8EHQ-1096-13766

(A)

The Dow Chemical Company
Midland, Michigan 48674

2030 DOW CENTER
October 18, 1996

CSRAD/OPPT

12/4/96

CERTIFIED MAIL--RETURN RECEIPT REQUESTED

CONTAINS NO CONFIDENTIAL BUSINESS INFORMATION

96 OCT 22 AM 11:18

RECEIVED

Document Processing Center (TS-790)
Office of Toxic Substances
U.S. Environmental Protection Agency
401 M Street, SW
Washington, D.C. 20460
Attn: 8(e) Coordinator

Re: Magnesium Chloride
CAS Number 7786-30-3

Dear Sir/Madam:

The following information is being submitted by The Dow Chemical Company (Dow) pursuant to current guidance issued by EPA indicating EPA's interpretation of Section 8(e) of the Toxic Substance Control Act. Dow has made no determination as to whether a significant risk of injury to health or the environment is actually presented by the findings.

The enclosed death certificate has recently come to the attention of Dow. It relates the referenced chemical to the cause of death. The incident occurred in an occupational setting. Personal identifying information has been removed on privacy grounds.

Sincerely,

Paul A Wright

8EHQ-96-13766

96 OCT 25 AM 8:59

RECEIVED

Paul A. Wright
Senior Attorney
Legal Department
517/636-1853

enclosure: Death Certificate

88970000016

GALVESTON COUNTY HEALTH DISTRICT

STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NUMBER

Texas Department of Health — Bureau of Vital Statistics

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN
2. SEX: Male
3. DATE OF DEATH: May 24, 1996
4. DATE OF BIRTH: January 9,1958
5. AGE (IN YEARS): 38
6. BIRTHPLACE (CITY & STATE OR FOREIGN COUNTRY): Pasadena,Texas
7. SOCIAL SECURITY NO.:
8. RACE: Caucasian
9a. WAS THE DECEDENT OF HISPANIC ORIGIN? ☐ YES ☒ NO
9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO
11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED. ELEM. OR SECONDARY (1-12) COLLEGE (13-16, 17+)): 12
12. MARITAL STATUS: ☒ MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED
13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
14a. DECEDENT'S USUAL OCCUPATION: Operator
14b. KIND OF BUSINESS OR INDUSTRY: Dow Chemical Company
15a. RESIDENCE STREET ADDRESS: Lot 24,C.R. 790 (Brazoria)
15b. CITY OR TOWN: Rural
15c. COUNTY: Brazoria
15d. STATE: Texas
15e. ZIP CODE: 77422
15f. INSIDE CITY LIMITS? ☐ YES ☒ NO
16. FATHER'S NAME
17. MOTHER'S MAIDEN NAME
18. PLACE OF DEATH (CHECK ONLY ONE): HOSPITAL: ☒ INPATIENT ☐ ER/OUTPATIENT ☐ DOA; OTHER: ☐ NURSING HOME ☐ RESIDENCE ☐ OTHER (SPECIFY)
19. COUNTY OF DEATH: Galveston
20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.): Galveston
21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address): UTMB Hospitals
22. INFORMANT — SIGNATURE & RELATIONSHIP
23. MAILING ADDRESS OF INFORMANT
24. METHOD OF DISPOSITION: ☒ BURIAL ☐ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)
25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE): Restwood Memorial Park Cem
25b. LOCATION (CITY, STATE): Clute, Texas 77531
25c. Section: Garden of Memories; Block: ; Lot: 208; Space: North 2; Unknown ☐
26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: FD#6995
28. DATE OF DISPOSITION: 05-26-1996
29. NAME & ADDRESS OF FUNERAL HOME: FREEPORT - LAKEWOOD FUNERAL HOMES, P.O. BOX 1126, FREEPORT, TEXAS 77541
30. CERTIFIER: ☐ CERTIFYING PHYSICIAN ☒ MEDICAL EXAMINER ☐ JUSTICE OF THE PEACE — TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.
31. SIGNATURE AND TITLE OF CERTIFIER: Paul J. Boor — Galveston County Deputy Medical Examiner
32. DATE SIGNED (MO DAY YEAR): May 31, 1996
33. TIME OF DEATH: 8:00 A.M.
34. PRINTED NAME & ADDRESS OF CERTIFIER: Paul J. Boor, M.D. — Department of Pathology, The University of Texas Medical Branch, Galveston, Texas 77555

