

HAZARD COMMUNICATION STANDARD
1910.1200 - BASIC REQUIREMENTS

B) SCOPE AND APPLICATION

2. ANY HAZARDOUS CHEMICAL KNOWN TO BE PRESENT IN THE
WORKPLACE IN SUCH A MANNER THAT EMPLOYEES MAY BE
EXPOSED UNDER NORMAL CONDITIONS OF USE OR FORSEEABLE
EMERGENCIES.
3. LIMITED APPLICABILITY IN LABORATORIES
 - DON'T REMOVE LABELS
 - KEEP MSDS'S
 - TRAINING
4. SOME LABELING EXEMPTIONS
 - FDA, FIFRA, BATF, CPSC
 - MUST FOLLOW CURRENT REGULATIONS FOR ABOVE
5. SOME EXEMPTED SUBSTANCES
 - RCRA SOLID WASTE
 - TABACCO PRODUCTS
 - WOOD PRODUCTS
 - ARTICLES (MANUFACTURED ITEMS)
 - PERSONAL CONSUMPTION ITEMS

(D) HAZARD DETERMINATION

(E) WRITTEN HAZARD COMMUNICATION PROGRAM

(F) LABELING

(G) MATERIAL SAFETY DATA SHEETS

(H) EMPLOYEE INFORMATION AND TRAINING

(I) TRADE SECRETS

APPENDIX (A) HEALTH HAZARD DEFINITIONS

APPENDIX (B) HAZARD DETERMINATION

(D) HAZARD DETERMINATION

1. MUST DETERMINE HAZARDS OF CHEMICALS PRODUCED AND USED IN THE WORKPLACE
2. BASIC LISTS OF HAZARDOUS CHEMICALS
 - A. OSHA SUBPART Z
 - B. ACGIH TLV'S (LATEST EDITION)
 - C. NTP ANNUAL REPORT ON CARCINOGENS
 - D. IARC MONOGRAPHS (LATEST EDITION)
3. APPENDIX (A) LISTS HEALTH HAZARDS COVERED
4. APPENDIX (B) CRITERIA FOR EVALUATION
5. MIXTURES
 - A. TESTED AS WHOLE, OR,
 - B. SHALL BE ASSUMED TO PRESENT SOME HAZARD AS COMPONENTS GREATER THAN 1.0% AND CARCINOGENS GREATER THAN 0.1%
6. MUST DESCRIBE IN WRITING THE HAZARD DETERMINATION PROCEDURES USED

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(E) WRITTEN HAZARD COMMUNICATION PROGRAM

1. DESCRIBE CRITERIA FOR LABELING, MSDS PREPARATION AND EMPLOYEE INFORMATION AND TRAINING
2. LIST OF HAZARDOUS CHEMICALS - IDENTITY MUST BE REFERENCED ON MSDS
3. METHODS TO INFORM EMPLOYEES OF NON-ROUTINE TASKS AND HAZARDS ASSOCIATED WITH THE CHEMICALS ENCOUNTERED
4. METHODS USED TO INFORM CONTRACTOR EMPLOYEES OF HAZARDOUS CHEMICALS THEY MAY ENCOUNTER AND APPROPRIATE PROTECTIVE MEASURES.

(F) LABELS AND OTHER FORMS OF WARNING

1. EACH CONTAINER OF HAZARDOUS CHEMICALS LEAVING THE
WORKPLACE SHALL BE LABELED WITH THE FOLLOWING:

A. IDENTITY

B. APPROPRIATE HAZARD WARNING

C. NAME AND ADDRESS OF MANUFACTURER

4. CONTAINERS OF HAZARDOUS CHEMICALS IN THE
WORKPLACE SHALL BE LABELED WITH THE FOLLOWING:

A. IDENTITY

B. APPROPRIATE WARNINGS

5. MAY USE SIGNS, PROCESS SHEETS, BATCH TICKETS ETC.
AS LONG AS CONTAINERS ARE SPECIFICALLY IDENTIFIED
AND INFORMATION ABOVE IS LISTED.

