The Newsletter of The Center To Protect Workers' Rights

Volume 2, No 1 November 2002

On Center

A Research, Development, and Training Arm of the Building and Construction Trades Department, AFL-CIO

PRESIDENT'S COLUMN

We'll Be More Prepared

The mix of the hazards to workers at the World Trade Center recovery and demolition was unprecedented–toxic fumes and dusts (some of unknown origin), uneven and unstable terrain with fires underneath, plus steel beams, debris, and even cranes at risk of dropping or toppling. To help construction workers protect themselves as they moved about the site, the Center to Protect Workers' Rights (CPWR), a research, development, and training arm of the Building and Construction Trades Department, developed a condensed safety and health course, with the help of the Department's union affiliates, site employers, OSHA, and New York City's Department of Design and Construction, which oversaw the cleanup.

President Sullivan

In a building overlooking Ground Zero, the course focused on respiratory protection, while covering a broad range of hazards and how to protect against them–in three hours, all the time that workers could be pulled off the job. About 1,500 construction workers were trained, along with some who sat in from the Coast Guard, Fire Department, and other agencies. Even with our unions' excellent safety record and the added training, it's remarkable that the demolition was completed with no serious injury. (Doctors are still monitoring for health effects; *see* story, page 2.)

Next time - if not a terrorist attack, it might be a gas explosion, series of tornados, or other disaster - we want our membership to be even more prepared. So, CPWR is producing a course, Disaster Response Training

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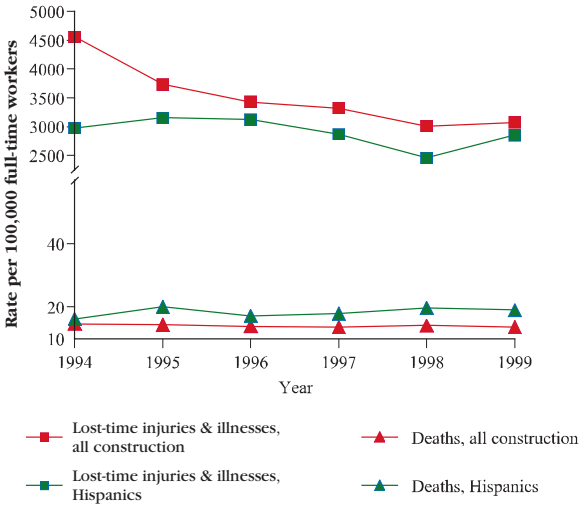
Hispanic Workers, Data Questions In CPWR Chart Book

CPWR's *Construction Chart Book: The U.S. Construction Industry and Its Workers* has been updated and expanded for the first time since 1998. The new edition, published in September 2002, provides more than 165 charts about the economics and safety and health of the industry in an easy-to-use format.

Topics given new emphasis include the Hispanic workforce and questions about the accuracy of some safety-and-health statistics. Data on Hispanic construction workers cover their ages, their numbers, their proportion of construction and other workforces, and their distribution among construction occupations.

Rate of Lost-Time and Illnesses and Work-Related Deaths from Injuries in Construction, Hispanics and All Construction, 1994-99



The number of Hispanic construction workers in the United States has quadrupled since 1980, with Hispanics increasing as a proportion of the industry by 150% in two decades, 25% faster than for industry overall. With roughly 1.4 million construction workers who identify themselves as Hispanic–17% of the wage-and-salary workers– Hispanics are an issue of increasing interest for safety and health experts.

U.S. Census data show that one-third of Hispanic construction workers speak only Spanish at home and that Hispanics, on average, are 5 years younger than non-Hispanic construction workers. So, there are potential problems with

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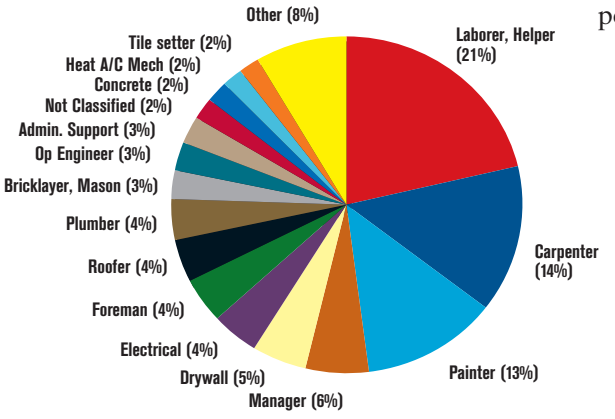
Distribution of Hispanic Construction Workers Among Occupations, 1998-2000 Average
(All types of employment)



INSIDE

We'll Be More Prepared

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for Construction Workers, with funding from the National Institute for Environmental Health Sciences, part of the National Institutes of Health. Building on the training developed for the World Trade Center workers, three one-hour modules will present essential information on hazard recognition, personal protective equipment, and decontamination.

