



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

PLAINTIFF'S EXHIBIT

SH-2759

NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH — ALOSH
944 CHESTNUT RIDGE ROAD
MORGANTOWN, WEST VIRGINIA 26505

March 17, 1980

Mr. Fred B. Blood
Director of Research and Development
Seagull Company
2100 Camargo Road
Louisville, KY 40207

Dear Mr. Blood:

In response to your questions contained in your March 6, 1980 letter:

1. OSHA is currently looking into the problems involving the use of single-use respirators against asbestos. NIOSH is also concerned about the lack of a good quantitative fit test for single-use and reusable (disposable type) respirators. Our current test schedule (30 CFR Part 11) only contains tests for filtering efficiency for this type of respirator. Because of this, the Testing and Certification Branch is no longer recommending the use of single-use or disposable type reusable respirators against asbestos.

2. The current permissible exposure level is 2 fibers/ml (only fibers longer than 5 microns are to be counted). This means that the minimum requirement for respiratory protection is the use of a dust and asbestos approved respirator whenever the concentration is higher than 2 fibers/ml. The following table (condensed from the OSHA standard) may help in your selection of respirators.

- | | |
|---|---------------------|
| a. Air Purifying Respirators
(half or full facepiece with
replaceable dust and asbestos
filters) | Less than 10 X PEL |
| b. Powered Air Purifiers | Less than 100 X PEL |
| c. Type C supplied-air,
continuous flow or pressure-
demand class respirators | 100 X PEL and above |

3. Unless the contractor has measured the concentration in a work area and has data to show that the operation consistently stays below a certain concentration, he must assume the worst case. Therefore, supplied

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DPMC-10427

March 12, 1980

Arroyo

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NORTH MANAGEMENT TEAM
SOUTH MANAGEMENT TEAM

Attached is a copy of Martinez's strategy in handling their beard and hair policy. We will need to do something similar when we get closer to commissioning the DPMC respiratory quantitative fit-test unit.

Attachment

cc: M. T. Anderson
F. G. Reitz
J. D. Ransdell

RPF:ikg

R. P. Frutiger/ikg
R. P. FRUTIGER

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