

Chapter 1

1910.6 Incorporation by reference.

(a) The standards, rules and regulations of the U.S. Government and the State of Wyoming, National Fire Protection Association, American National Standards Institute and other organizations which are not agencies of the U.S. Government or the State of Wyoming which are legally incorporated by reference in these rules and regulations, have the same force and effect as these rules and regulations. Only the mandatory provisions (i.e., provisions containing the word "shall" or other mandatory language) of standards incorporated by reference are adopted as standards under the Wyoming Occupational Safety and Health Act.

(b) Copies of the standards which are incorporated by reference may be examined at the office of the Occupational Health and Safety Division of the Department of Employment, 1510 E. Pershing Blvd., Cheyenne, WY 82002. Copies of such private standards may be obtained from the issuing organizations. ~~Their~~ The materials are available for purchase at the names and addresses of the private standards organizations are listed in the pertinent subparts of this part paragraph (e) of this section.

(c) Any changes in the standards incorporated by reference in this part and an official historic file of such changes are available for inspection at the office of the Occupational Health and Safety Division of the Department of Employment, Cheyenne, WY.

(d) The materials listed in paragraph (e) of this section are incorporated by reference in the corresponding sections noted as they exist on the date these rules and regulations become effective.

(e) Material available from private standards organizations

(1) The following material is available for purchase from the American Conference of Governmental Industrial Hygienists (ACGIH), 1014 Broadway, Cincinnati OH 45202:

Part 1926 Subpart Z - Toxic and Hazardous Substances

- 1926.1100 - [Reserved]
- 1926.1101 - Asbestos
- 1926.1102 - Coal tar pitch volatiles; interpretation of term.
- 1926.1103 - 13 Carcinogens (4-Nitrobiphenyl, etc.).
- 1926.1104 - alpha-Naphthylamine.
- 1926.1105 - [Reserved]
- 1926.1106 - Methyl chloromethyl ether.
- 1926.1107 - 3,3'-Dichlorobenzidine (and its salts).
- 1926.1108 - bis-Chloromethyl ether.
- 1926.1109 - beta-Naphthylamine.
- 1926.1110 - Benzidine.
- 1926.1111 - 4-Aminodiphenyl.
- 1926.1112 - Ethyleneimine.
- 1926.1113 - beta-Propiolactone.
- 1926.1114 - 2-Acetylaminofluorene.
- 1926.1115 - 4-Dimethylaminoazobenzene.
- 1926.1116 - N-Nitrosodimethylamine.
- 1926.1117 - Vinyl chloride.
- 1926.1118 - Inorganic arsenic.
- 1926.1126 – Chromium (VI)
- 1926.1127 - Cadmium
- 1926.1128 - Benzene.
- 1926.1129 - Coke oven emissions.
- 1926.1144 - 1,2-dibromo-3-chloropropane.
- 1926.1145 - Acrylonitrile.
- 1926.1147 - Ethylene oxide
- 1926.1148 - Formaldehyde.
- 1926.1152 - Methylene Chloride.

Authority: Sec. 107, Contract Work Hours and Safety Standards Act (40 U.S.C. 333); Secs. 4, 6, 8, Occupational Safety and Health Act of 1970 (29 U.S.C. 653, 655, 657); Secretary of Labor's Order Nos. 12-71 (36 FR 8754), 8-76 (41 FR 25059), 9-83 (48 FR 35736), 1-90 (55 FR 9033), or 6-96 (62 FR 111), 3-2000 (62 FR 50017), 5-2002 (67 FR 65008), or 5-2007 (71 FR 31160) as applicable; 29 CFR part 1911.

Section 1926.1102 not issued under 29 U.S.C. 655 or 29 CFR part 1911; also issued under 5 U.S.C. 553.

1926.1100 [Reserved]

1926.1101 Asbestos. CPL 2-2.40

App A OSHA Reference Method-Mandatory

App B Sampling and Analysis. Non-mandatory

App C Qualitative and quantitative fit testing procedures-mandatory

App D Medical questionnaires; mandatory

App E Interpretation and classification of chest roentgenograms-mandatory

App F Work Practices and Engineering Controls for Class I Asbestos Operations. -

Non-mandatory

App G [Reserved]

App H Substance Technical Information for Asbestos. Non-Mandatory

App I Medical surveillance guidelines for asbestos, non-mandatory

App J Smoking cessation program information for asbestos, non-mandatory

App K Polarized Light Microscopy of Asbestos (Non-Mandatory)

(a) Scope and application. This section regulates asbestos exposure in all work as defined in 29 CFR 1910.12(b), including but not limited to the following:

(1) Demolition or salvage of structures where asbestos is present;

(2) Removal or encapsulation of materials containing asbestos;

(3) Construction, alteration, repair, maintenance, or renovation of structures, substrates, or portions thereof, that contain asbestos;

(4) Installation of products containing asbestos;

(5) Asbestos spill/emergency cleanup; and

(6) Transportation, disposal, storage, containment of and housekeeping activities involving asbestos or products containing asbestos, on the site or location at which construction activities are performed.

(7) Coverage under this standard shall be based on the nature of the work operation involving asbestos exposure.

(8) This section does not apply to asbestos-containing asphalt roof coatings, cements and mastics.

(b) Definitions.

Aggressive method means removal or disturbance of building material by sanding, abrading, grinding or other method that breaks, crumbles, or disintegrates intact ACM.

Amended water means water to which surfactant (wetting agent) has been added to increase the ability of the liquid to penetrate ACM.

Asbestos includes chrysotile, amosite, crocidolite, tremolite asbestos, anthophyllite asbestos, actinolite asbestos, and any of these minerals that has been chemically treated and/or altered. For purposes of this standard, "asbestos" includes PACM, as defined below.

Asbestos-containing material (ACM), means any material containing more than one percent asbestos.

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

Authorized person means any person authorized by the employer and required by work duties to be present in regulated areas.

Building/facility owner is the legal entity, including a lessee, which exercises control over management and record keeping functions relating to a building and/or facility in which activities covered by this standard take place.

Certified Industrial Hygienist (CIH) means one certified in the practice of industrial hygiene by the American Board of Industrial Hygiene.

Class I asbestos work means activities involving the removal of TSI and surfacing ACM and PACM.

Class II asbestos work means activities involving the removal of ACM which is not thermal system insulation or surfacing material. This includes, but is not limited to, the removal of asbestos-containing wallboard, floor tile and sheeting, roofing and siding shingles, and construction mastics.

Class III asbestos work means repair and maintenance operations, where "ACM", including TSI and surfacing ACM and PACM may be disturbed.

Class IV asbestos work means maintenance and custodial activities during which employees contact but do not disturb ACM or PACM and activities to clean up dust, waste and debris resulting from Class I, II, and III activities.

Clean room means an uncontaminated room having facilities for the storage of employees' street clothing and uncontaminated materials and equipment.

Closely resemble means that the major workplace conditions which have contributed to the levels of historic asbestos exposure, are no more protective than conditions of the current workplace.

Competent person means, in addition to the definition in 29 CFR 1926.32(f), one who is capable of

identifying existing asbestos hazards in the workplace and selecting the appropriate control strategy for asbestos exposure, who has the authority to take prompt corrective measures to eliminate them, as specified in 29 CFR 1926.32(f): in addition, for Class I and Class II work who is specially trained in a training course which meets the criteria of EPA's Model Accreditation Plan (40 CFR 763) for supervisor, or its equivalent and, for Class III and Class IV work, who is trained in a manner consistent with EPA requirements for training of local education agency maintenance and custodial staff as set forth at 40 CFR 763.92 (a)(2).

Critical barrier means one or more layers of plastic sealed over all openings into a work area or any other similarly placed physical barrier sufficient to prevent airborne asbestos in a work area from migrating to an adjacent area.

Decontamination area means an enclosed area adjacent and connected to the regulated area and consisting of an equipment room, shower area, and clean room, which is used for the decontamination of workers, materials, and equipment that are contaminated with asbestos.

Demolition means the wrecking or taking out of any load-supporting structural member and any related razing, removing, or stripping of asbestos products.

Director means the Director, National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designee.

Disturbance means activities that disrupt the matrix of ACM or PACM, crumble or pulverize ACM or PACM, or generate visible debris from ACM or PACM. This term includes activities that disrupt the matrix of ACM or PACM, render ACM or PACM friable, or generate visible debris. Disturbance includes cutting away small amounts of ACM and PACM, no greater than the amount which can be contained in one standard sized glove bag or waste bag in order to access a building component. In no event shall the amount of ACM or PACM so disturbed exceed that which can be contained in one glove bag or waste bag which shall not exceed 60 inches in length and width.

Employee exposure means that exposure to airborne asbestos that would occur if the employee were not using respiratory protective equipment.

Equipment room (change room) means a contaminated room located within the decontamination area that is supplied with impermeable bags or containers for the disposal of contaminated protective clothing and equipment.

Fiber means a particulate form of asbestos, 5 micrometers or longer, with a length-to-diameter ratio of at least 3 to 1.

Glovebag means not more than a 60 x 60 inch impervious plastic bag-like enclosure affixed around an asbestos-containing material, with glove-like appendages through which material and tools may be handled.

High-efficiency particulate air (HEPA) filter means a filter capable of trapping and retaining at least 99.97 percent of all mono-dispersed particles of 0.3 micrometers in diameter.

Homogeneous area means an area of surfacing material or thermal system insulation that is uniform in color and texture.

Industrial hygienist means a professional qualified by education, training, and experience to anticipate, recognize, evaluate and develop controls for occupational health hazards.

Intact means that the ACM has not crumbled, been pulverized, or otherwise deteriorated so that the asbestos is no longer likely to be bound with its matrix.

Modification for purposes of paragraph (g)(6)(ii), means a changed or altered procedure, material or component of a control system, which replaces a procedure, material or component of a required system. Omitting a procedure or component, or reducing or diminishing the stringency or strength of a material or component of the control system is not a "modification" for purposes of paragraph (g)(6) of this section.

Negative Initial Exposure Assessment means a demonstration by the employer, which complies with the criteria in paragraph (f)(2)(iii) of this section, that employee exposure during an operation is expected to be consistently below the PELs.

PACM means "presumed asbestos containing material".

Presumed Asbestos Containing Material means thermal system insulation and surfacing material found in buildings constructed no later than 1980. The designation of a material as "PACM" may be rebutted pursuant to paragraph (k)(5) of this section.

Project Designer means a person who has successfully completed the training requirements for an abatement project designer established by 40 U.S.C. 763.90(g).

Regulated area means: an area established by the employer to demarcate areas where Class I, II, and III asbestos work is conducted, and any adjoining area where debris and waste from such asbestos work accumulate; and a work area within which airborne concentrations of asbestos, exceed or there is a reasonable possibility they may exceed the permissible exposure limit. Requirements for regulated areas are set out in paragraph (e) of this section.

Removal means all operations where ACM and/or PACM is taken out or stripped from structures or substrates, and includes demolition operations.

Renovation means the modifying of any existing structure, or portion thereof.

Repair means overhauling, rebuilding, reconstructing, or reconditioning of structures or substrates, including encapsulation or other repair of ACM or PACM attached to structures or substrates.

Surfacing material means material that is sprayed, troweled-on or otherwise applied to surfaces (such as acoustical plaster on ceilings and fireproofing materials on structural members, or other materials on surfaces for acoustical, fireproofing, and other purposes).

Surfacing ACM means surfacing material which contains more than 1% asbestos.

Thermal system insulation (TSI) means ACM applied to pipes, fittings, boilers, breeching, tanks, ducts or other structural components to prevent heat loss or gain.

Thermal system insulation ACM is thermal system insulation which contains more than 1% asbestos.

(c) Permissible exposure limits (PELS)-

(1) Time-weighted average limit (TWA). The employer shall ensure that no employee is exposed to an airborne concentration of asbestos in excess of 0.1 fiber per cubic centimeter of air as an eight (8) hour time-weighted average (TWA), as determined by the method prescribed in Appendix A to this section, or by an equivalent method.

(2) Excursion limit. The employer shall ensure that no employee is exposed to an airborne concentration of asbestos in excess of 1.0 fiber per cubic centimeter of air (1 f/cc) as averaged over a sampling period of thirty (30) minutes, as determined by the method prescribed in Appendix A to this section, or by an equivalent method.

(d) Multi-employer worksites.

(1) On multi-employer worksites, an employer performing work requiring the establishment of a regulated area shall inform other employers on the site of the nature of the employer's work with asbestos and/or PACM, of the existence of and requirements pertaining to regulated areas, and the measures taken to ensure that employees of such other employers are not exposed to asbestos.

(2) Asbestos hazards at a multi-employer work site shall be abated by the contractor who created or controls the source of asbestos contamination. For example, if there is a significant breach of an enclosure containing Class I work, the employer responsible for erecting the enclosure shall repair the breach immediately.

(3) In addition, all employers of employees exposed to asbestos hazards shall comply with applicable protective provisions to protect their employees. For example, if employees working immediately adjacent to a Class I asbestos job are exposed to asbestos due to the inadequate containment of such job, their employer shall either remove the employees from the area until the enclosure breach is repaired; or perform an initial exposure assessment pursuant to (f) of this section.

(4) All employers of employees working adjacent to regulated areas established by another

employer on a multi-employer work-site, shall take steps on a daily basis to ascertain the integrity of the enclosure and/or the effectiveness of the control method relied on by the primary asbestos contractor to assure that asbestos fibers do not migrate to such adjacent areas.

(5) All general contractors on a construction project which includes work covered by this standard shall be deemed to exercise general supervisory authority over the work covered by this standard, even though the general contractor is not qualified to serve as the asbestos "competent person" as defined by paragraph (b) of this section. As supervisor of the entire project, the general contractor shall ascertain whether the asbestos contractor is in compliance with this standard, and shall require such contractor to come into compliance with this standard when necessary.

(e) Regulated areas-

(1) All Class I, II and III asbestos work shall be conducted within regulated areas. All other operations covered by this standard shall be conducted within a regulated area where airborne asbestos exceed, or there is a reasonable possibility they may exceed a PEL. Regulated areas shall comply with the requirements of paragraphs (2), (3),(4) and (5) of this section.

(2) Demarcation. The regulated area shall be demarcated in any manner that minimizes the number of persons within the area and protects persons outside the area from exposure to airborne asbestos. Where critical barriers or negative pressure enclosures are used, they may demarcate the regulated area. Signs shall be provided and displayed pursuant to the requirements of paragraph (k)(7) of this section.

(3) Access. Access to regulated areas shall be limited to authorized persons and to persons authorized by the Act or regulations issued pursuant thereto.

(4) Respirators. All persons entering a regulated area where employees are required pursuant to paragraph (h)(1) of this section to wear respirators shall be supplied with a respirator selected in accordance with paragraph (h)(2) of this section.

(5) Prohibited activities. The employer shall ensure that employees do not eat, drink, smoke, chew tobacco or gum, or apply cosmetics in the regulated area.

(6) Competent Persons. The employer shall ensure that all asbestos work performed within regulated areas is supervised by a competent person, as defined in paragraph (b) of this section. The duties of the competent person are set out in paragraph (o) of this section.

(f) Exposure assessments and monitoring-

(1) General monitoring criteria.

(i) Each employer who has a workplace or work operation where exposure monitoring is required under this section shall perform monitoring to determine accurately the

airborne concentrations of asbestos to which employees may be exposed.

(ii) Determinations of employee exposure shall be made from breathing zone air samples that are representative of the 8-hour TWA and 30-minute short-term exposures of each employee.

(iii) Representative 8-hour TWA employee exposure shall be determined on the basis of one or more samples representing full-shift exposure for employees in each work area. Representative 30-minute short-term employee exposures shall be determined on the basis of one or more samples representing 30 minute exposures associated with operations that are most likely to produce exposures above the excursion limit for employees in each work area.

(2) Initial Exposure Assessment.

(i) Each employer who has a workplace or work operation covered by this standard shall ensure that a "competent person" conducts an exposure assessment immediately before or at the initiation of the operation to ascertain expected exposures during that operation or workplace. The assessment must be completed in time to comply with requirements which are triggered by exposure data or the lack of a "negative exposure assessment," and to provide information necessary to assure that all control systems planned are appropriate for that operation and will work properly.

(ii) Basis of Initial Exposure Assessment: Unless a negative exposure assessment has been made pursuant to paragraph (f)(2)(iii) of this section, the initial exposure assessment shall, if feasible, be based on monitoring conducted pursuant to paragraph (f)(1)(iii) of this section. The assessment shall take into consideration both the monitoring results and all observations, information or calculations which indicate employee exposure to asbestos, including any previous monitoring conducted in the workplace, or of the operations of the employer which indicate the levels of airborne asbestos likely to be encountered on the job. For Class I asbestos work, until the employer conducts exposure monitoring and documents that employees on the job will not be exposed in excess of the PELs, or otherwise makes a negative exposure assessment pursuant to paragraph (f)(2)(iii) of this section, the employer shall presume that employees are exposed in excess of the TWA and excursion limit.

(iii) Negative Exposure Assessment: For any one specific asbestos job which will be performed by employees who have been trained in compliance with the standard, the employer may demonstrate that employee exposures will be below the PELs by data which conform to the following criteria;

(A) Objective data demonstrating that the product or material containing asbestos minerals or the activity involving such product or material cannot release airborne fibers in concentrations exceeding the TWA and excursion limit under those work conditions having the greatest potential for releasing asbestos; or

(B) Where the employer has monitored prior asbestos jobs for the PEL and

the excursion limit within 12 months of the current or projected job, the monitoring and analysis were performed in compliance with the asbestos standard in effect; and the data were obtained during work operations conducted under workplace conditions "closely resembling" the processes, type of material, control methods, work practices, and environmental conditions used and prevailing in the employer's current operations, the operations were conducted by employees whose training and experience are no more extensive than that of employees performing the current job, and these data show that under the conditions prevailing and which will prevail in the current workplace there is a high degree of certainty that employee exposures will not exceed the TWA and excursion limit; or

(C) The results of initial exposure monitoring of the current job made from breathing zone air samples that are representative of the 8-hour TWA and 30-minute short-term exposures of each employee covering operations which are most likely during the performance of the entire asbestos job to result in exposures over the PELs.

(3) Periodic monitoring.

(i) Class I and II operations. The employer shall conduct daily monitoring that is representative of the exposure of each employee who is assigned to work within a regulated area who is performing Class I or II work, unless the employer pursuant to (f)(2)(iii) of this section, has made a negative exposure assessment for the entire operation.

(ii) All operations under the standard other than Class I and II operations. The employer shall conduct periodic monitoring of all work where exposures are expected to exceed a PEL, at intervals sufficient to document the validity of the exposure prediction.

(iii) Exception: When all employees required to be monitored daily are equipped with supplied-air respirators operated in the pressure demand mode, or other positive pressure mode respirator the employer may dispense with the daily monitoring required by this paragraph. However, employees performing Class I work using a control method which is not listed in paragraph (g)(4) (i), (ii), or (iii) of this section or using a modification of a listed control method, shall continue to be monitored daily even if they are equipped with supplied-air respirators.

(4) Termination of monitoring.

(i) If the periodic monitoring required by paragraph (f)(3) of this section reveals that employee exposures, as indicated by statistically reliable measurements, are below the permissible exposure limit and excursion limit the employer may discontinue monitoring for those employees whose exposures are represented by such monitoring.

(ii) Additional monitoring. Notwithstanding the provisions of paragraph (f) (2) and (3), and (f)(4) of this section, the employer shall institute the exposure monitoring required under paragraph (f)(3) of this section whenever there has been a change in process, control equipment, personnel or work practices that may result in new or additional exposures above the permissible

exposure limit and/or excursion limit or when the employer has any reason to suspect that a change may result in new or additional exposures above the permissible exposure limit and/or excursion limit. Such additional monitoring is required regardless of whether a "negative exposure assessment" was previously produced for a specific job.

(5) Employee notification of monitoring results. The employer must, as soon as possible but no later than 5 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to employees.

(6) Observation of monitoring.

(i) The employer shall provide affected employees and their designated representatives an opportunity to observe any monitoring of employee exposure to asbestos conducted in accordance with this section.

(ii) When observation of the monitoring of employee exposure to asbestos requires entry into an area where the use of protective clothing or equipment is required, the observer shall be provided with and be required to use such clothing and equipment and shall comply with all other applicable safety and health procedures.

(g) Methods of compliance

(1) Engineering controls and work practices for all operations covered by this section. The employer shall use the following engineering controls and work practices in all operations covered by this section, regardless of the levels of exposure:

(i) Vacuum cleaners equipped with HEPA filters to collect all debris and dust containing ACM or PACM except as provided in paragraph (g)(8)(ii) of this section in the case of roofing material.

(ii) Wet methods, or wetting agents, to control employee exposures during asbestos handling, mixing, removal, cutting, application, and cleanup, except where employers demonstrate that the use of wet methods is infeasible due to for example, the creation of electrical hazards, equipment malfunction, and, in roofing except as provided in paragraph (g)(8)(ii) of this section.

(iii) Prompt clean-up and disposal of wastes and debris contaminated with asbestos in leak-tight containers except in roofing operations, where the procedures specified in paragraph (g)(8)(ii) of this section apply.

(2) In addition to the requirements of paragraph (g)(1) of this section, the employer shall use

the following control methods to achieve compliance with the TWA permissible exposure limit and excursion limit prescribed by paragraph (c) of this section;

- (i) Local exhaust ventilation equipped with HEPA filter dust collection systems;
- (ii) Enclosure or isolation of processes producing asbestos dust;
- (iii) Ventilation of the regulated area to move contaminated air away from the breathing zone of employees and toward a filtration or collection device equipped with a HEPA filter;
- (iv) Use of other work practices and engineering controls that the Assistant Secretary can show to be feasible.
- (v) Wherever the feasible engineering and work practice controls described above are not sufficient to reduce employee exposure to or below the permissible exposure limit and/or excursion limit prescribed in paragraph (c) of this section, the employer shall use them to reduce employee exposure to the lowest levels attainable by these controls and shall supplement them by the use of respiratory protection that complies with the requirements of paragraph (h) of this section.

(3) Prohibitions. The following work practices and engineering controls shall not be used for work related to asbestos or for work which disturbs ACM or PACM, regardless of measured levels of asbestos exposure or the results of initial exposure assessments:

- (i) High-speed abrasive disc saws that are not equipped with point of cut ventilator or enclosures with HEPA filtered exhaust air.
- (ii) Compressed air used to remove asbestos, or materials containing asbestos, unless the compressed air is used in conjunction with an enclosed ventilation system designed to capture the dust cloud created by the compressed air.
- (iii) Dry sweeping, shoveling or other dry clean-up of dust and debris containing ACM and PACM.
- (iv) Employee rotation as a means of reducing employee exposure to asbestos.

(4) Class I Requirements. In addition to the provisions of paragraphs (g) (1) and (2) of this section, the following engineering controls and work practices and procedures shall be used.

- (i) All Class I work, including the installation and operation of the control system shall be supervised by a competent person as defined in paragraph (b) of this section;
- (ii) For all Class I jobs involving the removal of more than 25 linear or 10 square feet of thermal system insulation or surfacing material; for all other Class I jobs, where the employer

cannot produce a negative exposure assessment pursuant to paragraph (f)(2)(iii) of this section, or where employees are working in areas adjacent to the regulated area, while the Class I work is being performed, the employer shall use one of the following methods to ensure that airborne asbestos does not migrate from the regulated area:

(A) Critical barriers shall be placed over all openings to the regulated area except where activities are performed outdoors, or

(B) The employer shall use another barrier or isolation method which prevents the migration of airborne asbestos from the regulated area, as verified by perimeter area surveillance during each work shift at each boundary of the regulated area, showing no visible asbestos dust; and perimeter area monitoring showing that clearance levels contained in 40 CFR Part 763, Subpt. E, of the EPA Asbestos in Schools Rule are met, or that perimeter area levels, measured by Phase Contrast Microscopy (PCM) are no more than background levels representing the same area before the asbestos work began. The results of such monitoring shall be made known to the employer no later than 24 hours from the end of the work shift represented by such monitoring. Exception: For work completed outdoors where employees are not working in areas adjacent to the regulated areas, this paragraph (g)(4)(ii) is satisfied when the specific control methods in paragraph (g)(5) of this section are used.

(iii) For all Class I jobs, HVAC systems shall be isolated in the regulated area by sealing with a double layer of 6 mil plastic or the equivalent;

(iv) For all Class I jobs, impermeable dropcloths shall be placed on surfaces beneath all removal activity;

(v) For all Class I jobs, all objects within the regulated area shall be covered with impermeable dropcloths or plastic sheeting which is secured by duct tape or an equivalent.

(vi) For all Class I jobs where the employer cannot produce a negative exposure assessment, or where exposure monitoring shows that a PEL is exceeded, the employer shall ventilate the regulated area to move contaminated air away from the breathing zone of employees toward a HEPA filtration or collection device.

(5) Specific control methods for Class I work. In addition, Class I asbestos work may be performed using one or more of the following control methods pursuant to the limitations stated below:

(i) Negative Pressure Enclosure (NPE) systems: NPE systems may be used where the configuration of the work area does not make the erection of the enclosure infeasible, with the following specifications and work practices.

