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AT&T

American Telephone and
Telegraph Company
195 Broadway
New York, N. Y 10007
Phone (212) 393-9800

DOCKET OFFICER
Docket H-033
U.S. Department of Labor - Room N-3620
200 Constitution Avenue
Washington, D.C. 20210

Dear Sir:

This letter and attachment represent the comments and recommendations of the Bell System Occupational Health Working Group on the proposed OSHA Asbestos standard which was published in the Federal Register on October 9, 1975. We appreciate the opportunity to comment and anticipate that our recommended changes will be given serious consideration.

In addition, we are requesting an informal hearing with respect to this standard.

For ease in understanding our recommended changes, we have used a three column approach. The first column quotes the OSHA proposal, the second column incorporates our recommendation for change, and the third column offers an explanation for the suggested changes. Changes to the original proposal and recommended changes and/or additions and deletions are underlined to facilitate your understanding.

In addition to the recommendations given in the attachment, there are several items of a more general nature which deserve special and repeated emphasis:

1. The practice of largely restricting the content of the standards to performance objectives (criteria) and allowing flexibility as to the means of achieving these objectives is essential to good standard development. We recommend that the body of the asbestos standard be reserved for concise statements of performance objectives and that the appendices contain the more voluminous advisory portions or guidelines as to how the objectives might be achieved. This will require major changes in the proposed asbestos standard because the present version contains excessive mandatory specifications as to how the provisions are to be implemented.

Most burdensome in this regard, is the mandated preference for engineering control methods over work practices and the use of personal protective equipment. If adequate surveillance is maintained, the use of personal protective equipment is an effective control measure. An employer should be given the option of establishing a personal protective equipment program and/or work practices control program to minimize the employee's exposure as long as they are equally or more effective than a program based on engineering control.

2. The medical surveillance sections of the standard, paragraphs (j)(2), (3) and (4) require the employer to provide a comprehensive preplacement, annual and termination medical examination for employees exposed to any airborne asbestos fibers. This requirement is extremely burdensome and, in our opinion, practically unworkable.

   The presence of even one fiber in a given air sample resulting in concentrations that are tens or more orders of magnitude below the permissible level would require a comprehensive medical examination for all employees so exposed. As a practical matter, an employee who is simply walking the streets in an urban environment would very likely qualify for the proposed medical examination. We hereby make a plea to resolve this awesome dilemma by triggering the medical examination requirement on the basis of an "action level" of 0.25 fibers per c.c. of air.

3. The training and information section of the standard, paragraph (k)(1), requires an information program for employees who are assigned to work in regulated areas. It appears that adopting our recommendations for an action level and triggering the training requirements at this level instead of the permissible exposure level would be more consistent with the overall OSHA training requirements.

4. If our concept of "action level" survives your future deliberations and is ultimately included in the final standard, we suggest the inclusion of an explanation of its derivation and use. This could possibly be done in the preface, in the definitions section, or in the Appendix. At present, there is considerable confusion as to the interpretation of "action level" since it is based essentially on statistical sampling theory. We recommend a modification which will ensure the same purpose but allow an employer certain options.

We trust that our comments will be of value to you in developing a practical asbestos standard.

Respectfully submitted,

R. W. STONE, M.D.
Director - Medical Research
Co-Chairman, Occupational
Health Work Group

B. M. MAY
Manager - Safety
Co-Chairman, Occupational
Health Work Group

OSHA PROPOSAL	RECOMMENDED CHANGE	EXPLANATION
Definitions: (c) Permissible exposure to airborne concentrations of asbestos fibers - (1) 8-hour time-weighted average concentration. No employee may be exposed to an 8-hour time-weighted average airborne concentration of asbestos fibers in excess of 0.5 fiber per cubic centimeter (or 500,000 fibers per cubic meter) of air, as determined on the basis of a 40-hour work week and by the method prescribed in paragraph (e) (3) of this section.	(c) Permissible exposure to airborne concentrations of asbestos fibers - (1) 8-hour time weighted average concentration. No employee may be exposed to an 8-hour time-weighted average airborne concentration of asbestos fibers in excess of 0.5 fiber per cubic centimeter (or 500,000 fibers per cubic meter) of air, as measured in the breathing zone of employees, as determined on the basis of a 40-hour work week and by the method prescribed in paragraph (e) (3) of this section.	Measurements of airborne concentrations of asbestos should be made in the employee's breathing zone in order to measure his exposure.
(c) (2) Ceiling concentration. No employee may be exposed to airborne concentrations of asbestos fibers in excess of 5 fibers per cubic centimeter (or 5 million fibers per cubic meter) of air, as determined over a period up to 15 minutes, by the method prescribed in paragraph (e) (3) of this section.	(c) (2) Ceiling concentration. No employee may be exposed to airborne concentrations of asbestos fibers in excess of 5 fibers per cubic centimeter (or 5 million fibers per cubic meter) of air, as measured in the breathing zone of employees, as determined over a period up to 15 minutes, by the method prescribed in paragraph (e) (3) of this section.	Ceiling concentration measurements of asbestos should be made in the employee's breathing zone.
(c) (3) Not included in proposal.	(c) (3) "Action level" means one-half (½) of the permissible exposure for asbestos or that level above one half of the permissible exposure which has been determined on the basis of suitable sampling and analysis, within 95 per cent confidence limits, to be below the permissible exposure for asbestos.	There is a need for an action level in the standard due to the potential carcinogenicity of asbestos, it appears prudent to establish an action level at 50% of the permissible exposure level.

