with these regulations; therefore, when we encounter asbestos-containing materials, you will provide the writer with a list of names of the people involved and the duration of their exposure.

Attached are copies of the report form which is to be filled out and forwarded at the conclusion of the exposure period.


JGC/h

Attachments

THORPE INSULATION COMPANY

ASBESTOS DEMOLITION OR REMOVAL RECORD

To: J. G. Carroll

Date: _____

Job No. _____

Customer _____

Job Name _____

Location _____

List number of working days and names of men involved in removal.

NAMES: _____ Number of Days: _____

_____	_____
_____	_____
_____	_____
_____	_____

Signed: _____

JGC/h 2/11/77

THORPE INSULATION COMPANY

From: J. G. Carroll

Date: September 20, 1977

Subject: PROCEDURE FOR WORKING WITH
OR HANDLING ASBESTOS-
CONTAINING MATERIALS

The following is an update of our operating procedures for working with and/or handling asbestos-containing materials to conform with the new State Regulations. Required initial reporting has been accomplished by our letters of August 4 and August 24, 1977. (Copies attached.)

A. Contract Work: (Temporary job sites)

1. Prior to commencing a "rip-off" assignment, you are to notify the Thorpe Safety Director who will then advise the District Office of the "Division of Industrial Safety" and the AQMD by letter, telegram, or phone (followed by letter) of our impending activity.
2. All work procedures are to be in accordance with our Safety Memo dated 4/28/76. (Copy attached.)

B. Waste Disposal:

1. Asbestos waste materials in ^{DOUBLE} sealed impermeable, labeled bags are to be transported to a given Sanitation District Class I Dump Site. (A supply of labeled bags is maintained at our Wilmington Branch.)

a) Class I Dumps:

Los Angeles County Sanitation

1. Palos Verdes
2. Calabasas

Privately Operated

1. BKK Landfill (expensive)

West Covina

San Diego County Sanitation

1. Otay Landfill

No Class I dumps in San Bernardino or Riverside Counties. Waste is to be transported to Los Angeles for disposal.

2. The various dumps are to be notified 24 hours in advance at which time they will assign a code number to the hazardous material. We are to initiate a five-part "California Liquid Waste Hauler Record" (to be used for hazardous solids). This form is to accompany the waste to the dump. The form

PROCEDURE FOR WORKING WITH OR HANDLING
ASBESTOS-CONTAINING MATERIALS (continued)

9/25/77

is to be endorsed by the refuse hauler and the receiving dump. Copies of the form are then distributed as indicated in the attached instructions.

C. Material Sales and Warehousing:

1. Asbestos-containing materials, i.e. asbestos paper and millboard, are to be sold and/or otherwise remain in full prepackaged rolls and cartons only. Manufacturer's containers are not to be opened on Thorpe property.
2. Customers purchasing these items, upon request, can be provided with a copy of the U. S. Dept. of Labor "Material Safety Data Sheet" pertaining to the special product purchased. (Copies attached.)

- D. Rules and Regulations from "South Coast Air Quality Management District" require similar reporting and special handling procedures for asbestos. (See attached copy of reporting letter dated 9/6/77.)


JGC/h

Attachments

To: W. Abbott
E. Boldetti
D. Burke
C. Carroll
H. Carson
C. Cole
J. Cordell
R. Earp
J. Epps
W. Harrison
H. Privette
D. Ralston
J. Rodriguez
R. Stefanski
H. Walsh
A. Williams, Sr.
A. Williams, Jr.
J. Williams

cc: RWF
JBK
JEK
RRH



W. R. (Lawrence) ...

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

1955 Workman Mill Road / Whittier, California
 Mailing Address: / P. O. Box 4998, Whittier, California 90607
 Telephone: (213) 699-7411 / From Los Angeles (213) 685-5217

THORPE INSULATION		JOHN D. PARKHURST
Chief Engineer and General Manager		
AUG 1 1978		
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To Whom It May Concern:

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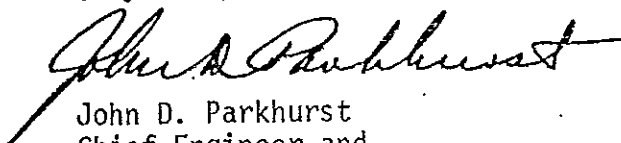
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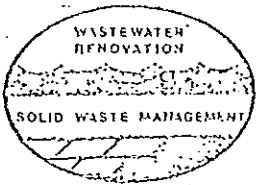
The above procedures will be strictly enforced. It is recognized that these procedures will make it more burdensome to dispose of asbestos than it has been, but the legal requirements for disposal must take precedence over convenience. If any questions arise, please contact Kieran Bergin at the above address.

Very truly yours,



John D. Parkhurst
Chief Engineer and
General Manager

JDP:KDB:lac



John D. Parkhurst

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

955 Workman Mill Road / Whittier, California
 Mailing Address: / P. O. Box 4998, Whittier, California 90607
 Telephone: (213) 699-7411 / From Los Angeles (213) 685-5217

JOHN D. PARKHURST

Chief Engineer and General Manager

April 24, 1975

To All Sanitation District
 Liquid and Hazardous Waste
 Disposal Customers

Dear Customer:

THORPE INSULATION	
MAY 19 1977	
✓	TREAS
✓	COMM
✓	CR
✓	OFFICE
✓	PUR
✓	ORDER

RULES FOR DISPOSAL OF LIQUID AND HAZARDOUS WASTE

In the interest of safe disposal of liquid and hazardous wastes and for the protection of the environment, the legislature of the State of California passed Assembly Bill 598 in 1972. This law required that the California Department of Health adopt regulations for handling, processing and disposal of hazardous waste.

The State Department of Health in conjunction with the State Water Resources Control Board has adopted a new manifest as required by the legislation called the 'California Liquid Waste Hauler Record (revised 12/74)', which must accompany all loads of liquid and hazardous waste.

In order to comply with the current laws and regulations controlling disposal of liquid and hazardous wastes, and to provide a safe environment at Sanitation District landfills for customers and employees, the attached set of rules has been assembled.

In order to comply with the laws and regulations of the State of California and local authorities, your complete conformance with these rules is requested.

Very truly yours,

John D. Parkhurst

John D. Parkhurst
 Chief Engineer and
 General Manager

JDP:ld
 Attach.

Notice to Haulers of Liquid and Hazardous Wastes using Sanitation District Landfills

The California Department of Health and the State Water Resources Control Board have issued new regulations concerning the handling and disposal of hazardous and liquid wastes.