The first module includes falls, electrocutions, chemical exposures, dusts, and other hazards. The PPE module covers respiratory protection and is being expanded to include safety glasses, hearing protection, and clothing. The first two modules are almost done. Work on the third is to begin in December.

The course will be provided to the 3,500 OSHA-certified trainers nationwide for the Department's union affiliates, who may, in turn, train their membership, as needed. Trainers may obtain the course on a DVD or a non-DVD format. The DVD version will show question-and-answer segments, simulations of putting on and taking off gear for the three levels of hazmat protection, and video clips about respirator use. Included are interviews with workers from the World Trade Center cleanup and other sites. The presentations tell how OSHA regulations apply.

We are confident that this training will prove to be a valuable contribution to the safety of the public and our union workers. If you want to learn more about the disaster response training, log onto **www.bctd.org,** our Department website, or contact Don Ellenberger at CPWR, 301- 578-8500.

Doctors Find 9/11 Effects Among WTC Workers

Doctors at the Mount Sinai School of Medicine in New York City have found serious lung problems among rescue and recovery workers who were at the World Trade Center site or the Staten Island landfill where debris was taken after the 9/11 terrorist attacks. Since October 2001, the physicians have been examining the workers and have found problems, which include a continuing cough (now known as WTC cough), sinusitis, bronchitis, and asthma, which can kill. Former workers have these problems more than a year after the attack on the towers.

A huge cloud of toxic debris that hung over the site for weeks after the buildings collapsed is believed to have contained asbestos, pulverized concrete, soot, other particulates, and other lung-damaging materials.

After examining more than 2,000 workers and volunteers thus far, the 8 doctors have found many suffering from serious, continuing psychological problems, as well.

The medical exams provided through Mount Sinai are confidential and free of charge and include referrals to clinics that can provide follow-up care. Workers are eligible who did rescue and recovery, cleared the site, restored utilities, worked at the Fresh Kills landfill, loaded and unloaded material from transport barges, and cleaned up inside buildings near Ground Zero.

"It's important that individuals who were exposed after the 9/11 attacks be examined–to see if they have developed health problems now and to be part of the group that will be followed for many years for longer-term health effects," said Stephen Levin, M.D. Levin is co-director of the WTC screening program and medical director of the Center for Occupational and Environmental Medicine at Mount Sinai.

The U.S. Centers for Disease Control and Prevention (CDC) is funding medical examinations by Mount Sinai for up to 9,000 workers and volunteers, including 1,000 in other parts of the U.S., through June 2003. The funding was provided through the National Institute for Occupational Health and Safety, part of the CDC.

At the same time, the Agency for Toxic Substances and Disease Registry, also part of the CDC, is setting up a registry for workers, volunteers, residents, and office workers to follow their health for many years (with confidential questionnaires).

For information or to register for a medical checkup, call 1-888-702-0630 toll-free, the WTC Medical Screening Hotline, or go to **www.wtcexams.org.**

Train Scaffold Competent Persons

A CPWR study suggests that it is not enough to provide a competent person where scaffolds are used in construction. The competent person must receive safety training.

Ken Halperin, a consultant, and Michael McCann, CPWR director of safety and ergonomics, evaluated the safety of 94 scaffolds in 5 states in 2001–2002. Based on a 150-point checklist, scaffolds were classified as acceptable or unacceptable, depending on the hazards found.

Competent persons were interviewed at 72 sites and 32 (44%) said they'd had scaffold safety training. Scaffolds overseen by 25 of the 32 (78%) who'd had training were acceptable. Of the 62 sites that lacked trained competent persons—no competent person or one who had not received safety training—24 (39%) were acceptable.

Halperin visited 113 scaffolds, but nine had no workers using the scaffold during the visit and the competent person reportedly was absent from 10 of the sites. The researchers did not verify whether competent persons were trained or the quality of any training.