OSHA PROPOSAL	RECOMMENDED CHANGE	EXPLANATION
(d) Regulated areas. Any work area where a person may be exposed to airborne concentrations of asbestos fibers in excess of either of the limits imposed by paragraph (c) of this section shall be designated a regulated area. Only authorized persons may be allowed to enter such an area. A daily roster of all persons entering a regulated area shall be made and maintained.	(d) Regulated areas. Any work area where a person may be exposed to airborne concentrations of asbestos fibers in excess of either the permissible exposure level or the ceiling concentration shall be designated a regulated area. Only authorized persons may be allowed to enter such an area. A daily roster of all persons entering a regulated area shall be made and maintained.	This recognizes that the action level is not the basis for a regulated area.
(e) (1) Initial. Every employer shall cause every place of employment where asbestos fibers may be released to be monitored in such a manner as to determine whether employees are exposed to concentrations of asbestos fibers in excess of either of the two limits prescribed in paragraph (c) of this section. If either limit is exceeded, the employer shall immediately undertake a compliance program in accordance with paragraph (f) of this section.	(e) (1) Initial. Every employer shall cause every place of employment where asbestos fibers may be released to be monitored in such a manner as to determine whether employees are exposed to concentrations of asbestos fibers in excess of the limits prescribed in paragraph (c) of this section. If either the permissible exposure level or the ceiling concentration are exceeded, the employer shall immediately undertake a compliance program in accordance with paragraph (f) of this section.	This permits inclusion of the action level.
(e) (2) (i); (e) (2) (ii); (e) (2) (iii)	Where mention is made of both limits, change it to read the permissible exposure level and the ceiling concentration level.	Clarification required due to the introduction of the action level.

OSHA PROPOSAL	RECOMMENDED CHANGE	EXPLANATION
(e) (4) Employee notification. (1) Within five (5) working days after the receipt of the measurement results, the employer shall notify each employee in writing of the results concerning the employee's exposure.	(e) (4) Employee notification. (1) Within five (5) working days after the receipt of the measurement results, the employer shall notify each employee <u>who is found to be exposed to asbestos above the action level</u>, in writing of the results concerning the employee's exposure.	This improves the practicality of the notification requirement without sacrificing the safety of any operation and is consistent with section (e) (c) (3) of the Act.
(f) (1) Engineering and work practice controls. Engineering controls shall be instituted immediately to reduce employee exposure to or below the permissible exposure limits, except to the extent that such controls are not feasible. Where engineering controls which can be instituted immediately are not sufficient to reduce exposure to or below the permissible exposure limits, they shall nonetheless be used to reduce exposure to the lowest practicable level, and shall be supplemented by the use of work practice controls.	(f) (1) Engineering and work practice controls. Engineering controls shall be instituted immediately to reduce employee exposure to or below the permissible exposure limits, except to the extent that such controls are not economically and technologically feasible. Where engineering controls which can be instituted immediately are not sufficient to reduce exposure to or below the permissible exposure limits, they shall nonetheless be used to reduce exposure to the lowest practicable level, and shall be supplemented by the use of work practice controls <u>and the use of personal protective clothing and equipment</u>.	Concern needs to be given to the practicality of engineering changes (both economical and technological).
(f) (2) <u>Personal protection controls. Where engineering and work practice controls are not sufficient to reduce employee exposure to or below the permissible exposure limits, they shall nonetheless be used to reduce exposure to the lowest possible level, and shall be supplemented by the use of respirators, in accordance with paragraph (g) of this section.</u>	(f) (2) Delete.	This aspect is covered in our recommended changes outlined in (f) (1).