Liquid and hazardous solid wastes are required to be accompanied by a new five part manifest called the California Liquid Waste Hauler Record (rev. 12/74). In order to comply with the current laws controlling disposal of liquid and hazardous waste and to provide a safe environment at Sanitation District landfills for customers and employees, the following rules must be adhered to:

1. A separate manifest must be provided for each load.
2. The District will keep two legible copies of the executed document.
3. All manifests must be completely and legibly filled out or the loads will not be accepted (see attached instructions for required entries).
4. After April 30, 1975, no liquid or hazardous solid waste material will be accepted unless accompanied by the new California Liquid Waste Hauler Record form (rev. 12/74.) Attached is a copy of the new manifest for your reference.
5. All hazardous waste loads must be approved at least one working day prior to disposal by R. E. Van Heit or R. F. Lalka (213-685-5217 or 213-699-7411). Blanket approval of frequently received hazardous waste of uniform concentration may be granted by the District. Hazardous materials which cannot be handled in a safe manner at District facilities will not be accepted.
6. Any material that may cause a nuisance or other violation in the District's operating requirements will not be accepted.
7. Haulers must be capable of off-loading all materials from their trucks in a safe manner.
8. Haulers of hazardous waste materials must provide adequate safety equipment for the protection of their employees.
9. All instructions of site personnel must be carried out.
10. All other site rules must be adhered to.
11. Recommended distribution of the manifest and copies is as follows:

Original - give to landfill weighmaster
Copy 1 - give to landfill weighmaster
Copy 2 - to be retained by hauler
Copy 3 - hauler returns to producer when completed
Copy 4 - producer sends to California State Department of Health
on a monthly basis for hazardous waste only.

Note: copies of the State Department of Health "Law, Regulations and Guidelines" are available at the Sanitation Districts' Joint Administration Office. Contact

The following entries are required on the California Liquid Waste Hauler Record form:

1. Name of producer
2. Pickup address of producer
3. Telephone number of producer
4. Date
5. Type of process which produced waste
6. Description of waste
7. pH of waste, if liquid
8. Hazardous properties of waste; if none, box for none must be checked
9. If any hazardous properties are listed, components of waste must be listed
10. Bulk volume
11. Type and number of containers, if applicable
12. Physical state of waste
13. Special handling instructions; if none, must state none
14. Signature of producer; if not legible, must print or type name to left of signature
15. Name of hauler of waste
16. Business address of hauler of waste
17. Telephone number of hauler of waste
18. Pickup date and time
19. Vehicle type
20. Signature of hauler, if illegible, must be typed or printed legibly to left of signature
21. DOT proper shipping name
22. All forms must be serialized with sequential numbering
23. Code numbers will not be used at this time

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (Print or type)

Pick up Address: _____

Telephone Number: _____

Order Placed By: _____

Type of Process which Produced Wastes: _____

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- 1. Acid solution
- 2. Alkaline solution
- 3. Pesticides
- 4. Paint sludge
- 5. Solvent
- 6. Tetraethyl lead sludge
- 7. Chemical toilet wastes
- 8. Tank bottom sediment
- 9. Oil
- 10. Drilling mud
- 11. Contaminated soil and sand
- 12. Cannery waste
- 13. Latex waste
- 14. Mud and water
- 15. Brine

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

Concentration: Upper Lower % ppm

	Upper	Lower	%	ppm
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Hazardous Properties of Waste:

- none
- toxic
- flammable
- corrosive
- explosive

Bulk Volume: _____

- gal
- tons
- barrels (42 gal.)
- other (specify) _____

Containers: _____

- drums
- cartons
- bags
- other (specify) _____

Physical State: _____

- solid
- liquid
- sludge
- other (specify) _____

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): _____

Business Address: _____

Telephone Number: _____

Store Liquid Waste Hauler's Registration No. (if applicable): _____

Job No.: _____

Vehicle: vacuum truck _____ barrels, flatbed, other _____ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

- recovery
- treatment (specify): _____ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)
- disposal (specify): pond spreading landfill injection well
- other (specify): _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

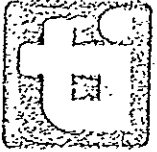
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name _____



the pacific insulation company

2741 South Yates Ave
Los Angeles, California 90040
(213) 726-7171 (714) 521-7460

August 4, 1977

Division of Industrial Safety
455 Golden Gate Avenue
San Francisco, CA 94102


Attention: Chief of the Division

In accordance with the requirements of the Revisions to Title 8, Section 5208, concerning the use of asbestos containing material, we submit the following:

1. We are involved in the warehousing, handling, and sale of certain prepackaged materials containing more than 1% asbestos. The prepackaged materials are labeled by the manufacturer and are not opened within our facility.
2. As an insulation contractor, we encounter from time to time at temporary job sites, renovation or replacement of existing insulation materials that may contain more than 1% asbestos. This is intended to be the initial notice. As directed, the local or district offices will be notified prior to the commencement of each work.
3. All work and handling procedures are in compliance with the safety orders.
4. The warehousing etc. functions indicated in paragraph #1 are accomplished by members of the "IBT" Locals 36, 467, 598, and 692 at the following locations:

2741 S. Yates Avenue, Los Angeles, CA 90040
715 S. Lugo Avenue, San Bernardino, CA 92408
4550 Federal Boulevard, San Diego, CA 92102
24300 Broad Street, Carson, CA 90745

5. The work performed at temporary job sites can or may be anywhere within the greater Southern California area. This work will be accomplished by members of the "International Association of Heat and Frost Insulators," Local No. 5, Los Angeles, California.


J. G. Carroll/h
Manager of Administration

THORPE			
SEP 7 1977			
ENV			
Const			Admin
EST			SR
IND			Office
MAT			PUR
Order			

September 7, 1977

South Coast Air Quality
 Management District
 434 S. San Pedro Street
 Los Angeles, CA 90013

Subject: REGULATION X
 Rule 1002

In accordance with the requirements of the subject regulation and rule, we report that, as an insulation contractor involved in the construction industry, we may from time to time encounter renovation or repair of existing insulated mechanical systems, i.e. piping, equipment, ductwork, etc., where the existing insulation could contain more than 1% asbestos.

The work performed at these temporary job sites can or may be anywhere within the greater Southern California area. This work would be accomplished by members of the "International Association of Heat and Frost Insulators," Local No. 5, Los Angeles, California.

Our work procedures are in accordance with your regulations, Federal EPA and Title 8 of California General Safety Orders, to include control of emissions by means of wetting or exhaust ventilation, and disposal of waste at Los Angeles County Sanitation District Class I dumps. Waste will be properly labeled and sealed in impermeable bags, handled and processed according to the California "Rules for Disposal of Liquid and Hazardous Waste."

J. G. Carroll/h
 Manager of Administration

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS

537A

DIVISION OF INDUSTRIAL SAFETY

CARCINOGEN REGISTRATION FORM

This is to supplement our reporting letter of 8/4/77.