(A) Specifications:

- (1) The negative pressure enclosure (NPE) may be of any configuration,
- (2) At least 4 air changes per hour shall be maintained in the NPE,

(3) A minimum of -0.02 column inches of water pressure differential, relative to outside pressure, shall be maintained within the NPE as evidenced by manometric measurements,

(4) The NPE shall be kept under negative pressure throughout the period of its use, and

(5) Air movement shall be directed away from employees performing asbestos work within the enclosure, and toward a HEPA filtration or a collection device.

(B) Work Practices:

(1) Before beginning work within the enclosure and at the beginning of each shift, the NPE may be inspected for breaches and smoke-tested for leaks, and any leaks sealed.

(2) Electrical circuits in the enclosure shall be deactivated, unless equipped with ground-fault circuit interrupters.

(ii) Glove bag systems shall be used to remove PACM and/or ACM from straight runs of piping and elbows and other connections with the following specifications and work practices.

(A) Specifications:

(1) Glovebags shall be made of 6 mil thick plastic and shall be seamless at the bottom.

(2) Glovebags used on elbows and other connections must be designed for that purpose and used without modifications.

(B) Work Practices:

(1) Each glovebag shall be installed so that it completely covers the circumference of pipe or other structure where the work is to be done.

(2) Glovebags shall be smoke-tested for leaks and any leaks sealed prior to use.

(3) Glovebags may be used only once and may not be moved.

(4) Glovebags shall not be used on surfaces whose temperature exceeds 150EF.

(5) Prior to disposal, glovebags shall be collapsed by removing air within them using a HEPA vacuum.

(6) Before beginning the operation, loose and friable material adjacent to the glovebag/box operation shall be wrapped and sealed in two layers of six mil plastic or otherwise rendered intact,

(7) Where system uses attached waste bag, such bag shall be connected to collection bag using hose or other material which shall withstand pressure of ACM waste and water without losing its integrity:

(8) Sliding valve or other device shall separate waste bag from hose to ensure no exposure when waste bag is disconnected:

(9) At least two persons shall perform Class I glovebag removal operations.

(iii) Negative Pressure Glove Bag Systems. Negative pressure glove bag systems may be used to remove ACM or PACM from piping.

(A) Specifications: In addition to specifications for glove bag systems above, negative pressure glove bag systems shall attach HEPA vacuum systems or other devices to bag to prevent collapse during removal.

(B) Work Practices:

(1) The employer shall comply with the work practices for glove bag systems in paragraph (g)(5)(ii)(B)(4) of this section.

(2) The HEPA vacuum cleaner or other device used to prevent collapse of bag during removal shall run continually during the operation until it is completed at which time the bag shall be collapsed prior to removal of the bag from the pipe.

(3) Where a separate waste bag is used along with a collection bag and discarded after one use, the collection bag may be reused if rinsed clean with amended water before reuse.

(iv) Negative Pressure Glove Box Systems: Negative pressure glove boxes may be used to remove ACM or PACM from pipe runs with the following specifications and work practices.

(A) Specifications:

(1) Glove boxes shall be constructed with rigid sides and made from metal or other material which can withstand the weight of the ACM and PACM and water used during removal:

(2) A negative pressure generator shall be used to create negative pressure in the system:

(3) An air filtration unit shall be attached to the box:

(4) The box shall be fitted with gloved apertures:

(5) An aperture at the base of the box shall serve as a bagging outlet for waste ACM and water:

(6) A back-up generator shall be present on site:

(7) Waste bags shall consist of 6 mil thick plastic double-bagged before they are filled or plastic thicker than 6 mil.

(B) Work practices:

(1) At least two persons shall perform the removal:

(2) The box shall be smoke-tested for leaks and any leaks sealed prior to each use.

(3) Loose or damaged ACM adjacent to the box shall be wrapped and sealed in two layers of 6 mil plastic prior to the job, or otherwise made intact prior to the job.

(4) A HEPA filtration system shall be used to maintain pressure barrier in box.

(v) Water Spray Process System. A water spray process system may be used for removal of ACM and PACM from cold line piping if, employees carrying out such process have completed a 40-hour separate training course in its use, in addition to training required for employees performing Class I work. The system shall meet the following specifications and shall be performed by employees using the following work practices.

(A) Specifications:

(1) Piping shall be surrounded on 3 sides by rigid framing,

(2) A 360 degree water spray, delivered through nozzles supplied by a high pressure separate water line, shall be formed around the piping.

(3) The spray shall collide to form a fine aerosol which provides a liquid barrier between workers and the ACM and PACM.

(B) Work Practices:

(1) The system shall be run for at least 10 minutes before removal begins.

(2) All removal shall take place within the water barrier.

(3) The system shall be operated by at least three persons, one of whom shall not perform removal, but shall check equipment, and ensure proper operation of the system.

(4) After removal, the ACM and PACM shall be bagged while still inside the water barrier.

(vi) A small walk-in enclosure which accommodates no more than two persons (mini-enclosure) may be used if the disturbance or removal can be completely contained by the enclosure with the following specifications and work practices.

(A) Specifications:

(1) The fabricated or job-made enclosure shall be constructed of 6 mil plastic or equivalent:

(2) The enclosure shall be placed under negative pressure by means of a HEPA filtered vacuum or similar ventilation unit:

(B) Work practices:

(1) Before use, the mini-enclosure shall be inspected for leaks and smoke-tested to detect breaches and any breaches sealed.

(2) Before reuse, the interior shall be completely washed with amended water and HEPA-vacuumed..

(3) During use, air movement shall be directed away from the employee's breathing zone within the mini-enclosure.

(6) Alternative control methods for Class I work. Class I work may be performed using a control method which is not referenced in paragraph (g)(5) of this section, or which modifies a control method referenced in paragraph (g)(5) of this section, if the following provisions are complied with:

(i) The control method shall enclose, contain or isolate the processes or source of airborne asbestos dust, or otherwise capture or redirect such dust before it enters the breathing zone of employees.

(ii) A certified industrial hygienist or licensed professional engineer who is also qualified as a project designer as defined in paragraph (b) of this section, shall evaluate the work area, the projected work practices and the engineering controls and shall certify in writing that the planned control method is adequate to reduce direct and indirect employee exposure to below the PELs under worst-case conditions of use, and that the planned control method will prevent asbestos contamination outside the regulated area, as measured by clearance sampling which meets the requirements of EPA's Asbestos in Schools rule issued under AHERA, or perimeter monitoring which meets the criteria in paragraph (g)(4)(ii)(B) of this section.

(A) Where the TSI or surfacing material to be removed is 25 linear or 10

square feet or less , the evaluation required in paragraph (g)(6) of this section may be performed by a "competent person", and may omit consideration of perimeter or clearance monitoring otherwise required.

(B) The evaluation of employee exposure required in paragraph (g)(6) of this section, shall include and be based on sampling and analytical data representing employee exposure during the use of such method under worst-case conditions and by employees whose training and experience are equivalent to employees who are to perform the current job.

(7) Work Practices and Engineering Controls for Class II work.

(i) All Class II work shall be supervised by a competent person as defined in paragraph (b) of this section.

(ii) For all indoor Class II jobs, where the employer has not produced a negative exposure assessment pursuant to paragraph (f)(2)(iii) of this section, or where during the job changed conditions indicate there may be exposure above the PEL or where the employer does not remove the ACM in a substantially intact state, the employer shall use one of the following methods to ensure that airborne asbestos does not migrate from the regulated area;

(A) Critical barriers shall be placed over all openings to the regulated area;
or,

(B) The employer shall use another barrier or isolation method which prevents the migration of airborne asbestos from the regulated area, as verified by perimeter area monitoring or clearance monitoring which meets the criteria set out in paragraph (g)(4)(ii)(B) of this section.

(C) Impermeable dropcloths shall be placed on surfaces beneath all removal activity;

(iii) Reserved

(iv) All Class II asbestos work shall be performed using the work practices and requirements set out above in paragraph (g)(1)(i) through (g)(1)(iii) of this section.

(8) Additional Controls for Class II work. Class II asbestos work shall also be performed by complying with the work practices and controls designated for each type of asbestos work to be performed, set out in this paragraph. Where more than one control method may be used for a type of asbestos work, the employer may choose one or a combination of designated control methods. Class II work also may be performed using a method allowed for Class I work, except that glove bags and glove boxes are allowed if they fully enclose the Class II material to be removed.

(i) For removing vinyl and asphalt flooring materials which contain ACM or for which in buildings constructed no later than 1980, the employer has not verified the absence of ACM pursuant to paragraph (g)(8)(i)(I) of this section. The employer shall ensure that employees comply with the following work practices and that employees are trained in these practices pursuant to paragraph (k)(9) of this section.

(A) Flooring or its backing shall not be sanded.

(B) Vacuums equipped with HEPA filter, disposable dust bag, and metal floor tool (no brush) shall be used to clean floors.

(C) Resilient sheeting shall be removed by cutting with wetting of the snip point and wetting during delamination. Rip-up of resilient sheet floor material is prohibited.

(D) All scraping of residual adhesive and/or backing shall be performed using wet methods.

(E) Dry sweeping is prohibited.

(F) Mechanical chipping is prohibited unless performed in a negative pressure enclosure which meets the requirements of paragraph (g)(5)(i) of this section.

(G) Tiles shall be removed intact, unless the employer demonstrates that intact removal is not possible.

(H) When tiles are heated and can be removed intact, wetting may be omitted.

(I) Resilient flooring material including associated mastic and backing shall be assumed to be asbestos-containing unless an industrial hygienist determines that it is asbestos-free using recognized analytical techniques.

(ii) For removing roofing material which contains ACM the employer shall ensure that the following work practices are followed:

(A) Roofing material shall be removed in an intact state to the extent feasible.

(B) Wet methods shall be used to remove roofing materials that are not intact, or that will be rendered not intact during removal, unless such wet methods are not feasible or will create safety hazards.

(C) Cutting machines shall be continuously misted during use, unless a competent person determines that misting substantially decreases worker safety.

(D) When removing built-up roofs with asbestos-containing roofing felts and an aggregate surface using a power roof cutter, all dust resulting from the cutting operation shall be collected by a HEPA dust collector, or shall be HEPA vacuumed by vacuuming along the cut line. When removing built-up roofs with asbestos-containing roofing felts and a smooth surface using a power roof cutter, the dust resulting from the cutting operation shall be collected either by a HEPA dust collector or HEPA vacuuming along the cut line, or by gently sweeping and then carefully and completely wiping up the still-wet dust and debris left along the cut line. The dust and debris shall be immediately bagged or placed in covered containers.

(E) Asbestos-containing material that has been removed from a roof shall not be dropped or thrown to the ground. Unless the material is carried or passed to the ground by hand, it shall be lowered to the ground via covered, dust-tight chute, crane or hoist:

(1) Any ACM that is not intact shall be lowered to the ground as soon as is practicable, but in any event no later than the end of the work shift. While the material remains on the roof it shall either be kept wet, placed in an impermeable waste bag, or wrapped in plastic sheeting.

(2) Intact ACM shall be lowered to the ground as soon as is practicable, but in any event no later than the end of the work shift.

(F) Upon being lowered, unwrapped material shall be transferred to a closed receptacle in such manner so as to preclude the dispersion of dust.

(G) Roof level heating and ventilation air intake sources shall be isolated or the ventilation system shall be shut down.

(H) Notwithstanding any other provision of this section, removal or repair of sections of intact roofing less than 25 square feet in area does not require use of wet methods or HEPA vacuuming as long as manual methods which do not render the material non-intact are used to remove the material and no visible dust is created by the removal method used. In determining whether a job involves less than 25 square feet, the employer shall include all removal and repair work performed on the same roof on the same day.

(iii) When removing cementitious asbestos-containing siding and shingles or transite panels containing ACM on building exteriors (other than roofs, where paragraph (g)(8)(ii) of this section applies), the employer shall ensure that the following work practices are followed:

(A) Cutting, abrading or breaking siding, shingles, or transite panels, shall be prohibited unless the employer can demonstrate that methods less likely to result in asbestos fiber release cannot be used.

(B) Each panel or shingle shall be sprayed with amended water prior to removal.

(C) Unwrapped or unbagged panels or shingles shall be immediately lowered to the ground via covered dust-tight chute, crane or hoist, or placed in an impervious waste bag or wrapped in plastic sheeting and lowered to the ground no later than the end of the work shift.

(D) Nails shall be cut with flat, sharp instruments.

(iv) When removing gaskets containing ACM, the employer shall ensure that the following work practices are followed:

(A) If a gasket is visibly deteriorated and unlikely to be removed intact, removal shall be undertaken within a glovebag as described in paragraph (g)(5)(ii) of this section.

(B) Reserved

(C) The wet gasket shall be immediately placed in a disposal container.

(D) Any scraping to remove residue must be performed wet.

(v) When performing any other Class II removal of asbestos containing material for which specific controls have not been listed in paragraph (g)(8)(iv) (A) through (D) of this section, the employer shall ensure that the following work practices are complied with.

(A) The material shall be thoroughly wetted with amended water prior to and during its removal.

(B) The material shall be removed in an intact state unless the employer demonstrates that intact removal is not possible.

(C) Cutting, abrading or breaking the material shall be prohibited unless the employer can demonstrate that methods less likely to result in asbestos fiber release are not feasible.

(D) Asbestos-containing material removed, shall be immediately bagged or wrapped, or kept wetted until transferred to a closed receptacle, no later than the end of the work shift.

(vi) Alternative Work Practices and Controls. Instead of the work practices and controls listed in paragraph (g)(8) (i) through (v) of this section, the employer may use different or modified engineering and work practice controls if the following provisions are complied with.

(A) The employer shall demonstrate by data representing employee exposure during the use of such method under conditions which closely resemble the conditions under which

the method is to be used, that employee exposure will not exceed the PELs under any anticipated circumstances.

(B) A competent person shall evaluate the work area, the projected work practices and the engineering controls, and shall certify in writing, that the different or modified controls are adequate to reduce direct and indirect employee exposure to below the PELs under all expected conditions of use and that the method meets the requirements of this standard. The evaluation shall include and be based on data representing employee exposure during the use of such method under conditions which closely resemble the conditions under which the method is to be used for the current job, and by employees whose training and experience are equivalent to employees who are to perform the current job.

(9) Work Practices and Engineering Controls for Class III asbestos work. Class III asbestos work shall be conducted using engineering and work practice controls which minimize the exposure to employees performing the asbestos work and to bystander employees.

(i) The work shall be performed using wet methods.

(ii) To the extent feasible, the work shall be performed using local exhaust ventilation.

(iii) Where the disturbance involves drilling, cutting, abrading, sanding, chipping, breaking, or sawing of thermal system insulation or surfacing material, the employer shall use impermeable dropcloths, and shall isolate the operation using mini-enclosures or glove bag systems pursuant to paragraph (g)(5) of this section or another isolation method.

(iv) Where the employer does not produce a "negative exposure assessment" for a job, or where monitoring results show the PEL has been exceeded, the employer shall contain the area using impermeable dropcloths and plastic barriers or their equivalent, or shall isolate the operation using a control system listed in and in compliance with paragraph (g)(5) of this section.

(v) Employees performing Class III jobs, which involve the disturbance of thermal system insulation or surfacing material, or where the employer does not produce a "negative exposure assessment" or where monitoring results show a PEL has been exceeded, shall wear respirators which are selected, used and fitted pursuant to provisions of paragraph (h) of this section.

(10) Class IV asbestos work. Class IV asbestos jobs shall be conducted by employees trained pursuant to the asbestos awareness training program set out in paragraph (k)(9) of this section. In addition, all Class IV jobs shall be conducted in conformity with the requirements set out in paragraph (g)(1) of this section, mandating wet methods, HEPA vacuums, and prompt clean up of debris containing ACM or PACM.

(i) Employees cleaning up debris and waste in a regulated area where respirators are required shall wear respirators which are selected, used and fitted pursuant to provisions of

paragraph (h) of this section.

(ii) Employers of employees who clean up waste and debris in, and employers in control of, areas where friable thermal system insulation or surfacing material is accessible, shall assume that such waste and debris contain asbestos.

(11) Alternative methods of compliance for installation, removal, repair, and maintenance of certain roofing and pipeline coating materials. Notwithstanding any other provision of this section, an employer who complies with all provisions of this paragraph (g)(11) when installing, removing, repairing, or maintaining intact pipeline asphaltic wrap, or roof flashings which contain asbestos fibers encapsulated or coated by bituminous or resinous compounds shall be deemed to be in compliance with this section. If an employer does not comply with all provisions of this paragraph (g)(11), or if during the course of the job the material does not remain intact, the provisions of paragraph (g)(8) of this section apply instead of this paragraph (g)(11).

(i) Before work begins and as needed during the job, a competent person who is capable of identifying asbestos hazards in the workplace and selecting the appropriate control strategy for asbestos exposure, and who has the authority to take prompt corrective measures to eliminate such hazards, shall conduct an inspection of the worksite and determine that the roofing material is intact and will likely remain intact.

(ii) All employees performing work covered by this paragraph (g)(11) shall be trained in a training program that meets the requirements of paragraph (k)(9)(viii) of this section.

(iii) The material shall not be sanded, abraded, or ground. Manual methods which do not render the material non-intact shall be used.

(iv) Material that has been removed from a roof shall not be dropped or thrown to the ground. Unless the material is carried or passed to the ground by hand, it shall be lowered to the ground via covered, dust-tight chute, crane or hoist. All such material shall be removed from the roof as soon as is practicable, but in any event no later than the end of the work shift.

(v) Where roofing products which have been labeled as containing asbestos pursuant to paragraph (k)(8) of this section are installed on non-residential roofs during operations covered by this paragraph (g)(11), the employer shall notify the building owner of the presence and location of such materials no later than the end of the job.

(vi) All removal or disturbance of pipeline asphaltic wrap shall be performed using wet methods.

(h) Respiratory protection

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that complies with the requirements of this

paragraph. Respirators must be used during:

- (i) Class I asbestos work.
- (ii) Class II asbestos work when ACM is not removed in a substantially intact state.
- (iii) Class II and III asbestos work that is not performed using wet methods, except for removal of ACM from sloped roofs when a negative-exposure assessment has been conducted and the ACM is removed in an intact state.
- (iv) Class II and III asbestos work for which a negative- exposure assessment has not been conducted.
- (v) Class III asbestos work when TSI or surfacing ACM or PACM is being disturbed.
- (vi) Class IV asbestos work performed within regulated areas where employees who are performing other work are required to use respirators.
- (vii) Work operations covered by this section for which employees are exposed above the TWA or excursion limit.
- (viii) Emergencies.

(2) Respirator program.

(i) The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section o use a respirator.

(ii) No employee shall be assigned to asbestos work that requires respirator use if, based on their most recent medical examination, the examining physician determines that the employee will be unable to function normally while using a respirator, or that the safety or health of the employee or other employees will be impaired by the employee's respirator use. Such employees must be assigned to another job or given the opportunity to transfer to a different position that they can perform. If such a transfer position is available, it must be with the same employer, in the same geographical area, and with the same seniority, status, rate of pay, and other job benefits the employee had just prior to such transfer.

(3) Respirator selection.

(i) Employers must:

(A) Select, and provide to employees, the appropriate respirators specified in

paragraph (d)(3)(i)(A) of 29 CFR 1910.134; however, employers must not select or use filtering facepiece respirators for use against asbestos fibers.

(B) Provide HEPA filters for powered and non-powered air-purifying respirators.

(ii) Employers must provide an employee with tight-fitting, powered air-purifying respirator (PAPR) instead of a negative pressure respirator selected according to paragraph (h)(3)(i)(A) of this standard when the employee chooses to use a PAPR and it provides adequate protection to the employee.

(iii) Employers must provide employees with an air-purifying half mask respirator, other than a filtering facepiece respirator, whenever the employees perform:

(A) Class II or Class III asbestos work for which no negative exposure assessment is available.

(B) Class III asbestos work involving disturbance of TSI or surfacing ACM or PACM.

(iv) Employers must provide employees with:

(A) A tight-fitting powered air-purifying respirator or a full facepiece, supplied-air respirator operated in the pressure-demand mode and equipped with either HEPA egress cartridges or an auxiliary positive-pressure, self-contained breathing apparatus (SCBA) whenever the employees are in a regulated area performing Class I asbestos work for which a negative exposure assessment is not available and the exposure assessment indicates that the exposure level will be at or below 1 f/cc as an 8-hour time-weighted average (TWA).

(B) A full facepiece supplied-air respirator operated in the pressure-demand mode and equipped with an auxiliary positive-pressure SCBA whenever the employees are in a regulated area performing Class I asbestos work for which a negative exposure assessment is not available and the exposure assessment indicates that the exposure level will be above 1 f/cc as an 8-hour TWA.

(i) Protective clothing

(1) General. The employer shall provide and require the use of protective clothing, such as coveralls or similar whole-body clothing, head coverings, gloves, and foot coverings for any employee exposed to airborne concentrations of asbestos that exceed the TWA and/or excursion limit prescribed in paragraph (c) of this section, or for which a required negative exposure assessment is not produced, or for any employee performing Class I operations which involve the removal of over 25 linear or 10 square feet of TSI or surfacing ACM and PACM.

(2) Laundering.

(i) The employer shall ensure that laundering of contaminated clothing is done so as to prevent the release of airborne asbestos in excess of the TWA or excursion limit prescribed in paragraph (c) of this section.

(ii) Any employer who gives contaminated clothing to another person for laundering shall inform such person of the requirement in paragraph (i)(2)(i) of this section to effectively prevent the release of airborne asbestos in excess of the TWA and excursion limit prescribed in paragraph (c) of this section.

(3) Contaminated clothing. Contaminated clothing shall be transported in sealed impermeable bags, or other closed, impermeable containers, and be labeled in accordance with paragraph (k) of this section.

(4) Inspection of protective clothing.

(i) The competent person shall examine worksuits worn by employees at least once per workshift for rips or tears that may occur during performance of work.

(ii) When rips or tears are detected while an employee is working, rips and tears shall be immediately mended, or the worksuit shall be immediately replaced.

(j) Hygiene facilities and practices for employees.

(1) Requirements for employees performing Class I asbestos jobs involving over 25 linear or 10 square feet of TSI or surfacing ACM and PACM.

(i) Decontamination areas: the employer shall establish a decontamination area that is adjacent and connected to the regulated area for the decontamination of such employees. The decontamination area shall consist of an equipment room, shower area, and clean room in series. The employer shall ensure that employees enter and exit the regulated area through the decontamination area.

(A) Equipment room. The equipment room shall be supplied with impermeable, labeled bags and containers for the containment and disposal of contaminated protective equipment.

(B) Shower area. Shower facilities shall be provided which comply with 29 CFR 1910.141(d)(3), unless the employer can demonstrate that they are not feasible. The showers shall be adjacent both to the equipment room and the clean room, unless the employer can demonstrate that this location is not feasible. Where the employer can demonstrate that it is not feasible to locate the shower between the equipment room and the clean room, or where the work is performed outdoors, the employers shall ensure that employees:

(1) Remove asbestos contamination from their worksuits in the equipment room using a HEPA vacuum before proceeding to a shower that is not adjacent to the work area; or

(2) Remove their contaminated worksuits in the equipment room, then don clean worksuits, and proceed to a shower that is not adjacent to the work area.

(C) Clean change room. The clean room shall be equipped with a locker or appropriate storage container for each employee's use. When the employer can demonstrate that it is not feasible to provide a clean change area adjacent to the work area or where the work is performed outdoors, the employer may permit employees engaged in Class I asbestos jobs to clean their protective clothing with a portable HEPA-equipped vacuum before such employees leave the regulated area. Following showering, such employees however must then change into street clothing in clean change areas provided by the employer which otherwise meet the requirements of this section.

(ii) Decontamination area entry procedures. The employer shall ensure that employees:

(A) Enter the decontamination area through the clean room;

(B) Remove and deposit street clothing within a locker provided for their use; and

(C) Put on protective clothing and respiratory protection before leaving the clean room.

(D) Before entering the regulated area, the employer shall ensure that employees pass through the equipment room.

(iii) Decontamination area exit procedures. The employer shall ensure that:

(A) Before leaving the regulated area, employees shall remove all gross contamination and debris from their protective clothing.

(B) Employees shall remove their protective clothing in the equipment room and deposit the clothing in labeled impermeable bags or containers.

(C) Employees shall not remove their respirators in the equipment room.

(D) Employees shall shower prior to entering the clean room.

(E) After showering, employees shall enter the clean room before changing into street clothes.

(iv) Lunch Areas. Whenever food or beverages are consumed at the worksite where

employees are performing Class I asbestos work, the employer shall provide lunch areas in which the airborne concentrations of asbestos are below the permissible exposure limit and/or excursion limit.

(2) Requirements for Class I work involving less than 25 linear or 10 square feet of TSI or surfacing ACM and PACM, and for Class II and Class III asbestos work operations where exposures exceed a PEL or where there is no negative exposure assessment produced before the operation.

(i) The employer shall establish an equipment room or area that is adjacent to the regulated area for the decontamination of employees and their equipment which is contaminated with asbestos which shall consist of an area covered by a impermeable drop cloth on the floor or horizontal working surface.

(ii) The area must be of sufficient size as to accommodate cleaning of equipment and removing personal protective equipment without spreading contamination beyond the area (as determined by visible accumulations).

(iii) Work clothing must be cleaned with a HEPA vacuum before it is removed.

(iv) All equipment and surfaces of containers filled with ACM must be cleaned prior to removing them from the equipment room or area.