OSHA PROPOSAL	RECOMMENDED CHANGE	EXPLANATION
(f) (3) Particular tools. All hand-operated and power-operated tools which may produce or release asbestos fibers in excess of the exposure limits prescribed in paragraph (c) of this section, such as, but not limited to, saws, scorers, abrasive wheels, and drills, shall be provided with local exhaust ventilation systems.	(f) (3) Delete.	The main objective is to reduce employee exposures to below the permissible exposure level. Whatever is required to attain this objective should be left to the discretion of the employer.
(f) (6) Mechanical ventilation. When mechanical ventilation is used to control exposure, measurements which demonstrate the effectiveness of the system to control the exposure, such as capture velocity, duct velocity, or static pressure, shall be made at least every three months. Measurements of the system's effectiveness to control exposure shall also be made within five days of any change in production, process, or control which might result in a change in employee exposure.	(f) (6) Delete.	Detailed specification of controls are unwarranted and not in keeping with performance language.
(f) (7) Compliance program. (i) Every employer shall establish and implement a written program to reduce exposures to or below the permissible exposure limit solely by means of engineering controls supplemented, when necessary, by work practice controls.	(f) (7) Compliance program. (i) Every employer shall establish and implement a written program to reduce exposures to or below the permissible exposure limit solely by means of economically and technologically feasible engineering controls supplemented, when necessary, by work practice controls and the use of personal protective clothing and equipment.	The employer should be permitted to use personal protective clothing and equipment as a means to control employee exposure to asbestos.

OSHA PROPOSAL	RECOMMENDED CHANGE	EXPLANATION
(g) (3) (iv) No employee shall be assigned to tasks requiring the use of a respirator if based upon his most recent examination an examining physician has determined that the employee would be unable to function normally while wearing a respirator, or that the safety or health of the employee or other employee would be impaired by his use of a respirator. To the maximum extent possible, such employee shall be rotated to another job, or given the opportunity to transfer to a different position, whose duties he is able to perform, with the same employer in the same geographical area and with the same seniority, status, and rate of pay he had just prior to such transfer.	(g) (3) (iv) No employee shall be assigned tasks requiring the use of a respirator if based upon his most recent examination an examining physician has determined that the employee would be unable to function normally while wearing a respirator, or tha the safety or health of the employee or other employee would be impaired by his use of a respirator.	The rotation of employees is a management decision subject to collective bargaining and should not be included in the standard.
(j) Medical surveillance. (1) General Every employer shall provide or make available at his cost medical examinations relative to exposure to asbestos, as required by this paragraph. If an employee refuses a medical examination provided in accordance with this paragraph, the employer shall inform the employee of the possible health consequences of such refusal, and shall obtain a signed statement from the employee stating that such employee has been informed of the consequences and refuses to be examined.	(j) Medical surveillance. (1) General Every employer shall provide or make available at his cost medical examinations relative to exposure to asbestos, as required by this paragraph. Refusal by an employee to have the required medical examinations shall be documented by the employer, and the employer may remove the employee from such exposure.	Refusal of the employee to have required medical examination puts the employer in an untenable position if adverse health effects occur. The employee should not be allowed to refuse these examinations any more than he could refuse to wear required personal protective equipment.

OSHA PROPOSAL	RECOMMENDED CHANGE	EXPLANATION
(j) (2) Preplacement. The employer shall provide or make available to each of his employees, within 30 calendar days following his first employment in an area exposed to airborne concentrations of asbestos fibers, a comprehensive medical examination. Such examinations shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicit symptoms of respiratory disease, pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV1.0), and for employees with 10 or more years of exposure to airborne concentrations of asbestos fibers or who are 45 years of age or older, a sputum cytology examination.	(j) (2) Preplacement. The employer shall provide or make available to each of his employees, within 30 calendar days following his first employment in an area exposed to airborne concentrations of asbestos fibers, above the action level or in excess of the ceiling level, a comprehensive medical examination. Such examinations shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicit symptoms of respiratory disease, pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV1.0), and for employees with 10 or more years of exposure to airborne concentrations of asbestos fibers or who are 45 years of age or older, a sputum cytology examination.	This permits the employer to utilize the action level as the basis for his medical surveillance program.
(j) (3) Annual. Every employer shall provide or make available comprehensive medical examinations to each of his employees exposed to airborne concentrations of asbestos fibers at least annually. Such examination shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicity symptoms of respiratory disease, pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second ($FEV_{1.0}$) and, for employees with 10 or more years of exposure to airborne concentrations of asbestos fibers or who are 45 years of age or older, a sputum cytology examination.	(j) (3) Annual. Every employer shall provide or make available comprehensive medical examinations to each of his employees exposed to airborne concentrations of asbestos fibers, above the action level at least annually. Such examination shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches) a history to elicit symptoms of respiratory disease, pulmonary function tests to include forced vital capacity (VC) and forced expiratory volume at 1 second ($FEV_{1.0}$) and, for employees with 10 or more years of exposure to airborne concentrations of asbestos fibers or who are 45 years of age or older, a sputum cytology examination.	To be consistent with other OSHA standards having the same requirement (above the action level).