OSHA says a competent person is "capable of identifying existing and predictable hazards...and has authorization to take prompt measures to eliminate them."

Trained Competent Persons & Safe Scaffolds

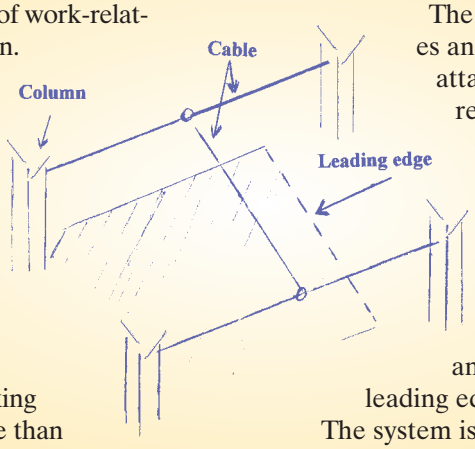
Comp person w/ safety training	*# scaffolds*	*OK sites # (%)*
Yes	32	25 (78%)
No	62	24 (39%)

Note: Based on CPWR site visits using 150-point safety checklist, 2001-2002.

New System Stops Six Falls During Decking Installation

Ironworkers have the highest rate of work-related deaths from falls in construction. But many ironworkers have not wanted to use fall protection systems for leading-edge work, when they're installing a new deck, the support for a floor. The concern has been that harness lanyards attached to an anchor below shoulder level can get tangled and cause safety problems of their own.

A new system that attaches lanyards to cables 7 feet above the decking seems to solve that problem. In more than 59,000 work hours of use from January 1999 through June 2002, the system reportedly stopped 6 workers' falls from heights.



The system uses standard fall-arrest harnesses and lanyards with shock absorbers attached to any of 3 cables. Shock absorbers reduce injury when a worker's fall is suddenly stopped. Two of the cables run through 7-foot-high holes drilled in a series of columns before the columns are erected. These cables run parallel in the direction in which the leading edge is moving. The third cable is attached to the other two at right angles, and can be moved forward as the leading edge advances.

The system is being used by CapCo Steel, a union contractor from Providence, Rhode Island. Innovative Safety in Avon, Connecticut, has been working with Michael McCann of CPWR to evaluate the system.

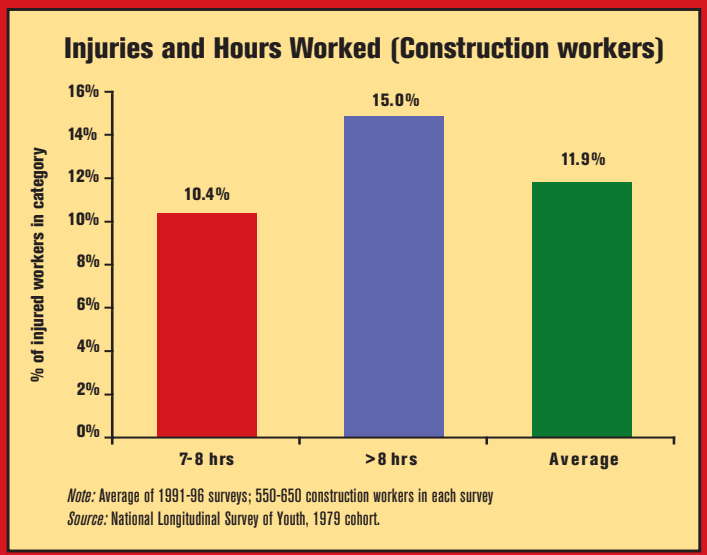
Overtime May Be Tied To Construction Injuries

Construction workers tend to work overtime more than other blue-collar workers and doing so may affect their safety. Preliminary research by Sue Dong, CPWR Data Center director, has found that construction workers who work overtime have half again as much risk of being injured as workers who don't. Among the trades, the risk is greatest for construction laborers.

The research, based on data from the U.S. National Longitudinal Survey of Youth, covered responses of 12,686 men and women to interviews yearly in 1979-94 and in 1996. At the start of the survey, the workers' ages ranged from 14 to 21 years. There were 550 to 700 construction workers each year the interviews were done.

Initial findings show that construction workers work about 30 to 45 minutes longer than other blue-collar workers each day. On average; 34% of construction workers work overtime, compared with 25% in other industries.