(v) The employer shall ensure that employees enter and exit the regulated area through the equipment room or area.

(3) Requirements for Class IV work. Employers shall ensure that employees performing Class IV work within a regulated area comply with the hygiene practice required of employees performing work which has a higher classification within that regulated area. Otherwise employers of employees cleaning up debris and material which is TSI or surfacing ACM or identified as PACM shall provide decontamination facilities for such employees which are required by paragraph (j)(2) of this section.

(4) Smoking in work areas. The employer shall ensure that employees do not smoke in work areas where they are occupationally exposed to asbestos because of activities in that work area.

(k) Communication of hazards.

(1) This section applies to the communication of information concerning asbestos hazards in construction activities to facilitate compliance with this standard. Most asbestos-related construction activities involve previously installed building materials. Building owners often are the only and/or best sources of information concerning them. Therefore, they, along with employers of potentially exposed employees, are assigned specific information conveying and retention duties under this section. Installed Asbestos Containing Building Material. Employers and building owners shall identify TSI and sprayed or troweled on surfacing materials in buildings as asbestos-containing,

unless they determine in compliance with paragraph (k)(5) of this section that the material is not asbestos-containing. Asphalt and vinyl flooring material installed no later than 1980 must also be considered as asbestos containing unless the employer, pursuant to paragraph (g)(8)(i)(I) of this section determines that it is not asbestos-containing. If the employer/building owner has actual knowledge, or should have known through the exercise of due diligence, that other materials are asbestos-containing, they too must be treated as such. When communicating information to employees pursuant to this standard, owners and employers shall identify "PACM" as ACM. Additional requirements relating to communication of asbestos work on multi-employer worksites are set out in paragraph (d) of this section.

(2) Duties of building and facility owners.

(i) Before work subject to this standard is begun, building and facility owners shall determine the presence, location, and quantity of ACM and/or PACM at the work site pursuant to paragraph (k)(1) of this section.

(ii) Building and/or facility owners shall notify the following persons of the presence, location and quantity of ACM or PACM, at the work sites in their buildings and facilities. Notification either shall be in writing, or shall consist of a personal communication between the owner and the person to whom notification must be given or their authorized representatives:

(A) Prospective employers applying or bidding for work whose employees reasonably can be expected to work in or adjacent to areas containing such material;

(B) Employees of the owner who will work in or adjacent to areas containing such material:

(C) On multi-employer worksites, all employers of employees who will be performing work within or adjacent to areas containing such materials;

(D) Tenants who will occupy areas containing such material.

(3) Duties of employers whose employees perform work subject to this standard in or adjacent to areas containing ACM and PACM. Building/facility owners whose employees perform such work shall comply with these provisions to the extent applicable.

(i) Before work in areas containing ACM and PACM is begun; employers shall identify the presence, location, and quantity of ACM, and/or PACM therein pursuant to paragraph (k)(1) of this section.

(ii) Before work under this standard is performed employers of employees who will perform such work shall inform the following persons of the location and quantity of ACM and/or PACM present in the area and the precautions to be taken to insure that airborne asbestos is confined to the area.

(A) Owners of the building/facility;

(B) Employees who will perform such work and employers of employees who work and/or will be working in adjacent areas.

(iii) Within 10 days of the completion of such work, the employer whose employees have performed work subject to this standard, shall inform the building/facility owner and employers of employees who will be working in the area of the current location and quantity of PACM and/or ACM remaining in the area and final monitoring results, if any.

(4) In addition to the above requirements, all employers who discover ACM and/or PACM on a worksite shall convey information concerning the presence, location and quantity of such newly discovered ACM and/or PACM to the owner and to other employers of employees working at the work site, within 24 hours of the discovery.

(5) Criteria to rebut the designation of installed material as PACM.

(i) At any time, an employer and/or building owner may demonstrate, for purposes of this standard, that PACM does not contain asbestos. Building owners and/or employers are not required to communicate information about the presence of building material for which such a demonstration pursuant to the requirements of paragraph (k)(5)(ii) of this section has been made. However, in all such cases, the information, data and analysis supporting the determination that PACM does not contain asbestos, shall be retained pursuant to paragraph (n) of this section.

(ii) An employer or owner may demonstrate that PACM does not contain more than 1% asbestos by the following:

(A) Having a completed inspection conducted pursuant to the requirements of AHERA (40 CFR Part 763, Subpart E) which demonstrates that the material is not ACM; or

(B) Performing tests of the material containing PACM which demonstrate that no ACM is present in the material. Such tests shall include analysis of bulk samples collected in the manner described in 40 CFR 763.86. The tests, evaluation and sample collection shall be conducted by an accredited inspector or by a CIH. Analysis of samples shall be performed by persons or laboratories with proficiency demonstrated by current successful participation in a nationally recognized testing program such as the National Voluntary Laboratory Accreditation Program (NVLAP), the National Institute for Standards and Technology (NIST) or the Round Robin for bulk samples administered by the American Industrial Hygiene Association (AIHA) or an equivalent nationally-recognized round robin testing program.

(iii) The employer and/or building owner may demonstrate that flooring material including associated mastic and backing does not contain asbestos, by a determination of an industrial hygienist based upon recognized analytical techniques showing that the material is not ACM.

(6) At the entrance to mechanical rooms/areas in which employees reasonably can be expected to enter and which contain ACM and/or PACM, the building owner shall post signs which identify the material which is present, its location, and appropriate work practices which, if followed, will ensure that ACM and/or PACM will not be disturbed. The employer shall ensure, to the extent feasible, that employees who come in contact with these signs can comprehend them. Means to ensure employee comprehension may include the use of foreign languages, pictographs, graphics, and awareness training.

(7) Signs.

(i) Warning signs that demarcate the regulated area shall be provided and displayed at each location where a regulated area is required to be established by paragraph (e) of this section. Signs shall be posted at such a distance from such a location that an employee may read the signs and take necessary protective steps before entering the area marked by the signs.

(ii) (A) The warning signs required by paragraph (k)(7) of this section shall bear the following information:

DANGER
ASBESTOS
CANCER AND LUNG DISEASE HAZARD
AUTHORIZED PERSONNEL ONLY

(B) In addition, where the use of respirators and protective clothing is required in the regulated area under this section, the warning signs shall include the following:

RESPIRATORS AND PROTECTIVE CLOTHING ARE REQUIRED IN THIS AREA

(iii) The employer shall ensure that employees working in and contiguous to regulated areas comprehend the warning signs required to be posted by paragraph (k)(7)(i) of this section. Means to ensure employee comprehension may include the use of foreign languages, pictographs and graphics.

(8) Labels

(i) Labels shall be affixed to all products containing asbestos and to all containers containing such products, including waste containers. Where feasible, installed asbestos products shall contain a visible label.

(ii) Labels shall be printed in large, bold letters on a contrasting background.

(iii) Labels shall be used in accordance with the requirements of 29 CFR 1910.1200(f) of OSHA's Hazard Communication standard, and shall contain the following information:

DANGER
CONTAINS ASBESTOS FIBERS
AVOID CREATING DUST
CANCER AND LUNG DISEASE HAZARD

(iv) [Reserved]

(v) Labels shall contain a warning statement against breathing asbestos fibers.

(vi) The provisions for labels required by paragraphs (k)(8)(i) through (k)(8)(iii) of this section do not apply where:

(A) Asbestos fibers have been modified by a bonding agent, coating, binder, or other material, provided that the manufacturer can demonstrate that, during any reasonably foreseeable use, handling, storage, disposal, processing, or transportation, no airborne concentrations of asbestos fibers in excess of the permissible exposure limit and/or excursion limit will be released, or

(B) Asbestos is present in a product in concentrations less than 1.0 percent.

(vii) When a building owner/or employer identifies previously installed PACM and/or ACM, labels or signs shall be affixed or posted so that employees will be notified of what materials contain PACM and/or ACM. The employer shall attach such labels in areas where they will clearly be noticed by employees who are likely to be exposed, such as at the entrance to mechanical room/areas. Signs required by paragraph (k)(6) of this section may be posted in lieu of labels so long as they contain information required for labelling. The employer shall ensure, to the extent feasible, that employees who come in contact with these signs or labels can comprehend them. Means to ensure employee comprehension may include the use of foreign languages, pictographs, graphics, and awareness training.

(9) Employee information and training.

(i) The employer shall train each employee who is likely to be exposed in excess of a PEL, and each employee who performs Class I through IV asbestos operations, in accordance with the requirements of this section. Such training shall be conducted at no cost to the employee. The employer shall institute a training program and ensure employee participation in the program.

(ii) Training shall be provided prior to or at the time of initial assignment and at least annually thereafter.

(iii) Training for Class I operations and for Class II operations that require the use of critical barriers (or equivalent isolation methods) and/or negative pressure enclosures under this section shall be the equivalent in curriculum, training method and length to the EPA Model Accreditation

Plan (MAP) asbestos abatement workers training (40 CFR part 763, subpart E, appendix C).

(iv) Training for other Class II work.

(A) For work with asbestos containing roofing materials, flooring materials, siding materials, ceiling tiles, or transite panels, training shall include at a minimum all the elements included in paragraph (k)(9)(viii) of this section and in addition, the specific work practices and engineering controls set forth in paragraph (g) of this section which specifically relate to that category. Such course shall include "hands-on" training and shall take at least 8 hours.

(B) An employee who works with more than one of the categories of material specified in paragraph (k)(9)(iv)(A) of this section shall receive training in the work practices applicable to each category of material that the employee removes and each removal method that the employee uses.

(C) For Class II operations not involving the categories of material specified in paragraph (k)(9)(iv)(A) of this section, training shall be provided which shall include at a minimum all the elements included in paragraph (k)(9)(viii) of this section and in addition, the specific work practices and engineering controls set forth in paragraph (g) of this section which specifically relate to the category of material being removed, and shall include "hands-on" training in the work practices applicable to each category of material that the employee removes and each removal method that the employee uses.

(v) Training for Class III employees shall be consistent with EPA requirements for training of local education agency maintenance and custodial staff as set forth at 40 CFR 763.92(a)(2). Such a course shall also include "hands-on" training and shall take at least 16 hours. Exception: For Class III operations for which the competent person determines that the EPA curriculum does not adequately cover the training needed to perform that activity, training shall include as a minimum all the elements included in paragraph (k)(9)(viii) of this section and in addition, the specific work practices and engineering controls set forth in paragraph (g) of this section which specifically relate to that activity, and shall include "hands-on" training in the work practices applicable to each category of material that the employee disturbs.

(vi) Training for employees performing Class IV operations shall be consistent with EPA requirements for training of local education agency maintenance and custodial staff as set forth at 40 CFR 763.92(a)(1). Such a course shall include available information concerning the locations of thermal system insulation and surfacing ACM/PACM, and asbestos-containing flooring material, or flooring material where the absence of asbestos has not yet been certified; and instruction in recognition of damage, deterioration, and delamination of asbestos containing building materials. Such course shall take at least 2 hours.

(vii) Training for employees who are likely to be exposed in excess of the PEL and who are not otherwise required to be trained under paragraph (k)(9)(iii) through (vi) of this section, shall meet the requirements of paragraph (k)(9)(viii) of this section.

(viii) The training program shall be conducted in a manner that the employee is able to understand. In addition to the content required by provisions in paragraphs (k)(9)(iii) through (vi) of this section, the employer shall ensure that each such employee is informed of the following:

(A) Methods of recognizing asbestos, including the requirement in paragraph (k)(1) of this section to presume that certain building materials contain asbestos;

(B) The health affects associated with asbestos exposure;

(C) The relationship between smoking and asbestos in producing lung cancer;

(D) The nature of operations that could result in exposure to asbestos, the importance of necessary protective controls to minimize exposure including, as applicable, engineering controls, work practices, respirators, housekeeping procedures, hygiene facilities, protective clothing, decontamination procedures, emergency procedures, and waste disposal procedures, and any necessary instruction in the use of these controls and procedures; where Class III and IV work will be or is performed, the contents of EPA 20T-2003, "Managing Asbestos In-Place" July 1990 or its equivalent in content;

(E) The purpose, proper use, fitting instructions, and limitations of respirators as required by 29 CFR 1910.134;

(F) The appropriate work practices for performing the asbestos job;

(G) Medical surveillance program requirements;

(H) The content of this standard including appendices;

(I) The names, addresses and phone numbers of public health organizations which provide information, materials and/or conduct programs concerning smoking cessation. The employer may distribute the list of such organizations contained in Appendix J to this section, to comply with this requirement; and

(J) The requirement for posting signs and affixing labels and the meaning of the required legends for such signs and labels.

(10) Access to training materials.

(i) The employer shall make readily available to affected employees without cost, written materials relating to the employee training program, including a copy of this regulation.

(ii) The employer shall provide to the Assistant Secretary and the Director, upon request, all information and training materials relating to the employee information and training program.

(iii) The employer shall inform all employees concerning the availability of self-help smoking cessation program material. Upon employee request, the employer shall distribute such material, consisting of NIH Publication No, 89-1647, or equivalent self-help material, which is approved or published by a public health organization listed in Appendix J to this section.

(l) Housekeeping-

(1) Vacuuming. Where vacuuming methods are selected, HEPA filtered vacuuming equipment must be used. The equipment shall be used and emptied in a manner that minimizes the reentry of asbestos into the workplace.

(2) Waste disposal. Asbestos waste, scrap, debris, bags, containers, equipment, and contaminated clothing consigned for disposal shall be collected and disposed of in sealed, labeled, impermeable bags or other closed, labeled, impermeable containers except in roofing operations, where the procedures specified in paragraph (g)(8)(ii) of this section apply.

(3) Care of asbestos-containing flooring material.

(i) All vinyl and asphalt flooring material shall be maintained in accordance with this paragraph unless the building/facility owner demonstrates, pursuant to paragraph (g)(8)(i)(I) of this section that the flooring does not contain asbestos.

(ii) Sanding of flooring material is prohibited.

(iii) Stripping of finishes shall be conducted using low abrasion pads at speeds lower than 300 rpm and wet methods.

(iv) Burnishing or dry buffing may be performed only on flooring which has sufficient finish so that the pad cannot contact the flooring material.

(4) Waste and debris and accompanying dust in an area containing accessible thermal system insulation or surfacing ACM/PACM or visibly deteriorated ACM:

(i) shall not be dusted or swept dry, or vacuumed without using a HEPA filter;

(ii) shall be promptly cleaned up and disposed of in leak tight containers.

(m) Medical surveillance-

(1) General-

(i) Employees covered.

(A) The employer shall institute a program for all employees who, for a combined total of 30 or more days per year, are engaged in Class I, II, and III work or are exposed at or above the permissible exposure limit. For purposes of this subparagraph, any day in which a worker engages in Class II or Class III operations or a combination thereof on contact material for one hour or less (taking into account the entire time spent on the removal operation, including cleanup) and, while doing so, adheres fully to the work practices specified in this standard, shall not be counted.

(B) For employees otherwise required by this standard to wear a negative pressure respirator, employers shall ensure employees are physically able to perform the work and use the equipment. This determination shall be made under the supervision of a physician.

(ii) Examination.

(A) The employer shall ensure that all medical examinations and procedures are performed by or under the supervision of a licensed physician, and are provided at no cost to the employee and at a reasonable time and place.

(B) Persons other than such licensed physicians who administer the pulmonary function testing required by this section shall complete a training course in spirometry sponsored by an appropriate academic or professional institution.

(2) Medical examinations and consultations-

(i) Frequency. The employer shall make available medical examinations and consultations to each employee covered under paragraph (m)(1)(i) of this section on the following schedules:

(A) Prior to assignment of the employee to an area where negative-pressure respirators are worn;

(B) When the employee is assigned to an area where exposure to asbestos may be at or above the permissible exposure limit for 30 or more days per year, or engage in Class I, II, or III work for a combined total of 30 or more days per year, a medical examination must be given within 10 working days following the thirtieth day of exposure.

(C) And at least annually thereafter.

(D) If the examining physician determines that any of the examinations should be provided more frequently than specified, the employer shall provide such examinations to affected employees at the frequencies specified by the physician.

(E) Exception: No medical examination is required of any employee if adequate records show that the employee has been examined in accordance with this paragraph within the past 1-year period.

(ii) Content. Medical examinations made available pursuant to paragraphs (m)(2)(i)(A) through (m)(2)(i)(C) of this section shall include:

(A) A medical and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems.

(B) On initial examination, the standardized questionnaire contained in Part 1 of Appendix D to this section, and, on annual examination, the abbreviated standardized questionnaire contained in Part 2 of Appendix D to this section.

(C) A physical examination directed to the pulmonary and gastrointestinal systems, including a chest roentgenogram to be administered at the discretion of the physician, and pulmonary function tests of forced vital capacity (FVC) and forced expiratory volume at one second (FEV(1)). Interpretation and classification of chest shall be conducted in accordance with Appendix E to this section.

(D) Any other examinations or tests deemed necessary by the examining physician.

(3) Information provided to the physician. The employer shall provide the following information to the examining physician:

(i) A copy of this standard and Appendices D, E, and I to this section;

(ii) A description of the affected employee's duties as they relate to the employee's exposure;

(iii) The employee's representative exposure level or anticipated exposure level;

(iv) A description of any personal protective and respiratory equipment used or to be used; and

(v) Information from previous medical examinations of the affected employee that is not otherwise available to the examining physician.

(4) Physician's written opinion.

(i) The employer shall obtain a written opinion from the examining physician. This written opinion shall contain the results of the medical examination and shall include:

(A) The physician's opinion as to whether the employee has any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos;

(B) Any recommended limitations on the employee or on the use of personal

protective equipment such as respirators; and

(C) A statement that the employee has been informed by the physician of the results of the medical examination and of any medical conditions that may result from asbestos exposure.

(D) A statement that the employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

(ii) The employer shall instruct the physician not to reveal in the written opinion given to the employer specific findings or diagnoses unrelated to occupational exposure to asbestos.

(iii) The employer shall provide a copy of the physician's written opinion to the affected employee within 30 days from its receipt.

(n) Recordkeeping-

(1) Objective data relied on pursuant to paragraph (f) to this section.

(i) Where the employer has relied on objective data that demonstrates that products made from or containing asbestos or the activity involving such products or material are not capable of releasing fibers of asbestos in concentrations at or above the permissible exposure limit and/or excursion limit under the expected conditions of processing, use, or handling to satisfy the requirements of paragraph (f), the employer shall establish and maintain an accurate record of objective data reasonably relied upon in support of the exemption.

(ii) The record shall include at least the following information:

(A) The product qualifying for exemption;

(B) The source of the objective data;

(C) The testing protocol, results of testing, and/or analysis of the material for the release of asbestos;

(D) A description of the operation exempted and how the data support the exemption; and

(E) Other data relevant to the operations, materials, processing, or employee exposures covered by the exemption.

(iii) The employer shall maintain this record for the duration of the employer's reliance upon such objective data.

(2) Exposure measurements.

(i) The employer shall keep an accurate record of all measurements taken to monitor employee exposure to asbestos as prescribed in paragraph (f) of this section. NOTE: The employer may utilize the services of competent organizations such as industry trade associations and employee associations to maintain the records required by this section.

(ii) This record shall include at least the following information:

(A) The date of measurement;

(B) The operation involving exposure to asbestos that is being monitored;

(C) Sampling and analytical methods used and evidence of their accuracy;

(D) Number, duration, and results of samples taken;

(E) Type of protective devices worn, if any; and

(F) Name, social security number, and exposure of the employees whose exposures are represented.

(iii) The employer shall maintain this record for at least thirty (30) years, in accordance with 29 CFR 1910.20.

(3) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee subject to medical surveillance by paragraph (m) of this section, in accordance with 29 CFR 1910.20.

(ii) The record shall include at least the following information:

(A) The name and social security number of the employee;

(B) A copy of the employee's medical examination results, including the medical history, questionnaire responses, results of any tests, and physician's recommendations.

(C) Physician's written opinions;

(D) Any employee medical complaints related to exposure to asbestos; and

(E) A copy of the information provided to the physician as required by paragraph (m) of this section.

(iii) The employer shall ensure that this record is maintained for the duration of employment plus thirty (30) years, in accordance with 29 CFR 1910.20.

(4) Training records. The employer shall maintain all employee training records for one (1) year beyond the last date of employment by that employer.

(5) Data to Rebut PACM. Where the building owner and employer have relied on data to demonstrate that PACM is not asbestos-containing, such data shall be maintained for as long as they are relied upon to rebut the presumption.

(6) Records of Required Notifications. Where the building owner has communicated and received information concerning the identification, location and quantity of ACM and PACM, written records of such notifications and their content shall be maintained by the building owner for the duration of ownership and shall be transferred to successive owners of such buildings/facilities.

(7) Availability.

(i) The employer, upon written request, shall make all records required to be maintained by this section available to the Assistant Secretary and the Director for examination and copying.

(ii) The employer, upon request, shall make any exposure records required by paragraphs (f) and (n) of this section available for examination and copying to affected employees, former employees, designated representatives, and the Assistant Secretary, in accordance with 29 CFR 1910.20(a)through(e) and (g)through(i).

(iii) The employer, upon request, shall make employee medical records required by paragraphs (m) and (n) of this section available for examination and copying to the subject employee, anyone having the specific written consent of the subject employee, and the Assistant Secretary, in accordance with 29 CFR 1910.20.

(8) Transfer of records.

(i) The employer shall comply with the requirements concerning transfer of records set forth in 29 CFR 1910.20(h).

(ii) Whenever the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director at least 90 days prior to disposal and, upon request, transmit them to the Director.

(o) Competent person-

(1) General. On all construction worksites covered by this standard, the employer shall designate a competent person, having the qualifications and authorities for ensuring worker safety and health required by Subpart C, General Safety and Health Provisions for Construction (29 CFR

1926.20 through 1926.32).

(2) Required Inspections by the Competent Person. Section 1926.20(b)(2) which requires health and safety prevention programs to provide for frequent and regular inspections of the job sites, materials, and equipment to be made by competent persons, is incorporated.

(3) Additional Inspections. In addition, the competent person shall make frequent and regular inspections of the job sites, in order to perform the duties set out below in paragraph (o)(3)(i) of this section. For Class I jobs, on-site inspections shall be made at least once during each work shift, and at any time at employee request. For Class II, III, and IV jobs, on-site inspections shall be made at intervals sufficient to assess whether conditions have changed, and at any reasonable time at employee request.

(i) On all worksites where employees are engaged in Class I or II asbestos work, the competent person designated in accordance with paragraph (e)(6) of this section shall perform or supervise the following duties, as applicable:

- (A) Set up the regulated area, enclosure, or other containment;
- (B) Ensure (by on-site inspection) the integrity of the enclosure or containment;
- (C) Set up procedures to control entry to and exit from the enclosure and/or area;
- (D) Supervise all employee exposure monitoring required by this section and ensure that it is conducted as required by paragraph (f) of this section;
- (E) Ensure that employees working within the enclosure and/or using glove bags wear respirators and protective clothing as required by paragraphs (h) and (i) of this section;
- (F) Ensure through on-site supervision, that employees set up, use, and remove engineering controls, use work practices and personal protective equipment in compliance with all requirements;
- (G) Ensure that employees use the hygiene facilities and observe the decontamination procedures specified in paragraph (j) of this section;
- (H) Ensure that through on-site inspection, engineering controls are functioning properly and employees are using proper work practices; and,
- (I) Ensure that notification requirement in paragraph (k) of this section are met.

(ii) Reserved

(4) Training for the competent person.

(i) For Class I, and II asbestos work the competent person shall be trained in all aspects of asbestos removal and handling, including: abatement, installation, removal and handling; the contents of this standard; the identification of asbestos; removal procedures, where appropriate; and other practices for reducing the hazard. Such training shall be obtained in a comprehensive course for supervisors that meets the criteria of EPA's Model Accreditation Plan (40 CFR part 763, subpart E, Appendix C), such as a course conducted by an EPA-approved or state-approved training provider, certified by EPA or a state, or a course equivalent in stringency, content, and length.

(ii) For Class III and IV asbestos work, the competent person shall be trained in aspects of asbestos handling appropriate for the nature of the work, to include procedures for setting up glove bags and mini-enclosures, practices for reducing asbestos exposures, use of wet methods, the contents of this standard, and the identification of asbestos. Such training shall include successful completion of a course that is consistent with EPA requirements for training of local education agency maintenance and custodial staff as set forth at 40 CFR 763.92(a)(2), or its equivalent in stringency, content, and length. Competent persons for Class III and IV work, may also be trained pursuant to the requirements of paragraph (o)(4)(i) of this section.

(p) Appendices.

(1) Appendices A, C, D, and E to this section are incorporated as part of this section and the contents of these appendices are mandatory.

(2) Appendices B, F, H, I, J, and K to this section are informational and are not intended to create any additional obligations not otherwise imposed or to detract from any existing obligations.

1926.1101 App A

APPENDIX A to 1926.1101 - OSHA Reference Method-Mandatory

This mandatory appendix specifies the procedure for analyzing air samples for asbestos and specifies quality control procedures that must be implemented by laboratories performing the analysis. The sampling and analytical methods described below represent the elements of the available monitoring methods (such as Appendix B of this regulation, the most current version of the OSHA method ID-160, or the most current version of the NIOSH Method 7400). All employers who are required to conduct air monitoring under paragraph (f) of the standard are required to utilize analytical laboratories that use this procedure, or an equivalent method, for collecting and analyzing samples.