Thank you for your recent registration as a carcinogen user in accordance with the Title of the California Administrative Code, Sections 5208, 5209, and 5210 indicating use of the following carcinogen(s).

- | | |
|---|--|
| <input type="checkbox"/> 2-Acetylaminofluorene | <input type="checkbox"/> N-Nitrosodimethylamine |
| <input type="checkbox"/> 4-Aminodiphenyl | <input type="checkbox"/> beta-Propiolactone |
| <input type="checkbox"/> Benzidine (and its salts) | <input type="checkbox"/> bis-Chloromethyl ether |
| <input type="checkbox"/> 3,3'-Dichlorobenzidine (and its salts) | <input type="checkbox"/> Methyl chloromethyl ether |
| <input type="checkbox"/> 4-Dimethylaminoazobenzene | <input type="checkbox"/> 4,4'-Methylene bis (2 Chloroaniline) (MOCA) |
| <input type="checkbox"/> alpha-Naphthylamine | <input type="checkbox"/> Ethyleneimine |
| <input type="checkbox"/> beta-Naphthylamine | <input checked="" type="checkbox"/> Asbestos |
| <input type="checkbox"/> 4-Nitrobiphenyl | <input type="checkbox"/> Vinyl Chloride |
| | <input type="checkbox"/> Other: _____ |

However, your information failed to provide the following item(s) required by the above quoted section. Please furnish this information to the Division as soon as possible.

1. A brief description, in-plant location, and the address of each area where carcinogens are used.

See initial report.

2. Other identifying information of each carcinogen in use, such as trade names or synonyms, if known. Johns-Manville asbestos mill board and asbestos paper as manufactured by Johns-Manville. Renovation and/or replacement would be varied manufacturers' calcium silicate and 85% Magnesia insulation.
3. The number of employees in areas where carcinogens are used during any operation including maintenance activities. Warehousing and handling of prepackaged materials could involve 8-10 employees. Renovation at temporary job sites would be determined by unknown industry demand. From 0-20 employees.
4. The manner in which a carcinogen is present in a place of employment; e.g., whether it is manufactured, processed, used, repackaged, released, stored or otherwise handled.
5. The name and address of the bargaining representative(s), if any, of the employees who may be exposed to the carcinogens.

J. G. Carroll
J. G. Carroll Thorpe Insulation Company 8/24/77
 Name and Title of Registrant Company SIC# Date

2741 S. Yates, Los Angeles, CA 90040 Check if operations involve temporary jobsites.
 Address Zip Code

Any change in the above information shall be similarly reported in writing within 15 calendar days of such changes.

WHEN FORM IS COMPLETED, MAIL TO: Chief, Division of Industrial Safety 455 Golden Gate Avenue, San Francisco, CA 94102

POST A COPY OF THIS REPORT IN A CONSPICUOUS PLACE WHERE

U.S. DEPARTMENT OF LABOR

WAGE AND LABOR STANDARDS ADMINISTRATION
 Bureau of Labor Standards

MATERIAL SAFETY DATA SHEET

SECTION I	
MANUFACTURER'S NAME Johns-Manville Products Corp.	EMERGENCY TELEPHONE NO. 201-725-5000 Ext. 2737
ADDRESS (Number, Street, City, State, and ZIP Code) 200 North Main Street, Manville, New Jersey 08835	
CHEMICAL NAME AND SYNONYMS Chrysotile Asbestos	TRADE NAME AND SYNONYMS Commercial Grade Asbestos Paper
CHEMICAL FAMILY Asbestos	FORMULA Not Applicable

SECTION II HAZARDOUS INGREDIENTS				
PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	% TLV (Units)
PIGMENTS			BASE METAL	
CATALYST			ALLOYS	
VEHICLE			METALLIC COATINGS	
SOLVENTS			FILLER METAL PLUS COATING OR CORE FLUX	
ADDITIVES			OTHERS	
OTHERS				
HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES				% TLV (Units)
Chrysotile Asbestos Fibre			By Weight	95
TLV - See attached copy Federal Register 12/7/71, Vol. 36, No. 234 - 8				
hour time weighted average 5 fibers/ML greater than 5 microns in length.				
Concentrations above 5 fibers/ML not to exceed 10 fibers/ML permitted for 15 minutes an hour up to 5 hours per 8 hour day.				

SECTION III PHYSICAL DATA	
BOILING POINT (°F.)	SPECIFIC GRAVITY (H ₂ O=1)
VAPOR PRESSURE (mm Hg.)	PERCENT VOLATILE BY VOLUME (%)
VAPOR DENSITY (AIR=1)	EVAPORATION RATE (AIR=1)
SOLUBILITY IN WATER	
APPEARANCE AND ODOR	Black solid paper - no odor

SECTION IV FIRE AND EXPLOSION HAZARD DATA		
FLASH POINT (Method used)	FLAMMABLE LIMITS	LeI UeI
EXTINGUISHING MEDIA	Not Applicable	
SPECIAL FIRE FIGHTING PROCEDURES	"	
UNUSUAL FIRE AND EXPLOSION HAZARDS	"	

SECTION V: HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE	Chrysotile Asbestos - See Section II and attached OSHA regulation
EFFECTS OF OVEREXPOSURE	May cause pulmonary disease.
EMERGENCY AND FIRST AID PROCEDURES	Avoid breathing excessive dust when cutting, drilling, or machining.

SECTION VI: REACTIVITY DATA

STABILITY	UNSTABLE		CONDITIONS TO AVOID
	STABLE	x	Avoid breathing excessive dust
INCOMPATIBILITY (Materials to avoid)		Not Applicable	
HAZARDOUS DECOMPOSITION PRODUCTS		" "	
HAZARDOUS POLYMERIZATION	MAY OCCUR		CONDITIONS TO AVOID
	WILL NOT OCCUR		

SECTION VII: SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED	Vacuum or wet down waste when cleaning.
WASTE DISPOSAL METHOD	Place waste into closed container.

