

Office Memorandum

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PLAINTIFF'S EXHIBIT

CEL-142

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SUBJECT: Respirator Wear Guidelines

The Bay City Plant is implementing a respiratory protection program which meets or exceeds the "minimal" acceptable requirements detailed in OSHA 1910.134(b) (1-11). However, there are some unresolved questions about the medical surveillance requirements of the regulation. OSHA 29 CFR 1910, paragraph 1910.134(b) (10) states "Persons should not be assigned to a task requiring use of respirators unless it has been determined that they are physically able to perform the work and use the equipment. The local physician shall determine what health and physical conditions are pertinent. The respirator user's medical status should be reviewed periodically (for instance annually)".

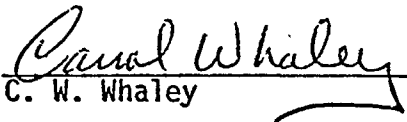
The Bay City Plant would like Company SHE Departments interpretation of the medical surveillance requirements along with guidelines for implementation. I can best demonstrate our needs by highlighting some of the questions that have been raised at the plant.

- 1) What does the word task mean in the regulation? Is emergency use of respirators (such as to permit an employee to leave a hazardous area) considered a task?
- 2) Does the medical surveillance requirements apply to the use of all respirators including continuous - flow supplied air devices?
- 3) Physical fitness of Bay City Plant fire brigade members is determined by the mobile van physician. Physical examination frequency is based on age and ranges from one to three years. Is this frequency in compliance with the respiratory protection regulation?
- 4) If we use the mobile van physician to determine physical fitness of employees to wear a respirator, should we make the examination mandatory for those in the respiratory protection program? If not, do we require a release from their personal physician?

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- 5) Are mobile van physicians properly trained to determine if an employee is physically able to wear a respirator and ensure consistency in the program?
- 6) Should we require follow-up on an employee who the mobile van physician has designated as "clinical indication that the employee may not be able to wear a respirator". Currently we do not unless they are in the fire brigade.
- 7) Could we implement a program with a tiered approval approach (i.e. emergency activities, tasks requiring routine use, or short term use only such as emergency escape)?

I assume the other Celanese Chemical Co., Inc. locations have similar questions as well as opinions on how to proceed with implementing this program. May I recommend that whoever coordinates establishing these guidelines consult with the plants for their ideas. I have attached a copy of the Corporate guidelines on respiratory medical surveillance for your information.


C. W. Whaley

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