Sampling and Analytical Procedure

1. The sampling medium for air samples shall be mixed cellulose ester filter membranes. These shall be designated by the manufacturer as suitable for asbestos counting. See below for rejection of blanks.

2. The preferred collection device shall be the 25-mm diameter cassette with an open-faced 50-mm electrically conductive extension cowl. The 37-mm cassette may be used if necessary but only if written justification for the need to use the 37-mm filter cassette accompanies the sample results in the employee's exposure monitoring record. Do not reuse or reload cassettes for asbestos sample collection.

3. An air flow rate between 0.5 liter/min and 2.5 liters/min shall be selected for the 25/mm cassette. If the 37-mm cassette is used, an air flow rate between 1 liter/min and 2.5 liters/min shall be selected.

4. Where possible, a sufficient air volume for each air sample shall be collected to yield between 100 and 1,300 fibers per square millimeter on the membrane filter. If a filter darkens in appearance or if loose dust is seen on the filter, a second sample shall be started.

5. Ship the samples in a rigid container with sufficient packing material to prevent dislodging the collected fibers. Packing material that has a high electrostatic charge on its surface (e.g., expanded polystyrene) cannot be used because such material can cause loss of fibers to the sides of the cassette.

6. Calibrate each personal sampling pump before and after use with a representative filter cassette installed between the pump and the calibration devices.

7. Personal samples shall be taken in the "breathing zone" of the employee (i.e., attached to or near the collar or lapel near the worker's face).

8. Fiber counts shall be made by positive phase contrast using a microscope with an 8 to 10 X eyepiece and a 40 to 45 X objective for a total magnification of approximately 400 X and a numerical aperture of 0.65 to 0.75. The microscope shall also be fitted with a green or blue filter.

9. The microscope shall be fitted with a Walton-Beckett eyepiece graticule calibrated for a field diameter of 100 micrometers (+/-2 micrometers).

10. The phase-shift detection limit of the microscope shall be about 3 degrees measured using the HSE phase shift test slide as outlined below.

a. Place the test slide on the microscope stage and center it under the phase objective.

b. Bring the blocks of grooved lines into focus.

Note: The slide consists of seven sets of grooved lines (ca. 20 grooves to each block) in descending

order of visibility from sets 1 to 7, seven being the least visible. The requirements for asbestos counting are that the microscope optics must resolve the grooved lines in set 3 completely, although they may appear somewhat faint, and that the grooved lines in sets 6 and 7 must be invisible. Sets 4 and 5 must be at least partially visible but may vary slightly in visibility between microscopes. A microscope that fails to meet these requirements has either too low or too high a resolution to be used for asbestos counting.

c. If the image deteriorates, clean and adjust the microscope optics. If the problem persists, consult the microscope manufacturer.

11. Each set of samples taken will include 10% field blanks or a minimum of 2 field blanks. These blanks must come from the same lot as the filters used for sample collection. The field blank results shall be averaged and subtracted from the analytical results before reporting. A set consists of any sample or group of samples for which an evaluation for this standard must be made. Any samples represented by a field blank having a fiber count in excess of the detection limit of the method being used shall be rejected.

12. The samples shall be mounted by the acetone/triacetin method or a method with an equivalent index of refraction and similar clarity.

13. Observe the following counting rules.

a. Count only fibers equal to or longer than 5 micrometers. Measure the length of curved fibers along the curve.

b. In the absence of other information, count all particles as asbestos that have a length-to-width ratio (aspect ratio) of 3:1 or greater.

c. Fibers lying entirely within the boundary of the Walton-Beckett graticule field shall receive a count of 1. Fibers crossing the boundary once, having one end within the circle, shall receive the count of one half (1/2). Do not count any fiber that crosses the graticule boundary more than once. Reject and do not count any other fibers even though they may be visible outside the graticule area.

d. Count bundles of fibers as one fiber unless individual fibers can be identified by observing both ends of an individual fiber.

e. Count enough graticule fields to yield 100 fibers. Count a minimum of 20 fields; stop counting at 100 fields regardless of fiber count.

14. Blind recounts shall be conducted at the rate of 10 percent.

Quality Control Procedures

1. Intralaboratory program. Each laboratory and/or each company with more than one microscopist counting slides shall establish a statistically designed quality assurance program involving blind

recounts and comparisons between microscopists to monitor the variability of counting by each microscopist and between microscopists. In a company with more than one laboratory, the program shall include all laboratories, and shall also evaluate the laboratory-to-laboratory variability.

2.

a. Interlaboratory program. Each laboratory analyzing asbestos samples for compliance determination shall implement an interlaboratory quality assurance program that, as a minimum, includes participation of at least two other independent laboratories. Each laboratory shall participate in round robin testing at least once every 6 months with at least all the other laboratories in its interlaboratory quality assurance group. Each laboratory shall submit slides typical of its own workload for use in this program. The round robin shall be designed and results analyzed using appropriate statistical methodology.

b. All laboratories should also participate in a national sample testing scheme such as the Proficiency Analytical Testing Program (PAT), or the Asbestos Registry sponsored by the American Industrial Hygiene Association (AIHA).

3. All individuals performing asbestos analysis must have taken the NIOSH course for sampling and evaluating airborne asbestos dust or an equivalent course.

4. When the use of different microscopes contributes to differences between counters and laboratories, the effect of the different microscope shall be evaluated and the microscope shall be replaced, as necessary.

5. Current results of these quality assurance programs shall be posted in each laboratory to keep the microscopists informed.

1926.1101 App B

Sampling and Analysis (Non-mandatory)

-----Matrix:	Air
OSHA Permissible Exposure Limits:	
Time Weighted Average	0.1 fiber/cc
Excursion Level (30 minutes)	1.0 fiber/cc
Collection Procedure:	
A known volume of air is drawn through a 25-mm diameter cassette containing a mixed-cellulose ester filter. The cassette must be equipped with an electrically conductive 50-mm extension cowl. The sampling time and rate are chosen to give a fiber density of between 100 to 1,300 fibers/mm ² on the filter.	

Recommended Sampling Rate	0.5 to 5.0
liters/minute (L/min)	

Recommended Air Volumes:

Minimum	25L
Maximum	2,400L

-----Analytical Procedure:

A portion of the sample filter is cleared and prepared for asbestos fiber counting by Phase Contrast Microscopy (PCM) at 400X.

Commercial manufacturers and products mentioned in this method are for descriptive use only and do not constitute endorsements by USDOL-OSHA. Similar products from other sources can be substituted.

1. Introduction

This method describes the collection of airborne asbestos fibers using calibrated sampling pumps with mixed-cellulose ester (MCE) filters and analysis by phase contrast microscopy (PCM). Some terms used are unique to this method and are defined below: Asbestos: A term for naturally occurring fibrous minerals. Asbestos includes chrysotile, crocidolite, amosite (cummingtonite-grunerite asbestos), tremolite asbestos, actinolite asbestos, anthophyllite asbestos, and any of these minerals that have been chemically treated and/or altered. The precise chemical formulation of each species will vary with the location from which it was mined. Nominal compositions are listed:

Chrysotile	$Mg_3Si_2O_5(OH)_4$
Crocidolite	$Na_2Fe^{2+}_3Si_8O_{22}(OH)_2$
Amosite	$(Mg, Fe)_7Si_8O_{22}(OH)_2$
Tremolite-actinolite	$Ca_2(Mg, Fe)_5Si_8O_{22}(OH)_2$
Anthophyllite	$(Mg, Fe)_7Si_8O_{22}(OH)_2$

Asbestos Fiber: A fiber of asbestos which meets the criteria specified below for a fiber.

Aspect Ratio: The ratio of the length of a fiber to it's diameter (e.g. 3:1, 5:1 aspect ratios).

Cleavage Fragments: Mineral particles formed by comminution of minerals, especially those characterized by parallel sides and a moderate aspect ratio (usually less than 20:1).

Detection Limit: The number of fibers necessary to be 95% certain that the result is greater than zero.

Differential Counting: The term applied to the practice of excluding certain kinds of fibers from the fiber count because they do not appear to be asbestos.

Fiber: A particle that is 5 μm or longer, with a length-to-width ratio of 3 to 1 or longer.

Field: The area within the graticule circle that is superimposed on the microscope image.

Set: The samples which are taken, submitted to the laboratory, analyzed, and for which, interim or final result reports are generated.

Tremolite, Anthophyllite, and Actinolite: The non-asbestos form of these minerals which meet the definition of a fiber. It includes any of these minerals that have been chemically treated and/or altered.

Walton-Beckett Graticule: An eyepiece graticule specifically designed for asbestos fiber counting. It consists of a circle with a projected diameter of $100\sqrt{2}$ μm (area of about 0.00785 mm^2) with a crosshair having tic-marks at 3- μm intervals in one direction and 5- μm in the orthogonal direction. There are marks around the periphery of the circle to demonstrate the proper sizes and shapes of fibers. This design is reproduced in Figure 1. The disk is placed in one of the microscope eyepieces so that the design is superimposed on the field of view.

1.1. History

Early surveys to determine asbestos exposures were conducted using impinger counts of total dust with the counts expressed as million particles per cubic foot. The British Asbestos Research Council recommended filter membrane counting in 1969. In July 1969, the Bureau of Occupational Safety and Health published a filter membrane method for counting asbestos fibers in the United States. This method was refined by NIOSH and published as P & CAM 239. On May 29, 1971, OSHA specified filter membrane sampling with phase contrast counting for evaluation of asbestos exposures at work sites in the United States. The use of this technique was again required by OSHA in 1986. Phase contrast microscopy has continued to be the method of choice for the measurement of occupational exposure to asbestos.

1.2. Principle

Air is drawn through a MCE filter to capture airborne asbestos fibers. A wedge shaped portion of the filter is removed, placed on a glass microscope slide and made transparent. A measured area (field) is viewed by PCM. All the fibers meeting a defined criteria for asbestos are counted and considered a measure of the airborne asbestos concentration.

1.3. Advantages and Disadvantages

There are four main advantages of PCM over other methods:

- (1) The technique is specific for fibers. Phase contrast is a fiber counting technique which excludes non-fibrous particles from the analysis.
- (2) The technique is inexpensive and does not require specialized knowledge to carry out the analysis for total fiber counts.
- (3) The analysis is quick and can be performed on-site for rapid determination of air concentrations of asbestos fibers.
- (4) The technique has continuity with historical epidemiological studies so that estimates of expected disease can be inferred from long-term determinations of asbestos exposures.

The main disadvantage of PCM is that it does not positively identify asbestos fibers. Other fibers which are not asbestos may be included in the count unless differential counting is performed. This requires a great deal of experience to adequately differentiate asbestos from non-asbestos fibers. Positive identification of asbestos must be performed by polarized light or electron microscopy techniques. A further disadvantage of PCM is that the smallest visible fibers are about 0.2 μm in diameter while the finest asbestos fibers may be as small as 0.02 μm in diameter. For some exposures, substantially more fibers may be present than are actually counted.

1.4. Workplace Exposure

Asbestos is used by the construction industry in such products as shingles, floor tiles, asbestos cement, roofing felts, insulation and acoustical products. Non-construction uses include brakes, clutch facings, paper, paints, plastics, and fabrics. One of the most significant exposures in the workplace is the removal and encapsulation of asbestos in schools, public buildings, and homes. Many workers have the potential to be exposed to asbestos during these operations.

About 95% of the asbestos in commercial use in the United States is chrysotile. Crocidolite and amosite make up most of the remainder. Anthophyllite and tremolite or actinolite are likely to be encountered as contaminants in various industrial products.

1.5. Physical Properties

Asbestos fiber possesses a high tensile strength along its axis, is chemically inert, non-combustible, and heat resistant. It has a high electrical resistance and good sound absorbing properties. It can be weaved into cables, fabrics or other textiles, and also matted into asbestos papers, felts, or mats.

2. Range and Detection Limit

2.1. The ideal counting range on the filter is 100 to 1,300 fibers/mm². With a Walton-Beckett graticule this range is equivalent to 0.8 to 10 fibers/field. Using NIOSH counting statistics, a count

of 0.8 fibers/field would give an approximate coefficient of variation (CV) of 0.13.

2.2. The detection limit for this method is 4.0 fibers per 100 fields or 5.5 fibers/mm². This was determined using an equation to estimate the maximum CV possible at a specific concentration (95% confidence) and a Lower Control Limit of zero. The CV value was then used to determine a corresponding concentration from historical CV vs fiber relationships. As an example:

$$\text{Lower Control Limit (95\% Confidence)} = AC - 1.645(CV)(AC)$$

Where:

AC=Estimate of the airborne fiber concentration (fibers/cc) Setting the Lower Control Limit=0 and solving for CV:

$$0 = AC - 1.645(CV)(AC)$$

$$CV = 0.61$$

This value was compared with CV vs. count curves. The count at which CV = 0.61 for Leidel-Busch counting statistics or for an OSHA Salt Lake Technical Center (OSHA-SLTC) CV curve (see Appendix A for further information) was 4.4 fibers or 3.9 fibers per 100 fields, respectively. Although a lower detection limit of 4 fibers per 100 fields is supported by the OSHA-SLTC data, both data sets support the 4.5 fibers per 100 fields value.

3. Method Performance-Precision and Accuracy

Precision is dependent upon the total number of fibers counted and the uniformity of the fiber distribution on the filter. A general rule is to count at least 20 and not more than 100 fields. The count is discontinued when 100 fibers are counted, provided that 20 fields have already been counted. Counting more than 100 fibers results in only a small gain in precision. As the total count drops below 10 fibers, an accelerated loss of precision is noted.

At this time, there is no known method to determine the absolute accuracy of the asbestos analysis. Results of samples prepared through the Proficiency Analytical Testing (PAT) Program and analyzed by the OSHA-SLTC showed no significant bias when compared to PAT reference values. The PAT samples were analyzed from 1987 to 1989 (N=36) and the concentration range was from 120 to 1,300 fibers/mm².

4. Interferences

Fibrous substances, if present, may interfere with asbestos analysis.

Some common fibers are:

fiberglass
anhydrite
plant fibers
perlite veins
gypsum
some synthetic fibers
membrane structures
sponge spicules
diatoms
microorganisms
wollastonite

The use of electron microscopy or optical tests such as polarized light, and dispersion staining may be used to differentiate these materials from asbestos when necessary.

5. Sampling

5.1. Equipment

5.1.1. Sample assembly (The assembly is shown in Figure 3). Conductive filter holder consisting of a 25-mm diameter, 3-piece cassette having a 50-mm long electrically conductive extension cowl. Backup pad, 25-mm, cellulose. Membrane filter, mixed-cellulose ester (MCE), 25-mm, plain, white, 0.4- to 1.2- μm pore size.

Notes:

(a) DO NOT RE-USE CASSETTES.

(b) Fully conductive cassettes are required to reduce fiber loss to the sides of the cassette due to electrostatic attraction.

(c) Purchase filters which have been selected by the manufacturer for asbestos counting or analyze representative filters for fiber background before use. Discard the filter lot if more than 4 fibers/100 fields are found.

(d) To decrease the possibility of contamination, the sampling system (filter-backup pad-cassette) for asbestos is usually preassembled by the manufacturer.

(e) Other cassettes, such as the Bell-mouth may be used within the limits of their validation.

5.1.2. Gel bands for sealing cassettes.

5.1.3. Sampling pump.

Each pump must be a battery operated, self-contained unit small enough to be placed on the monitored employee and not interfere with the work being performed. The pump must be capable of sampling at the collection rate for the required sampling time.

5.1.4. Flexible tubing, 6-mm bore.

5.1.5. Pump calibration.

Stopwatch and bubble tube/burette or electronic meter.

5.2. Sampling Procedure

5.2.1. Seal the point where the base and cowl of each cassette meet with a gel band or tape.

5.2.2. Charge the pumps completely before beginning.

5.2.3. Connect each pump to a calibration cassette with an appropriate length of 6-mm bore plastic tubing. Do not use luer connectors-the type of cassette specified above has built-in adapters.

5.2.4. Select an appropriate flow rate for the situation being monitored. The sampling flow rate must be between 0.5 and 5.0 L/min for personal sampling and is commonly set between 1 and 2 L/min. Always choose a flow rate that will not produce overloaded filters.

5.2.5. Calibrate each sampling pump before and after sampling with a calibration cassette in-line (Note: This calibration cassette should be from the same lot of cassettes used for sampling). Use a primary standard (e.g. bubble burette) to calibrate each pump. If possible, calibrate at the sampling site.

Note: If sampling site calibration is not possible, environmental influences may affect the flow rate. The extent is dependent on the type of pump used. Consult with the pump manufacturer to determine dependence on environmental influences. If the pump is affected by temperature and pressure changes, correct the flow rate using the formula shown in the section "Sampling Pump Flow Rate Corrections" at the end of this appendix.

5.2.6. Connect each pump to the base of each sampling cassette with flexible tubing. Remove the end cap of each cassette and take each air sample open face. Assure that each sample cassette is held open side down in the employee's breathing zone during sampling. The distance from the nose/mouth of the employee to the cassette should be about 10 cm. Secure the cassette on the collar or lapel of the employee using spring clips or other similar devices.

5.2.7. A suggested minimum air volume when sampling to determine TWA compliance is 25 L. For Excursion Limit (30 min sampling time) evaluations, a minimum air volume of 48 L is recommended.

5.2.8. The most significant problem when sampling for asbestos is overloading the filter with non-asbestos dust. Suggested maximum air sample volumes for specific environments are:

Environment	Air Vol. (L)
Asbestos removal operations (visible dust)	100.
Asbestos removal operations (little dust)	240.
Office environments	400 to 2,400.

CAUTION: Do not overload the filter with dust. High levels of non-fibrous dust particles may obscure fibers on the filter and lower the count or make counting impossible. If more than about 25 to 30% of the field area is obscured with dust, the result may be biased low. Smaller air volumes may be necessary when there is excessive non-asbestos dust in the air.

While sampling, observe the filter with a small flashlight. If there is a visible layer of dust on the filter, stop sampling, remove and seal the cassette, and replace with a new sampling assembly. The total dust loading should not exceed 1 mg.

5.2.9. Blank samples are used to determine if any contamination has occurred during sample handling. Prepare two blanks for the first 1 to 20 samples. For sets containing greater than 20 samples, prepare blanks as 10% of the samples. Handle blank samples in the same manner as air samples with one exception: Do not draw any air through the blank samples. Open the blank cassette in the place where the sample cassettes are mounted on the employee. Hold it open for about 30 seconds. Close and seal the cassette appropriately. Store blanks for shipment with the sample cassettes.

5.2.10. Immediately after sampling, close and seal each cassette with the base and plastic plugs. Do not touch or puncture the filter membrane as this will invalidate the analysis.

5.2.11. Attach and secure a sample seal around each sample cassette in such a way as to assure that the end cap and base plugs cannot be removed without destroying the seal. Tape the ends of the seal together since the seal is not long enough to be wrapped end-to-end. Also wrap tape around the cassette at each joint to keep the seal secure.

5.3. Sample Shipment

5.3.1. Send the samples to the laboratory with paperwork requesting asbestos analysis. List any known fibrous interferences present during sampling on the paperwork. Also, note the workplace operation(s) sampled.

5.3.2. Secure and handle the samples in such that they will not rattle during shipment nor be exposed

to static electricity. Do not ship samples in expanded polystyrene peanuts, vermiculite, paper shreds, or excelsior. Tape sample cassettes to sheet bubbles and place in a container that will cushion the samples in such a manner that they will not rattle.

5.3.3. To avoid the possibility of sample contamination, always ship bulk samples in separate mailing containers.

6. Analysis

6.1. Safety Precautions

6.1.1. Acetone is extremely flammable and precautions must be taken not to ignite it. Avoid using large containers or quantities of acetone. Transfer the solvent in a ventilated laboratory hood. Do not use acetone near any open flame. For generation of acetone vapor, use a spark free heat source.

6.1.2. Any asbestos spills should be cleaned up immediately to prevent dispersal of fibers. Prudence should be exercised to avoid contamination of laboratory facilities or exposure of personnel to asbestos. Asbestos spills should be cleaned up with wet methods and/or a High Efficiency Particulate-Air (HEPA) filtered vacuum.

CAUTION: Do not use a vacuum without a HEPA filter-It will disperse fine asbestos fibers in the air.

6.2. Equipment

6.2.1. Phase contrast microscope with binocular or trinocular head.

6.2.2. Widefield or Huygenian 10X eyepieces (NOTE: The eyepiece containing the graticule must be a focusing eyepiece. Use a 40X phase objective with a numerical aperture of 0.65 to 0.75).

6.2.3. Kohler illumination (if possible) with green or blue filter.

6.2.4. Walton-Beckett Graticule, type G-22 with $100 \sqrt{2} \mu\text{m}$ projected diameter.

6.2.5. Mechanical stage. A rotating mechanical stage is convenient for use with polarized light.

6.2.6. Phase telescope.

6.2.7. Stage micrometer with 0.01-mm subdivisions.

6.2.8. Phase-shift test slide, mark II (Available from PTR optics Ltd., and also McCrone).

6.2.9. Precleaned glass slides, 25 mm X 75 mm. One end can be frosted for convenience in writing sample numbers, etc., or paste-on labels can be used.

6.2.10. Cover glass ∇1 2 .

6.2.11. Scalpel (∇10, curved blade).

6.2.12. Fine tipped forceps.

6.2.13. Aluminum block for clearing filter (see Appendix D and Figure 4).

6.2.14. Automatic adjustable pipette, 100- to 500- μ L.

6.2.15. Micropipette, 5 μ L.

6.3. Reagents

6.3.1. Acetone (HPLC grade).

6.3.2. Triacetin (glycerol triacetate).

6.3.3. Lacquer or nail polish.

6.4. Standard Preparation

A way to prepare standard asbestos samples of known concentration has not been developed. It is possible to prepare replicate samples of nearly equal concentration. This has been performed through the PAT program. These asbestos samples are distributed by the AIHA to participating laboratories.

Since only about one-fourth of a 25-mm sample membrane is required for an asbestos count, any PAT sample can serve as a "standard" for replicate counting.

6.5. Sample Mounting

Note: See Safety Precautions in Section 6.1. before proceeding. The objective is to produce samples with a smooth (non-grainy) background in a medium with a refractive index of approximately 1.46. The technique below collapses the filter for easier focusing and produces permanent mounts which are useful for quality control and interlaboratory comparison.

An aluminum block or similar device is required for sample preparation.

6.5.1. Heat the aluminum block to about 70EC. The hot block should not be used on any surface that can be damaged by either the heat or from exposure to acetone.

6.5.2. Ensure that the glass slides and cover glasses are free of dust and fibers.

6.5.3. Remove the top plug to prevent a vacuum when the cassette is opened. Clean the outside of

the cassette if necessary. Cut the seal and/or tape on the cassette with a razor blade. Very carefully separate the base from the extension cowl, leaving the filter and backup pad in the base.

6.5.4. With a rocking motion cut a triangular wedge from the filter using the scalpel. This wedge should be one-sixth to one-fourth of the filter. Grasp the filter wedge with the forceps on the perimeter of the filter which was clamped between the cassette pieces. **DO NOT TOUCH** the filter with your finger. Place the filter on the glass slide sample side up. Static electricity will usually keep the filter on the slide until it is cleared.

6.5.5. Place the tip of the micropipette containing about 200 μL acetone into the aluminum block. Insert the glass slide into the receiving slot in the aluminum block. Inject the acetone into the block with slow, steady pressure on the plunger while holding the pipette firmly in place. Wait 3 to 5 seconds for the filter to clear, then remove the pipette and slide from the aluminum block.

6.5.6. Immediately (less than 30 seconds) place 2.5 to 3.5 μL of triacetin on the filter (NOTE: Waiting longer than 30 seconds will result in increased index of refraction and decreased contrast between the fibers and the preparation. This may also lead to separation of the cover slip from the slide).

6.5.7. Lower a cover slip gently onto the filter at a slight angle to reduce the possibility of forming air bubbles. If more than 30 seconds have elapsed between acetone exposure and triacetin application, glue the edges of the cover slip to the slide with lacquer or nail polish.

6.5.8. If clearing is slow, warm the slide for 15 min on a hot plate having a surface temperature of about 50EC to hasten clearing. The top of the hot block can be used if the slide is not heated too long.

6.5.9. Counting may proceed immediately after clearing and mounting are completed.

6.6. Sample Analysis

Completely align the microscope according to the manufacturer's instructions. Then, align the microscope using the following general alignment routine at the beginning of every counting session and more often if necessary.

6.6.1. Alignment

- (1) Clean all optical surfaces. Even a small amount of dirt can significantly degrade the image.
- (2) Rough focus the objective on a sample.
- (3) Close down the field iris so that it is visible in the field of view. Focus the image of the iris with the condenser focus. Center the image of the iris in the field of view.
- (4) Install the phase telescope and focus on the phase rings. Critically center the rings. Misalignment

of the rings results in astigmatism which will degrade the image.

(5) Place the phase-shift test slide on the microscope stage and focus on the lines. The analyst must see line set 3 and should see at least parts of 4 and 5 but, not see line set 6 or 6. A microscope/microscopist combination which does not pass this test may not be used.

6.6.2.Counting Fibers

(1) Place the prepared sample slide on the mechanical stage of the microscope. Position the center of the wedge under the objective lens and focus upon the sample.