SECTION VIII: SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION (Specify type)		U. S. Bureau of Mines approved respirators for pneumoconiosis-producing dusts.	
VENTILATION	LOCAL EXHAUST	SPECIAL	
	MECHANICAL (General) Control with dust collection equipment to within TLV.		OTHER
PROTECTIVE GLOVES	EYE PROTECTION		
OTHER PROTECTIVE EQUIPMENT			

SECTION IX: SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING	Maintain good housekeeping practices.
OTHER PRECAUTIONS	
SEE CAUTION LABEL ON PRODUCT	

1971

1971

Table 1-2—GENERAL DUST

Substance	Weight	Weight
Alumina		
Crystalline		
Quartz (respirable)	50%	10mg/100 ft ³
Quartz (total dust)	5%	10mg/100 ft ³
Crystalline silica		
Free silica from the amount of dust from the quartz		
Free silica from the amount of dust from the quartz		
Amorphous, including natural diatomaceous earth	20	5mg/100 ft ³
Oil-soluble (less than 1% free silica)		
Mica	20	
Asbestos	20	
Talc	20	
Residual cement	15	
Gravel (residual)		
Coal dust (respirable fraction less than 7% SiO ₂)		3.5mg/100 ft ³
For more than 9% SiO ₂		10mg/100 ft ³
Inert or Non-inert Dust:		
Respirable fraction	14	5mg/100 ft ³
Total dust	20	10mg/100 ft ³

Note: Conversion factors—multiply by 100 to obtain particles per cubic meter or particles per c.c.

*Millions of particles per cubic foot of air based on duplicate samples collected by light-scattering technique. The percentage of crystalline silica in the formula is the amount determined from laboratory samples, or from a laboratory in which other methods are used to determine the amount of crystalline silica. The amount of free silica is determined by the manufacturer's certificate of analysis or by the manufacturer's certificate of analysis. The amount of free silica is determined by the manufacturer's certificate of analysis or by the manufacturer's certificate of analysis.

Aerodynamic diameter (unit density sphere)	Percent particles below
2	50
2.5	75
3.5	90
6.0	95
10	99

The measurements under this table refer to the use of an AEC instrument. If the respirable fraction of coal dust is determined with a MIRA the figure corresponding to that of 2.4 Mg/100 ft³ in the table for coal dust is 3.5 Mg/100 ft³.

A new § 1910.93a is added to Part 1910. The new § 1910.93a reads as follows:

§ 1910.93a Asbestos dust.

(a) The 3-hour time-weighted average airborne concentration of asbestos dust to which employees are exposed shall not exceed 5 fibers per milliliter greater than 5 microns in length, as determined by the membrane filter method at 400-450X magnification (4 millimeter objective) phase contrast illumination. Concentrations above 5 fibers per milliliter but not to exceed 10 fibers per milliliter, may be permitted up to a total of 15 minutes in an hour for up to 5 hours in a 3-hour day.

(b) Engineering methods, such as but not limited to, enclosure, vacuum sweepers, and local exhaust ventilation, used

with the requirements of these paragraphs, including (1) the operations covered, the requirements of this paragraph are in addition to those prescribed in paragraph (a) of this section.

(2) All hand- or power-operated tools which produce asbestos dust such as, but not limited to, saws, scrapers, abrasive wheels, and drills shall be provided with local exhaust ventilation and dust collectors in accordance with the American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems; ANSI Z9.2-1971.

(3) Employees exposed to the spraying of asbestos or the demolition of pipes, structures, or equipment covered or insulated with asbestos shall be provided with respiratory protective devices in accordance with paragraph (c)(4) of this section.

(4) Asbestos waste and scrap shall be collected and disposed of in sealed bags or other containers.

(5) All cleanup of asbestos dust and blowing shall be performed by vacuum cleaners. No dry sweeping shall be performed.

3. Section 1910.12 is amended by changing paragraph (a) in order to apply the emergency standard prescribed in the new § 1910.93a, which is published in this document to construction work which is subject to the Act. The amendment is necessary in light of the rule of regulatory construction set forth in § 1910.5(e). As amended, § 1910.12 reads as follows:

§ 1910.12 Construction work.

(a) (1) Adoption and extension of established safety and health standards for construction. The standards prescribed by Part 1910 of this title and in effect on April 23, 1971, are adopted as occupational safety or health standards under section 3(a) of the Act and shall apply, according to the provisions thereof, to every employment and place of employment in construction work. Each employer shall protect the employment and places of employment of each of his employees engaged in construction work by complying with the appropriate standards prescribed by this paragraph.

(2) The standards prescribed in § 1910.55(c) of this title shall apply in the case of the exposure of any employee in construction work to airborne asbestos dust.

Effective Date. These amendments shall become effective immediately upon publication in the Federal Register (12-3-71).

(Sec. 3(e), 94 Stat. 1496, 50 U.S.C. 653; Secretary's Order No. 12-71, 50 F.R. 6754)

Signed at Washington, D.C., this 3rd day of December 1971.

G. C. QUENNERLY,
Assistant Secretary of Labor.

with the requirements of these paragraphs, including (1) the operations covered, the requirements of this paragraph are in addition to those prescribed in paragraph (a) of this section.

(2) All hand- or power-operated tools which produce asbestos dust such as, but not limited to, saws, scrapers, abrasive wheels, and drills shall be provided with local exhaust ventilation and dust collectors in accordance with the American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems; ANSI Z9.2-1971.

(3) Employees exposed to the spraying of asbestos or the demolition of pipes, structures, or equipment covered or insulated with asbestos shall be provided with respiratory protective devices in accordance with paragraph (c)(4) of this section.

(4) Asbestos cement, mortar, coatings, grout, and plaster shall be mixed in closed bags or other containers.

(5) Asbestos waste and scrap shall be collected and disposed of in sealed bags or other containers.

(6) All cleanup of asbestos dust and blowing shall be performed by vacuum cleaners. No dry sweeping shall be performed.

3. Section 1910.12 is amended by changing paragraph (a) in order to apply the emergency standard prescribed in the new § 1910.93a, which is published in this document to construction work which is subject to the Act. The amendment is necessary in light of the rule of regulatory construction set forth in § 1910.5(e). As amended, § 1910.12 reads as follows:

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Signed at Washington, D.C., this 3rd day of December 1971.

G. C. QUENNERLY,
Assistant Secretary of Labor.

12/6/76

U.S. DEPARTMENT OF LABOR
Occupational Safety and Health Administration

Form Approved
OMB No. 64-1347

MATERIAL SAFETY DATA SHEET

SECTION I

MANUFACTURER'S NAME Johns-Manville Corp. & Subsidiaries		EMERGENCY TELEPHONE NO. 303/979-1000 Ext. 3119
ADDRESS (Number, Street, City, State, and ZIP Code) Ken-Caryl Ranch, Denver, Colorado 80217		
CHEMICAL NAME AND SYNONYMS Asbestos Board		TRADE NAME AND SYNONYMS MILLBOARD
CHEMICAL FAMILY	FORMULA	

SECTION II - HAZARDOUS INGREDIENTS

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS			BASE METAL		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS			FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES			OTHERS		
OTHERS					
HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES				%	TLV (Units)
Chrysotile Asbestos Fiber				90	
For TLV See Attached Federal Register of 6/7/72					

SECTION III - PHYSICAL DATA

BOILING POINT (°F.)		SPECIFIC GRAVITY (H ₂ O=1)	
VAPOR PRESSURE (mm Hg.)		PERCENT, VOLATILE BY VOLUME (%)	
VAPOR DENSITY (AIR=1)		EVAPORATION RATE (_____ =1)	
SOLUBILITY IN WATER			
APPEARANCE AND ODOR	Solid Sheet - No Odor		

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used)	FLAMMABLE LIMITS	Lel	Uel
EXTINGUISHING MEDIA	Non-flammable		
SPECIAL FIRE FIGHTING PROCEDURES			
UNUSUAL FIRE AND EXPLOSION HAZARDS			

SECTION V - HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE

See attached Federal Register of 6/7/72

EFFECTS OF OVEREXPOSURE

Long term exposure to high concentrations of asbestos fiber may cause pulmonary disease.

