

Exhibit 26



AP

James W. Ballard, M.D.

NIOSH Certified B-Reader

3932 Knollwood Drive ● Birmingham, AL 35243
Phone (205) 967-1689

X-RAY EVALUATION

February 14, 2000

Ball, Angelean

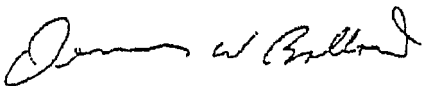
RTSLVM49

PA and lateral views of the chest dated 10/15/99 are reviewed for the presence of, and classification of pneumoconiosis according to the ILO (1980) classification.

Film quality is grade 2 due to slight underexposure. Inspection of the lung parenchyma demonstrates interstitial changes in the mid and lower lung zones bilaterally, consisting of small and irregular opacities of size and shape S/T, profusion 1/0.

Pleural plaques are seen face on bilaterally, extent of 3 bilaterally. No parenchymal infiltrates, nodules or masses are seen. The heart is of normal size and the mediastinal structures are unremarkable.

CONCLUSION: The above parenchymal and pleural changes are consistent with asbestosis provided the subject's exposure history and period of latency are appropriate.


James W. Ballard, M.D.

Ball, Angelean
WORKER'S Social Security Number

TYPE OF READING

FACILITY IDENTIFICATION

A ~~B~~ P

1A. DATE OF X-RAY

MONTH 10 DAY 15 YEAR 99

1B. FILM QUALITY

1 ~~2~~ 3 U/R

If not Grade 1 Give Reason:

Slightly underexposed

1C. IS FILM COMPLETELY NEGATIVE?

YES

Proceed to Section 5

NO

Proceed to Section 2

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES COMPLETE 2B and 2C

NO Proceed to Section 3

2B. SMALL OPACITIES

a. SHAPE / SIZE

PRIMARY SECONDARY
p q r u p s q r u

b. ZONES

R L

c. PROFUSION

0/ 0/0 0/1
1/0 1/1 1/2
2/1 2/2 2/3
3/2 3/3 3/4

2C. LARGE OPACITIES

SIZE A B C

Proceed to Section 3

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES COMPLETE 3B, 3C and 3D

NO Proceed to Section 4

3B. PLEURAL THICKENING

a. DIAPHRAGM (plaque)

SITE R L

b. COSTOPHRENIC ANGLE

SITE R L

3C. PLEURAL THICKENING... Chest Wall

a. CIRCUMSCRIBED (plaque)

IN PROFILE SITE R

I. WIDTH A B C

II. EXTENT FACE ON 1 2 3

III. EXTENT 0 1 2 3

b. DIFFUSE

IN PROFILE SITE R

I. WIDTH A B C

II. EXTENT FACE ON 1 2 3

III. EXTENT 0 1 2 3

3D. PLEURAL CALCIFICATION

SITE R EXTENT

a. DIAPHRAGM
b. WALL
c. OTHER SITES

L EXTENT

a. DIAPHRAGM
b. WALL
c. OTHER SITES

Proceed to Section 4

4A. ANY OTHER ABNORMALITIES?

YES COMPLETE 4B and 4C

NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

0 ax bu ca cn co cp cv di sl em es fr hi ho id ih kl pl px rp tb

Report terms which may be of present clinical significance in this section.

OD

(SPECIFY od.)

Date Personal Physician notified?

MONTH DAY YR

4C. OTHER COMMENTS

SHOULD WORKER SEE PERSONEL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C.

YES NO

Proceed to Section 5

5. FILM READER'S INITIALS

JWB

PHYSICIAN'S SOCIAL SECURITY NUMBER*

J

DATE OF READING

MONTH 02 DAY 14 YR 00

Complete if social security number is not furnished:

NAME (LAST—FIRST—MIDDLE)

STREET ADDRESS CITY STATE ZIP CODE

*Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.