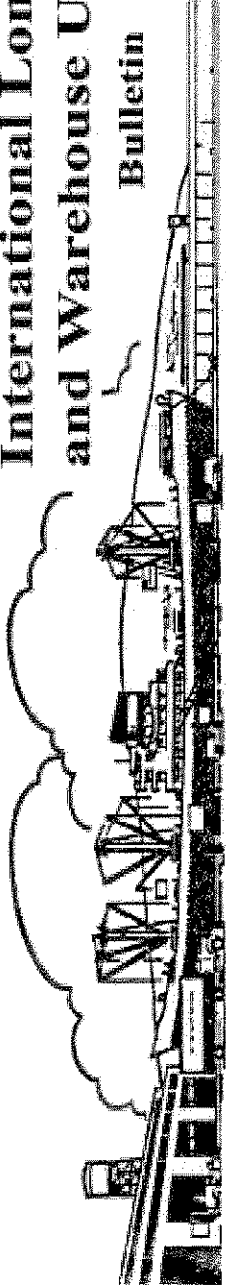


International Longshore and Warehouse Union

Bulletin



ILWU LOCAL 13 • 520 GOLDEN SHORE DRIVE • SUITE 300 • LONG BEACH, CA 90802 • (310) #30-1130

Bulletin #25-10

April 16, 2010

FUME EXPOSURE BULLETIN

Since the Environmental Protection Agency (EPA) implemented the U.S. Clean Air Non-Road Diesel Rule, Terminal Companies have made changes to the exhaust systems of vehicles used in the terminals.

The Union is dedicated to creating the safest work environment for the entire longshore workforce. In an effort to bring all possible health and safety concerns regarding the change in exhaust systems to the Employers, the Union has created a special FUME EXPOSURE form to document each and every incident where a longshore worker believes that fume exposure has compromised the health and safety of the workplace.

The FUME EXPOSURE form will be beneficial in both improving the health and safety of the workforce and compiling information to solve possible issues as they arise. The Union needs input from the workers in order to keep the docks safe. It is vital for incidents to be reported in order to ensure the health and safety of all workers.

The FUME EXPOSURE form should be submitted to the Union within thirty (30) days of the incident. It may be submitted through the following means:

- (1) Mail to ILWU Local 13 office, Attention: Olivia Holton
- (2) Ray Pearson at the Dispatch Hall
- (3) Dispatcher at the Casual Hall
- (4) Day or Night Business Agent

UTR operators, DO NOT drive UTR's in low gear in an attempt to burn off fumes from the particulate filters. Mechanics need to know when the filters are not functioning properly. Please follow the recommendations provided in the December 2009 ILWU/PMA Longshore Safety Tip insert by contacting your Foreman and/or taking the UTR to the Shop.

Harry Dong
Mark Mascola
ILWU Representatives
open#537/c

SAMPLE FORM



FUMES EXPOSURE

PLEASE SUBMIT THIS FORM TO LOCAL 13

Name: _____ Work #: _____
Date: _____ Shift: _____ Job Site: (Terminal) _____
Job Category: _____ UTR # _____

Symptoms: (circle ALL that apply)

Shortness of breath	Headache	Memory Loss	Nausea
Cough	Dizziness	Vomiting	Difficulty Sleeping
Runny Nose	Chest Tightness	Hoarse Voice	Redness of Eyes

Other (please list): _____

Reported Incident

Spoke to Foreman: No/Yes (name & time): _____
Spoke to B.A.: No/Yes (name & time): _____
Spoke to Superintendent: No/Yes (name & time): _____
Spoke to Mechanic: No/Yes (name & time): _____
Doctor note requested: No/Yes Received Doctor Note: No/Yes (if yes, please attach a copy)
Did you go to a Doctor at any time for evaluation/diagnosis or treatment of symptoms? No/Yes
(If yes, please explain): _____
Return to work: _____ (Date) Opeia#537/ro

Forms are available from these locations:

LLW.U. Local 13
630 Centre Street
San Pedro, CA 90731

Ray Pearson
Dispatch Hall

Any terminal