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Commentary 2

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This standard is relatively straightforward and continues the present ACGIH TLV of 100 ppm (TWA). However, definition of workroom areas not considered to have xylene exposure is on the basis of half this figure, namely 50 ppm. This effectively reduces the TLV to 50 ppm, which sets in motion quarterly monitoring, biennial physical examinations, posting of monitoring of results, recordkeeping, employee instruction, etc. There is no real justification for setting in motion this vast effort at one-half of the TLV, particularly in view of the fact that for many years the TLV was at 200 ppm with no serious recorded episodes, other than employee "irritation" with this higher level. Also on page 9 appears some very peculiar language, since determination of work areas not considered to have xylene exposure is "determined on the basis of a professional industrial hygiene survey or by the judgment of the compliance officer." As a man trained through 27 years of practical experience in toxicology and industrial hygiene, I would put my faith in the *judgment* of a professional industrial hygienist or *data* collected by a compliance officer, just the reverse of what this standard implies. Is it to be interpreted that the "judgment" of the compliance officer is *all* that is needed? In general, compliance officers have completely inadequate background, experience and training to permit them to make such judgmental decisions. The professional industrial hygienist does.

As in previous standards, the number of TWA determinations required is based on the number of employees involved, a completely irrational way of thinking. The number of TWA determinations required should be based on some statistical considerations which would support the *validity* of the TWA determination. One single TWA determination in the case of only two workers would be considered sufficient. This seems a rather tenuous approach. The TWA is determined by two 4-hour or four 2-hour samples.

Comprehensive preplacement and biennial examinations are required. It is "recommended" that these exams be accompanied by a CBC, a routine urinalysis and "appropriate liver function tests." No real justification for these laboratory tests is given over any others, and the term "appropriate" is not further qualified. The description of what should be looked for in the exam although "not limited to" is nonetheless almost entirely subjective except for alcohol consumption (presumably an excess thereof) and "evidence of eye, mucous membrane or skin irritation." It is not likely that objective evidence of these, except for frank skin irritation will be developed.

All in all, although the criteria are probably soundly based, except for the above comments, the loose thinking expressed in the areas specifically commented on above can well make this proposed standard, if adopted as it, difficult to administer.

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