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 195.1946)

35. CAUSE OF DEATH — PART 1: ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	Respiratory Insufficiency	Minutes
DUE TO (OR AS A LIKELY CONSEQUENCE OF):	Pulmonary Edema	Minutes
DUE TO (OR AS A LIKELY CONSEQUENCE OF):	Chemical Lung Injury & Burn Injury	Hours
DUE TO (OR AS A LIKELY CONSEQUENCE OF):	Mg Cl Burn (Magnesium Chloride)	Hours

Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., hypertension, diabetes, smoking, etc.)

36a. AUTOPSY? ☒ YES ☐ NO
36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☒ YES ☐ NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ YES ☐ PROBABLY ☐ NO ☒ UNKNOWN
38. DID ALCOHOL USE CONTRIBUTE TO DEATH? ☐ YES ☐ PROBABLY ☐ NO ☒ UNKNOWN
39. WAS DECEDENT PREGNANT? AT TIME OF DEATH ☐ YES ☒ NO ☐ UNK; WITHIN LAST 12 MO ☐ YES ☒ NO ☐ UNK
40. MANNER OF DEATH: ☐ NATURAL ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED
41a. DATE OF INJURY: 5/23/96
41b. TIME OF INJURY: Approx. 1:38P M.
41c. INJURY AT WORK? ☒ YES ☐ NO
41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY): Tank
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE): Dow Chemical USA Plant A, Freeport, Texas
41f. DESCRIBE HOW INJURY OCCURRED: Decedent was cleaning Hopper Tank when he was sprayed with hot mixture of water and Magnesium Chloride Cell Feed
42a. REGISTRAR FILE NO.: 02-0741
42b. DATE RECEIVED BY LOCAL REGISTRAR: 6-11-96
42c. SIGNATURE OF LOCAL REGISTRAR: Diane Mobley Strain

VS-112 REV. 9/95

112048

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE OFFICES OF THE GALVESTON COUNTY HEALTH DISTRICT.

DATE ISSUED: 6-11-96

Do not accept unless prepared on security paper with engraved border displaying the official seal and signatures of the issuing agency. Do not photocopy. Lamination may void certificate.

Diane Mobley Strain
DIANE MOBLEY STRAIN
LOCAL REGISTRAR

By MRD, Clerk

BEST COPY AVAILABLE

Triage of 8(e) Submissions

Date sent to triage: 12/18/96 NON-CAP CAP

Submission number: 13766 A TSCA Inventory: Y N D

Study type (circle appropriate):

Group 1 - Gordon Cash (1 copy total)

ECO AQUATO

Group 2 - Ernie Falke (1 copy total)

ATOX SBTOX SEN w/NEUR

Group 3 -HERD (1 copy each)

STOX CTOX EPI RTOX GTOX

STOX/ONCO CTOX/ONCO IMMUNO CYTO NEUR

Other (FATE, EXPO, MET, etc.): Accidental human expo

Notes:

- [x] This is the **original** 8(e) submission; refile after triage evaluation.
- [ ] This **original** submission has been **split**; rejoin after triage evaluation.
- [ ] Other:

Photocopies Needed for Triage Evaluation

entire document: 0 1 2 3

front section and CECATS: 0 1 2 3

Initials:_____ **Date:**_____

CECATS\TRIAGE TRACKING DBASE ENTRY FORM

CECATS DATA:
Submission # 8EHQ- 1096-13766 SEQ. A

TYPE: INT. SUPP FLWP

SUBMITTER NAME: Dow

INFORMATION REQUESTED: FLWP DATE:
0501 NO INFO REQUESTED
0502 INFO REQUESTED (TECH)
0503 INFO REQUESTED (VOL ACTIONS)
0504 INFO REQUESTED (REPORTING RATIONALE)