OSHA PROPOSAL	RECOMMENDED CHANGE	EXPLANATION
(j) (4) Termination of employment. The employer shall provide or make available, within 30 calendar days before or after termination of employment of any employee exposed to airborne concentrations of asbestos fibers, a comprehensive medical examination. Such examination shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicit symptoms of respiratory disease, pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second ($FEV_{1.0}$) and, for employees with 10 or more years of exposure to airborne concentrations of asbestos fibers or who are 45 years or age or older, a sputum cytology examination.	(j) (4) Termination of employment. The employer shall provide or make available, within 30 calendar days before or after termination of employment of any employee exposed to airborne concentrations of asbestos fibers, <u>above the action level</u> a comprehensive medical examination. Such examination shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicit symptoms of respiratory disease, pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second ($FEV_{1.0}$) and, for employees with 10 or more years of exposure to airborne concentrations of asbestos fibers or who are 45 years of age or older, a sputum cytology examination.	This permits the employer to use the action level as the basis for the termination of employment examination.
(j) (6) (i) (A) The physician's opinion as to whether the employee has any <u>detected medical condition which would place the employee at increased risk of material impairment to the employee's health from exposure to asbestos, or would directly or indirectly aggravate any detected medical conditon.</u>	(j) (6) (i) (A) The physician's opinion as to whether the employee has any <u>significant</u> medical condition which <u>is commonly recognized as being materially impaired by exposure to asbestos</u>.	The examining physician is not able to designate essentially a "no risk" opinion which is what the proposed standard implies.
(k) (2) Access to training materials. (i) A copy of this standard and its appendixes shall be made readily available to all employees working in regulated areas.	(k) (2) Access to training materials. (i) A copy of this standard and its appendixes shall be made available <u>upon request</u> to all employees working in regulated areas.	The requirement to make the material available to every affected employee presumably means to provide copies of the regulation plus all appendixes to each employee. This requirement appears to be unnecessarily burdensome.

OSHA PROPOSAL	RECOMMENDED CHANGE	EXPLANATION
(n) Recordkeeping. (1) Exposure records. Every employer shall make an accurate record of every monitoring of employee exposure as required in paragraph (e) of this section. (i) The record shall include: (A) Date of monitoring: (B) Operation involving exposure to asbestos fibers; (C) Sampling and analytical methods used; (D) Number, duration, and results of samples taken; (E) Type of protective devices worn, if any; and (F) Names, social security numbers, job titles, and exposure levels of all employees monitored.	(n) Recordkeeping. (1) Exposure records. Every employer shall make an accurate record of every monitoring of employee exposure, above the action level as required in paragraph (e) of this section. (i) The record shall include: (A) Date of monitoring: (B) Operation involving exposure to asbestos fibers; (C) Sampling and analytical methods used; (D) Number, duration, and results of samples taken; (E) Type of protective devices worn, if any; and (F) Names, social security numbers, job titles, and exposure levels of all employees monitored.	To relieve the employer from burdensome recordkeeping, only those measurements above the action level should be maintained.
(ii) Each record of an employee's exposure shall be maintained for at least 40 years, or for the duration of the employee's employment plus 20 years whichever period is longer.	(ii) Each record of an employee's exposure above the action level shall be maintained for at least 40 years, or for the duration of employment plus 20 years whichever period is longer.	To relieve the employer from burdensome recordkeeping requirements, only those measurements above the action level should be maintained.
(n) (3) Mechanical ventilation measurements. When mechanical ventilation is used as an engineering control, the employer shall maintain a record of the measurements demonstrating the effectiveness of such ventilation as required by paragraph (f) (6) of this section.	(n) (3) Delete.	Detailed specification controls are unwarranted and not in keeping with performance language.

OSHA PROPOSAL	RECOMMENDED CHANGE	EXPLANATION
(i) This record shall include: (A) Date and location of measurement; (B) Type of measurement taken, and (C) Result of measurement; (ii) This record shall be maintained for at least three years.		
(n) (6) (iii) Employee medical records required by this paragraph shall be made available upon request for examination and copying to a physician designated by the employee or former employee.	(n) (6) (iii) Employee medical records required to be maintained by this paragraph shall be made available upon written request by a physician designated by the employee, former employee, or the employer.	Request for medical records should always be made a matter of written record. The addition of "or the employer" is necessary so that medical records held by a private examining physician may be sent to the employer's medical director or medical consultant to assist in the total health evaluation of the employee.
APPENDIX B		
IV. MONITORING AND MEASUREMENT PROCEDURES	IV. MONITORING AND MEASUREMENT PROCEDURES	
A. General	A. General	
Measurements taken for the purpose of determining employee exposure are best taken in a fashion such that the average	Measurements taken for the purpose of determining employee exposure are best taken in a fashion such that the	The option should be given to prove the accuracy of measurements. The purpose of the