(2) Start counting from one end of the wedge and progress along a radial line to the other end (count in either direction from perimeter to wedge tip). Select fields randomly, without looking into the eyepieces, by slightly advancing the slide in one direction with the mechanical stage control.

(3) Continually scan over a range of focal planes (generally the upper 10 to 15 μm of the filter surface) with the fine focus control during each field count. Spend at least 5 to 15 seconds per field.

(4) Most samples will contain asbestos fibers with fiber diameters less than 1 μm . Look carefully for faint fiber images. The small diameter fibers will be very hard to see. However, they are an important contribution to the total count.

(5) Count only fibers equal to or longer than 5 μm . Measure the length of curved fibers along the curve.

(6) Count fibers which have a length to width ratio of 3:1 or greater.

(7) Count all the fibers in at least 20 fields. Continue counting until either 100 fibers are counted or 100 fields have been viewed; whichever occurs first. Count all the fibers in the final field.

(8) Fibers lying entirely within the boundary of the Walton-Beckett graticule field shall receive a count of 1. Fibers crossing the boundary once, having one end within the circle shall receive a count of 2. Do not count any fiber that crosses the graticule boundary more than once. Reject and do not count any other fibers even though they may be visible outside the graticule area. If a fiber touches the circle, it is considered to cross the line.

(9) Count bundles of fibers as one fiber unless individual fibers can be clearly identified and each individual fiber is clearly not connected to another counted fiber. See Figure 1 for counting conventions.

(10) Record the number of fibers in each field in a consistent way such that filter non-uniformity can be assessed.

(11) Regularly check phase ring alignment.

(12) When an agglomerate (mass of material) covers more than 25% of the field of view, reject the field and select another. Do not include it in the number of fields counted.

(13) Perform a "blind recount" of 1 in every 10 filter wedges (slides). Re-label the slides using a person other than the original counter.

6.7. Fiber Identification

As previously mentioned in Section 1.3., PCM does not provide positive confirmation of asbestos fibers. Alternate differential counting techniques should be used if discrimination is desirable. Differential counting may include primary discrimination based on morphology, polarized light analysis of fibers, or modification of PCM data by Scanning Electron or Transmission Electron Microscopy.

A great deal of experience is required to routinely and correctly perform differential counting. It is discouraged unless it is legally necessary. Then, only if a fiber is obviously not asbestos should it be excluded from the count. Further discussion of this technique can be found in reference 8.10.

If there is a question whether a fiber is asbestos or not, follow the rule:

"WHEN IN DOUBT, COUNT."

6.8. Analytical Recommendations-Quality Control System

6.8.1. All individuals performing asbestos analysis must have taken the NIOSH course for sampling and evaluating airborne asbestos or an equivalent course.

6.8.2. Each laboratory engaged in asbestos counting shall set up a slide trading arrangement with at least two other laboratories in order to compare performance and eliminate inbreeding of error. The slide exchange occurs at least semiannually. The round robin results shall be posted where all analysts can view individual analyst's results.

6.8.3. Each laboratory engaged in asbestos counting shall participate in the Proficiency Analytical Testing Program, the Asbestos Analyst Registry or equivalent.

6.8.4. Each analyst shall select and count prepared slides from a "slide bank". These are quality assurance counts. The slide bank shall be prepared using uniformly distributed samples taken from the workload. Fiber densities should cover the entire range routinely analyzed by the laboratory. These slides are counted blind by all counters to establish an original standard deviation. This historical distribution is compared with the quality assurance counts. A counter must have 95% of all quality control samples counted within three standard deviations of the historical mean. This count is then integrated into a new historical mean and standard deviation for the slide.

The analyses done by the counters to establish the slide bank may be used for an interim quality control program if the data are treated in a proper statistical fashion.

7. Calculations

7.1. Calculate the estimated airborne asbestos fiber concentration on the filter sample using the following formula:

See Illustration

where:

AC=Airborne fiber concentration

FB=Total number of fibers greater than 5 μm counted

FL=Total number of fields counted on the filter

BFB=Total number of fibers greater than 5 μm counted in the blank

BFL=Total number of fields counted on the blank

ECA=Effective collecting area of filter (385 mm^2 nominal for a 25-mm filter.)

FR=Pump flow rate (L/min)

MFA=Microscope count field area (mm^2). This is 0.00785 mm^2 for a Walton-Beckett Graticule.

T=Sample collection time (min)

1,000=Conversion of L to cc

Note: The collection area of a filter is seldom equal to 385 mm^2 . It is appropriate for laboratories to routinely monitor the exact diameter using an inside micrometer. The collection area is calculated according to the formula:

$$\text{Area}=(d/2)^2$$

7.2. Short-Cut Calculation

Since a given analyst always has the same interpupillary distance, the number of fields per filter for a particular analyst will remain constant for a given size filter. The field size for that analyst is constant (i.e. the analyst is using an assigned microscope and is not changing the reticle).

For example, if the exposed area of the filter is always 385 mm^2 and the size of the field is always

0.00785 mm² the number of fields per filter will always be 49,000. In addition it is necessary to convert liters of air to cc. These three constants can then be combined such that $ECA/(1,000 \times MFA) = 49$. The previous equation simplifies to:

See Illustration

7.3. Recount Calculations

As mentioned in step 13 of Section 6.6.2., a "blind recount" of 10% of the slides is performed. In all cases, differences will be observed between the first and second counts of the same filter wedge. Most of these differences will be due to chance alone, that is, due to the random variability (precision) of the count method. Statistical recount criteria enables one to decide whether observed differences can be explained due to chance alone or are probably due to systematic differences between analysts, microscopes, or other biasing factors.

The following recount criterion is for a pair of counts that estimate AC in fibers/cc. The criterion is given at the type-I error level. That is, there is 5% maximum risk that we will reject a pair of counts for the reason that one might be biased, when the large observed difference is really due to chance.

Reject a pair of counts if:

See Illustration

Where:

AC1=lower estimated airborne fiber concentration

AC2=higher estimated airborne fiber concentration

AC_{avg}=average of the two concentration estimates

CVFB=CV for the average of the two concentration estimates

If a pair of counts are rejected by this criterion then, recount the rest of the filters in the submitted set. Apply the test and reject any other pairs failing the test. Rejection shall include a memo to the industrial hygienist stating that the sample failed a statistical test for homogeneity and the true air concentration may be significantly different than the reported value.

7.4. Reporting Results

Report results to the industrial hygienist as fibers/cc. Use two significant figures. If multiple analyses are performed on a sample, an average of the results is to be reported unless any of the results can be rejected for cause.

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Quality Control

The OSHA asbestos regulations require each laboratory to establish a quality control program. The following is presented as an example of how the OSHA-SLTC constructed its internal CV curve as part of meeting this requirement. Data is from 395 samples collected during OSHA compliance inspections and analyzed from October 1980 through April 1986.

Each sample was counted by 2 to 5 different counters independently of one another. The standard

deviation and the CV statistic was calculated for each sample. This data was then plotted on a graph of CV vs. fibers/mm². A least squares regression was performed using the following equation:

$$CV = \text{antilog}_{10}[A(\log_{10}(x))^2 + B(\log_{10}(x)) + C]$$

where:

x = the number of fibers/mm²

Application of least squares gave:

$$A = 0.182205$$

$$B = 0.973343$$

$$C = 0.327499$$

Using these values, the equation becomes:

$$CV = \text{antilog}_{10}[0.182205(\log_{10}(x))^2 - 0.973343(\log_{10}(x)) + 0.327499]$$

Sampling Pump Flow Rate Corrections

This correction is used if a difference greater than 5% in ambient temperature and/or pressure is noted between calibration and sampling sites and the pump does not compensate for the differences.

See Illustration

Where:

Q_{act} = actual flow rate

Q_{cal} = calibrated flow rate (if a rotameter was used, the rotameter value)

P_{cal} = uncorrected air pressure at calibration

P_{act} = uncorrected air pressure at sampling site

T_{act} = temperature at sampling site (K)

T_{cal} = temperature at calibration (K)

Walton-Beckett Graticule

When ordering the Graticule for asbestos counting, specify the exact disc diameter needed to fit the ocular of the microscope and the diameter (mm) of the circular counting area. Instructions for measuring the dimensions necessary are listed:

- (1) Insert any available graticule into the focusing eyepiece and focus so that the graticule lines are sharp and clear.
- (2) Align the microscope.
- (3) Place a stage micrometer on the microscope object stage and focus the microscope on the graduated lines.
- (4) Measure the magnified grid length, PL (μm), using the stage micrometer.
- (5) Remove the graticule from the microscope and measure its actual grid length, AL (mm). This can be accomplished by using a mechanical stage fitted with verniers, or a jeweler's loupe with a direct reading scale.
- (6) Let $D=100 \mu\text{m}$. Calculate the circle diameter, d_c (mm), for the Walton-Beckett graticule and specify the diameter when making a purchase:

See Illustration

Example: If $PL=108 \mu\text{m}$, $AL=2.93 \text{ mm}$ and $D=100 \mu\text{m}$, then,

See Illustration

- (7) Each eyepiece-objective-reticle combination on the microscope must be calibrated. Should any of the three be changed (by zoom adjustment, disassembly, replacement, etc.), the combination must be recalibrated. Calibration may change if interpupillary distance is changed.

Measure the field diameter, D (acceptable range: $100\sqrt{2} \mu\text{m}$) with a stage micrometer upon receipt of the graticule from the manufacturer. Determine the field area (mm^2).

$$\text{Field Area}=(D/2)^2$$

If $D=100 \mu\text{m}=0.1 \text{ mm}$, then

$$\text{Field Area}=(0.1 \text{ mm}/2)^2=0.00785 \text{ mm}^2$$

The Graticule is available from: Graticules Ltd., Morley Road, Tonbridge TN9 1RN, Kent, England (Telephone 011-44-732-359061). Also available from PTR Optics Ltd., 145 Newton Street,

Waltham, MA 02154 [telephone (617) 891-6000] or McCrone Accessories and Components, 2506 S. Michigan Ave., Chicago, IL 60616 [phone (312)-842-7100]. The graticule is custom made for each microscope.

BILLING CODE 4510-26-P

See Illustration

BILLING CODE 4510-26-C

Counts for the Fibers in the Figure

Structure No.	Count	Explanation
1 to 6	1	Single fibers all contained within the Circle.
7	2	Fiber crosses circle once.
8	0	Fiber too short.
9	2	Two crossing fibers.
10	0	Fiber outside graticule.
11	0	Fiber crosses graticule twice.
12	2	Although split, fiber only crosses once.

1926.1101 App C Qualitative and quantitative fit testing procedures-mandatory

Qualitative Fit Test Protocols

I. Isoamyl Acetate Protocol

A. Odor threshold screening.

1. Three 1-liter glass jars with metal lids (e.g. Mason or Bell jars) are required.
2. Odor-free water (e.g. distilled or spring water) at approximately 25 deg. C shall be used for the solutions.
3. The isoamyl acetate (IAA) (also known as isopentyl acetate) stock solution is prepared by adding 1 cc of pure IAA to 800 cc of odor free water in a 1-liter jar and shaking for 30 seconds. This solution shall be prepared new at least weekly.
4. The screening test shall be conducted in a room separate from the room used for actual fit testing. The two rooms shall be well ventilated but shall not be connected to the same recirculating ventilation system.
5. The odor test solution is prepared in a second jar by placing 0.4 cc of the stock

solution into 500 cc of odor free water using a clean dropper or pipette. Shake for 30 seconds and allow to stand for two to three minutes so that the IAA concentration above the liquid may reach equilibrium. This solution may be used for only one day.

6. A test blank is prepared in a third jar by adding 500 cc of odor free water.

7. The odor test and test blank jars shall be labeled 1 and 2 for jar identification. If the labels are put on the lids they can be periodically peeled, dried off and switched to maintain the integrity of the test.

8. The following instructions shall be typed on a card and placed on the table in front of the two test jars (i.e. 1 and 2): "The purpose of this test is to determine if you can smell banana oil at a low concentration. The two bottles in front of you contain water. One of these bottles also contains a small amount of banana oil. Be sure the covers are on tight, then shake each bottle for two seconds. Unscrew the lid of each bottle, one at a time, and sniff at the mouth of the bottle. Indicate to the test conductor which bottle contains banana oil."

9. The mixtures used in the IAA odor detection test shall be prepared in an area separate from where the test is performed, in order to prevent olfactory fatigue in the subject.

10. If the test subject is unable to correctly identify the jar containing the odor test solution, the IAA qualitative fit test may not be used.

11. If the test subject correctly identifies the jar containing the odor test solution, the test subject may proceed to respirator selection and fit testing.

B. Respirator Selection.

1. The test subject shall be allowed to pick the most comfortable respirator from a selection including respirators of various sizes from different manufacturers. The selection shall include at least five sizes of elastomeric half facepieces, from at least two manufacturers.

2. The selection process shall be conducted in a room separate from the fit-test chamber to prevent odor fatigue. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine a "comfortable" respirator. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, as it is only a review.

3. The test subject should understand that the employee is being asked to select the respirator which provides the most comfortable fit. Each respirator represents a different size and shape and, if fit properly and used properly will provide adequate protection.

4. The test subject holds each facepiece up to the face and eliminates those which obviously do not give a comfortable fit. Normally, selection will begin with a half-mask and if a

good fit cannot be found, the subject will be asked to test the full facepiece respirators. (A small percentage of users will not be able to wear any half-mask.)

5. The more comfortable facepieces are noted; the most comfortable mask is donned and worn at least five minutes to assess comfort. All donning and adjustments of the facepiece shall be performed by the test subject without assistance from the test conductor or other person. Assistance in assessing comfort can be given by discussing the points in #6 below. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.

6. Assessment of comfort shall include reviewing the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator:

- Positioning of mask on nose.
- Room for eye protection.
- Room to talk.
- Positioning mask on face and cheeks.

7. The following criteria shall be used to help determine the adequacy of the respirator fit:

- Chin properly placed.
- Strap tension.
- Fit across nose bridge.
- Distance from nose to chin.
- Tendency to slip.
- Self-observation in mirror.

8. The test subject shall conduct the conventional negative and positive-pressure fit checks before conducting the negative- or positive-pressure test the subject shall be told to "seat" the mask by rapidly moving the head from side-to-side and up and down, while taking a few deep breaths.

9. The test subject is now ready for fit testing.

10. After passing the fit test, the test subject shall be questioned again regarding the comfort of the respirator. If it has become uncomfortable, another model of respirator shall be tried.

11. The employee shall be given the opportunity to select a different facepiece and be retested if the chosen facepiece becomes increasingly uncomfortable at any time.

C. Fit test.

1. The fit test chamber shall be similar to a clear 55 gal drum liner suspended inverted over a 2 foot diameter frame, so that the top of the chamber is about 6 inches above the test subject's head. The inside top center of the chamber shall have a small hook attached.

2. Each respirator used for the fitting and fit testing shall be equipped with organic vapor cartridges or offer protection against organic vapors. The cartridges or masks shall be changed at least weekly.

3. After selecting, donning, and properly adjusting a respirator, the test subject shall wear it to the fit testing room. This room shall be separate from the room used for odor threshold screening and respirator selection, and shall be well ventilated, as by an exhaust fan or lab hood, to prevent general room contamination.

4. A copy of the following test exercises and rainbow passage shall be taped to the inside of the test chamber:

Test Exercises

i. Breathe normally.

ii. Breathe deeply. Be certain breaths are deep and regular.

iii. Turn head all the way from one side to the other. Inhale on each side. Be certain movement is complete. Do not bump the respirator against the shoulders.

iv. Nod head up-and-down. Inhale when head is in the full up position (looking toward ceiling). Be certain motions are complete and made about every second. Do not bump the respirator on the chest.

v. Talking. Talk aloud and slowly for several minutes. The following paragraph is called the Rainbow Passage. Reading it will result in a wide range of facial movements, and thus be useful to satisfy this requirement. Alternative passages which serve the same purpose may also be used.

vi. Jogging in place.

vii. Breathe normally.

Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

5. Each test subject shall wear the respirator for at least 10 minutes before starting the fit test.

6. Upon entering the test chamber, the test subject shall be given a 6 inch by 5 inch piece of paper towel or other porous absorbent single ply material, folded in half and wetted with three-quarters of one cc of pure IAA. The test subject shall hang the wet towel on the hook at the top of the chamber.

7. Allow two minutes for the IAA test concentration to be reached before starting the fit-test exercises. This would be an appropriate time to talk with the test subject, to explain the fit test, the importance of cooperation, the purpose for the head exercises, or to demonstrate some of the exercises.

8. Each exercise described in #4 above shall be performed for at least one minute.

9. If at any time during the test, the subject detects the banana-like odor of IAA, the test has failed. The subject shall quickly exit from the test chamber and leave the test area to avoid olfactory fatigue.

10. If the test is failed, the subject shall return to the selection room and remove the respirator, repeat the odor sensitivity test, select and put on another respirator, return to the test chamber, and again begin the procedure described in the c(4) through c(8) above. The process continues until a respirator that fits well has been found. Should the odor sensitivity test be failed, the subject shall wait about 5 minutes before retesting. Odor sensitivity will usually have returned by this time.

11. If a person cannot pass the fit test described above wearing a half-mask respirator from the available selection, full facepiece models must be used.

12. When a respirator is found that passes the test, the subject breaks the face seal and takes a breath before exiting the chamber. This is to assure that the reason the test subject is not smelling the IAA is the good fit of the respirator facepiece seal and not olfactory fatigue.

13. When the test subject leaves the chamber, the subject shall remove the saturated towel and return it to the person conducting the test. To keep the area from becoming contaminated, the used towels shall be kept in a self-sealing bag so there is no significant IAA concentration buildup in the test chamber during subsequent tests.

14. At least two facepieces shall be selected for the IAA test protocol. The test subject shall be given the opportunity to wear them for one week to choose the one which is more comfortable to wear.

15. Persons who have successfully passed this fit test with a half-mask respirator may be assigned the use of the test respirator in atmospheres with up to 10 times the PEL of airborne asbestos.

16. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface.

17. If hair growth or apparel interfere with a satisfactory fit, then they shall be altered or removed so as to eliminate interference and allow a satisfactory fit. If a satisfactory fit is still not attained, the test subject must use a positive-pressure respirator such as powered air-purifying respirators, supplied air respirator, or self-contained breathing apparatus.

18. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician trained in respirator diseases or pulmonary medicine to determine whether the test subject can wear a respirator while performing her or his duties.

19. Qualitative fit testing shall be repeated at least every six months.

20. In addition, because the sealing of the respirator may be affected, qualitative fit testing shall be repeated immediately when the test subject has a:

- (1) Weight change of 20 pounds or more,
- (2) Significant facial scarring in the area of the facepiece seal,
- (3) Significant dental changes; i.e.; multiple extractions without prosthesis, or acquiring dentures,
- (4) Reconstructive or cosmetic surgery, or
- (5) Any other condition that may interfere with facepiece sealing.

D. Recordkeeping. A summary of all test results shall be maintained in each office for 3 years. The summary shall include:

- (1) Name of test subject.
- (2) Date of testing.
- (3) Name of the test conductor.
- (4) Respirators selected (indicate manufacturer, model, size and approval number).
- (5) Testing agent.

II. Saccharin Solution Aerosol Protocol

A. Respirator Selection.

Respirators shall be selected as described in section IB (respirator selection) above, except that each respirator shall be equipped with a particulate filter.

B. Taste Threshold Screening.

1. An enclosure about head and shoulders shall be used for threshold screening (to determine if the individual can taste saccharin) and for fit testing. The enclosure shall be approximately 12 inches in diameter by 14 inches tall with at least the front clear to allow free movement of the head when a respirator is worn.

2. The test enclosure shall have a three-quarter inch hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

3. The entire screening and testing procedure shall be explained to the test subject prior to conducting the screening test.

4. During the threshold screening test, the test subject shall don the test enclosure and breathe with open mouth with tongue extended.

5. Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the threshold check solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

6. The threshold check solution consists of 0.83 grams of sodium saccharin, USP in water. It can be prepared by putting 1 cc of the test solution (see C 7 below) in 100 cc of water.

7. To produce the aerosol, the nebulizer bulb is firmly squeezed so that it collapses completely, then is released and allowed to fully expand.

8. Ten squeezes of the nebulizer bulb are repeated rapidly and then the test subject is asked whether the saccharin can be tasted.

9. If the first response is negative, ten more squeezes of the nebulizer bulb are repeated rapidly and the test subject is again asked whether the saccharin can be tasted.

10. If the second response is negative ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin can be tasted.

11. The test conductor will take note of the number of squeezes required to elicit a taste response.

12. If the saccharin is not tasted after 30 squeezes (Step 10), the saccharin fit test cannot be performed on the test subject.

13. If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

14. Correct use of the nebulizer means that approximately 1 cc of liquid is used at a time in the nebulizer body.

15. The nebulizer shall be thoroughly rinsed in water, shaken dry, and refilled at least every four hours.

C. Fit test.

1. The test subject shall don and adjust the respirator without the assistance from any person.

2. The fit test uses the same enclosure described in IIB above.

3. Each test subject shall wear the respirator for at least 10 minutes before starting the fit test.

4. The test subject shall don the enclosure while wearing the respirator selected in section IB above. This respirator shall be properly adjusted and equipped with a particulate filter.

5. The test subject may not eat, drink (except plain water), or chew gum for 15 minutes before the test.

6. A second DeVilbiss Model 40 Inhalation Medication Nebulizer is used to spray

the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.

7. The fit test solution is prepared by adding 83 grams of sodium saccharin to 100 cc of warm water.

8. As before, the test subject shall breathe with mouth open and tongue extended.

9. The nebulizer is inserted into the hole in the front of the enclosure and the fit test solution is sprayed into the enclosure using the same technique as for the taste threshold screening and the same number of squeezes required to elicit a taste response in the screening. (See B8 through B10 above.)

10. After generation of the aerosol read the following instructions to the test subject. The test subject shall perform the exercises for one minute each.

i. Breathe normally.

ii. Breathe deeply. Be certain breaths are deep and regular.

iii. Turn head all the way from one side to the other. Be certain movement is complete. Inhale on each side. Do not bump the respirator against the shoulders.

iv. Nod head up-and-down. Be certain motions are complete. Inhale when head is in the full up position (when looking toward the ceiling). Do not bump the respirator on the chest.

v. Talking. Talk aloud and slowly for several minutes. The following paragraph is called the Rainbow Passage. Reading it will result in a wide range of facial movements, and thus be useful to satisfy this requirement. Alternative passages which serve the same purpose may also be used.

vi. Jogging in place.

vii. Breathe normally.

Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the

end of the rainbow.

11. At the beginning of each exercise, the aerosol concentration shall be replenished using one-half the number of squeezes as initially described in C9.

12. The test subject shall indicate to the test conductor if at any time during the fit test the taste of saccharin is detected.

13. If the saccharin is detected the fit is deemed unsatisfactory and a different respirator shall be tried.

14. At least two facepieces shall be selected by the saccharin solution aerosol test protocol. The test subject shall be given the opportunity to wear them for one week to choose the one which is more comfortable to wear.

15. Successful completion of the test protocol shall allow the use of the half mask tested respirator in contaminated atmospheres up to 10 times the PEL of asbestos. In other words this protocol may be used to assign protection factors no higher than ten.

16. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface.

17. If hair growth or apparel interfere with a satisfactory fit, then they shall be altered or removed so as to eliminate interference and allow a satisfactory fit. If a satisfactory fit is still not attained, the test subject must use a positive-pressure respirator such as powered air-purifying respirators, supplied air respirator, or self-contained breathing apparatus.

18. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician trained in respirator diseases or pulmonary medicine to determine whether the test subject can wear a respirator while performing her or his duties.

19. Qualitative fit testing shall be repeated at least every six months.

20. In addition, because the sealing of the respirator may be affected, qualitative fit testing shall be repeated immediately when the test subject has a:

- (1) Weight change of 20 pounds or more,
- (2) Significant facial scarring in the area of the facepiece seal,
- (3) Significant dental changes; i.e.; multiple extractions without prosthesis, or acquiring dentures,
- (4) Reconstructive or cosmetic surgery, or

(5) Any other condition that may interfere with facepiece sealing.

D. Recordkeeping.

A summary of all test results shall be maintained in each office for 3 years. The summary shall include:

(1) Name of test subject.

(2) Date of testing.

(3) Name of test conductor.

(4) Respirators selected (indicate manufacturer, model, size and approval number).

(5) Testing agent.

III. Irritant Fume Protocol

A. Respirator selection.

Respirators shall be selected as described in section IB above, except that each respirator shall be equipped with a high-efficiency cartridge.

B. Fit test.

1. The test subject shall be allowed to smell a weak concentration of the irritant smoke to familiarize the subject with the characteristic odor.

2. The test subject shall properly don the respirator selected as above, and wear it for at least 10 minutes before starting the fit test.

3. The test conductor shall review this protocol with the test subject before testing.

4. The test subject shall perform the conventional positive pressure and negative pressure fit checks (see ANSI Z88.2 1980). Failure of either check shall be cause to select an alternate respirator.

5. Break both ends of a ventilation smoke tube containing stannic oxychloride, such as the MSA part #5645, or equivalent. Attach a short length of tubing to one end of the smoke tube. Attach the other end of the smoke tube to a low pressure air pump set to deliver 200 milliliters per minute.

