

TO: Distribution

FROM: T. G. Grumbles
DATE: October 7, 1987

Interoffice
Communication

SUBJ: FINAL OSHA BENZENE STANDARD (1910.1028)

VISTA

Attached is a copy of the benzene standard and the summary and explanation portion of the standard's preamble. When reviewing the standard, this portion of the preamble can be consulted for an explanation of the standard's specific sections.

This is a final standard, with an effective date of December 10. In general the standard sets a 1.0 ppm 8-hour TWA, a 5 ppm STEL for 15 minutes, and an action level of 0.5 ppm. Multiple ancillary requirements are included in the standard. Based on our current programs and exposure levels, I bring the items below to your attention. These are sections that may require additions or changes to existing practices.

1. REGULATED AREAS - The definition of regulated areas appears to require that any area where the benzene level is 1.0 ppm or greater, or has the potential to exceed 1.0 ppm be regulated. The preamble discussion of this section does not help much in clarifying the meaning of this paragraph. This will need to be discussed further. Please give me your thoughts.
2. STEL MEASUREMENTS - The STEL monitoring requirement is written with performance language but will require use to document, in some manner, our assessment of short-term exposures. Some monitoring will be necessary.
3. INITIAL MONITORING - Monitoring data that meets the accuracy requirements of the standard, taken within the last 12 months may be used to meet the initial determination requirement.
4. MONITORING FREQUENCY - The frequency is determined by exposure levels as follows:
 - <0.5 ppm - no requirement
 - 0.5-1.0 ppm - at least annually
 - >1.0 ppm - every six months

Additional monitoring is required after "spills", "breakdowns", or emergencies to verify exposure levels are "back to normal".

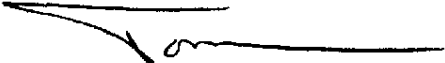
5. RESPIRATORY PROTECTION - If negative pressure respirators are used fit-testing is required annually. Quantitative or qualitative may be used, but the acceptable protocols are specified in Appendix E. Air-purifying respirator cartridges must be changed at the beginning of each shift, and dated, to assure they are replaced.

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6. MEDICAL SURVEILLANCE - By copy of this memo, I am asking Dr. Drumwright to review the medical surveillance provisions. The standard does contain medical removal procedures.
7. LABELING - The label language is specified. This specific language will have to be incorporated into plant hazard communication programs and container labels leaving the plant.
8. TRAINING - The elements of the training program are specified. Training must be done annually if exposures exceed the action level of 0.5 ppm. Current program content should be reviewed to assure completeness. As a minimum, our programs will need to be revised to inform employees of the standard's contents and requirements.
9. PRODUCT MSDS'S - It appears a separate MSDS, specifically for benzene, will be required for all benzene containing products. For example, LAC, would require an LAC MSDS and a benzene MSDS.

The items above are those which appear to vary significantly from current practices. Please review the standard in detail and let me know what further questions you have. We will then develop plans to meet common needs where they exist, and assure understanding of the standard.


T. G. Grumbles

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cc w/o att.

T. H. Huffman
J. A. DeBernardi
L. R. Bauer
R. W. Seymour
C. M. Starks

Distribution:

S. F. Pitts
L. A. Mauerman
R. V. Gantz
R. B. Martin
W. L. McClain
J. R. Drumwright

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