U.S. DEPARTMENT OF LABOR
Occupational Safety and Health Administration
WASHINGTON, D.C. 20210

OCT 11 1978

STD 1-17

OSHA PROGRAM DIRECTIVE #300-16

TO: REGIONAL ADMINISTRATORS/OSHA

THRU: DONALD E. MACKENZIE
Field Coordinator

SUBJECT: 29 CFR 1910.1001(j)(2) or (3) or (4), Minimum Airborne Fiber Concentration for Initiating and Continuing Asbestos Medical Examinations

1. Purpose

The purpose of this directive is to provide uniform inspection and compliance procedures for the medical examination requirement in the asbestos standard, 29 CFR 1910.1001(j)(2), or (3) or (4).

2. Documentation Affected

This directive supplements and provides reference for the OSHA Industrial Hygiene Field Operations Manual (IHFOM) and the OSHA Field Operations Manual (FOM).

3. Background

In 29 CFR 1910.1001(j)(2), or (3) or (4), Medical examinations, the term "... exposed to airborne concentrations of asbestos fibers...." has been the subject of considerable discussion and debate as to the meaning or interpretation of "airborne concentrations."

4. Action

a. Definition.

In 29 CFR 1910.1001(j)(2), or (3) or (4), Medical examinations, the term "... exposed to airborne concentrations of asbestos fibers...." is administratively interpreted to mean exposed to a minimum of 0.1 asbestos fibers longer than 5 micrometers per cubic centimeter

of air, as determined by the sampling method prescribed in section 4.c. of this directive. The phrase "fibers longer than 5 micrometers per cubic centimeter of air" shall hereafter be abbreviated as "fibers/cc."

b. Scope and applicability.

Medical examinations as per 29 CFR 1910.1001(j)(2), or (3) or (4) will be required for any 7- to 8-hour time-weighted average concentration of 0.1 fibers/cc, or for a greater concentration.

c. Sampling information.

(1) Sampling procedures will follow Chapter X of the IHFOM., with the additional guidance of 4.c.(2) and (3) of this directive.

(2) Exposure to asbestos dust with low levels of contamination (e.g., mixed with other minerals).

(a) For exposures to dust that is mostly asbestos and is expected to be below the permissible exposure limit, the same filter should be used for the entire shift, but no longer than 8 hours.

(b) For exposures expected to be at or above the permissible exposure limit, several samples may be required during the shift to avoid overloading the filters.

(3) Exposures to asbestos dust with high levels of contamination.

(a) Several samples may be required during the shift to avoid overloading the filter.

(b) Filters should be changed only after a minimum of 1 hour of sampling time for exposures expected to be close to 0.1 fibers/cc. Seven or eight 1-hour samples can be collected during the day.

d. Examples of types of violations.

(1) Where an employer does not provide the required medical examinations, and an employee is exposed to 0.1 or more fibers/cc, it would be considered a "serious" violation of 29 CFR 1910.1001(j)(2), or (3) or (4).

(2) For definitions and guidance on "repeated," "willful," or a "failure to correct" violation, see the FOM, Chapter VIII.

5. Effective Date

This directive is effective immediately and will remain in effect until further notice.

Bruce Hillenbrand
Acting Director, Federal
Compliance and State Programs

Distribution:

A-1 E-1
B-2 HEW-1
C-1 NIOSH Regional Directors-1
D-4&5 NACOSH-1

Training Institute-4

(Originator: OCCH)

GEN 55 (REV. 6/74)

Interoffice Memorandum

TO (Name and Location)	DATE
Mr. P.M. Smith - Charlotte	2/22/79
FROM (Name and Location)	**REFERENCE NO.**
L.R. Birkner - NYO	LRB: 79-71

Subject: Medical Surveillance - Asbestos

Attached you will find a copy of the OSHA program directive dealing with the medical surveillance aspects of the Asbestos Standard OSHA 1910.1001. If you need further interpretation of the directive, please contact me.

L.R. Birkner

LRB:sl
Att.

010745