6. Advise the test subject that the smoke can be irritating to the eyes and instruct the subject to keep the eyes closed while the test is performed.

7. The test conductor shall direct the stream of irritant smoke from the tube towards the face seal area of the test subject. The person conducting the test shall begin with the tube at least 12 inches from the facepiece and gradually move to within one inch, moving around the whole perimeter of the mask.

8. The test subject shall be instructed to do the following exercises while the respirator is being challenged by the smoke. Each exercise shall be performed for one minute.

i. Breathe normally.

ii. Breathe deeply. Be certain breaths are deep and regular.

iii. Turn head all the way from one side to the other. Be certain movement is complete. Inhale on each side. Do not bump the respirator against the shoulders.

iv. Nod head up-and-down. Be certain motions are complete and made every second. Inhale when head is in the full up position (looking toward ceiling). Do not bump the respirator against the chest.

v. Talking. Talk aloud and slowly for several minutes. The following paragraph is called the Rainbow Passage. Repeating it after the test conductor (keeping eyes closed) will result in a wide range of facial movements, and thus be useful to satisfy this requirement. Alternative passages which serve the same purpose may also be used.

Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two end apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow.

vi. Jogging in Place.

vii. Breathe normally.

9. The test subject shall indicate to the test conductor if the irritant smoke is detected. If smoke is detected, the test conductor shall stop the test. In this case, the tested respirator

is rejected and another respirator shall be selected.

10. Each test subject passing the smoke test (i.e., without detecting the smoke) shall be given a sensitivity check of smoke from the same tube to determine if the test subject reacts to the smoke. Failure to evoke a response shall void the fit test.

11. Steps B4, B9, B10 of this fit test protocol shall be performed in a location with exhaust ventilation sufficient to prevent general contamination of the testing area by the test agents.

12. At least two facepieces shall be selected by the irritant fume test protocol. The test subject shall be given the opportunity to wear them for one week to choose the one which is more comfortable to wear.

13. Respirators successfully tested by the protocol may be used in contaminated atmospheres up to ten times the PEL of asbestos.

14. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface.

15. If hair growth or apparel interfere with a satisfactory fit, then they shall be altered or removed so as to eliminate interference and allow a satisfactory fit. If a satisfactory fit is still not attained, the test subject must use a positive pressure respirator such as powered air-purifying respirators, supplied air respirator, or self-contained breathing apparatus.

16. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician trained in respirator diseases or pulmonary medicine to determine whether the test subject can wear a respirator while performing her or his duties.

17. Qualitative fit testing shall be repeated at least every six months.

18. In addition, because the sealing of the respirator may be affected, qualitative fit testing shall be repeated immediately when the test subject has a:

- (1) Weight change of 20 pounds or more.
- (2) Significant facial scarring in the area of the facepiece seal.
- (3) Significant dental changes: i.e., multiple extractions without prosthesis, or acquiring dentures.
- (4) Reconstructive or cosmetic surgery, or
- (5) Any other condition that may interfere with facepiece sealing.

C. Recordkeeping.

A summary of all test results shall be maintained in each office for 3 years. The summary shall include:

- (1) Name of test subject.
- (2) Date of testing.
- (3) Name of test conductor.
- (4) Respirators selected (indicate manufacturer, model, size and approval number).
- (5) Testing agent.

. Quantitative Fit Test Procedures

1. General.

- a. The method applies to the negative-pressure nonpowered air-purifying respirators only.
- b. The employer shall assign one individual who shall assume the full responsibility for implementing the respirator quantitative fit test program.

2. Definition.

- a. "Quantitative Fit Test" means the measurement of the effectiveness of a respirator seal in excluding the ambient atmosphere. The test is performed by dividing the measured concentration of challenge agent in a test chamber by the measured concentration of the challenge agent inside the respirator facepiece when the normal air purifying element has been replaced by an essentially perfect purifying element.
- b. "Challenge Agent" means the air contaminant introduced into a test chamber so that its concentration inside and outside the respirator may be compared.
- c. "Test Subject" means the person wearing the respirator for quantitative fit testing.
- d. "Normal Standing Position" means standing erect and straight with arms down along the sides and looking straight ahead.
- e. "Fit Factor" means the ratio of challenge agent concentration outside with respect

to the inside of a respirator inlet covering (facepiece or enclosure).

3. Apparatus.

a. Instrumentation. Corn oil, sodium chloride or other appropriate aerosol generation, dilution, and measurement systems shall be used for quantitative fit test.

b. Test chamber. The test chamber shall be large enough to permit all test subjects to freely perform all required exercises without distributing the challenge agent concentration or the measurement apparatus. The test chamber shall be equipped and constructed so that the challenge agent is effectively isolated from the ambient air yet uniform in concentration throughout the chamber.

c. When testing air-purifying respirators, the normal filter or cartridge element shall be replaced with a high-efficiency particulate filter supplied by the same manufacturer.

d. The sampling instrument shall be selected so that a strip chart record may be made of the test showing the rise and fall of challenge agent concentration with each inspiration and expiration at fit factors of at least 2,000.

e. The combination of substitute air-purifying elements (if any), challenge agent, and challenge agent concentration in the test chamber shall be such that the test subject is not exposed in excess of PEL to the challenge agent at any time during the testing process.

f. The sampling port on the test specimen respirator shall be placed and constructed so that there is no detectable leak around the port, a free air flow is allowed into the sampling line at all times and so there is no interference with the fit or performance of the respirator.

g. The test chamber and test set-up shall permit the person administering the test to observe one test subject inside the chamber during the test.

h. The equipment generating the challenge atmosphere shall maintain the concentration of challenge agent constant within a 10 percent variation for the duration of the test.

i. The time lag (interval between an event and its being recorded on the strip chart) of the instrumentation may not exceed 2 seconds.

j. The tubing for the test chamber atmosphere and for the respirator sampling port shall be the same diameter, length and material. It shall be kept as short as possible. The smallest diameter tubing recommended by the manufacturer shall be used.

k. The exhaust flow from the test chamber shall pass through a high-efficiency filter before release to the room.

1. When sodium chloride aerosol is used, the relative humidity inside the test chamber shall not exceed 50 percent.

4. Procedural requirements.

a. The fitting of half-mask respirators should be started with those having multiple sizes and a variety of interchangeable cartridges and canisters such as the MSA Comfo II-M, North M, Survivair M, A-O M, or Scott-M. Use either of the tests outlined below to assure that the facepiece is properly adjusted.

(1) Positive pressure test. With the exhaust port(s) blocked, the negative pressure of slight inhalation should remain constant for several seconds.

(2) Negative pressure test. With the intake port(s) blocked, the negative pressure of slight inhalation should remain constant for several seconds.

b. After a facepiece is adjusted, the test subject shall wear the facepiece for at least 5 minutes before conducting a qualitative test by using either of the methods described below and using the exercise regime described in 5.a., b., c., d. and e.

(1) Isoamyl acetate test. When using organic vapor cartridges, the test subject who can smell the odor should be unable to detect the odor of isoamyl acetate squirted into the air near the most vulnerable portions of the facepiece seal. In a location which is separated from the test area, the test subject shall be instructed to close her/his eyes during the test period. A combination cartridge or canister with organic vapor and high-efficiency filters shall be used when available for the particular mask being tested. The test subject shall be given an opportunity to smell the odor of isoamyl acetate before the test is conducted.

(2) Irritant fume test. When using high-efficiency filters, the test subject should be unable to detect the odor of irritant fume (stannic chloride or titanium tetrachloride ventilation smoke tubes) squirted into the air near the most vulnerable portions of the facepiece seal. The test subject shall be instructed to close her/his eyes during the test period.

c. The test subject may enter the quantitative testing chamber only if she or he has obtained a satisfactory fit as stated in 4.b. of this Appendix.

d. Before the subject enters the test chamber, a reasonably stable challenge agent concentration shall be measured in the test chamber.

e. Immediately after the subject enters the test chamber, the challenge agent concentration inside the respirator shall be measured to ensure that the peak penetration does not exceed 5 percent for a half-mask and 1 percent for a full facepiece.

f. A stable challenge agent concentration shall be obtained prior to the actual start of testing.

(1) Respirator restraining straps may not be overtightened for testing. The straps shall be adjusted by the wearer to give a reasonably comfortable fit typical of normal use.

5. Exercise Regime. Prior to entering the test chamber, the test subject shall be given complete instructions as to her/his part in the test procedures. The test subject shall perform the following exercises, in the order given, for each independent test.

a. Normal Breathing (NB). In the normal standing position, without talking, the subject shall breathe normally for at least one minute.

b. Deep Breathing (DB). In the normal standing position the subject shall do deep breathing for at least one minute pausing so as not to hyperventilate.

c. Turning head side to side. (SS). Standing in place the subject shall slowly turn his/her head from side between the extreme positions to each side. The head shall be held at each extreme position for at least 5 seconds. Perform for at least three complete cycles.

d. Moving head up and down (UD). Standing in place, the subject shall slowly move his/her head up and down between the extreme position straight up and the extreme position straight down. The head shall be held at each extreme position for at least 5 seconds. Perform for at least three complete cycles.

e. Reading (R). The test subject (keeping eyes closed) shall repeat after the test conductor the "rainbow passage" at the end of this section. The subject shall talk slowly and aloud so as to be heard clearly by the test conductor or monitor.

f. Grimace (G). The test subject shall grimace, smile, frown, and generally contort the face using the facial muscles. Continue for at least 15 seconds.

g. Bend over and touch toes (B). The test subject shall bend at the waist and touch toes and return to upright position. Repeat for at least 30 seconds.

h. Jogging in place (J). The test subject shall perform jog in place for at least 30 seconds.

i. Normal Breathing (NB). Same as exercise a.

Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of

a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

6. The test shall be terminated whenever any single peak penetration exceeds 5 percent for half-masks and 1 percent for full facepieces. The test subject may be refitted and retested. If two of the three required tests are terminated, the fit shall be deemed inadequate.

7. Calculation of Fit Factors.

a. The fit factor determined by the quantitative fit test equals the average concentration inside the respirator.

b. The average test chamber concentration is the arithmetic average of the test chamber concentration at the beginning and of the end of the test.

c. The average peak concentration of the challenge agent inside the respirator shall be the arithmetic average peak concentrations for each of the nine exercises of the test which are computed as the arithmetic average of the peak concentrations found for each breath during the exercise.

d. The average peak concentration for an exercise may be determined graphically if there is not a great variation in the peak concentrations during a single exercise.

8. Interpretation of Test Results. The fit factor measured by the quantitative fit testing shall be the lowest of the three protection factors resulting from three independent tests.

9. Other Requirements.

a. The test subject shall not be permitted to wear a half-mask or full facepiece mask if the minimum fit factor of 100 or 1,000, respectively, cannot be obtained. If hair growth or apparel interfere with a satisfactory fit, then they shall be altered or removed so as to eliminate interference and allow a satisfactory fit. If a satisfactory fit is still not attained, the test subject must use a positive-pressure respirator such as powered air-purifying respirators, supplied air respirator, or self-contained breathing apparatus.

b. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface.

c. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician trained in respirator diseases or pulmonary medicine to determine whether the test subject can wear a respirator while performing her or his duties.

d. The test subject shall be given the opportunity to wear the assigned respirator for one week. If the respirator does not provide a satisfactory fit during actual use, the test subject may request another QNFT which shall be performed immediately.

e. A respirator fit factor card shall be issued to the test subject with the following information:

- (1) Name.
- (2) Date of fit test.
- (3) Protection factors obtained through each manufacturer, model and approval number of respirator tested.

(4) Name and signature of the person that conducted the test.

f. Filters used for qualitative or quantitative fit testing shall be replaced weekly, whenever increased breathing resistance is encountered, or when the test agent has altered the integrity of the filter media. Organic vapor cartridges/canisters shall be replaced daily or sooner if there is any indication of breakthrough by the test agent.

10. In addition, because the sealing of the respirator may be affected, quantitative fit testing shall be repeated immediately when the test subject has a:

- (1) Weight change of 20 pounds or more,
- (2) Significant facial scarring in the area of the facepiece seal,
- (3) Significant dental changes; i.e.; multiple extractions without prosthesis, or acquiring dentures,
- (4) Reconstructive or cosmetic surgery, or
- (5) Any other condition that may interfere with facepiece sealing.

11. Recordkeeping.

A summary of all test results shall be maintained for 3 years. The summary shall include:

- (1) Name of test subject.
- (2) Date of testing.
- (3) Name of the test conductor.
- (4) Fit factors obtained from every respirator tested (indicate manufacturer, model, size and approval number).

1926.1101 App D Medical questionnaires; mandatory

This mandatory appendix contains the medical questionnaires that must be administered to all employees who are exposed to asbestos above the permissible exposure limit, and who will therefore be included in their employer's medical surveillance program. Part 1 of the appendix contains the Initial Medical Questionnaire, which must be obtained for all new hires who will be covered by the medical surveillance requirements. Part 2 includes the abbreviated Periodical Medical Questionnaire, which must be administered to all employees who are provided periodic medical examinations under the medical surveillance provisions of the standard.

Part 1

INITIAL MEDICAL QUESTIONNAIRE

1. NAME _____
2. SOCIAL SECURITY # _____
 1 2 3 4 5 6 7 8 9
3. CLOCK NUMBER _____
 10 11 12 13 14 15
4. PRESENT OCCUPATION _____
5. PLANT _____
6. ADDRESS _____
7. _____
 (Zip Code)
8. TELEPHONE NUMBER _____
9. INTERVIEWER _____
10. DATE _____
 16 17 18 19 20 21
11. DATE OF BIRTH _____
 Month Day Year 22 23 24 25 26 27

12. PLACE OF BIRTH _____

13. SEX
1. Male _____
2. Female _____

14. What is your marital status? 1. Single _____ 4. Separated/
2. Married _____ Divorced ____
3. Widowed _____

15. Race
1. White _____ 4. Hispanic _____
2. Black _____ 5. Indian _____
3. Asian _____ 6. Other _____

16. What is the highest grade completed in school? _____
(For example 12 years is completion of high school)

OCCUPATIONAL HISTORY

17A. Have you ever worked full time (30 hours 1. Yes __ 2. No __
per week or more) for 6 months or more?

IF YES TO 17A:

B. Have you ever worked for a year or more in 1. Yes __ 2. No __
any dusty job? 3. Does not apply __
Specify job/industry _____ Total Years Worked ____
Was dust exposure: 1. Mild __ 2. Moderate __ 3. Severe __

C. Have you ever been exposed to gas or 1. Yes __ 2. No __
chemical fumes in your work?
Specify job/industry _____ Total Years Worked ____
Was exposure: 1. Mild __ 2. Moderate __ 3. Severe __

D. What has been your usual occupation or job--the one you have
worked at the longest?

1. Job occupation _____
2. Number of years employed in this occupation _____
3. Position/job title _____
4. Business, field or industry _____

(Record on lines the years in which you have worked in any of these industries, e.g. 1960-1969)

Have you ever worked:

- | | YES | NO |
|---|-------|-------|
| E. In a mine?..... | _____ | _____ |
| F. In a quarry?..... | _____ | _____ |
| G. In a foundry?..... | _____ | _____ |
| H. In a pottery?..... | _____ | _____ |
| I. In a cotton, flax or hemp mill?..... | _____ | _____ |
| J. With asbestos?..... | _____ | _____ |

18. PAST MEDICAL HISTORY

- | | YES | NO |
|---|-------|-------|
| A. Do you consider yourself to be in good health? _____ | _____ | _____ |
| If "NO" state reason _____ | | |
| B. Have you any defect of vision?..... | _____ | _____ |
| If "YES" state nature of defect _____ | | |
| C. Have you any hearing defect?..... | _____ | _____ |
| If "YES" state nature of defect _____ | | |
| D. Are you suffering from or have you ever suffered from: | | |
| a. Epilepsy (or fits, seizures, convulsions)? | _____ | _____ |
| b. Rheumatic fever? | _____ | _____ |
| c. Kidney disease? | _____ | _____ |
| d. Bladder disease? | _____ | _____ |
| e. Diabetes? | _____ | _____ |
| f. Jaundice? | _____ | _____ |

19. CHEST COLDS AND CHEST ILLNESSES

- 19A. If you get a cold, does it usually go to your chest? (Usually means more than 1/2 the time)
- | | | |
|--------------|-------------|--------------------------|
| 1. Yes _____ | 2. No _____ | 3. Don't get colds _____ |
|--------------|-------------|--------------------------|

20A. During the past 3 years, have you had 1. Yes ____ 2. No ____
any chest illnesses that have kept you
off work, indoors at home, or in bed?

IF YES TO 20A:

B. Did you produce phlegm with any of 1. Yes ____ 2. No ____
these chest illnesses? 3. Does Not Apply ____

C. In the last 3 years, how many such Number of illnesses ____
illnesses with (increased) phlegm
did you have which lasted a week or No such illnesses ____
more?

21. Did you have any lung trouble 1. Yes ____ 2. No ____
before the age of 16?

22. Have you ever had any of the following?

1A. Attacks of bronchitis? 1. Yes ____ 2. No ____

IF YES TO 1A:

B. Was it confirmed by a doctor? 1. Yes ____ 2. No ____
3. Does not apply ____

C. At what age was your first attack? Age in Years ____
Does Not Apply ____

2A. Pneumonia (include bronchopneumonia)? 1. Yes ____ 2. No ____

IF YES TO 2A:

B. Was it confirmed by a doctor? 1. Yes ____ 2. No ____
3. Does Not Apply ____

C. At what age did you first have it? Age in Years ____
Does Not Apply ____

3A. Hay Fever? 1. Yes ____ 2. No ____

IF YES TO 3A

B. Was it confirmed by a doctor? 1. Yes ____ 2. No ____
Does Not Apply ____

c. At what age did it start? Age in Years ____
Does Not Apply ____

23A. Have you ever had chronic bronchitis? 1. Yes ____ 2. No ____

IF YES TO 23A:

B. Do you still have it? 1. Yes ____ 2. No ____

Does Not Apply ____

C. Was it confirmed by a doctor? 1. Yes ____ 2. No ____

Does Not Apply ____

D. At what age did it start? Age in Years ____

Does Not Apply ____

24A. Have you ever had emphysema? 1. Yes ____ 2. No ____

IF YES TO 24A:

B. Do you still have it? 1. Yes ____ 2. No ____

Does Not Apply ____

C. Was it confirmed by a doctor? 1. Yes ____ 2. No ____

Does Not Apply ____

D. At what age did it start? Age in Years ____

Does Not Apply ____

25A. Have you ever had asthma? 1. Yes ____ 2. No ____

IF YES TO 25A:

B. Do you still have it? 1. Yes ____ 2. No ____

Does Not Apply ____

C. Was it confirmed by a doctor? 1. Yes ____ 2. No ____

Does Not Apply ____

D. At what age did it start? Age in Years ____

Does Not Apply ____

E. If you no longer have it, at what age
did it stop? Age in Years ____

Does Not Apply ____

26. Have you ever had:

A. Any other chest illness? 1. Yes ____ 2. No ____

If yes, please specify _____

B. Any chest operations? 1. Yes ____ 2. No ____

If yes, please specify _____

C. Any chest injuries? 1. Yes ____ 2. No ____

27A. Has a doctor ever told you that you 1. Yes ____ 2. No ____

had heart trouble?

IF YES TO 27A:

B. Have you ever had treatment for heart trouble in the past 10 years? 1. Yes ____ 2. No ____ 3. Does Not Apply ____

28A. Has a doctor ever told you that you had high blood pressure? 1. Yes ____ 2. No ____

IF YES TO 28A:

B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years? 1. Yes ____ 2. No ____ 3. Does Not Apply ____

29. When did you last have your chest X-rayed? (Year) ____ 25 26 27 28

30. Where did you last have your chest X-rayed (if known)? _____

What was the outcome? _____

FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:

	FATHER			MOTHER		
	1. Yes	2. No	3. Don't Know	1. Yes	2. No	3. Don't Know

A. Chronic Bronchitis? ____

B. Emphysema? ____

C. Asthma? ____

D. Lung cancer? ____

E. Other chest conditions ____

F. Is parent currently alive?

___ ___ ___ ___ ___ ___

G. Please Specify ___ Age if Living ___ Age if Living

___ Age at Death ___ Age at Death

___ Don't Know ___ Don't Know

H. Please specify cause of death

COUGH

32A. Do you usually have a cough? (Count 1. Yes ___ 2. No ___
a cough with first smoke or on first
going out of doors. Exclude clearing
of throat.) [If no, skip to question
32C.]

B. Do you usually cough as much as 4 to 6 1. Yes ___ 2. No ___
times a day 4 or more days out of the
week?

C. Do you usually cough at all on getting 1. Yes ___ 2. No ___
up or first thing in the morning?

D. Do you usually cough at all during the 1. Yes ___ 2. No ___
rest of the day or at night?

IF YES TO ANY OF ABOVE (32A,B, C, or D), ANSWER THE FOLLOWING. IF
NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO NEXT PAGE

E. Do you usually cough like this on most 1. Yes ___ 2. No ___
days for 3 consecutive months or more 3. Does Not Apply ___
during the year?

F. For how many years have you had the cough? Number of Years ___
Does Not Apply ___

33A. Do you usually bring up phlegm from your 1. Yes ___ 2. No ___
chest?
(Count phlegm with the first smoke or
on first going out of doors. Exclude
phlegm from the nose. Count swallowed

phlegm.) (If no, skip to 33C)

B. Do you usually bring up phlegm like this 1. Yes ____ 2. No ____
as much as twice a day 4 or more days
out of the week?

C. Do you usually bring up phlegm at all on 1. Yes ____ 2. No ____
getting up or first thing in the morning?

D. Do you usually bring up phlegm at all 1. Yes ____ 2. No ____
during the rest of the day or at night?

IF YES TO ANY OF THE ABOVE (33A,B,C, or D), ANSWER THE FOLLOWING:
IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 34A.

E. Do you bring up phlegm like this on most 1. Yes ____ 2. No ____
days for 3 consecutive months or more 3. Does Not Apply ____
during the year?

F. For how many years have you had trouble Number of years ____
with phlegm? Does Not Apply ____

EPISODES OF COUGH AND PHLEGM

34A. Have you had periods or episodes of 1. Yes ____ 2. No ____
(increased*) cough and phlegm lasting
for 3 weeks or more each year?
*(For persons who usually have cough and/or
phlegm)

WHEEZING

35A. Does your chest ever sound wheezy or
whistling

1. When you have a cold? 1. Yes ____ 2. No ____
2. Occasionally apart from colds? 1. Yes ____ 2. No ____
3. Most days or nights? 1. Yes ____ 2. No ____

IF YES TO 1, 2, or 3 in 35A

B. For how many years has this been present? Number of years ____
Does not apply ____

36A. Have you ever had an attack of wheezing 1. Yes ___ 2. No ___
that has made you feel short of breath?

IF YES TO 36A

B. How old were you when you had your first Age in years ___
such attack? Does not apply ___

C. Have you had 2 or more such episodes? 1. Yes ___ 2. No ___
3. Does not apply ___

D. Have you ever required medicine or 1. Yes ___ 2. No ___
treatment for the(se) attack(s)? 3. Does not apply ___

BREATHLESSNESS

37. If disabled from walking by any condition
other than heart or lung disease, please
describe and proceed to question 39A
Nature of condition(s) _____

38A. Are you troubled by shortness of breath 1. Yes ___ 2. No ___
when hurrying on the level or walking up
a slight hill?

IF YES TO 38A

B. Do you have to walk slower than people of 1. Yes ___ 2. No ___
your age on the level because of 3. Does not apply ___
breathlessness?

C. Do you ever have to stop for breath when 1. Yes ___ 2. No ___
walking at your own pace on the level? 3. Does not apply ___

D. Do you ever have to stop for breath 1. Yes ___ 2. No ___
after walking about 100 yards (or 3. Does not apply ___
after a few minutes) on the level?

E. Are you too breathless to leave the 1. Yes ___ 2. No ___
house or breathless on dressing or 3. Does not apply ___
climbing one flight of stairs?

TOBACCO SMOKING

39A. Have you ever smoked cigarettes? (No 1. Yes ___ 2. No ___ means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.)

IF YES TO 39A

B. Do you now smoke cigarettes (as of 1. Yes ___ 2. No ___ one month ago) 3. Does not apply ___

C. How old were you when you first started Age in years ___ regular cigarette smoking? Does not apply ___

D. If you have stopped smoking cigarettes Age stopped ___ completely. how old were you when you Check if still smoking_ stopped? Does not apply ___

E. How many cigarettes do you smoke per Cigarettes per day ___ day now? Does not apply ___

F. On the average of the entire time you Cigarettes per day ___ smoked, how many cigarettes did you Does not apply ___ smoke per day?

G. Do or did you inhale the cigarette smoke? 1. Does not apply ___
2. Not at all ___
3. Slightly ___
4. Moderately ___
5. Deeply ___

40A. Have you ever smoked a pipe regularly? 1. Yes ___ 2. No ___ (Yes means more than 12 oz. of tobacco in a lifetime.)

IF YES TO 40A:

FOR PERSONS WHO HAVE EVER SMOKED A PIPE

B. 1. How old were you when you started to smoke a pipe regularly? Age ___

2. If you have stopped smoking a pipe Age stopped ___ completely. how old were you when you Check if still stopped? smoking pipe ___ Does not apply ___

C. On the average over the entire time you ___ oz. per week (a smoked a pipe. how much pipe tobacco did standard pouch of you smoke per week? tobacco contains

1 1/2 oz.)