In the survey, workers were asked, "Have you had any work-related injuries since the last interview?" Based on the responses, the risk of any injury for workers who usually worked overtime is about 1.57 times as those who worked regular hours–and about 2.6 times higher for construction laborers. (Overtime was defined as more than 8 hours per day and more than 40 hours per week.)



The findings are based on interviews that rely on participants' memories, so there might be some errors in the results.

Dong is producing a full report.

Safety Built In for Million-Hour Mark

Some construction contractors are achieving 1 million hours of work on major projects with no lost-workday injuries. In the process, the companies are saving workers' lives and cutting costs.

One project, a $1.4 billion high-energy-research facility in Tennessee, in October completed 1.47 million hours without a lost workday. The 4.5-year construction of the Spallation Neutron Source at Oak Ridge National Laboratory has passed the mid-point. The project for the U.S. Department of Energy is expected to save $3 million, 5% of its payroll insurance costs.

The approach requires a commitment to safety excellence before construction begins, an emphasis on safety from the top down every day, with training and certification for workers and supervisors, and recognition for safe work, said Stewart Burkhammer, former principal vice president and manager of corporate environmental, safety and health for Bechtel Construction, now director, Office of Construction Services, OSHA.

More than 1,200 construction workers are killed by injuries on the job each year in the U.S., more than 194,000 are seriously injured, and an unknown number suffer serious work- related illnesses.

By October 2002, the 30 contractors on the Oak Ridge project had 6 recordable injuries, but none requiring time off, and a recordable injury rate of 1.18 (per 200,000 hours), said Richard Davis, project manager for Knight/Jacobs Joint Venture, architect-engineer-construction manager. In 2000, the average rate for companies with 1,000 or more employees was 4.3; for all construction, it was 8.2.

"We set up [the safety program] during design," as many projects do, said Davis. For instance, planning focused on work sequencing and using structural steel with eyelets for safety lines. Davis hired only contractors that had a good safety record.

One subcontractor, Steve Crawford, project manager at the site for Stewart Mechanical, which does sheet metal, plumbing, and pipefitting, said, "we just [feel] grateful, because we have lost people on projects. Those things that do cause hazards are being addressed practically every minute"—from vehicle speed on the site to housekeeping, which can help prevent slips and falls.

There is "considerable effort at promoting teamwork," said Jerry Hampton, a vice president of Avisco, a company that did major site preparation and is now doing utilities.

Being inclusive "pays off," said Ray Whitehead, president of the Knoxville Building and Construction Trades Council. "Some other programs you have buy-in, but it doesn't trickle down."

Training is key. Before starting work, every worker gets site-specific orientation, with discussion of fall protection and personal protective equipment. The project requires certification for crane operators, qualification for operators of heavy equipment, and certification or training for competent persons, who oversee work *(see* story on page 2*)*.

Each of the 700 workers attends a 10-minute toolbox talk at the start of each day. Every such plan-of-the-day safety meeting focuses on potential hazards and how to address them, while on other sites, a toolbox talk once every week or two might not focus on work being done at the time, said Whitehead, the union leader.

Every task has an SPA, a Safe Plan of Action. If a task changes three times in one day, Davis said, the crew meets 3 times to go over a new SPA.

Recognition comes with lunches for the safe contractor and safe crew every month. Workers in such crews are given a baseball hat, a pocket knife.

Said Davis: "It's essential that we provide an environment that an employee comes to work and goes home the same way at the end of the day—except a little more tired."

Building Safety Into Construction Designs

- A basement to reduce congestion and trades working on top of each other
- Additional headspace in the utility level to run utilities while reducing risks of "head-knocking."
- More designed-in tie-off points for fall protection.

These and other features became part of the discussion as plans were developed for Intel Corporation's new state-of-the-art semiconductor factory now under construction in Hillsboro, Oregon. This safety-in-design effort aimed to build improved safety for construction workers into the project's design.

Most construction planning focuses on the needs of end-users and overlooks construction worker safety and health. To reduce the high rate of construction-related injuries, some construction managers in Europe and the United States are trying to build worker safety protections into project designs.

Intel, its construction manager (Hoffman Construction), the project designer (IDC), and consultant DGI Safety Services formed a Life Cycle Safety task force that met starting in fall 2000, well before construction began on the two-year project, The task force developed a plan and tools to promote regular communication among design and construction people, including trade contractors, with the aim of incorporating "the right ideas at the right time" into the design.

