For Purposes of Coding for the Department of Labor, the following criteria will be used
ILO 1980 INTERNATIONAL CLASSIFICATION OF RADIOGRAPHS OF THE PNEUMOCONIOSES

Technical Quality		1 2 3 4	Good. Acceptable, with no technical defect likely to impair classification of the radiograph for pneumoconiosis. Poor, with some technical defect but still acceptable for classification purposes. Unacceptable.
Parenchymal Abnormalities Small Opacities	**Profusion**	0/- 0/0 0/1 1/0 1/1 1/2 2/1 2/2 2/3 3/2 3/3 3/+	The category of profusion is based on the assessment of concentration of opacities by comparision with the standard radiographs. Category 0 - small opacities absent or less profuse than the lower limit of Category 1. Categories 1, 2, and 3 - represent increasing profusion of small opacities as defined by the corresponding standard radiographs.
	Extent	RU RM RL LU LM LL	The zones in which the opacities are seen are recorded. The right (R) and left (L) thorax are both divided into three zones - upper (U), middle (M) and lower (L). The category of profusion is determined by considering the profusion as a whole over the affected zones of the lung and by comparing this with the standard radiographs.
	Shape and Size rounded	p/p q/q r/r	The letters p, q, and r denote the presence of small rounded opacities. Three sizes are defined by the appearances on standard radiographs. p = diameter up to about 1.5 mm. q = diameter exceeding about 1.5 mm and up to about 3 mm. r = diameter exceeding about 3 mm and up to about 10 mm.
	Irregular	s/s t/t u/u	The letters s, t and u denote the presence of small irregular opacities. Three sizes are defined by the appearance on standard radiographs. s = width up to about 1.5 mm. t = width exceeding about 1.5 mm and up to about 3 mm. u = width exceeding 3mm and up to about 10 mm.
	mixed	p/s p/t p/u p/q p/r q/p q/t q/u q/p q/r r/p r/t r/q r/p r/q s/p s/q s/r s/t s/u t/p t/q t/r t/s t/u u/p u/q u/r u/s u/t	For mixed shapes (or sizes) of small opacities the predominant shape and size is recorded first. The presence of a significant number or another shape and size is recorded after the oblique stroke.
Large Opacities		A B C	The categories are defined in terms of dimensions of the opacities. Category A - an opacity having a greatest diameter exceeding about 10 mm and up to and including 50 mm, or several opacities each greater than about 10 mm, the sum of whose greatest diameters does not exceed 50 mm. Category B - one or more opacities larger or more numerous than those in category A whose combined area does not exceed the equivalent of the right upper zone. Category C - one or more opacities whose combined area does not exceeds the equivalent of the right upper zone.
Pleural Abnormalities			
Pleural Thickening Chest wall	**Type**		Two types of pleural thickening of the chest wall are recognized: circumscribed (plaques) and diffuse. Both types may occur together.
	Site	R L	Pleural thickening of the chest wall is recorded separately for the right (R) and left (L) thorax.
	Width	A B C	For pleural thickening seen along the lateral chest wall the measurement of maximum width is made from the inner line of the chest wall to the inner margin of the shadow seen most sharply at the parenchymal-pleural boundary. The maximum width usually occurs at the inner margin of the rib shadow at its outermost point. a = maximum width up to about 5 mm. b = maximum width over about 5 mm and up to about 10 mm. c = maximum width over about 10 mm.
	Face on	Y N	The presence of pleural thickening seen face-on is recorded even if it can be seen also in profile. If pleural thickening is seen face-on only, width can not usually be measured.
	Extent	1 2 3	Extent of pleural thickening is defined in terms of the maximum length of pleural involvement, or as the sum of maximum lengths, whether seen in profile or face-on. 1 = total length equivalent up to one quarter of the projection of the lateral chest wall. 2 = total length exceed one quarter but not one half of the projection of the lateral chest wall. 3 = total length exceeding one half of the projection of the lateral chest wall
Diaphragm	**Presence**		
Costophrenic Angle	**Site** **Presence**	R L Y N Y N	A plaque involving the diaphragmatic pleura is recorded as present (Y) or absent (N) separately for the right (R) or left (L) thorax.
	Site	R L	The presence (Y) or absence (N) of costophrenic angle obliteration is recorded separately from thickening over other areas for the right (R) and left (L) thorax. The lower limit for the obliteration is defined by a standard radiograph.
Pleural classification			If the thickening extends up the chest wall then both costophrenic angle obliteration and pleural thickening should be recorded.
	Site **chest wall** **diaphragm** **other**	R L R L R L	This site and extent of pleural calcification are recorded separately for the two lungs, and the extent defined in terms of dimensions. "Other" includes calcification of the mediastinal and pericardial pleura.
	extent	1 2 3	1 = an area of calcified pleura with greatest diameter up to about 20 mm or a number of such areas the sum of whose greatest diameters does not exceed about 20 mm. 2 = an area of calcified pleura with greatest diameter exceeding about 20 mm and up to about 100 mm, or a number of such areas the sum of whose greatest diameters exceeds about 20 mm but does not exceed about 100 mm. 3 = an area of calcified pleura with greatest diameter exceeding about 100 mm or a number of such area whose sum of greatest diameters exceeds about 100 mm.
Symbols			It is to be taken that the definition of each of the Symbols is preceded by an appropriate word or phrase such as "suspect", pneumoconiotic changes suggestive of", or "opacities suggestive of", etc.
Comments	**Presence**	Y N	- coalescence of small pneumoconiotic opacities - bulla(e) - cancer of lung or pleura - calcification in small pneumoconiotic opacities - abnormality of cardiac size or shape - cor pulmonale - cavity - marked distortion of the intrathoracic organs - effusion - definite emphysema - eggshell calcification of hilar or mediastinal lymph nodes - fractured rib(s) - enlargement of hilar or mediastinal lymph nodes - honeycomb lung - ill defined diaphragm - ill defined heart outline - septal (kerley) lines - other significant abnormality - pleural thickening in the interlobar fissure or mediastinum - pneumothorax - rheumatoid pneumoconiosis - tuberculosis Comments should be recorded pertaining to the classification of the radiograph, particularly if some other cause is thought to be responsible for a shadow.