___ Does not apply

D. How much pipe tobacco are you smoking now? oz. per week ___

Not currently

smoking a pipe ___

E. Do you or did you inhale the pipe smoke? 1. Never smoked ___

2. Not at all ___

3. Slightly ___

4. Moderately ___

5. Deeply ___

41A. Have you ever smoked cigars regularly? 1. Yes ___ 2. No ___

(Yes means more than 1 cigar a week for a year)

YES TO 41A

FOR PERSONS WHO HAVE EVER SMOKED CIGARS

B. 1. How old were you when you started Age ___ smoking cigars regularly?

2. If you have stopped smoking cigars Age stopped ___ completely. how old were you when Check if still you stopped. smoking cigars ___

Does not apply ___

C. On the average over the entire time you Cigars per week ___ smoked cigars, how many cigars did you Does not apply ___ smoke per week?

D. How many cigars are you smoking per week Cigars per week ___ now?

Check if not smoking cigars

currently ___

E. Do or did you inhale the cigar smoke? 1. Never smoked ___

2. Not at all ___

- 3. Slightly ____
- 4. Moderately ____
- 5. Deeply ____

Signature _____ Date _____

Part 2
PERIODIC MEDICAL QUESTIONNAIRE

1. NAME _____

2. SOCIAL SECURITY # _____
 1 2 3 4 5 6 7 8 9

3. CLOCK NUMBER _____
 10 11 12 13 14 15

4. PRESENT OCCUPATION _____

5. PLANT _____

6. ADDRESS _____

7. _____
 (Zip Code)

8. TELEPHONE NUMBER _____

9. INTERVIEWER _____

10. DATE _____
 16 17 18 19 20 21

11. What is your marital status? 1. Single ____ 4. Separated/
 2. Married ____ Divorced ____
 3. Widowed ____

12. OCCUPATIONAL HISTORY

12A. In the past year did you work full time (30 hours per week or more) for 6 months or more? 1. Yes ___ 2. No ___

IF YES TO 12A:

12B. In the past year did you work in a dusty job? 1. Yes ___ 3. No ___
3. Does Not Apply ___

12C. Was dust exposure: 1. Mild ___ 2. Moderate ___ 3. Severe ___

12D. In the past year, were you exposed to gas or chemical fumes in your work? 1. Yes ___ 2. No ___

12E. Was exposure: 1. Mild ___ 2. Moderate ___ 3. Severe ___

12F. In the past year, what was your: 1. Job/occupation? _____
2. Position/Job title? _____

13. RECENT MEDICAL HISTORY

13A. Do you consider yourself to be in good health? 1. Yes ___ 2. No ___

If NO. state reason _____

13B. In the past year, have you developed:

	Yes	No
Epilepsy?	_____	_____
Rheumatic fever?	_____	_____
Kidney disease?	_____	_____
Bladder disease?	_____	_____
Diabetes?	_____	_____
Jaundice?	_____	_____
Cancer?	_____	_____

14. CHEST COLDS AND CHEST ILLNESSES

14A. If you get a cold, does it usually go to your chest,
(Usually means more than 1/2 the time)

1. Yes _____ 2. No _____
3. Don't get colds _____

15A. During the past year, have you had
any chest illnesses that have kept you
off work, indoors at home, or in bed?

1. Yes _____ 2. No _____
3. Does Not Apply _____

IF YES TO 15A:

15B. Did you produce phlegm with any
of these chest illnesses?

1. Yes _____ 2. No _____
3. Does Not Apply _____

15C. In the past year, how many such

Number of illnesses _____

illnesses with (increased) phlegm
did you have which lasted a week
or more?

No such illnesses _____

16. RESPIRATORY SYSTEM

In the past year have you had:

	Yes or No	Further Comment on Positive Answers
Asthma	_____	
Bronchitis	_____	
Hay Fever	_____	
Other Allergies	_____	

	Yes or No	Further Comment on Positive Answers
Pneumonia	_____	
Tuberculosis	_____	
Chest Surgery	_____	
Other Lung Problems	_____	
Heart Disease	_____	

Do you have:

Yes or No Further Comment on Positive
Answers

Frequent colds _____

Chronic cough _____

Shortness of breath
when walking or
climbing one flight
or stairs _____

Do you:

Wheeze _____

Cough up phlegm _____

Smoke cigarettes _____ Packs per day ___ How many years ___

Date _____ Signature _____

1926.1101 App E Interpretation and classification of chest roentgenograms-mandatory

ROENTGENOGRAMS-MANDATORY

(a) Chest roentgenograms shall be interpreted and classified in accordance with a professionally accepted classification system and recorded on an interpretation form following the format of the CDC/NIOSH (M) 2.8 form. As a minimum, the content within the bold lines of this form (items 1 through 4) shall be included. This form is not to be submitted to NIOSH..

(b) Roentgenograms shall be interpreted and classified only by a B-reader, a board eligible/certified radiologist, or an experienced physician with known expertise in pneumoconioses.

(c) All interpreters, whenever interpreting chest roentgenograms made under this section, shall have immediately available for reference a complete set of the ILO-U/C International Classification of Radiographs for Pneumoconioses, 1980.

1926.1101 App F

Work Practices and Engineering Controls for Class I Asbestos Operations. (Non-mandatory)

This is a non-mandatory appendix to the asbestos standards for construction and for shipyards. It describes criteria and procedures for erecting and using negative pressure enclosures for Class I Asbestos Work, when NPEs are used as an allowable control method to comply with paragraph (g)(5)(i) of this section. Many small and variable details are involved in the erection of a negative pressure enclosure. OSHA and most participants in the rulemaking agreed that only the major, more performance oriented criteria should be made mandatory. These criteria are set out in paragraph (g) of this section. In addition, this appendix includes these mandatory specifications and procedures in its guidelines in order to make this appendix coherent and helpful. The mandatory nature of the criteria which appear in the regulatory text is not changed because they are included in this "non-mandatory" appendix. Similarly, the additional criteria and procedures included as guidelines in the appendix, do not become mandatory because mandatory criteria are also included in these comprehensive guidelines.

In addition, none of the criteria, both mandatory and recommended, are meant to specify or imply the need for use of patented or licensed methods or equipment. Recommended specifications included in this attachment should not discourage the use of creative alternatives which can be shown to reliably achieve the objectives of negative-pressure enclosures.

Requirements included in this appendix, cover general provisions to be followed in all asbestos jobs, provisions which must be followed for all Class I asbestos jobs, and provisions governing the construction and testing of negative pressure enclosures. The first category includes the requirement for use of wet methods, HEPA vacuums, and immediate bagging of waste; Class I work must conform to the following provisions:

- oversight by competent person
- use of critical barriers over all openings to work area
- isolation of HVAC systems
- use of impermeable dropcloths and coverage of all objects within regulated areas

In addition, more specific requirements for NPEs include:

- maintenance of - 0.02 inches water gauge within enclosure
- manometric measurements
- air movement away from employees performing removal work
- smoke testing or equivalent for detection of leaks and air direction
- deactivation of electrical circuits, if not provided with ground-fault circuit interrupters.

Planning the Project

The standard requires that an exposure assessment be conducted before the asbestos job is begun [1926.1101(f)(1)]. Information needed for that assessment, includes data relating to prior similar jobs, as applied to the specific variables of the current job. The information needed to conduct the assessment will be useful in planning the project, and in complying with any reporting requirements under this standard, when significant changes are being made to a control system listed in the standard, [see also those of USEPA (40 CFR 61, subpart M)]. Thus, although the standard does not explicitly require the preparation of a written asbestos removal plan, the usual constituents of such a plan, i.e., a description of the enclosure, the equipment, and the procedures to be used throughout the project, must be determined before the enclosure can be erected. The following information should be included in the planning of the system:

A physical description of the work area;

A description of the approximate amount of material to be removed;

A schedule for turning off and sealing existing ventilation systems;

Personnel hygiene procedures;

A description of personal protective equipment and clothing to be worn by employees;

A description of the local exhaust ventilation systems to be used and how they are to be tested;

A description of work practices to be observed by employees;

An air monitoring plan;

A description of the method to be used to transport waste material; and

The location of the dump site.

Materials and Equipment Necessary for Asbestos Removal

Although individual asbestos removal projects vary in terms of the equipment required to accomplish the removal of the materials, some equipment and materials are common to most asbestos removal operations.

Plastic sheeting used to protect horizontal surfaces, seal HVAC openings or to seal vertical openings and ceilings should have a minimum thickness of 6 mils. Tape or other adhesive used to attach plastic sheeting should be of sufficient adhesive strength to support the weight of the material plus all stresses encountered during the entire duration of the project without becoming detached from the surface.

Other equipment and materials which should be available at the beginning of each project are:

- HEPA Filtered Vacuum is essential for cleaning the work area after the asbestos has been removed. It should have a long hose capable of reaching out-of-the-way places, such as areas above ceiling tiles, behind pipes, etc.

- Portable air ventilation systems installed to provide the negative air pressure and air removal from the enclosure must be equipped with a HEPA filter. The number and capacity of units required to ventilate an enclosure depend on the size of the area to be ventilated. The filters for these systems should be designed in such a manner that they can be replaced when the air flow volume is reduced by the build-up of dust in the filtration material. Pressure monitoring devices with alarms and strip chart recorders attached to each system to indicate the pressure differential and the loss due to dust buildup on the filter are recommended.

- Water sprayers should be used to keep the asbestos material as saturated as possible during removal; the sprayers will provide a fine mist that minimizes the impact of the spray on the material.

- Water used to saturate the asbestos containing material can be amended by adding at least 15 milliliters (3 ounce) of wetting agent in 1 liter (1 pint) of water. An example of a wetting agent is a 50/50 mixture of polyoxyethylene ether and polyoxyethylene polyglycol ester.

- Backup power supplies are recommended, especially for ventilation systems.

- Shower and bath water should be with mixed hot and cold water faucets. Water that has been used to clean personnel or equipment should either be filtered or be collected and discarded as asbestos waste. Soap and shampoo should be provided to aid in removing dust from the workers' skin and hair.

- See paragraphs (h) and (i) of this section for appropriate respiratory protection and protective clothing.

- See paragraph (k) of this section for required signs and labels.

Preparing the Work Area

Disabling HVAC Systems: The power to the heating, ventilation, and air conditioning systems that service the restricted area must be deactivated and locked off. All ducts, grills, access ports, windows and vents must be sealed off with two layers of plastic to prevent entrainment of contaminated air.

Operating HVAC Systems in the Restricted Area: If components of a HVAC system located in the restricted area are connected to a system that will service another zone during the project, the portion of the duct in the restricted area must be sealed and pressurized. Necessary precautions include caulking the duct joints, covering all cracks and openings with two layers of sheeting, and pressurizing the duct throughout the duration of the project by restricting the return air flow. The power to the fan supplying the positive pressure should be locked "on" to prevent pressure loss.

Sealing Elevators: If an elevator shaft is located in the restricted area, it should be either shut down or isolated by sealing with two layers of plastic sheeting. The sheeting should provide enough slack to accommodate the pressure changes in the shaft without breaking the air-tight seal.

Removing Mobile Objects: All movable objects should be cleaned and removed from the work area before an enclosure is constructed unless moving the objects creates a hazard. Mobile objects will be assumed to be contaminated and should be either cleaned with amended water and a HEPA vacuum and then removed from the area or wrapped and then disposed of as hazardous waste.

Cleaning and Sealing Surfaces: After cleaning with water and a HEPA vacuum, surfaces of stationary objects should be covered with two layers of plastic sheeting. The sheeting should be secured with duct tape or an equivalent method to provide a tight seal around the object.

Bagging Waste: In addition to the requirement for immediate bagging of waste for disposal, it is further recommended that the waste material be double-bagged and sealed in plastic bags designed for asbestos disposal. The bags should be stored in a waste storage area that can be controlled by the workers conducting the removal. Filters removed from air handling units and rubbish removed from the area are to be bagged and handled as hazardous waste.

Constructing the Enclosure

The enclosure should be constructed to provide an air-tight seal around ducts and openings into existing ventilation systems and around penetrations for electrical conduits, telephone wires, water lines, drain pipes, etc. Enclosures should be both airtight and watertight except for those openings designed to provide entry and/or air flow control.

Size: An enclosure should be the minimum volume to encompass all of the working surfaces yet allow unencumbered movement by the worker(s), provide unrestricted air flow past the worker(s), and ensure walking surfaces can be kept free of tripping hazards.

Shape: The enclosure may be any shape that optimizes the flow of ventilation air past the worker(s).

Structural Integrity: The walls, ceilings and floors must be supported in such a manner that portions of the enclosure will not fall down during normal use.

Openings: It is not necessary that the structure be airtight; openings may be designed to direct air flow. Such openings should be located at a distance from active removal operations. They should be designed to draw air into the enclosure under all anticipated circumstances. In the event that negative pressure is lost, they should be fitted with either HEPA filters to trap dust or automatic trap doors that prevent dust from escaping the enclosure. Openings for exits should be controlled by an airlock or a vestibule.

Barrier Supports: Frames should be constructed to support all unsupported spans of sheeting.

Sheeting: Walls, barriers, ceilings, and floors should be lined with two layers of plastic sheeting having a thickness of at least 6 mil.

Seams: Seams in the sheeting material should be minimized to reduce the possibilities of accidental rips and tears in the adhesive or connections. All seams in the sheeting should overlap, be staggered and not be located at corners or wall-to-floor joints. Areas Within an Enclosure: Each enclosure consists of a work area, a decontamination area, and waste storage area. The work area where the asbestos removal operations occur should be separated from both the waste storage area and the contamination control area by physical curtains, doors, and/or airflow patterns that force any airborne contamination back into the work area.

See paragraph (j) of this section for requirements for hygiene facilities.

During egress from the work area, each worker should step into the equipment room, clean tools and equipment, and remove gross contamination from clothing by wet cleaning and HEPA vacuuming. Before entering the shower area, foot coverings, head coverings, hand coverings, and coveralls are removed and placed in impervious bags for disposal or cleaning. Airline connections from airline respirators with HEPA disconnects and power cables from powered air-purifying respirators (PAPRs) will be disconnected just prior to entering the shower room.

Establishing Negative Pressure Within the Enclosure

Negative Pressure: Air is to be drawn into the enclosure under all anticipated conditions and exhausted through a HEPA filter for 24 hours a day during the entire duration of the project.

Air Flow Tests: Air flow patterns will be checked before removal operations begin, at least once per operating shift and any time there is a question regarding the integrity of the enclosure. The primary test for air flow is to trace air currents with smoke tubes or other visual methods. Flow checks are made at each opening and at each doorway to demonstrate that air is being drawn into the enclosure

and at each worker's position to show that air is being drawn away from the breathing zone.

Monitoring Pressure Within the Enclosure: After the initial air flow patterns have been checked, the static pressure must be monitored within the enclosure. Monitoring may be made using manometers, pressure gauges, or combinations of these devices. It is recommended that they be attached to alarms and strip chart recorders at points identified by the design engineer.

Corrective Actions: If the manometers or pressure gauges demonstrate a reduction in pressure differential below the required level, work should cease and the reason for the change investigated and appropriate changes made. The air flow patterns should be retested before work begins again.

Pressure Differential: The design parameters for static pressure differentials between the inside and outside of enclosures typically range from 0.02 to 0.10 inches of water gauge, depending on conditions. All zones inside the enclosure must have less pressure than the ambient pressure outside of the enclosure (-0.02 inches water gauge differential). Design specifications for the differential vary according to the size, configuration, and shape of the enclosure as well as ambient and mechanical air pressure conditions around the enclosure.

Air Flow Patterns: The flow of air past each worker shall be enhanced by positioning the intakes and exhaust ports to remove contaminated air from the worker's breathing zone, by positioning HEPA vacuum cleaners to draw air from the worker's breathing zone, by forcing relatively uncontaminated air past the worker toward an exhaust port, or by using a combination of methods to reduce the worker's exposure.

Air Handling Unit Exhaust: The exhaust plume from air handling units should be located away from adjacent personnel and intakes for HVAC systems.

Air Flow Volume: The air flow volume (cubic meters per minute) exhausted (removed) from the workplace must exceed the amount of makeup air supplied to the enclosure. The rate of air exhausted from the enclosure should be designed to maintain a negative pressure in the enclosure and air movement past each worker. The volume of air flow removed from the enclosure should replace the volume of the container at every 5 to 15 minutes. Air flow volume will need to be relatively high for large enclosures, enclosures with awkward shapes, enclosures with multiple openings, and operations employing several workers in the enclosure.

Air Flow Velocity: At each opening, the air flow velocity must visibly "drag" air into the enclosure. The velocity of air flow within the enclosure must be adequate to remove airborne contamination from each worker's breathing zone without disturbing the asbestos-containing material on surfaces.

Airlocks: Airlocks are mechanisms on doors and curtains that control the air flow patterns in the doorways. If air flow occurs, the patterns through doorways must be such that the air flows toward the inside of the enclosure. Sometimes vestibules, double doors, or double curtains are used to prevent air movement through the doorways. To use a vestibule, a worker enters a chamber by opening the door or curtain and then closing the entry before opening the exit door or curtain.

Airlocks should be located between the equipment room and shower room, between the shower room and the clean room, and between the waste storage area and the outside of the enclosure. The air flow between adjacent rooms must be checked using smoke tubes or other visual tests to ensure the flow patterns draw air toward the work area without producing eddies.

Monitoring for Airborne Concentrations

In addition to the breathing zone samples taken as outlined in paragraph (f) of this section, samples of air should be taken to demonstrate the integrity of the enclosure, the cleanliness of the clean room and shower area, and the effectiveness of the HEPA filter. If the clean room is shown to be contaminated, the room must be relocated to an uncontaminated area.

Samples taken near the exhaust of portable ventilation systems must be done with care.

General Work Practices

Preventing dust dispersion is the primary means of controlling the spread of asbestos within the enclosure. Whenever practical, the point of removal should be isolated, enclosed, covered, or shielded from the workers in the area. Waste asbestos containing materials must be bagged during or immediately after removal; the material must remain saturated until the waste container is sealed.

Waste material with sharp points or corners must be placed in hard air-tight containers rather than bags.

Whenever possible, large components should be sealed in plastic sheeting and removed intact.

Bags or containers of waste will be moved to the waste holding area, washed, and wrapped in a bag with the appropriate labels.

Cleaning the Work Area

Surfaces within the work area should be kept free of visible dust and debris to the extent feasible. Whenever visible dust appears on surfaces, the surfaces within the enclosure must be cleaned by wiping with a wet sponge, brush, or cloth and then vacuumed with a HEPA vacuum.

All surfaces within the enclosure should be cleaned before the exhaust ventilation system is deactivated and the enclosure is disassembled. An approved encapsulant may be sprayed onto areas after the visible dust has been removed.

1926.1101 App G

[Reserved]

1926.1101 App H

Substance Technical Information for Asbestos. Non-Mandatory

I. Substance Identification

A. Substance: "Asbestos" is the name of a class of magnesium-silicate minerals that occur in fibrous form. Minerals that are included in this group are chrysotile, crocidolite, amosite, anthophyllite asbestos, tremolite asbestos, and actinolite asbestos.

B. Asbestos is and was used in the manufacture of heat-resistant clothing, automotive brake and clutch linings, and a variety of building materials including floor tiles, roofing felts, ceiling tiles, asbestos-cement pipe and sheet, and fire-resistant drywall. Asbestos is also present in pipe and boiler insulation materials and in sprayed-on materials located on beams, in crawlspaces, and between walls.

C. The potential for an asbestos-containing product to release breathable fibers depends largely on its degree of friability. Friable means that the material can be crumbled with hand pressure and is therefore likely to emit fibers. The fibrous fluffy sprayed-on materials used for fireproofing, insulation, or sound proofing are considered to be friable, and they readily release airborne fibers if disturbed. Materials such as vinyl-asbestos floor tile or roofing felt are considered non-friable if intact and generally do not emit airborne fibers unless subjected to sanding, sawing and other aggressive operations. Asbestos-cement pipe or sheet can emit airborne fibers if the materials are cut or sawed, or if they are broken.

D. Permissible exposure: Exposure to airborne asbestos fibers may not exceed 0.1 fibers per cubic centimeter of air (0.1 f/cc) averaged over the 8-hour workday, and 1 fiber per cubic centimeter of air (1.0 f/cc) averaged over a 30 minute work period.

II. Health Hazard Data

A. Asbestos can cause disabling respiratory disease and various types of cancers if the fibers are inhaled. Inhaling or ingesting fibers from contaminated clothing or skin can also result in these diseases. The symptoms of these diseases generally do not appear for 20 or more years after initial exposure.

B. Exposure to asbestos has been shown to cause lung cancer, mesothelioma, and cancer of the stomach and colon. Mesothelioma is a rare cancer of the thin membrane lining of the chest and abdomen. Symptoms of mesothelioma include shortness of breath, pain in the walls of the chest, and/or abdominal pain.

III. Respirators and Protective Clothing

A. Respirators: You are required to wear a respirator when performing tasks that result in asbestos exposure that exceeds the permissible exposure limit (PEL) of 0.1 f/cc and when

performing certain designated operations. Air-purifying respirators equipped with a high-efficiency particulate air (HEPA) filter can be used where airborne asbestos fiber concentrations do not exceed 1.0 f/cc; otherwise, more protective respirators such as air-supplied, positive-pressure, full facepiece respirators must be used. Disposable respirators or dust masks are not permitted to be used for asbestos work. For effective protection, respirators must fit your face and head snugly. Your employer is required to conduct a fit test when you are first assigned a respirator and every 6 months thereafter. Respirators should not be loosened or removed in work situations where their use is required.

B. Protective Clothing: You are required to wear protective clothing in work areas where asbestos fiber concentrations exceed the permissible exposure limit (PEL) of 0.1 f/cc.

IV. Disposal Procedures and Clean-up

A. Wastes that are generated by processes where asbestos is present include:

1. Empty asbestos shipping containers.
2. Process wastes such as cuttings, trimmings, or reject materials.
3. Housekeeping waste from wet-sweeping or HEPA-vacuuming.
4. Asbestos fireproofing or insulating material that is removed from buildings.
5. Asbestos-containing building products removed during building renovation or demolition.
6. Contaminated disposable protective clothing.

B. Empty shipping bags can be flattened under exhaust hoods and packed into airtight containers for disposal. Empty shipping drums are difficult to clean and should be sealed.

C. Vacuum bags or disposable paper filters should not be cleaned, but should be sprayed with a fine water mist and placed into a labeled waste container.

D. Process waste and housekeeping waste should be wetted with water or a mixture of water and surfactant prior to packaging in disposable containers.

E. Asbestos-containing material that is removed from buildings must be disposed of in leak-tight 6-mil plastic bags, plastic-lined cardboard containers, or plastic-lined metal containers. These wastes, which are removed while wet, should be sealed in containers before they dry out to minimize the release of asbestos fibers during handling.

V. Access to Information

A. Each year, your employer is required to inform you of the information contained in this standard and appendices for asbestos. In addition, your employer must instruct you in the proper work practices for handling asbestos-containing materials, and the correct use of protective equipment.

B. Your employer is required to determine whether you are being exposed to asbestos. Your employer must treat exposure to thermal system insulation and sprayed-on and troweled-on surfacing material as asbestos exposure, unless results of laboratory analysis show that the material does not contain asbestos. You or your representative has the right to observe employee measurements and to record the results obtained. Your employer is required to inform you of your exposure, and, if you are exposed above the permissible exposure limit, he or she is required to inform you of the actions that are being taken to reduce your exposure to within the permissible limit.

C. Your employer is required to keep records of your exposures and medical examinations. These exposure records must be kept for at least thirty (30) years. Medical records must be kept for the period of your employment plus thirty (30) years.

D. Your employer is required to release your exposure and medical records to your physician or designated representative upon your written request.

1926.1101 App I Medical surveillance guidelines for asbestos, non-mandatory

TREMOLITE, ANTHOPHYLLITE, AND ACTINOLITE, NON-MANDATORY

I. Route of Entry

Inhalation, ingestion.

II. Toxicology

Clinical evidence of the adverse effects associated with exposure to asbestos, is present in the form of several well-conducted epidemiological studies of occupationally exposed workers, family contacts of workers, and persons living near asbestos mines. These studies have shown a definite association between exposure to asbestos and an increased incidence of lung cancer, pleural and peritoneal mesothelioma, gastrointestinal cancer, and asbestosis. The latter is a disabling fibrotic lung disease that is caused only by exposure to asbestos. Exposure to asbestos has also been associated with an increased incidence of esophageal, kidney, laryngeal, pharyngeal, and buccal cavity cancers. As with other known chronic occupational diseases, disease associated with asbestos generally appears about 20 years following the first occurrence of exposure: There are no known acute effects associated with exposure to asbestos.

Epidemiological studies indicate that the risk of lung cancer among exposed workers who smoke cigarettes is greatly increased over the risk of lung cancer among non-exposed smokers or exposed

nonsmokers. These studies suggest that cessation of smoking will reduce the risk of lung cancer for a person exposed to asbestos but will not reduce it to the same level of risk as that existing for an exposed worker who has never smoked.

