1. Feasible engineering controls and/or work practices should be developed and implemented to reduce and maintain employee exposure at or below the Permissible Exposure Limit. Engineering controls include isolation, local exhaust ventilation, process enclosures, dust collection systems, etc. Work practice controls include using wet methods, prohibiting the use of compressed air for cleaning activities, etc. Job rotation is not an acceptable means of employee exposure control.

2. Personal protective equipment must be provided and used by employees until engineering controls or work practice controls can be effectively implemented. Personal protective equipment required should include:

   a. Approved, cartridge-type respirators should be provided for and used by employees. Also, with a formal respiratory protection program in accordance with OSHA Standard 1910.134 should be implemented immediately.

   b. Special clothing including coveralls, head coverings, gloves, and foot coverings should be provided and used by employees immediately.

3. Warning signs should be provided and displayed in each area where airborne asbestos fiber concentrations are in excess of the Permissible Exposure Limit.

4. Affected employees should be notified in writing regarding the sampling results within 15 working days after receipt of these sampling results. This written notification should contain corrective action being taken by the employer to reduce employee exposure to at or below the Permissible Exposure Level wherever sampling results indicate that the Permissible Exposure Limit has been exceeded.

5. A medical surveillance program should be implemented for all employees who are or will be exposed to airborne concentrations of asbestos fibers at or above the Action Level. Before an employee is assigned to an occupation where exposed to airborne concentration of asbestos, a preplacement medical examination should be provided. This examination should include, at a minimum, a medical and work history, a complete physical examination of all systems with emphasis on the respiratory system, cardiovascular system, and digestive tract, completion of the respiratory disease standardized questionnaire, a chest roentgenogram, pulmonary function tests to include forced vital capacity and forced expiratory volume at one second, and any additional tests deemed appropriate by the examining physician. Follow-up medical examinations should be provided on an annual basis.