In addition to improved worker safety during construction, the task force considered designs for safety during operation, maintenance, and retrofit of the factory, along with the usual concerns of costs, schedule, and efficiency. CPWR collaborators Steven Hecker and Billy Gibbons of the University of Oregon, and John Gambatese of Oregon State

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NIOSH Warns of West Nile Hazard In Construction

Construction workers are at risk of West Nile virus, which has killed at least 40 people this year in Louisiana and elsewhere, the National Institute for Occupational Safety and Health (NIOSH) warned in August. The disease is spread through mosquito bites. The chances of getting the disease are small. But, because construction workers may work outdoors for hours at a time, workers should take extra care where there are mosquitos. West Nile has been found in at least 39 states this year.

Most people exposed to West Nile disease get a flu-like illness and recover, NIOSH says. The symptoms are mild, including fever, headache, and body aches, occasionally with a skin rash on the trunk of the body and swollen lymph glands. Yet some may get encephalitis, a swelling of the brain that can kill.

To help protect workers from mosquito bites, NIOSH recommends that employers:

- Get rid of standing water–in old tires, buckets, rain gutters, tarps, or wheelbarrows. (Mosquitos lay eggs in water that stands for more than 4 days, such as, in a puddle, ditch, or pond.)
- Limit work at sunrise and sunset, when mosquitos are most active.
- Limit work during the day in weedy, brushy, or wooded areas.

If you must work where there are mosquitos:

- Wear long-sleeved shirts, pants, and socks
- Spray thin clothing with repellents containing DEET (N, N-diethyl-m-toluamide) or permethrins; do not spray under the clothing. Wash the clothes before wearing them again.
- Spray skin with insect repellent that contains DEET. Carefully follow directions for using any repellent.

Do not use too much DEET and do not use it on your face or hands. CPWR says use no more than 33% DEET. (For children, 2 to 12 years old, use 10% DEET or less and use as little as possible. Do not use DEET on younger children or infants.)

To learn more about West Nile virus, go to **www.cdc.gov,** the web site of the Centers for Disease Control and Prevention (CDC).

Lyme disease, a tick-borne illness, is another hazard to outdoor construction workers. For information about how to protect against that, go to **www.elcosh.org** and look under hazards, biological, or go to **www.cpwr.com** for a CPWR hazard alert on Lyme disease (in English and Spanish).

New NIOSH director–John Howard, MD, MPH, JD, LLM, a former California state official and medical professor at the University of California at Irvine, took over as head of the National Institute for Occupational Safety and Health, CDC, in July. As chief of the Division of Occupational Safety and Health in California's Department of Industrial Relations, he directed a staff of nearly 1,000. He has said he will focus on the wide range of issues facing NIOSH in the 21st Century, including emerging hazards, the needs of the changing work force, emergency preparedness and response, persistent traditional workplace risks, and partnerships with OSHA, MSHA, and other stakeholders, including continuation and expansion of efforts under the National Occupational Research Agenda (NORA).

Head and shoulders above the crowd–Douglas Cantis of NIOSH models a pair of stilts for a workshop on drywall ergonomics led by Chris Pan, of NIOSH, at right, and Susan Moir, of the University of Massachusetts Lowell. The workshop was part of the 12th Annual Construction Safety and Health Conference and Exposition: Power Through Partnerships, May 21-23, 2002 in Rosemont, Ill. The conference, sponsored by the Construction Safety Council, CPWR, and 25 other organizations, drew 1,200 participants. Construction users, contractors, researchers, government officials, safety-and-health professionals, union leaders, and workers exchanged ideas about how to develop and implement "best practices." The main sessions focused on electrical safety, ergonomics, falls, health hazards, highway work zones, noise, training, and work organization.

From CPWR: Updated Model Specs, Report on Concrete Drivers, Alerts

Updated model specs for construction workers who might be exposed to lead, a report on hazards to drivers of concrete trucks, and hazard alert pocket cards (in English and Spanish) for workers on lockout-tagout safety and aerial lifts are now available from the Center to Protect Workers' Rights.

