

ventilation zones (a separate air circulating zone) and emergency procedures should be pre-programmed, Rozian said.

Included in many suggestions regarding research should be a cost risk and benefits associated evaluation, Rozian said. Improved housekeeping should be a regular responsibility to prevent impeding the escape. To defray the cost of the research suggested, Rozian called for a 50 percent subsidy carried by the state and Federal Governments. Research also should be pursued of the modes of combustion, he said.

Other areas in which he made recommendations included telemetry and communications, standby lighting systems, research on physiological tolerance levels, and rescue vehicles.

The interest of the Internal Revenue Service is in having one set of regulations acceptable to all government agencies concerned so that there will be no interagency conflict and the public will not be confused, Donald L. Briggs, Alcohol, Tobacco, and Firearms Division, Internal Revenue Service, told the subcommittee.

Asbestos

COMMITTEE RECOMMENDS REQUIREMENTS FOR MEDICAL SURVEILLANCE, RECORDS

Requirements concerning medical surveillance and records are specified in recommendations of the Advisory Committee on Asbestos to be submitted to the Assistant Secretary of Labor for Occupational Safety and Health George C. Guenther.

The recommendations, as approved in a meeting held in Washington February 22, follow:

H. Medical

(1) Surveillance. A comprehensive pre-employment history and physical examination shall be performed on all worker applicants. This shall include a chest roentgenogram (posterior-anterior 14 x 17 inches) and baseline pulmonary function including forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1.0). Health education should emphasize the hazards of asbestos and the importance of good occupational health practices.

Periodic medical evaluation is required annually on all workers with 10 or more years exposure to asbestos and every two years on workers with less than 10 years exposure. Periodic medical evaluation also is required annually on those individuals: (1) who show roentgenographic findings (such as small opacities, pleural plaques, pleural thickening, and pleural calcification) which suggest or indicate pneumoconiosis or other reaction to asbestos or (2) who have changes in pulmonary function which indicate restrictive or obstructive lung disease. Periodic medical evaluation shall include a chest roentgenogram (posterior-anterior 14 x 17 inches), spirometry including

FVC and FEV 1.0, and a questionnaire for the presence and degree of respiratory symptoms including breathlessness, cough, sputum production, and wheezing. Current

smoking habits shall be recorded, and smoking shall be discouraged. Examination for rales and fingers clubbing shall be performed.

Sputum cytology is recommended annually on those workers with 10 or more years exposure to asbestos; and if atypia or greater classification is manifest, subsequent sputum examinations should be conducted on a six month basis.

A comprehensive termination medical examination shall include physical examination, chest roentgenogram, FVC and FEV 1.0, and questionnaire for respiratory symptoms.

Pre-employment and termination medical evaluations shall not be required, if a similar comprehensive medical evaluation has been performed within a 12 month period.

(2) Records. The physician(s) charged with the implementation of the medical program shall maintain the appropriate medical records. Only HEW and DOL physicians and medical consultants and physicians designated and authorized by the employees shall have access to the medical record.

Medical records shall be maintained for a period of time to be determined by the Secretary of Labor in consultation with the Secretary of Health, Education, and Welfare.

The vote to accept the proposed recommendation was three members for, Andy Haas, Asbestos Workers International against, and Isaac Weaver, corporate director, Environmental Controls, Raybestos-Manhattan Corporation abstaining.

The proposed recommendations do not adequately provide for protection of confidentiality of records and they should be more specific with regard to the period of time for which records are kept, Haas said. He will submit a minority report at the next meeting.

Standard Modified

The recommendations for airborne concentration were amended by deleting the second sentence beginning with "Determination" and ending with "Asbestos," and adding "Paragraph (a) of" before "this section" in the last sentence, and "of 5 fibers/cc time weighted average" after "standard" in the last sentence. (Current Report, February 17, p. 864).

Weaver said after reviewing the National Institute for Occupational Safety and Health's criteria package and two earlier drafts of criteria and the interim standard, he believed reduction to the two fiber limit could not be justified. Later criteria contained "tenuous data" and fragmentary information that cannot be supported by scientific facts at this time, Weaver said. Adoption of the two fiber limit would lead to unemployment and increased costs in the asbestos industry. Weaver will submit a minority report presenting his views.

Proposed recommendations with regard to housekeeping and protective clothing will be developed and included under Methods of Compliance. Recommendations on allowable respirators, particular operations and products, warning labels and signs, and monitoring and records also will be presented and discussed at the next meeting.