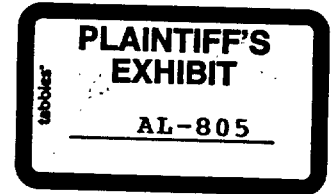


1984 May 18

OSHA Docket Officer
Docket No. H-033C
Room 5-6212, U.S. Dept. of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210



Ref: Proposed Amendments to Asbestos Standard Docket No. H-033C

Dear Sir:

Alcoa supports lowering the OSHA permissible exposure limit (PEL) for asbestos to 0.5 f/cc. In fact, Alcoa established this as our internal PEL in 1983 June. We are not in favor of the lower limit of 0.2 f/cc. We seriously question that there would be any greater protection afforded by a 0.2 f/cc PEL than a 0.5 f/cc PEL. Further, we are concerned over the analytical limitations and inaccuracies which will result when we exceed reasonable analytical sensitivity for counting asbestos fibers.

Further, Alcoa objects to the proposed changes to the Asbestos Standard which would attempt to specify the types of respirators to be used for removal operations, along with the more stringent requirements for pulmonary function testing. The proposed regulations do not take into account the different work practices used in removal procedures that are designed to significantly reduce the potential level of airborne exposures. Alcoa procedures for any removal of asbestos-containing materials require the use of an approved dust mask and wetting down the material whenever possible. Specific comments regarding respirators and medical surveillance are as follows:

Respirators

Our past experiences, backed up with sampling data, have indicated that a significant decrease in airborne fiber concentration results from thoroughly wetting down the asbestos material. For example, out of 50 samples taken during actual asbestos removal work, only 2 were above 5 f/cc. All samples were below 10 f/cc. Sample durations were from 1 to 4 hours, with analyses conducted by an approved laboratory.

Considering the above, Alcoa believes that OSHA should not specify the kind of respirator required to protect employees engaged in spraying, demolition and removal operations. With a revised PEL of 0.5 f/cc, the current standard (21 CFR 1910.1001 (d) (2)) would allow reusable or single-use air purifying respirators at concentrations of 10 times the PEL, or 5 f/cc. While this is quite conservative, the majority

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of our past sampling would fall into this category. Since work practices (e.g., wetting material) can effectively reduce exposure concentrations, the choice of respirator type should be based upon exposure levels rather than the type of task being performed.

Furthermore, many asbestos removal jobs occur in areas of limited access due to the nature of the material's use. To require the use of supplied air respirators may actually create more of a safety hazard in these crawl spaces and cramped areas since it is often difficult to move about in these areas. This problem would be compounded with a supplied air respirator.

Finally, we feel that the cost of converting to supplied air respirators for all removal operations, regardless of work practice procedures, is an unnecessary and unjustifiable burden on industry.

Medical Surveillance

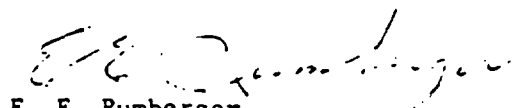
With regard to the medical surveillance program, Alcoa supports the need for thorough training of personnel conducting spirometry, and we think this can be accomplished by specifying non-physician completion of "a NIOSH-approved or equivalent course".

Requiring non-physician completion of only a "NIOSH approved" course will impose an unnecessary requirement on industry. For example, in 1982 Alcoa arranged for a highly qualified specialist in spirometry to provide training sessions for no more than six nurses over a three-day period. Each of three pairs of nurses had a standard spirometer for practice, and the course content was similar to that recommended by NIOSH. NIOSH, however, would not have approved the Alcoa course only because we provided one instructor for six students rather than the NIOSH prescribed one instructor for each group of four students.

- (A description of the Alcoa course will be published in the Journal of Occupational Medicine in the August or September, 1984 issue under the title: "Development of a Standard Pulmonary Function Evaluation Program in Industry" by Townsend and Belk.)

We strongly encourage you to consider the above comments in your amendments to the asbestos standard.

Very truly yours,


E. E. Rumberger
Manager
Industrial Hygiene

EER:sc

BCC: See Page 3

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1984 May 18
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BCC:

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FROM: JOAN E. SANDER

TO: E. E. RUMBERGER

H & S
Industrial Hygiene

PITTSBURGH OFFICE - 6

PITTSBURGH OFFICE - 6

1984 April 19

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RE: PROPOSED RULE AND NOTICE OF HEARING - ASBESTOS STANDARD
Ref: Federal Register Vol. 49, No. 70 (attached)

On 1984 April 10, OSHA published their notice of proposed changes to the Asbestos Standard. Major proposed changes include the following:

1. PEL - OSHA is looking at two alternatives of 0.5 f/cc and 0.2 f/cc (TWAs). There is some concern with analytical techniques, especially at the 0.2 f/cc limit. OSHA proposes to permit any feasible combination of engineering controls, work practices, and PPE to reduce exposures from 2 f/cc to the new PEL.
2. CEILING LIMIT - OSHA is considering lowering the 10 f/cc ceiling limit to 3 f/cc or 2 f/cc (15 min. sample), relative to the proposed PEL alternatives. The reduced ceiling limits could be achieved by any means of engineering controls, work practices, and respiratory protection.
3. ACTION LEVEL - For a PEL of 0.5 f/cc, OSHA is considering setting an action level of 0.2 f/cc which would trigger exposure monitoring, regulated areas, hygiene facilities, protective clothing, and medical surveillance.
4. RESPIRATORS - OSHA may change respiratory protection requirements i.e. supplied air respirators may be required for removal operations.
5. PROTECTIVE CLOTHING - Rather than requiring protective clothing at the ceiling limit, OSHA may use the new PEL to trigger this requirement.
6. MEDICAL SURVEILLANCE - The following revisions are proposed:
 - (a) change criteria from 0.1 f/cc to 0.2 f/cc.
 - (b) decrease X-ray frequency on young or short exposure duration employees.
 - (c) clarify preplacement exam time.
 - (d) additional PFT specifications.



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7. ANALYTICAL METHOD - While this is still up in the air, OSHA is reviewing phase contrast microscopy vs. polarized light and electron microscope techniques.
8. WARNING SIGNS - The wording of the warning sign for restricted areas may be modified.
9. RECORDKEEPING - Due to the long latency period for asbestos related diseases, medical records may have to be maintained for the duration of employment plus 30 years. Maintenance of monitoring data may be required for 30 years (rather than 20).

Considering Alcoa's overall operations, the most significant impact will most likely be the respirator issue. Significant changes might also occur in the medical surveillance area.

I'll be following this area closely. Do not hesitate to contact me if you have any questions.

Joan Sander

JOAN E. SANDER

JES:sc

cc: H. D. Belk - Pittsburgh 6 (w/att)

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