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REGULATORY HISTORY OF ASBESTOS
(Chronology)

May 29, 1971 -- OSHA adopts a permissible exposure level (PEL) of 12 fibers per cubic centemeter averaged over an eight-hour day (12 f/cc). The PEL for asbestos was among the consensus standards then adopted in accordance with the OSH Act.

Dec. 7, 1971 -- OSHA issues an emergency temporary standard with a PEL of 5 f/cc and a peak exposure of 10 f/cc in response to a petition from the AFL-CIO.

June 7,1972 -- OSHA promulgates a new final standard with a PEL of 5 f/cc and a ceiling limit of 10 f/cc. This was the agency's first comprehensive health standard.

Oct. 9, 1975 -- OSHA publishes proposal to revise the standard for general industry, lowering the PEL to 0.5 f/cc with a ceiling limit of 5 f/cc for 15 minutes. The PEL was proposed as the lowest technologically and economically feasible level then achievable. The Supreme Court decision on benzene caused the agency to withdraw the proposal.

July 1, 1976 -- The PEL was reduced to 2 f/cc as called for in the 1972 standard.

May 24, 1983 -- The Advisory Committee for Construction Safety and Health endorsed OSHA's position that any new PEL adopted for general industry should also apply to the construction industry.

Nov. 4, 1983 -- OSHA publishes an Emergency Temporary Standard lowering the PEL to 0.2 f/cc. The ETS, however, was held invalid by the U.S. Court of Appeals for the Fifth Circuit.

Apr.10, 1984 -- OSHA publishes a proposed rule covering occupational exposure to asbestos in all industries governed by the OSH Act (maritime, construction and general industry).

Sep. 28, 1985 -- OSHA announces plans at a meeting of the Advisory Committee for Construction Safety and Health that it would be issuing a separate standard to cover asbestos exposure in the construction industry.

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PLAINTIFF'S EXHIBIT

CT-1346

ASBESTOS FACTS

THE SUBSTANCE

Asbestos is a widely used, mineral-based material that is resistant to heat and corrosive chemicals. The separate fiber composition of asbestos gives it strength and flexibility. Asbestos is used in the manufacture of friction products, textiles, insulation and other building materials.

Construction businesses use about 70 percent of the world's supply of asbestos. Other exposures occur when workers remove asbestos during renovation and demolition.

HEALTH EFFECTS

Diseases resulting from exposure to asbestos fibers can reach the incurable stage before they are detected and can cause either death or severe disability. Principal diseases include asbestosis, lung cancer, mesothelioma, and cancers of the esophagus, stomach, colon, and rectum.

THE APPROACH

The general industry asbestos standard applies to all occupational exposures to asbestos except construction. OSHA has developed a separate standard for construction work because of the unique nature of construction worksites, changing environmental conditions, and employee turnover. The present asbestos standard does apply to construction work but does not adequately address the characteristics of the construction industry. The new rule provides several optional appendices that explain the standard for certain work operations including one for service station operators who may have asbestos exposures due to brake repair work.

THE GENERAL INDUSTRY STANDARD

Permissible Exposure Limit (PEL): No employee may be exposed to an airborne concentration of asbestos in excess of 0.2 fibers per cubic centimeter of air as an eight-hour time weighted average (0.2 f/cc). The proposed OSHA standard was for 0.5 or 0.2 f/cc. The present standard is 2.0 f/cc.

Exposure Monitoring: Employers must do initial monitoring of employees who are, or may be expected to be exposed to asbestos above the action level (one half the PEL, or 0.1 f/cc). No initial monitoring is required if the employer has determined, based upon objective data, that there are no exposures at or above the action level. Subsequent monitoring will be done with a pattern and frequency that matches

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employee exposure - in no case longer than six months for employees whose exposures can be foreseen to be above the action level. Presently, monitoring is required no more than six months apart for employees exposed above the PEL. The new standard, for the first time, sets required methods of monitoring which will improve the accuracy.

Regulated Area: The new rule establishes the requirement for a "regulated area" which only authorized persons can enter. Regulated areas are to be set up where exposures are above the PEL. Persons entering regulated areas must wear respirators. In such areas, eating, smoking, drinking, chewing tobacco or gum, and applying cosmetics are prohibited. The proposal would have established regulated areas where exposures are above an action level or the PEL. The present standard does not require a regulated area.

Methods of Compliance: Engineering controls and work practices must be used to maintain employee exposures at or below the PEL, except to the extent such controls are not feasible. With limited exceptions, engineering controls must be used to the extent feasible to reduce exposures to or below the PEL; where such controls do not lower levels sufficiently, respirators will be used to achieve compliance. The proposal would have permitted any feasible combination of engineering controls, work practices and respiratory protection. The present standard permits rotating employees in and out of asbestos exposed areas as a means of compliance; the new rule prohibits this practice.

Repiratory Protection: Under the new standard, where respirators are necessary, the level of exposure determines which type of respirator is required. Although similar to the present standard, the new rule provides increased respiratory protection.

Communication of Hazards to Employees: The present standard contains no specific training requirements for employees; it does, however, require warning signs in areas where asbestos concentrations exceed the PEL and it requires warning labels on products containing asbestos. The new rule requires a detailed annual training program wherever ambient levels exceed the action level. Also, Material Safety Data Sheets (MSDS) are to be used in the program as prescribed in OSHA's Hazard Communication Standard. In the new rule, warning signs are required in regulated areas and warning labels are also required.

Medical Surveillance: Under the present rule, a preplacement physical is required within 30 days after employment for exposed employees; the exam is to include, as a minimum, a chest X-ray, comprehensive medical history, and a pulmonary function test. The same exam is to be provided annually thereafter and upon termination of employment. Requirements under the new rule are essentially the same except that chest X-rays would be required less frequently for younger workers and annually only for older workers whose first exposures were 10 or more years ago.

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THE CONSTRUCTION STANDARD

Permissible Exposure Limit: The permissible exposure limit and the action level are the same as for general industry.

Communication among Employers: The construction standard requires that wherever one employer introduces asbestos hazards into the worksite, other employers at that same worksite must be informed so they may begin protective measures for their employees.

Monitoring: Monitoring of asbestos levels is to be done daily when levels are above the PEL, except it may be dispensed with when employees in the regulated area are equipped with supplied-air respirators operated in the positive pressure mode.

Regulated Areas: Special provisions are required for removal operations. They include: an enclosure with negative pressure to assure no asbestos can escape to other areas; decontamination area for workers; a "competent person" who is capable of identifying existing asbestos hazards and who has the authority to take prompt corrective measures to eliminate the hazards. The standard does provide exemptions from the regulated area requirements for small scale, short duration operations.

Methods of Compliance: Employers must use one or any combination of several specified engineering or work practice control measures to achieve compliance with the PEL. Where the feasible engineering and work practice controls are not sufficient to reduce employee exposure to or below the PEL, employers must use them to reduce exposures to the lowest level attainable and them with respiratory protection to achieve compliance. Respirator provisions for construction are similar to those for general industry.

Training: Training requirements in construction are similar to those for general industry except for the recognition that, due to frequent turnover, employees may have been trained elsewhere within the required time frames.

Medical Surveillance: Employees in construction work who are exposed for 30 or more days per year or who are required to wear negative pressure respirators are subject to the medical surveillance requirements. Chest X-rays will be administered at the discretion of the physician.

EFFECTIVE DATES:

Both standards take effect 30 days after publication in the Federal Register. Start-up dates for specific requirements range from 30 days following publication to 25 months. (End)