EMERGENCY AND FIRST AID PROCEDURES

SECTION VI - REACTIVITY DATA

STABILITY	UNSTABLE		CONDITIONS TO AVOID
	STABLE	X	
INCOMPATIBILITY (Materials to avoid) None			
HAZARDOUS DECOMPOSITION PRODUCTS None			
HAZARDOUS POLYMERIZATION	MAY OCCUR		CONDITIONS TO AVOID
	WILL NOT OCCUR	X	

SECTION VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

Recommend the use of vacuum cleaning to remove scrap and chips generated by fabricating operations.

WASTE DISPOSAL METHOD

Dispose of waste in closed containers.

SECTION VIII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION (Specify type)

NIOSH approved for protection against asbestos fiber containing dust

VENTILATION

LOCAL EXHAUST Control with mechanical dust collection equipment to within TLV.

SPECIAL

MECHANICAL (General)

OTHER

PROTECTIVE GLOVES

EYE PROTECTION

OTHER PROTECTIVE EQUIPMENT

SECTION IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING

Maintain good housekeeping practices.

OTHER PRECAUTIONS

SEE CAUTION LABEL.

§ 1910.93 Air contaminants.

TABLE G-3—MINERAL DUSTS

Substance	Mppcf	Mg/MP
Silica:		
Crystalline:		
Quartz (respirable).....	2501	10mg/MP or %SiO ₂ +5
Quartz (total dust).....		%SiO ₂ +2 30mg/MP %SiO ₂ +2
Cristobalite: Use ½ the value calculated from the count or mass formulae for quartz.		
Tridymite: Use ½ the value calculated from the formulae for quartz.		
Amorphous, including natural diatomaceous earth.....	20	80mg/MP %SiO ₂
Silicates (less than 1% crystalline silica):		
Alite.....	20	
Soapstone.....	20	
Talc.....	20	
Portland cement.....	50	
Graphite (natural).....	15	
Coal dust (respirable fraction less than 5% SiO ₂).....		2.4mg/MP or 10mg/MP %SiO ₂ +2
For more than 5% SiO ₂		%SiO ₂ +2
Inert or Nuisance Dust:		
Respirable fraction.....	15	5mg/MP
Total dust.....	50	15mg/MP

NOTE: Conversion factors—
 mppcf×35.3=million particles per cubic meter
 = particles per c.c.
 Millions of particles per cubic foot of air, based on impinger samples counted by light-field techniques.
 The percentage of crystalline silica in the formula is the amount determined from airborne samples, except in those instances in which other methods have been shown to be applicable.
 As determined by the membrane filter method at 130 X phase contrast magnification.
 Both concentration and percent quartz for the application of this limit are to be determined from the fraction passing a sizer selector with the following characteristics:

Aerodynamic diameter (unit density sphere)	Percent passing selector
2	60
2.5	75
3.5	60
5.0	25
10	0

The measurements under this note refer to the use of an AEC instrument. If the respirable fraction of coal dust is determined with a MRE the figure corresponding to that of 2.4 Mg/MP in the table for coal dust is 4.5 Mg/MP.

2. A new § 1910.93a is added to Part 1910, reading as follows:
 § 1910.93a Asbestos.

(a) **Definitions.** For the purpose of this section, (1) "Asbestos" includes chrysotile, amosite, crocidolite, tremolite, anthophyllite, and actinolite.
 (2) "Asbestos fibers" means asbestos fibers longer than 5 micrometers.
 (b) **Permissible exposure to airborne concentrations of asbestos fibers—**(1) *Standard effective July 7, 1972.* The 8-hour time-weighted average airborne concentrations of asbestos fibers to which any employee may be exposed shall not exceed five fibers, longer than 5 micrometers, per cubic centimeter of air, as determined by the method prescribed in paragraph (e) of this section.
 (2) *Standard effective July 1, 1976.* The 8-hour time-weighted average airborne concentrations of asbestos fibers

to which any employee may be exposed shall not exceed two fibers, longer than 5 micrometers, per cubic centimeter of air, as determined by the method prescribed in paragraph (e) of this section.

(3) **Ceiling concentration.** No employee shall be exposed at any time to airborne concentrations of asbestos fibers in excess of 10 fibers, longer than 5 micrometers, per cubic centimeter of air, as determined by the method prescribed in paragraph (e) of this section.

(c) **Methods of compliance—**(1) *Engineering methods.* (i) *Engineering controls.* Engineering controls, such as, but not limited to, isolation, enclosure, exhaust ventilation, and dust collection, shall be used to meet the exposure limits prescribed in paragraph (b) of this section.
 (ii) *Local exhaust ventilation.* (a) Local exhaust ventilation and dust collection systems shall be designed, constructed, installed, and maintained in accordance with the American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, ANSI Z9.2-1971, which is incorporated by reference herein.
 (b) See § 1910.6 concerning the availability of ANSI Z9.2-1971, and the maintenance of a historic file in connection therewith. The address of the American National Standards Institute is given in § 1910.100.

(iii) **Particular tools.** All hand-operated and power-operated tools which may produce or release asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section, such as, but not limited to, saws, scrapers, abrasive wheels, and drills, shall be provided with local exhaust ventilation systems in accordance with subdivision (ii) of this subparagraph.

(2) **Work practices—**(i) *Wet methods.* Insofar as practicable, asbestos shall be handled, mixed, applied, removed, cut, scored, or otherwise worked in a wet state sufficient to prevent the emission of airborne fibers in excess of the exposure limits prescribed in paragraph (b) of this section, unless the usefulness of the product would be diminished thereby.
 (ii) *Particular products and operations.* No asbestos cement, mortar, coating, grout, plaster, or similar material containing asbestos shall be removed from bags, cartons, or other containers in which they are shipped, without being either wetted, or enclosed, or ventilated so as to prevent effectively the release of airborne asbestos fibers in excess of the limits prescribed in paragraph (b) of this section.
 (iii) *Spraying, demolition, or removal.* Employees engaged in the spraying of asbestos, the removal, or demolition of pipes, structures, or equipment covered or insulated with asbestos, and in the removal or demolition of asbestos insulation or coverings shall be provided with respiratory equipment in accordance with paragraph (d) (2) (iii) of this section and with special clothing in accordance with paragraph (d) (3) of this section.

