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It is stated: "It is now recognized that asbestos can cause several types of cancer among workers who breathe or swallow the fibers." It has unquestionably been proved that cancer can be caused by exposure to asbestos fibers. While there is a correlation between gastrointestinal cancer and exposure to asbestos, I do not believe that it has been established that ingested (or "swallowed") asbestos causes cancer. I think that this sentence might better be expressed: "It is now recognized that asbestos can cause several types of cancer among workers exposed to the fibers." Please refer to the attached presentation by the Asbestos/Cement Pipe Producers Association on "Asbestos in Water--the Risk."

Pages 21 and 61

Comments are made about the increased risks of those workers who smoke as compared to those who do not smoke. On page 21 it says that: "Smokers have up to 92 times the lung cancer risk as non-smokers who do not work with asbestos." On page 61 it says that: "Studies of asbestos workers show that those who smoke have eight times the lung cancer risk of those who don't and about ninety times the risk of the general non-smoking population." I believe Dr. Selikoff and others have stated also that non-smokers working with asbestos have no more susceptibility to lung cancer than non-smokers from the general population. It might be that this statement is called for to put the incidence of lung cancer into proper perspective. It might also be a stronger incentive to the brake shop workers to not smoke or to give up smoking.

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The draft states: "This picture shows maximum and average asbestos levels which were measured around certain typical brake shop operations." I question the use of the adjective "typical." I believe the shops in question were New York City maintenance shops working on heavy segments for sanitation trucks and the like. This data was developed in the paper by Dr. Rohl entitled, "Asbestos Exposure during Brake Lining Maintenance and Repair." I do not think that the shop referred to in Dr. Rohl's paper is typical. Its uncontrolled operations were primarily in the truck service area. The "Trainer's Guide" for brake shop managers should be tailored to the shops like Sears, Midas, auto dealers and others working on passenger cars and light duty vehicles. It is my understanding, that there have been studies made at some chain automotive repair shops indicating fiber levels well within the OSHA exposure limit, and these shops would more likely be considered as "typical." There is considerably more grinding, drilling, chamfering and cutting in a shop servicing trucks than in a shop servicing passenger cars. I believe that this guide should state exactly what type of shop the chart refers to and point out that this is not a typical brake shop operation. It should be emphasized, as stated earlier, that the brake shop should--where possible--purchase their materials finished, ready for installation without further machining. This is now the practice at many auto work shops.