

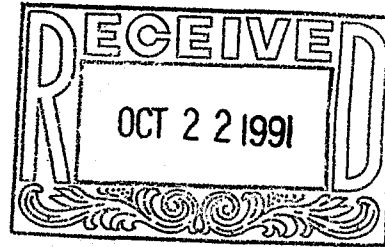
MEMO TO: G. HALVERSON, B.HAGAN

CC: D.DICKSON, D.POWER

FROM: S. KERR

DATE: OCTOBER 21, 1991

SUBJECT: ARSENIC HEALTH SURVEILLANCE PROGRAM



On reviewing the present arsenic health surveillance program I found several problems.

- 1) Slow compliance - Currently employees are notified to go to the Gibson Medical Clinic to leave their sample. They tend to straggle in over a several week period.
- 2) Repeated problems in getting all results from the lab. At best the turnaround time is 3-4 weeks. Many times the Safety Department has had to call the lab to remind them that we require copies of the results.
- 3) Lack of consistant monitoring by a health specialist. Our Corporate Physician does not receive results.
- 4) Lack of speciation of abnormal levels. We have no accurate way of determining how much of a result is due to industrial exposure.
- 5) Low confidence level of employees in the test results. Since Hansen labs use a formula for non-industrial exposures, our employees' levels are consistently reported as being elevated. Even though there is a notation added regarding occupational levels, the uneasiness persists.

In order to eliminate these problems, I propose that:

1) Urine samples be collected on site by the nurse. ———— OK Good

2) Results be sent to Dr McGlynn, who will review them and send written results to the employees. This may give them the assurance of an "outside" professional opinion. ———— ?

3) We contract with the lab at Nerco to do our testing. This would ensure prompt results (5 day maximum). Their methods have been specifically developed for this industry. It would be possible to have high results speciated for occupational arsenic. This would provide us with a clearer picture of problem areas.

The present cost to us is \$23.20/sample or \$649.60 annually. Nerco's price is \$25.00/sample or \$700 yearly. In my opinion, the extra \$50.40 would be well spent considering the speed and accuracy of these tests.

An additional charge of \$50/sample would apply to any sample requiring speciation. These charges should be rare and the results would be improved management and follow-up of employees at risk.

Good.

Sharon