(d) **Personal protective equipment—**
 (1) Compliance with the exposure limits prescribed by paragraph (b) of this section may not be achieved by the use of respirators or shift rotation of employees, except:
 (i) During the time period necessary to install the engineering controls and to institute the work practices required by paragraph (c) of this section;
 (ii) In work situations in which the methods prescribed in paragraph (c) of this section are either technically not feasible or infeasible to an extent insufficient to reduce the airborne concentrations of asbestos fibers below the limits prescribed by paragraph (b) of this section; or
 (iii) In emergencies.
 (iv) Where both respirators and personnel rotation are allowed by subdivisions (i), (ii), or (iii) of this subparagraph, and both are practicable, personnel rotation shall be preferred and used.

(2) Where a respirator is permitted by subparagraph (1) of this paragraph, it shall be selected from among those approved by the Bureau of Mines, Department of the Interior, or the National Institute for Occupational Safety and Health, Department of Health, Education, and Welfare, under the provisions of 30 CFR Part 11 (37 F.R. 6244, Mar. 25, 1972), and shall be used in accordance with subdivisions (i), (ii), (iii), and (iv) of this subparagraph.
 (i) *Air purifying respirators.* A reusable or single use air purifying respirator, or a respirator described in subdivision (ii) or (iii) of this subparagraph, shall be used to reduce the concentrations of airborne asbestos fibers in the respirator below the exposure limits prescribed in paragraph (b) of this section, when the ceiling or the 8-hour time-weighted average airborne concentrations of asbestos fibers are reasonably expected to exceed no more than 10 times those limits.
 (ii) *Powered air purifying respirators.* A full facepiece powered air purifying respirator, or a powered air purifying respirator, or a respirator described in subdivision (iii) of this subparagraph, shall be used to reduce the concentrations of airborne asbestos fibers in the respirator below the exposure limits prescribed in paragraph (b) of this section, when the ceiling or the 8-hour time-weighted average concentrations of asbestos fibers are reasonably expected to exceed 10 times, but not 100 times, those limits.
 (iii) *Type "C" supplied-air respirators, continuous flow or pressure-demand class.* A type "C" continuous flow or pressure-demand, supplied-air respirator shall be used to reduce the concentrations of airborne asbestos fibers in the respirator below the exposure limits prescribed in paragraph (b) of this section, when the ceiling or the 8-hour time-weighted average airborne concentrations of asbestos fibers are reasonably expected to exceed 100 times those limits.
 (iv) *Establishment of a respirator program.* (a) The employer shall establish a respirator program in accordance with

J. G. Carroll

April 28, 1976

Personnel Listed Below

SAFETY AND HEALTH
STANDARDS FOR EXPOSURE
TO ASBESTOS DUCT
Revision 1

In the last few years the insulation manufacturers have virtually eliminated asbestos as an ingredient of their product line. However, we will, from time to time, encounter friable asbestos (1% by volume) when we become involved in demolition or renovation of existing pipes, duct, and equipment that have been insulated with the old calcium silicate, 85% Magnesia, or Amosite insulation.

The following procedure must be followed when working with products that contain friable asbestos:

- A. The superintendent in charge will inform R. W. Fults by memo of the following information:
 1. Job name and location.
 2. Proposal or job number.
 3. Starting date of job.
 4. Owner of project.
 5. Lineal feet and/or square feet of insulation to be torn off.
- B. Prior to commencing removal, the superintendent in charge is to insure that all workmen have special clothing -- coveralls or similar whole body clothing, head coverings, gloves, and foot covering. Workmen are to be furnished OSHA approved respirators and instructed in their use and proper fit.
- C. Procedure for Workmen:
 1. To the extent possible, all cutting of asbestos products will be performed with power equipment provided with local exhaust ventilating and dust collectors.
 2. Asbestos waste and scrap shall be collected and disposed of in sealed plastic bags.
 3. All cleanup of asbestos dust shall be performed by vacuum cleaners. No dry sweeping shall be performed.

J. G. Carroll

April 28, 1976

SAFETY AND HEALTH
STANDARDS FOR EXPOSURE
TO ASBESTOS DUCT
Revision 1

Page 2

4. Asbestos containing materials are to be adequately watered to insure that such debris remains wet during all stages of demolition and related handling operations.
 5. Asbestos containing materials are not to be dropped or thrown to the ground, but shall be carefully lowered or taken to the ground level.
 6. When wetting of asbestos-containing materials might cause damage to electrical equipment or otherwise present safety hazards, exhaust ventilation shall be provided.
 7. Work area is to be roped off and any unprotected personnel are to be prohibited from entering or passing through.
- D. Superintendents are to conduct regular jobsite inspections to assure that we are in compliance with all articles of the procedure.

JGC/h

Copies to:

W. M. Abbott	L. Fossen
E. Boldetti	W. E. Harrison
D. H. Burke	H. M. Privette
C. J. Carroll	D. Ralston
H. L. Carson	R. B. Stefanski
C. H. Cole	H. Walsh
R. R. Earp	A. C. Williams Sr.
W. C. Foote	A. C. Williams Jr.

cc: RWF
JRC
JEK
DSW

J. G. Carroll

April 28, 1976

Personnel Listed Below

SAFETY AND HEALTH
STANDARDS FOR EXPOSURE
TO ASBESTOS DUST
Revision 1

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April 28, 1976

SAFETY AND HEALTH
STANDARDS FOR EXPOSURE
TO ASBESTOS DUCT
Revision 1

Page 2

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H. Walsh
A. C. Williams Sr.
A. C. Williams Jr.

cc: RWF
JRC
JEK
DSW

THORPE INSULATION COMPANY

LOS ANGELES OFFICE

From: J. B. Keith

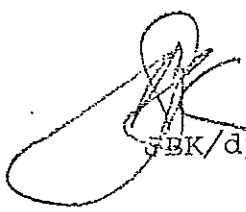
Date: December 23, 1976

To: Personnel Listed Below

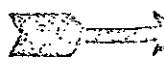
Subject: ASBESTOS PRODUCTS
FABRICATION

For any requirements of asbestos paper, rollboard or millboard to be cut or fabricated in any way, refer the inquiry to T. Sciaccio who will have work done by others.

It is company policy not to fabricate these materials in our shops.