6. PORTABLE CONTAINERS AS DEFINED ARE EXEMPTED

(G) MATERIAL SAFETY DATA SHEETS

1. MUST BE PRODUCED/OBTAINED FOR ALL HAZARDOUS MATERIALS PRODUCED OR USED.
2. SPECIFIC REQUIREMENTS FOR CONTENT
3. IF COMPLEX MIXTURES HAVE SIMILAR HAZARDS AND CONTENT, ONE MSDS MAY BE USED
4. NEW DATA MUST BE ADDED WITHIN THREE MONTHS
5. ASSURE PURCHASERS AND DISTRIBUTORS RECEIVE MSDS WITH FIRST PURCHASE AND FIRST PURCHASE AFTER MSDS IS CHANGED
6. MAINTAIN MSDS IN WORKPLACE IN READILY ACCESSIBLE LOCATION
7. MSDS MAY BE IN ANY FORM
8. MAY BE DESIGNED TO COVER GROUPS OF HAZARDOUS MATERIALS

(H) EMPLOYEE INFORMATION AND TRAINING

1. INFORMATION

A. REQUIREMENTS OF STANDARD

B. ANY OPERATIONS IN AREA WHERE HAZARDOUS MATERIALS
ARE PRESENT

C. LOCATION AND AVAILABILITY OF WRITTEN PROGRAM

2. TRAINING - SHALL INCLUDE AT LEAST:

A. METHODS OF DETECTION

B. HAZARDS OF CHEMICALS

C. PROTECTION MEASURES

D. DETAILS OF LABELING AND MSDS SYSTEM

TYPICAL INSPECTION REPORT

[illegible]

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Inspected by _____ Date _____

QUESTIONNAIRE FOR RESPIRATORY USERS

NAME (Print)

EMPLOYEE NO.

DEPARTMENT

DATE

The safe and effective use of respiratory protective devices may be dependent on your state of health. Please answer the following to the best of your ability by checking only the boxes that apply to you.

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. Do you have chest pain when you exert yourself (running, climbing stairs)? | ☐ | ☐ |
| 2. Do you have angina or coronary artery disease? | ☐ | ☐ |
| 3. Have you had a heart attack or coronary artery by-pass surgery? | ☐ | ☐ |
| 4. Do you have severe high blood pressure which is not being treated? | ☐ | ☐ |
| 5. Do you have asthma? | ☐ | ☐ |
| 6. Do you have emphysema? | ☐ | ☐ |
| 7. Has a physician told you that you have an abnormal lung function test? | ☐ | ☐ |
| 8. Do you have a chronic cough? | ☐ | ☐ |
| 9. Do you have any medical condition not covered by the above which would impair your ability to wear a respirator? | ☐ | ☐ |

If answer to Question 9 is yes, please describe the nature of this problem below:

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MEDICAL LIMITATIONS

t all personnel are capable of using respiratory protective equipment. The additional stress placed on the cardiopulmonary system and other physical conditions may preclude the use of respirators. If the user has any of the following conditions, he/she should report this to the S/H/E Office prior to using the equipment. These conditions include:

1. Chronic obstructive and restrictive lung disease - bronchitis, emphysema, pneumoconiosis, fibrothorax, asthma, etc.
2. Ischemic heart disease - coronary insufficiency, myocardial infarction.
3. Hypertension
4. Hemorrhagic disorders
5. Thyroid disorders or cystic fibrosis
6. Epilepsy
7. Diabetes Mellitus
8. Cerebro-Vascular Accidents
9. Facial abnormalities
10. Kidney diseases
11. Conductive and sensorineural hearing loss
12. Serious defects in visual acuity
13. Ruptured eardrum
14. Wearing of contact lenses
15. Other

The above list should not be considered exhaustive. If certain personnel are not able to be fit-tested for other medical reasons, they will be referred to the Refinery Medical Department for evaluation, and each case will be individually handled. If you have any doubts or questions as to whether you should wear a respirator, consult the S/H/E Office.

I have read the above list and to the best of my knowledge do not suffer from any of these conditions.

_____ Date _____