

OSHA - B2

March 6, 1986

VISTA

Docket Officer
Docket No. H-059C
Room N-3670
U. S. Department of Labor
Third and Constitution Avenue, NW
Washington, DC 20210

RE: REQUEST FOR COMMENTS ON PROPOSED RULE FOR OCCUPATIONAL EXPOSURE
TO BENZENE

Dear Docket Officer:

Vista Chemical Company respectfully submits the following information in response to the request for comments on OSHA's proposed rule for Occupational Exposure to Benzene. Vista Chemical Company has two chemical plants where it uses benzene as a major feedstock and one chemical plant where benzene is a by-product.

1. Regulated Areas - Paragraph (d) of the proposed regulation requires that employers establish a regulated area wherever the airborne concentration of benzene is above the PEL. The preamble states this requirement is consistent with other OSHA health standards.

Vista feels regulated areas should be defined by personnel exposure measurements and not by area measurements. The requirement as written in the proposal is not consistent with the OSHA Ethylene Oxide Standard promulgated on June 22, 1984. Vista feels that regulated areas be established whenever employee exposures to benzene are determined to exceed the permissible exposure limit. This approach is consistent with other aspects of the proposed standard in that requirements are based on personnel exposures and not air measurements or exposure potentials. Due to operator routines in our plants, if access is strictly limited as intended for these areas, defining regulated areas by area measurement results in impractical boundaries and operational problems while achieving little or no decrease in exposures on a time-weighted average basis.

2. Employee Monitoring - Vista generally supports the monitoring frequency requirements of the standard. However, the intent and method of compliance for (e)(5)(i) regarding monitoring after specific events is not clear. Due to personnel routines in Vista's plants it is unlikely that personnel monitoring would be an adequate measure of the effectiveness of repairs or spill clean-up. Direct reading or area surveys would be the

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most accurate method to determine effectiveness of repairs or spill clean up. Personnel monitoring as required, in accordance with (c)(2)(i), which gives a time-weighted average result would not give an accurate indication of the effectiveness of spill clean up or repair.

3. Respiratory Protection - Paragraphs (g)(4)(i) and (g)(5)(i) should be amended to specifically exclude negative pressure respirators used solely for escape purposes.
4. Compliance Program - Paragraph (f)(2)(i) should be amended to remove the requirement for implementing a compliance plan when "any" exposure exceeds the PEL. The requirement for establishment of a plan should be based on representative exposure levels or for jobs where exposures exceed the PEL for two consecutive measurements. This approach would be consistent with the monitoring frequency and monitoring termination rationale in the proposed standard.
5. Information and Training - The requirement in paragraph (J)(3)(i) for annual training is contrary to the preamble discussion of the desirability of performance requirements in this area. The annual requirement is also inconsistent with 29 CFR 1910.1200 requirements. This paragraph should be amended to require initial training and thereafter allow validated employer determination of additional or ongoing training needs.
6. Medical Surveillance - Vista generally supports the medical surveillance requirements of the proposed standard. The initial examination, emergency surveillance, and portions of the periodic monitoring requirements are a valid, prudent, portion of a sound safety and health program for those employees exposed to benzene.

However, Vista feels that OSHA should not require periodic medical examinations be given at six month intervals to those employees exposed between the proposed action level of 0.5 ppm benzene and the 1.0 ppm PEL. Our experience in reviewing annual blood counts, etc. for employees working in areas where benzene exposure is 1 ppm or less does not support the need for this frequency.

Statistically, no significant abnormalities have been detected, including any progressive trends toward abnormally low clinical test results for any parameters of the CBC for employees working in levels of less than 1.0 ppm.

Summaries of individual employee test results, as well as full plant populations, when compared with other employee groups, reveal no significant statistical problems over a period of seven years.

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Following emergency exposures, it remains appropriate that a urinary phenol be obtained at the end of the work shift for all employees who were potentially exposed to significant levels of benzene during that work shift. If the results are elevated (i.e., over 75 mg/ml), a repeat urine phenol level determination should be made. A CBC should also be obtained and repeated at a 3 month interval following the emergency exposure.

Thank you for your consideration of these comments. If you have questions on the above, please contact the undersigned at 713/531-3445.

Sincerely,


Thomas G. Grumbles, C.I.H.
Environmental Quality Manager

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cc WLM, SFP, KLF, LAM

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