Guidelines to help transportation agencies and contractors implement programs to protect construction workers from lead exposures on the job have been updated, nine years after the first such model specifications were published. The specs, for work on bridges and other steel structures that might contain lead-based paint, have been improved after the original document was used on two major projects, including the renovation of a bridge connecting Michigan and Ontario, Canada.

Lead exposures threaten workers with reproductive, kidney, and nervous system damage. Workers' families can be endangered when lead dust is unknowingly taken home on work clothes and shoes.

The Center to Protect Workers' Rights worked with experts from labor, management, government agencies, and the nonprofit sector to update the *Model Specifications for the Protection of Workers from Lead on Steel Structures.* The 13-page document covers such topics as OSHA requirements, respiratory protection, hygiene on the work site, safety training, and monitoring of worker exposures to lead. Similar specs are included in highway contracts in Connecticut, Maryland, New Jersey, and other states.

A report, *Ready Mixed Concrete Truck Drivers: Work-Related Hazards and Recommendations for Controls,* was produced by the Mount Sinai School of Medicine at the request of Teamsters President James P. Hoffa. Through observation of drivers in the New York City area and other input, the study found hazards such as slips, trips, and falls; "struck by" and mechanical hazards, ergonomic hazards, noise, silica exposures, burns, and eye injuries.

The two most recent hazard alert cards cover *Lockout/Tagout* before work is done on equipment and *Aerial Lift Safety.* Both cards are available in Spanish.

These publications are on CPWR's website, **www.cpwr.com** and the Electronic Library of Construction Occupational Safety and Health, **www.elcosh.org.** Or call CPWR Publications at 301-578-8500 (fax 301-578-8572).

CPWR Chart Book

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communication with English-speaking co-workers and possible special safety-training needs.

Statistics on Hispanic workers point up a potential problem with the accuracy of some official safety-and-health statistics too. For instance, Hispanic workers since 1994 have had a higher rate of deaths from injuries compared with construction workers overall, but a lower reported rate of serious injuries in the same years. Throughout, the chartbook highlights other problems with construction data.

Text accompanying the charts explains sources for the data–from government, industry, and the nonprofit sector–and what the data mean. The information is presented in five sections: industry summary, labor force characteristics, employment and income, education and training, and safety and health.

For an electronic version of the book, go to **www.cpwr.com**, CPWR's web site, or the Electronic Library of Construction Occupational Safety and Health, **www.elcosh.org.** Copies in color or in black-and-white (for photocopying) are available for $10 postpaid from CPWR, at 301-578-8500.

Building Safety Design

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University have been looking at ways to build safety into project design. Their research team has been observing the work of the Life Cycle Safety task force since its first meetings and is studying the results.

The safety reviews conducted under the Life Cycle Safety process yielded more than 1,200 comments during the detailed design phase, of which about three-fourths were directly or indirectly related to safety. As construction winds down, the researchers have been interviewing foremen and craft workers from trade contractors on the project to learn whether and how safety and working conditions were improved as a result of this process.

It is too early to say how Intel, Hoffman, and IDC will use Life Cycle Safety in the future, or to quantify savings from the process, but all agree that the collaboration across organizations and disciplines has added value to a complex project with very tight scheduling. For more information on the research, contact Hecker, shecker@oregon.uoregon.edu.

Workers' Comp Finds Brain, Nerve Damage from Fumes

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small print gave warnings, such as, "Use supplied air breathing equipment for enclosed or confined spaces..." and "Carbon monoxide and other unidentified organic compounds may be formed upon combustion."

To protect yourself from potentially toxic chemicals, avoid inhaling fumes and do not get the fluid on your skin. Wash well before eating or smoking. You may want to wear goggles or special gloves. Wash your work clothes apart from other clothes. Keep the machinery in good condition to prevent leaks and overheating. To learn more, go to **www.atsdr.cdc.gov** or call 1-888-422-8737. Or, to find an occupational clinic near you, check **www.aoec.org**

Safety and Health Can Start in a Contract

Safety and health contract language can help reduce hazards to workers more quickly than using standard grievance procedures or OSHA complaints, which can take weeks or months.