DISPOSITION:
0639 REFER TO CHEMICAL SCREENING
0678 CAP NOTICE

VOLUNTARY ACTIONS
0401 NO ACTION REPORTED
0402 STUDIES PLANNED/UNDERWAY
0403 NOTIFICATION OF WORKERS/OTHERS
0404 LABEL/MSDS CHANGES
0405 PROCESS/HANDLING CHANGES
0406 APP/USE DISCONTINUED
0407 PRODUCTION DISCONTINUED
0408 CONFIDENTIAL

SUB. DATE: 10-18-96 OTS DATE: 10-22-96 CSRAD DATE: 12-4-96

CHEMICAL NAME: magnesium chloride

CAS# 7786-30-3

INFORMATION TYPE:		P F C	INFORMATION TYPE:		P F C	INFORMATION TYPE:		P F C
0201	ONCO (HUMAN)	01 02 04	0216	EPI/CLIN	01 02 04	0241	IMMUNO (ANIMAL)	01 02 04
0202	ONCO (ANIMAL)	01 02 04	0217	HUMAN EXPOS (PROD CONTAM)	01 02 04	0242	IMMUNO (HUMAN)	01 02 04
0203	CELL TRANS (IN VITRO)	01 02 04	0218	HUMAN EXPOS (ACCIDENTAL)	01 02 04	0243	CHEM/PHYS PROP	01 02 04
0204	MUTA (IN VITRO)	01 02 04	0219	HUMAN EXPOS (MONITORING)	01 02 04	0244	CLASTO (IN VITRO)	01 02 04
0205	MUTA (IN VIVO)	01 02 04	0220	ECO/AQUA TOX	01 02 04	0245	CLASTO (ANIMAL)	01 02 04
0206	REPRO/TERATO (HUMAN)	01 02 04	0221	ENV. OCCC/REL/FATE	01 02 04	0246	CLASTO (HUMAN)	01 02 04
0207	REPRO/TERATO (ANIMAL)	01 02 04	0222	EMER INCI OF ENV CONTAM	01 02 04	0247	DNA DAM/REPAIR	01 02 04
0208	NEURO (HUMAN)	01 02 04	0223	RESPONSE REQEST DELAY	01 02 04	0248	PROD/USE/PROC	01 02 04
0209	NEURO (ANIMAL)	01 02 04	0224	PROD/COMP/CHEM ID	01 02 04	0251	MSDS	01 02 04
0210	ACUTE TOX. (HUMAN)	01 02 04	0225	REPORTING RATIONALE	01 02 04	0299	OTHER	01 02 04
0211	CHR. TOX. (HUMAN)	01 02 04	0226	CONFIDENTIAL	01 02 04			
0212	ACUTE TOX. (ANIMAL)	01 02 04	0227	ALLERG (HUMAN)	01 02 04			
0213	SUB ACUTE TOX (ANIMAL)	01 02 04	0228	ALLERG (ANIMAL)	01 02 04			
0214	SUB CHRONIC TOX (ANIMAL)	01 02 04	0239	METAB/PHARMACO (ANIMAL)	01 02 04			
0215	CHRONIC TOX (ANIMAL)	01 02 04	0240	METAB/PHARMACO (HUMAN)	01 02 04			

TRIAGE DATA:	NON-CBI INVENTORY	ONGOING REVIEW	SPECIES	TOXICOLOGICAL CONCERN:	USE:	PRODUCTION:
	YES	YES (DROP/REFER)	Human	LOW	tankcleaner	
CAS SR	NO	NO (CONTINUE)		MED		
	IN TRAMINI	REFER		HIGH		

COMMENTS