JBK/dj

CC: W. Abbott
G. Berkemeier
R. Black
E. Boldetti
D. Burke
S. Bush
C. Carroll
 J. Carroll
C. Cole
J. Cordell
R. Duron
J. Epps
W. Foote
L. Fossen
W. Harrison
J. Ibbotson
A. Jimenez
R. DeRue

J. Langdon
G. Larson
K. Matson
J. Mendivil
R. Mobley
H. Privette
T. Riley
J. Rodriguez
G. Ryan
C. Schultz
T. Sciaccio
R. Smith
F. Sims
R. Stefanski
P. Turner
A. Williams, Sr.
A. Williams, Jr.

CC: R. W. Fults
File: Prod. Memo
JBK

t MEMORANDUM

J. G. Carroll

December 17, 1976

FROM

DATE

TO D. H. Burke
C. J. Carroll
C. H. Cole
W. C. Foote
H. M. Privette
T. J. Sciaccio
R. B. Stefanski

SUBJECT ASBESTOS EXPOSURE OF
JOHNS-MANVILLE PRODUCTS

cc: RWF

JBK

JRC 

Analysis of those materials in our product line that contain some form of asbestos provides the following information:

1. Asbestos Paper and Millboard: 90% Asbestos. Procedures for handling to be in strict accordance with directive dated 4/28/76.
2. Insulkote: 6% Asbestos. The asbestos is firmly contained in the product. Therefore, other than normal good procedures, special handling not required.
3. Fibrous Adhesive: 15% Asbestos. Same note as item 2.

See the attached OSHA data on these products. Maintain for your files.


JGC/h

Attachment



MEMORANDUM

FROM R. W. Fults

DATE January 2, 1976

TO See Below

SUBJECT TEAR-OFF JOBS
ASBESTOS BEARING
MATERIALS

~~file~~ file

Effective immediately, please notify me by Memo whenever you bid a job which includes the tear-off of existing asbestos-bearing insulation.

Provide me with the following information:

1. Job name and location.
2. Proposal Number.
3. Starting date of Job.
4. Owner of Project.
5. Lineal feet of pipe insulation to be torn-off.
6. Square feet of Block to be torn-off.

RWF/er

CC: D. H. Burke
J. G. Carroll
C. H. Cole
J. R. Cordell
W. C. Foote
H. M. Privette
A. C. Williams, Sr
R. B. Stefanski

TYSON FURNACE WORK COMPANY

LOS ANGELES OFFICE

From: B. L. McGuire

Date: January 25, 1972

To: Personnel
Listed Below

Subject: SAFETY AND HEALTH
STANDARDS FOR
EXPOSURE TO ASBESTOS
DUST

It is a stated policy of the Corporation to comply with the requirements of the Department of Labor, Occupational Safety and Health Act. Recently, OSHA issued new standards relating to the exposure of employees to airborne asbestos dust. The intent of this memorandum is to detail the measures that are to be implemented immediately or constructed in the future at other locations where the concentration of airborne asbestos dust constitutes a hazard.

It is the responsibility of the Corporation to dispatch the necessary resources to the plant site where the hazard exists.

Corporation of America, Inc. is committed to the safety and health of its employees and to the protection of the environment.

REQUIREMENTS

All employees shall be trained in the use of the respirator and shall be provided with the necessary maintenance and repair services.

1. All employees shall be provided with a respiratory protective device which is approved by the National Institute for Occupational Safety and Health (NIOSH).

2. The respiratory protective device shall be used in the area where the concentration of airborne asbestos dust is above the permissible exposure limit (PEL).

3. The respiratory protective device shall be provided with a filter which is approved by NIOSH and shall be replaced when the filter is loaded with asbestos dust.

4. The respiratory protective device shall be maintained in good working order and shall be replaced when necessary.

Safety and Health Standards
For Exposure to Asbestos Dust

Thorp Insulation Company
January 25, 1972

5. Asbestos waste and scrap shall be collected and disposed of in sealed plastic bags.
6. All cleanup of asbestos dust shall be performed by vacuum cleaners. Sweeping shall be performed.
7. All debris shall be removed from the work area at the end of each shift.
8. Request all employees to report any unsafe or hazardous conditions. Conduct safety inspections and take necessary corrective actions.

The above safety standards shall be conducted to provide for the health and safety of all employees.

plus

W. J. [unclear]
I. [unclear]
A. [unclear]
M. B. [unclear]
M. W. [unclear]
Wm. T. [unclear]
E. G. [unclear]
J. [unclear]
S. [unclear]
T. [unclear]
N. [unclear]

and
G. G. Williams



ARTHUR H. SEGAL
DIRECTOR, ENFORCEMENT

SOUTH COAST
AIR QUALITY MANAGEMENT DISTRICT
METROPOLITAN ZONE
ENFORCEMENT DIVISION

9150 FLAIR DRIVE
EL MONTE, CA 91731
(213) 572-6296



Phil Roberts

PHILIP ROBERTS
HEAD, SOUTHERN INDUSTRIAL SECTION

SOUTH COAST
AIR QUALITY
MANAGEMENT DISTRICT
9150 FLAIR DRIVE
EL MONTE, CA 91731

Ed [unclear]
ENFORCEMENT DIVISION
CARSON FIELD OFFICE
(213) 532-4102
572-6306

Phil Roberts

*Carson off
532-4102
Small Print*

*SAN DIEGO Air quality
Control District
9150 Chesapeake Dr
S. Diego, 9 2123
714-565-3912
Dick Baldwin
(Director)
BOB PIERCE*

Bob Pierce

~~*[Handwritten signature]*~~

572-6306

572-6306

532-4102

572-6306

Kern County

Air Pollution Control District
1601 H Street Suite 250
Bakersfield, CA 93301
805-861-3682

Cliff Coldwood

Kern County Public Works
Jack Kennedy
805-861-2481

Prosecution of Kaiser Steel

Orders Air Quality
District to Drop
623 Criminal Citations

BY JOHN KENDALL

Times Riverside—San Bernardino Bureau

SAN BERNARDINO—Kaiser Steel cannot be prosecuted under criminal statutes for violating coke-oven emission rules at its Fontana plant, Superior Court Judge Roy E. Chapman ruled Wednesday.

In a notice of intended decision, the judge approved a writ barring the South Coast Air Quality Management District and Municipal Court in Fontana from proceeding with the prosecution of Kaiser on 623 pending misdemeanor coke-oven citations.

Chapman, who heard arguments by Kaiser and the SCAQMD on June 23, found that Rules 477 and 477.1 governing level of emission from the ovens are so vague that AQMD inspectors must guess at their meaning and differ in their application of them.