Unions may focus on particular hazards when writing safety and health contract language. So, for instance, some Bricklayer locals have built wording into contracts to protect union members against silica exposures from dry-cutting of masonry. (The language is on the eLCOSH website, in English and Spanish, at **www.elcosh.org.**)

But sometimes general clauses can be useful. A general duty clause requiring employers to obey safety and health laws and regulations can allow unions to grieve OSHA violations instead of having to file an OSHA complaint. Other useful clauses include accelerated safety and health grievance procedures, the right to refuse dangerous work, establishing joint labor-management safety and health committees or other safety structures, the right for safety stewards to do inspections, the union right to bring in outside consultants, and advanced safety training.

Michael McCann, CPWR director of safety and ergonomics, presented approaches to contract language at the Bricklayers' Leadership Conference in South Bend, Indiana, in August 2002.

Revisit Two Websites on Construction Safety and Health

CPWR's home page, **www.cpwr.com**, has been redesigned.

The Electronic Library of Construction Occupational Safety and Health, **www.elcosh.org,** is updated regularly with new information from around the world and more than 45 links to other sites–with descriptions of what you can find on them.

Mike Finn, UBC, and Randy Coleman, IBEW, instructors at the Hammer training facility, in Hanford, Washington, respond to a simulated hazardous waste spill during filming of a training video. A DVD (digital video disc) has been produced for hazardous waste cleanup refresher training.The DVD allows interactive training using a computer and digital projector. Groups watching the DVD can stop it at any time for discussion in the classroom. CPWR and BCTD-affiliate unions provide hazardous waste worker training funded through the National Institute for Environmental Health Sciences.

Members of the International Roundtable for Construction Safety and Health tour the World Trade Center site Oct. 3, 2002 after a two-day meeting hosted by CPWR. Sessions focused on ways to reach small-to-medium-size companies and to identify the types of services they need to improve their safety-and-health performance. In addition to the U.S., participants were from Belgium, France, Germany, Great Britain, Japan, the Netherlands, Portugal, and Sweden.

Operator Wins Worker Comp Ruling On Hydraulic-Fluid Fume Exposure

In an apparently unprecedented action, the Virginia Workers' Compensation Commission ruled that an operating engineer's severe neurologic symptoms– including problems with vision, memory loss, tremors, dizziness, difficulty speaking, and disorientation–were related to exposures on the job to fumes from hydraulic fluid. The fluid contained an organophosphate. Organophosphates are used to improve lubricating quality, but they have been used also as insecticides and can damage the nervous system.

Representing himself in a legal proceeding before the commission, John Edward Gentry of Culpeper, Va., won medical benefits beginning Sept. 28, 1998, a date 15 days before a medical diagnosis of work-related organophosphate poisoning. The award, against Prince William Construction Inc., of Manassas, Va., and the Phoenix Insurance Company, of Chantilly, Va., a subsidiary of Travelers Insurance Company, was for symptoms first treated by emergency room doctors on April 30, 1998.

The legal opinion, which was upheld when it was reviewed, stated that Gentry had identified "a compensable occupational disease." Studies of hydraulic fluids used in aircraft have shown that when such fluids touch a hot exhaust system, toxic chemicals can be produced, including carbon monoxide, according to Chris Van Netten, PhD, of the University of British Columbia, in Canada. Still, the Gentry case may be the first workers' comp decision confirming a connection between construction work and illness caused by organophosphate exposure.

Gentry had been operating a front-end loader with an open cab, part of the time in a hole. Beginning April 1, he noticed hydraulic fluid leaking over the hot engine, but he did not have symptoms for weeks. On April 30, he blacked out on the job and was taken by ambulance to a local hospital. Gentry, a military veteran who had previously been healthy, suffered two more incidents related to oil leaks, in June and in October, the last while working for another employer.

According to the review opinion, one doctor for the defendants claimed that high anxiety caused many of Gentry's symptoms following the April exposures and another doctor concluded that the operator's symptoms stemmed from a psychiatric disorder unrelated to the reported exposures. Reached in December 2001, the lawyer and a spokeswoman for the construction company said they still doubted there had been a work-related problem. A spokeswoman for Travelers Insurance said, "We are fully prepared to honor our obligations."

A report by a doctor for Gentry said a blood test for carbon monoxide or organophosphate poisoning would have had to have been done at the time of exposure; Gentry said no blood test was done.

Identifying hazards on the job can be difficult. Read the MSDS carefully. An MSDS or a label may not always list all the chemicals in a product. The MSDS in this case listed the components only as "lubricating oil base stock" and "proprietary additives." But,

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Web Site: www.cpwr.com

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