fibers that may be released if asbestos-containing wastes are temporarily stored or transported on the construction worksite. The requirements contained in paragraph (1)(2) do not address the ultimate disposal of asbestos wastes, since these wastes and their disposal are regulated by EPA.

The existing asbestos standard and the revised standard for general industry contain a general provision requiring that surfaces be maintained free of accumulations of asbestos fibers. OSHA has not included a similar provision in the revised standard for the construction industry because the nature of much construction work, particularly asbestos removal, renovation, and demolition, makes it impossible to keep surfaces free of asbestos fibers at all times. OSHA does, however, expect employers in the construction industry to clean up accumulations of asbestos quickly to avoid generation of airborne concentrations of asbestos fibers that might exceed the PEL. OSHA believes that the provisions of paragraph (1) reflect the special circumstances found in the construction industry sector while providing protection for construction employees that are involved in cleanup operations.

Paragraph (m)—Medical Surveillance

Where appropriate, medical surveillance programs are required by Section 6(b)(7) of the OSH Act, to be included in OSHA health standard to aid in determining whether the health of workers is adversely affected by exposure to toxic substances. The requirements contained in this revised asbestos standard are designed to detect changes in the pulmonary and gastrointestinal systems resulting from occupational exposure to asbestos. Several changes have been made in the revised rule relative to OSHA's existing asbestos standard (29 CFR 1910.1001 (i)). These changes include requiring employers to implement the medical surveillance program only for employees wearing negative-pressure respirators and for employees exposed to levels of asbestos at or above the action level for 30 or more days per year. The existing standard required medical surveillance for all employees engaged in occupations in which they were exposed to airborne concentrations of asbestos fibers, regardless of the duration or level of their exposure. In addition, OSHA has added provisions to the revised standard addressing the administration of a respiratory disease questionnaire during the medical examination, requiring employers to provide information to the examining physician, and granting physicians greater latitude in determining the frequency of chest X rays and the necessity of providing other tests. OSHA has also deleted the existing standard's requirement for a medical examination at the time of an employee's termination of employment. In other respects, the medical surveillance requirements parallel the existing standard's provisions.

In the April notice (49 FR14116–14145), OSHA solicited comments on whether the existing medical surveillance provisions for asbestos-exposed employees should be modified in any new rulemaking undertaken to revise OSHA's existing asbestos standard. Specifically, comments were invited regarding the appropriations of triggering the medical surveillance requirements of a revised standard at 0.2 f/cc; decreasing the frequency of chest X rays for young employees or for those with short durations of exposure; clarifying the time permitted for employers to conduct the pre-placement examination after initial hiring; and the necessity of specifying additional tests or procedures for the early diagnosis of any asbestos-related disease, including the administration of a respiratory disease questionnaire. Comments were also requested on the need for additional specifications regarding the performance of pulmonary function testing, including completion of a NIOSH-approved course in spirometry for nonphysicians who administer these tests, calculation of the percentage difference from predicted values and use of standard predicted values; the appropriateness of requiring screening for colo-rectal cancer, including tests for occult blood in the feces; and further specifications for the interpretation and reading of chest X rays.

The April notice also specifically described several concerns of the construction industry regarding the inclusion of a traditional OSHA health standards approach to medical protection for construction workers (49 FR 14131). Among the concerns expressed by CACOSH were the "major economic and logistical problem" presented by medical surveillance programs in this section because of high employee turnover, and the use of medical examination to "exclude all but the most hardy human specimens [from employment]" (49 FR 14131). Member of CACOSH also stressed the importance of an integrated program of environmental controls and medical surveillance, rather than an "Overdependence on medical control systems [alone]" (49 FR 14131). Although information and responses relevant to these and other issues were solicited from interested parties representing all industry sectors, the Agency emphasized the need for information on any necessary changes to the medical surveillance requirements as they might affect the construction industry. The modifications considered in the development of the revised rule were suggested by the Advisory Committee for Construction Safety and Health (CACOSH), the Building and Construction Trades Department of the AFL-CIO (BCTD), the Asbestos Information Association (AIA), and by other affected organizations specifically concerned with the applicability of medical surveillance provisions to the construction industry.

Paragraph (m)(1)(i) of the revised standard for construction requires that each employer institute a medical surveillance program for all such employees who are exposed at levels at or above the action level of 0.1 f/cc for 30 or more days per year. In addition, employers are required to provide medical surveillance for all employees who are required to wear a negative-pressure respirator to protect against exposure to asbestos, regardless of exposure levels or duration. The employer is required by paragraph (m)(1)(ii)(A) to ensure that all medical examinations and procedures are performed by or under the supervision of a licensed physician selected and are provided without cost to the employee and at a reasonable time and place.

In accordance with paragraph (m)(2)(i) of the revised standard, the medical surveillance program must be instituted before the employee's initial assignment for those employees required to wear negative-pressure respirators to protect against exposure to asbestos, and within 10 working days of the thirtieth day of exposure, for those employees exposed at levels at or above the action level for 30 or more days per year. As in the existing standard, no initial medical examination is required if the employer can demonstrate that an employee has had an equivalent medical examination within the past year and periodic medical examinations are required to be conducted at least annually after the initial examination. If the examining physician determines that there is a need to provide any of the examinations more frequently, the employer is required to provide such examinations to affected employees at the frequencies specified by the physician.

The medical surveillance program specified by paragraph (m)(2)(ii) in the revised standard requires: (1) a work history, (2) a medical history, (3)