"The rules, therefore, violate principles of due process of law and are unconstitutional to support criminal prosecution for their violations," the judge wrote.

In issuing his ruling, Chapman specifically commented that he was not ruling out the constitutionality of enforcement of coke-oven rules under civil action through the state Health and Safety Code.

Proceedings under civil action impose penalties only after those who "intentionally or negligently" violate an air quality control rule.

Chapman noted that Kaiser had been unable to comply with the coke-oven rules despite "extraordinary efforts" and expenditure of "very substantial sums."

The judge commented that the state Health and Safety code which authorizes air quality rules provides that the regulations must be reasonable and not arbitrary and capricious in their effect.

"Rules which would have the effect of subjecting petitioner (Kaiser) to hundreds of criminal citations leading to criminal prosecutions, or the closing of its Fontana operations to achieve a relatively negligible effect on ambient air quality standards without proof of intentional or negligent violation or proof of ability to fully comply, would be unreasonable and capricious," Chapman found.

Essentially, Kaiser has argued in its request for a Writ of Prohibition that the firm should not be cited like a criminal in the enforcement of coke-

19 Part I—Thurs., July 13, 1978

Los Angeles Times

COURT BARS PROSECUTION OF KAISER STEEL

Continued from Third Page

315 coke ovens, a nearly half-mile long complex used to bake coal and produce coke required in steel making.

Attorney Curtis Coleman, representing the SCAQMD before Chapman, maintained that the coke-oven rules are

"stringent but they are achievable" in a region with the worst air pollution in the nation.

Coleman expressed surprise Wednesday at the judge's intended ruling. He said that "because of the serious nature of a rule protecting public health" the district would

appeal Chapman's decision.

Still another court action challenging the coke-oven rules waits in Superior Court. Kaiser filed a civil suit last December asking for declaratory relief from the coke-oven rules and raising an issue of their "reasonableness."

Kaiser spokesman Ray Robinson said Wednesday that his company was "pleased and gratified" by Chapman's decision, but he said the firm intends to proceed with its civil suit contesting the reasonableness of the coke-oven rule.



Things I Gotta Do Today

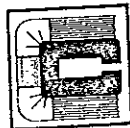
Date

Call Rex Shaw (213) 685-7115

DIV OF IND. SAFETY
R.C. DREW (GENE)
782 1800

AQUAD (TIM ROBERTS)
ATT: PAUL ROBERTS
9150 FLAMM DR
EL MONTE 91731

Place order with Childers Products Company



childers products compar
P.O. Box 7065 Los Angeles, Calif. 90022 (213) 728-63

LA COUNTY Environmental Services

AQMD MAIN OFF

SOUTH COAST AIR QUALITY
MANAGEMENT DISTRICT
9150 FLAIRS BLVD
EL MONTE, CA 91731

ATTN: PHIL AND SUE 572 631
PHIL ROBERTS
NATHAN ZLASHNEV

CONTRACT 200001

SOUTH COAST AIR QUALITY
MANAGEMENT DISTRICT
9150 FLAIRS BLVD
EL MONTE, CA 91731

ATTN: LARRY SIMS

CARSON OFFICE
JIM ROBERTS 532 4102

Quinn



PHIL ROBERTS
EDWARD J. RAMIREZ
AIR POLLUTION ENGINEERING INSPECTOR

NOTE: ADMIRAL
INSPECTION

9-19-77

FROM: JGL

MIL ED RAMIREZ OF THE
SOUTH COAST AIR QUALITY MANAGEMENT
DISTRICT. CAME TO FACILITY AND INSPECTED

OUR FACILITY REGARDING
OUR REPORTING AND USE
OF RECEIPTS.

HE WAS SHOWN THE DUMP AND
WAREHOUSE, THE STORAGE AND
HANDLING OF MANURE AND
AND WAS SHOWN A COPY OF
OUR SAFETY PROCEDURES AND
HANDLING PROCEDURES. HE WAS
IMPRESSED AND APPARENTLY GAVE
US A "CLEAN BILL OF HEALTH".

CC: RWF
JEK
RKH



South Coast
AIR QUALITY MANAGEMENT DISTRICT

METROPOLITAN ZONE
434 S. SAN PEDRO STREET, LOS ANGELES, CALIFORNIA 90013 • (213)

August 12, 1977

THORPE INSULATION			
AUG 22 1977			
RWF		Treas	
Comm		Acctg	
Court		Admin	
EST		CR	
IRD		Offico	
MAT		PUR	
Order			

Thorpe Insulation Company
2741 South Yates Avenue
Los Angeles, CA 90040

Gentlemen:

Under authority of the California Health and Safety Code and in compliance with US EPA requirements, the South Coast Air Quality Management District adopted Regulation X, "Emission Standards for Additional Specific Air Contaminants," on December 3, 1976. One of the requirements under Section (d) of Rule 1002 of this regulation, "Reporting," is that the owner or operator of any existing source of asbestos to which this rule is applicable shall within 90 days after the effective date, provide certain information to the control officer. The required information is described in Section (d) on Pages X-15 and X-16 of the enclosed copy of Regulation X.

Section (4) also requires any owner or operator who intends to spray asbestos materials which contain more than one percent asbestos on a dry weight basis to insulate or fireproof equipment and machinery shall report such intention to the control officer at least 20 days prior to the commencement of the spray operation. Such report shall include the information described in the above section on Page X-8, of the enclosed copy of Regulation X. Please address all such letters to my attention at the address listed above.

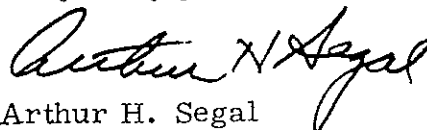
The appropriate section of this rule regarding emission standards and types of industries that must report is given for your information:

"(2) Manufacturing: no visible emissions to the outside air, except when air-cleaning is elected as provided in the Exceptions to Visible Emission Standard, from any building or structure in which the following materials are manufactured or directly from the manufacturer of these materials if they are manufactured outside of buildings or structures:

- (A) cloth, cord, wicks, tubing, tape, twine, rope, thread, yarn, roving, lap, or other textile materials,
- (B) cement products,
- (C) fireproofing and insulating materials,
- (D) friction products,
- (E) paper, millboard, and felt,
- (F) floor tile,
- (G) paints, coatings, caulks, adhesives, sealants,
- (H) plastics and rubber materials,
- (I) chlorine,
- (J) shotgun shells,
- (K) asphalt concrete."

If further information is required, please contact Mr. Philip Roberts of my staff, at 974-7596.

Very truly yours,


Arthur H. Segal
Director of Enforcement

AHS:eo

Enclosure

X

***EMISSION STANDARDS
FOR ADDITIONAL SPECIFIC
AIR CONTAMINANTS***