III. Signs and Symptoms of Exposure-Related Disease

The signs and symptoms of lung cancer or gastrointestinal cancer induced by exposure to asbestos are not unique, except that a chest X-ray of an exposed patient with lung cancer may show pleural plaques, pleural calcification, or pleural fibrosis. Symptoms characteristic of mesothelioma include shortness of breath, pain in the walls of the chest, or abdominal pain. Mesothelioma has a much longer latency period compared with lung cancer (40 years versus 15-20 years), and mesothelioma is therefore more likely to be found among workers who were first exposed to asbestos at an early age. Mesothelioma is always fatal.

Asbestosis is pulmonary fibrosis caused by the accumulation of asbestos fibers in the lungs. Symptoms include shortness of breath, coughing, fatigue, and vague feelings of sickness. When the fibrosis worsens, shortness of breath occurs even at rest. The diagnosis of asbestosis is based on a history of exposure to asbestos, the presence of characteristic radiologic changes, end-inspiratory crackles (rales), and other clinical features of fibrosing lung disease. Pleural plaques and thickening are observed on X-rays taken during the early stages of the disease. Asbestosis is often a progressive disease even in the absence of continued exposure, although this appears to be a highly individualized characteristic. In severe cases, death may be caused by respiratory or cardiac failure.

IV. Surveillance and Preventive Considerations

As noted above, exposure to asbestos has been linked to an increased risk of lung cancer, mesothelioma, gastrointestinal cancer, and asbestosis among occupationally exposed workers. Adequate screening tests to determine an employee's potential for developing serious chronic diseases, such as a cancer, from exposure to asbestos do not presently exist. However, some tests, particularly chest X-rays and pulmonary function tests, may indicate that an employee has been overexposed to asbestos, increasing his or her risk of developing exposure related chronic diseases. It is important for the physician to become familiar with the operating conditions in which occupational exposure to asbestos is likely to occur. This is particularly important in evaluating medical and work histories and in conducting physical examinations. When an active employee has been identified as having been overexposed to asbestos, measures taken by the employer to eliminate or mitigate further exposure should also lower the risk of serious long-term consequences.

The employer is required to institute a medical surveillance program for all employees who are or will be exposed to asbestos at or above the permissible exposure limit (0.1 fiber per cubic centimeter of air). All examinations and procedures must be performed by or under the supervision of a licensed physician, at a reasonable time and place, and at no cost to the employee.

Although broad latitude is given to the physician in prescribing specific tests to be included in the medical surveillance program, OSHA requires inclusion of the following elements in the routine examination:

- (i) Medical and work histories with special emphasis directed to symptoms of the

respiratory system, cardiovascular system, and digestive tract.

(ii) Completion of the respiratory disease questionnaire contained in Appendix D.

(iii) A physical examination including a chest roentgenogram and pulmonary function test that includes measurement of the employee's forced vital capacity (FVC) and forced expiratory volume at one second (FEV1).

(iv) Any laboratory or other test that the examining physician deems by sound medical practice to be necessary.

The employer is required to make the prescribed tests available at least annually to those employees covered; more often than specified if recommended by the examining physician; and upon termination of employment.

The employer is required to provide the physician with the following information: A copy of this standard and appendices; a description of the employee's duties as they relate to asbestos exposure; the employee's representative level of exposure to asbestos; a description of any personal protective and respiratory equipment used; and information from previous medical examinations of the affected employee that is not otherwise available to the physician. Making this information available to the physician will aid in the evaluation of the employee's health in relation to assigned duties and fitness to wear personal protective equipment, if required.

The employer is required to obtain a written opinion from the examining physician containing the results of the medical examination; the physician's opinion as to whether the employee has any detected medical conditions that would place the employee at an increased risk of exposure-related disease; any recommended limitations on the employee or on the use of personal protective equipment; and a statement that the employee has been informed by the physician of the results of the medical examination and of any medical conditions related to asbestos exposure that require further explanation or treatment. This written opinion must not reveal specific findings or diagnoses unrelated to exposure to asbestos, and a copy of the opinion must be provided to the affected employee.

1926.1101 App J Smoking cessation program information for asbestos, non-mandatory

The following organizations provide smoking cessation information.

1. The National Cancer Institute operates a toll-free Cancer Information Service (CIS) with trained personnel to help you. Call 1-800-4-CANCER to reach the CIS offices serving your area or write: Office of Cancer Communications, National Cancer Institute, National Institutes of Health, Building 31, Room 10A24, Bethesda, Maryland, 20892.

2. American Cancer Society, 3340 Peachtree Road, N.E., Atlanta, Georgia 30026, (404)320-3333.

The American Cancer Society (ACS) is a voluntary organization composed of 58 divisions and 3,100 local units. Through "The Great American Smokeout" in November, the annual Cancer Crusade in April, and numerous educational materials, ACS helps people learn about the health

hazards of smoking and become successful ex-smokers.

3. American Heart Association, 7320 Greenville Avenue, Dallas, Texas 75231, (214)750-5300.

The American Heart Association (AHA) is a voluntary organization with 130,000 members (physicians, scientists, and laypersons) in 55 state and regional groups. AHA produces a variety of publications and audiovisual materials about the effects of smoking on the heart. AHA also has developed a guidebook for incorporating a weight-control component into smoking cessation programs.

4. American Lung Association, 1740 Broadway, New York, New York 10019, (212)245-8000.

A voluntary organization of 7,500 members (physicians, nurses, and laypersons), the American Lung Association (ALA) conducts numerous public information programs about the health effects of smoking. ALA has 59 state and 85 local units. The organization actively supports legislation and information campaigns for non-smokers' rights and provides help for smokers who want to quit, for example, through "Freedom From Smoking," a self-help smoking cessation program.

5. Office on Smoking and Health, U.S. Department of Health and Human Services, 5600 Fishers Lane, Park Building, Room 110, Rockville, Maryland 20857.

The Office on Smoking and Health (OSH) is the Department of Health and Human Services' lead agency in smoking control. OSH has sponsored distribution of publications on smoking-related topics, such as free flyers on relapse after initial quitting, helping a friend or family member quit smoking, the health hazards of smoking, and the effects of parental smoking on teenagers.

In Hawaii, on Oahu call 524-1234 (call collect from neighboring islands).

Spanish-speaking staff members are available during daytime hours to callers from the following areas: California, Florida, Georgia, Illinois, New Jersey (area code 201), New York, and Texas. Consult your local telephone directory for listings of local chapters.

(Information collection requirements contained in paragraphs 1926.58 (f)(6), (h)(3)(i), (k)(3), (k)(4), (m), and (n) were approved by the Office of Management and Budget under control no. 1218-0134.

[51 FR 22756, June 20, 1986, as amended at 51 FR 37004, Oct. 17, 1986; 52 FR 15723, Apr. 30, 1987; 52 FR 17755-56, May 12, 1987; 53 FR 27346, July 20, 1988; 53 FR 35627, Sept. 14, 1988; 54 FR 33705, July 21, 1989; 54 FR 52028, Dec. 20, 1989; 55 FR 3732, Feb. 5, 1990; 55 FR 50687, Dec. 10, 1990; 57 FR 43699, September 4, 1991; 57 FR 7877, March 5, 1992; 57 FR 24310, June 8, 1992, 57 FR 29119, June 30, 1992, 60 FR 9624, February 21, 1995]

1926.1101 App K

Polarized Light Microscopy of Asbestos (Non-Mandatory)

Method number:

ID-191

Matrix: Bulk

Collection Procedure:

Collect approximately 1 to 2 grams of each type of material and place into separate 20 mL scintillation vials.

Analytical Procedure:

A portion of each separate phase is analyzed by gross examination, phase-polar examination, and central stop dispersion microscopy.

Commercial manufacturers and products mentioned in this method are for descriptive use only and do not constitute endorsements by USDOL-OSHA. Similar products from other sources may be substituted.

1. Introduction

This method describes the collection and analysis of asbestos bulk materials by light microscopy techniques including phase- polar illumination and central-stop dispersion microscopy. Some terms unique to asbestos analysis are defined below:

Amphibole: A family of minerals whose crystals are formed by long, thin units which have two thin ribbons of double chain silicate with a brucite ribbon in between. The shape of each unit is similar to an "I beam". Minerals important in asbestos analysis include cummingtonite-grunerite, crocidolite, tremolite-actinolite and anthophyllite.

Asbestos: A term for naturally occurring fibrous minerals. Asbestos includes chrysotile, cummingtonite-grunerite asbestos (amosite), anthophyllite asbestos, tremolite asbestos, crocidolite, actinolite asbestos and any of these minerals which have been chemically treated or altered. The precise chemical formulation of each species varies with the location from which it was mined. Nominal compositions are listed:

Chrysotile $Mg_3Si_2O_5(OH)_4$

Crocidolite (Riebeckite asbestos).... $Na_2Fe^{3+}_2Fe^{2+}_3Si_8O_{22}(OH)_2$

Cummingtonite-Grunerite asbestos (Amosite).... $(Mg,Fe)_7Si_8O_{22}(OH)_2$

Tremolite-Actinolite asbestos.... $Ca_2(Mg,Fe)_5Si_8O_{22}(OH)_2$

Anthophyllite asbestos.... $(Mg,Fe)_7Si_8O_{22}(OH)_2$

Asbestos Fiber: A fiber of asbestos meeting the criteria for a fiber. (See section 3.5. of this Appendix)

Aspect Ratio: The ratio of the length of a fiber to its diameter usually defined as "length : width", e.g. 3:1.

Brucite: A sheet mineral with the composition $Mg(OH)_2$.

Central Stop Dispersion Staining (microscope): This is a dark field microscope technique that images particles using only light refracted by the particle, excluding light that travels through the particle unrefracted. This is usually accomplished with a McCrone objective or other arrangement which places a circular stop with apparent aperture equal to the objective aperture in the back focal plane of the microscope.

Cleavage Fragments: Mineral particles formed by the comminution of minerals, especially those characterized by relatively parallel sides and moderate aspect ratio.

Differential Counting: The term applied to the practice of excluding certain kinds of fibers from a phase contrast asbestos count because they are not asbestos.

Fiber: A particle longer than or equal to 5 μm with a length to width ratio greater than or equal to 3:1. This may include cleavage fragments. (see section 3.5 of this appendix).

Phase Contrast: Contrast obtained in the microscope by causing light scattered by small particles to destructively interfere with unscattered light, thereby enhancing the visibility of very small particles and particles with very low intrinsic contrast.

Phase Contrast Microscope: A microscope configured with a phase mask pair to create phase contrast. The technique which uses this is called Phase Contrast Microscopy (PCM).

Phase-Polar Analysis: This is the use of polarized light in a phase contrast microscope. It is used to see the same size fibers that are visible in air filter analysis. Although fibers finer than 1 μm are visible, analysis of these is inferred from analysis of larger bundles that are usually present.

Phase-Polar Microscope: The phase-polar microscope is a phase contrast microscope which has an analyzer, a polarizer, a first order red plate and a rotating phase condenser all in place so that the polarized light image is enhanced by phase contrast.

Sealing Encapsulant: This is a product which can be applied, preferably by spraying, onto an asbestos surface which will seal the surface so that fibers cannot be released.

Serpentine: A mineral family consisting of minerals with the general composition $Mg_3(Si_2O_5(OH)_4$ having the magnesium in brucite layer over a silicate layer. Minerals important in asbestos analysis

included in this family are chrysotile, lizardite, antigorite.

1.1. History

Light microscopy has been used for well over 100 years for the determination of mineral species. This analysis is carried out using specialized polarizing microscopes as well as bright field microscopes. The identification of minerals is an on-going process with many new minerals described each year. The first recorded use of asbestos was in Finland about 2500 B.C. where the material was used in the mud wattle for the wooden huts the people lived in as well as strengthening for pottery. Adverse health aspects of the mineral were noted nearly 2000 years ago when Pliny the Younger wrote about the poor health of slaves in the asbestos mines. Although known to be injurious for centuries, the first modern references to its toxicity were by the British Labor Inspectorate when it banned asbestos dust from the workplace in 1898. Asbestosis cases were described in the literature after the turn of the century. Cancer was first suspected in the mid 1930's and a causal link to mesothelioma was made in 1965. Because of the public concern for worker and public safety with the use of this material, several different types of analysis were applied to the determination of asbestos content. Light microscopy requires a great deal of experience and craft. Attempts were made to apply less subjective methods to the analysis. X-ray diffraction was partially successful in determining the mineral types but was unable to separate out the fibrous portions from the non-fibrous portions. Also, the minimum detection limit for asbestos analysis by X-ray diffraction (XRD) is about 1%. Differential Thermal Analysis (DTA) was no more successful. These provide useful corroborating information when the presence of asbestos has been shown by microscopy; however, neither can determine the difference between fibrous and non-fibrous minerals when both habits are present. The same is true of Infrared Absorption (IR).

When electron microscopy was applied to asbestos analysis, hundreds of fibers were discovered present too small to be visible in any light microscope. There are two different types of electron microscope used for asbestos analysis: Scanning Electron Microscope (SEM) and Transmission Electron Microscope (TEM). Scanning Electron Microscopy is useful in identifying minerals. The SEM can provide two of the three pieces of information required to identify fibers by electron microscopy: morphology and chemistry. The third is structure as determined by Selected Area Electron Diffraction-SAED which is performed in the TEM. Although the resolution of the SEM is sufficient for very fine fibers to be seen, accuracy of chemical analysis that can be performed on the fibers varies with fiber diameter in fibers of less than 0.2 μm diameter. The TEM is a powerful tool to identify fibers too small to be resolved by light microscopy and should be used in conjunction with this method when necessary. The TEM can provide all three pieces of information required for fiber identification. Most fibers thicker than 1 μm can adequately be defined in the light microscope. The light microscope remains as the best instrument for the determination of mineral type. This is because the minerals under investigation were first described analytically with the light microscope. It is inexpensive and gives positive identification for most samples analyzed. Further, when optical techniques are inadequate, there is ample indication that alternative techniques should be used for complete identification of the sample.

1.2. Principle

Minerals consist of atoms that may be arranged in random order or in a regular arrangement. Amorphous materials have atoms in random order while crystalline materials have long range order. Many materials are transparent to light, at least for small particles or for thin sections. The properties of these materials can be investigated by the effect that the material has on light passing through it. The six asbestos minerals are all crystalline with particular properties that have been identified and cataloged. These six minerals are anisotropic. They have a regular array of atoms, but the arrangement is not the same in all directions. Each major direction of the crystal presents a different regularity. Light photons travelling in each of these main directions will encounter different electrical neighborhoods, affecting the path and time of travel. The techniques outlined in this method use the fact that light traveling through fibers or crystals in different directions will behave differently, but predictably. The behavior of the light as it travels through a crystal can be measured and compared with known or determined values to identify the mineral species. Usually, Polarized Light Microscopy (PLM) is performed with strain-free objectives on a bright-field microscope platform. This would limit the resolution of the microscope to about 0.4 μm . Because OSHA requires the counting and identification of fibers visible in phase contrast, the phase contrast platform is used to visualize the fibers with the polarizing elements added into the light path. Polarized light methods cannot identify fibers finer than about 1 μm in diameter even though they are visible. The finest fibers are usually identified by inference from the presence of larger, identifiable fiber bundles. When fibers are present, but not identifiable by light microscopy, use either SEM or TEM to determine the fiber identity.

1.3. Advantages and Disadvantages

The advantages of light microscopy are:

- (a) Basic identification of the materials was first performed by light microscopy and gross analysis. This provides a large base of published information against which to check analysis and analytical technique.
- (b) The analysis is specific to fibers. The minerals present can exist in asbestiform, fibrous, prismatic, or massive varieties all at the same time. Therefore, bulk methods of analysis such as X-ray diffraction, IR analysis, DTA, etc. are inappropriate where the material is not known to be fibrous.
- (c) The analysis is quick, requires little preparation time, and can be performed on-site if a suitably equipped microscope is available.

The disadvantages are:

- (a) Even using phase-polar illumination, not all the fibers present may be seen. This is a problem for very low asbestos concentrations where agglomerations or large bundles of fibers may not be present to allow identification by inference.

(b) The method requires a great degree of sophistication on the part of the microscopist. An analyst is only as useful as his mental catalog of images. Therefore, a microscopist's accuracy is enhanced by experience. The mineralogical training of the analyst is very important. It is the basis on which subjective decisions are made.

(c) The method uses only a tiny amount of material for analysis. This may lead to sampling bias and false results (high or low). This is especially true if the sample is severely inhomogeneous.

(d) Fibers may be bound in a matrix and not distinguishable as fibers so identification cannot be made.

1.4. Method Performance

1.4.1. This method can be used for determination of asbestos content from 0 to 100% asbestos. The detection limit has not been adequately determined, although for selected samples, the limit is very low, depending on the number of particles examined. For mostly homogeneous, finely divided samples, with no difficult fibrous interferences, the detection limit is below 1%. For inhomogeneous samples (most samples), the detection limit remains undefined. NIST has conducted proficiency testing of laboratories on a national scale. Although each round is reported statistically with an average, control limits, etc., the results indicate a difficulty in establishing precision especially in the low concentration range. It is suspected that there is significant bias in the low range especially near 1%. EPA tried to remedy this by requiring a mandatory point counting scheme for samples less than 10%. The point counting procedure is tedious, and may introduce significant biases of its own. It has not been incorporated into this method.

1.4.2. The precision and accuracy of the quantitation tests performed in this method are unknown. Concentrations are easier to determine in commercial products where asbestos was deliberately added because the amount is usually more than a few percent. An analyst's results can be "calibrated" against the known amounts added by the manufacturer. For geological samples, the degree of homogeneity affects the precision.

1.4.3. The performance of the method is analyst dependent. The analyst must choose carefully and not necessarily randomly the portions for analysis to assure that detection of asbestos occurs when it is present. For this reason, the analyst must have adequate training in sample preparation, and experience in the location and identification of asbestos in samples. This is usually accomplished through substantial on-the-job training as well as formal education in mineralogy and microscopy.

1.5. Interferences

Any material which is long, thin, and small enough to be viewed under the microscope can be considered an interference for asbestos. There are literally hundreds of interferences in workplaces. The techniques described in this method are normally sufficient to eliminate the interferences. An analyst's success in eliminating the interferences depends on proper training.

Asbestos minerals belong to two mineral families: the serpentines and the amphiboles. In the serpentine family, the only common fibrous mineral is chrysotile. Occasionally, the mineral antigorite occurs in a fibril habit with morphology similar to the amphiboles. The amphibole minerals consist of a score of different minerals of which only five are regulated by federal standard: amosite, crocidolite, anthophyllite asbestos, tremolite asbestos and actinolite asbestos. These are the only amphibole minerals that have been commercially exploited for their fibrous properties; however, the rest can and do occur occasionally in asbestiform habit.

In addition to the related mineral interferences, other minerals common in building material may present a problem for some microscopists: gypsum, anhydrite, brucite, quartz fibers, talc fibers or ribbons, wollastonite, perlite, attapulgite, etc. Other fibrous materials commonly present in workplaces are: fiberglass, mineral wool, ceramic wool, refractory ceramic fibers, kevlar, nomex, synthetic fibers, graphite or carbon fibers, cellulose (paper or wood) fibers, metal fibers, etc.

Matrix embedding material can sometimes be a negative interference. The analyst may not be able to easily extract the fibers from the matrix in order to use the method. Where possible, remove the matrix before the analysis, taking careful note of the loss of weight. Some common matrix materials are: vinyl, rubber, tar, paint, plant fiber, cement, and epoxy. A further negative interference is that the asbestos fibers themselves may be either too small to be seen in Phase contrast Microscopy (PCM) or of a very low fibrous quality, having the appearance of plant fibers. The analyst's ability to deal with these materials increases with experience.

1.6. Uses and Occupational Exposure

Asbestos is ubiquitous in the environment. More than 40% of the land area of the United States is composed of minerals which may contain asbestos. Fortunately, the actual formation of great amounts of asbestos is relatively rare. Nonetheless, there are locations in which environmental exposure can be severe such as in the Serpentine Hills of California.

There are thousands of uses for asbestos in industry and the home. Asbestos abatement workers are the most current segment of the population to have occupational exposure to great amounts of asbestos. If the material is undisturbed, there is no exposure. Exposure occurs when the asbestos-containing material is abraded or otherwise disturbed during maintenance operations or some other activity. Approximately 95% of the asbestos in place in the United States is chrysotile.

Amosite and crocidolite make up nearly all the difference. Tremolite and anthophyllite make up a very small percentage. Tremolite is found in extremely small amounts in certain chrysotile deposits. Actinolite exposure is probably greatest from environmental sources, but has been identified in vermiculite containing, sprayed-on insulating materials which may have been certified as asbestos-free.

1.7. Physical and Chemical Properties

The nominal chemical compositions for the asbestos minerals were given in Section 1. Compared to

cleavage fragments of the same minerals, asbestiform fibers possess a high tensile strength along the fiber axis. They are chemically inert, non-combustible, and heat resistant. Except for chrysotile, they are insoluble in Hydrochloric acid (HCl). Chrysotile is slightly soluble in HCl. Asbestos has high electrical resistance and good sound absorbing characteristics. It can be woven into cables, fabrics or other textiles, or matted into papers, felts, and mats.

1.8. Toxicology (This Section is for Information Only and Should Not Be Taken as OSHA Policy)

Possible physiologic results of respiratory exposure to asbestos are mesothelioma of the pleura or peritoneum, interstitial fibrosis, asbestosis, pneumoconiosis, or respiratory cancer. The possible consequences of asbestos exposure are detailed in the NIOSH Criteria Document or in the OSHA Asbestos Standards 29 CFR 1910.1001 and 29 CFR 1926.1101 and 29 CFR 1915.1001.

2. Sampling Procedure

2.1. Equipment for sampling

- (a) Tube or cork borer sampling device
- (b) Knife
- (c) 20 mL scintillation vial or similar vial
- (d) Sealing encapsulant

2.2. Safety Precautions

Asbestos is a known carcinogen. Take care when sampling. While in an asbestos-containing atmosphere, a properly selected and fit-tested respirator should be worn. Take samples in a manner to cause the least amount of dust. Follow these general guidelines:

- (a) Do not make unnecessary dust.
- (b) Take only a small amount (1 to 2 g).
- (c) Tightly close the sample container.
- (d) Use encapsulant to seal the spot where the sample was taken, if necessary.

2.3. Sampling Procedure

Samples of any suspect material should be taken from an inconspicuous place. Where the material is to remain, seal the sampling wound with an encapsulant to eliminate the potential for exposure from the sample site. Microscopy requires only a few milligrams of material. The amount that will fill a

20 mL scintillation vial is more than adequate. Be sure to collect samples from all layers and phases of material. If possible, make separate samples of each different phase of the material. This will aid in determining the actual hazard. **DO NOT USE ENVELOPES, PLASTIC OR PAPER BAGS OF ANY KIND TO COLLECT SAMPLES.** The use of plastic bags presents a contamination hazard to laboratory personnel and to other samples. When these containers are opened, a bellows effect blows fibers out of the container onto everything, including the person opening the container.

If a cork-borer type sampler is available, push the tube through the material all the way, so that all layers of material are sampled. Some samplers are intended to be disposable. These should be capped and sent to the laboratory. If a non-disposable cork borer is used, empty the contents into a scintillation vial and send to the laboratory. Vigorously and completely clean the cork borer between samples.

2.4 Shipment

Samples packed in glass vials must not touch or they might break in shipment.

(a) Seal the samples with a sample seal over the end to guard against tampering and to identify the sample.

(b) Package the bulk samples in separate packages from the air samples. They may cross-contaminate each other and will invalidate the results of the air samples.

(c) Include identifying paperwork with the samples, but not in contact with the suspected asbestos.

(d) To maintain sample accountability, ship the samples by certified mail, overnight express, or hand carry them to the laboratory.

3. Analysis

The analysis of asbestos samples can be divided into two major parts: sample preparation and microscopy. Because of the different asbestos uses that may be encountered by the analyst, each sample may need different preparation steps. The choices are outlined below. There are several different tests that are performed to identify the asbestos species and determine the percentage. They will be explained below.

3.1. Safety

(a) Do not create unnecessary dust. Handle the samples in HEPA-filter equipped hoods. If samples are received in bags, envelopes or other inappropriate container, open them only in a hood having a face velocity at or greater than 100 fpm. Transfer a small amount to a scintillation vial and only handle the smaller amount.

(b) Open samples in a hood, never in the open lab area.

(c) Index of refraction oils can be toxic. Take care not to get this material on the skin. Wash immediately with soap and water if this happens.

(d) Samples that have been heated in the muffle furnace or the drying oven may be hot. Handle them with tongs until they are cool enough to handle.

(e) Some of the solvents used, such as THF (tetrahydrofuran), are toxic and should only be handled in an appropriate fume hood and according to instructions given in the Material Safety Data Sheet (MSDS).

3.2. Equipment

(a) Phase contrast microscope with 10x, 16x and 40x objectives, 10x wide-field eyepieces, G-22 Walton-Beckett graticule, Whipple disk, polarizer, analyzer and first order red or gypsum plate, 100 Watt illuminator, rotating position condenser with oversize phase rings, central stop dispersion objective, Kohler illumination and a rotating mechanical stage.

(b) Stereo microscope with reflected light illumination, transmitted light illumination, polarizer, analyzer and first order red or gypsum plate, and rotating stage.

(c) Negative pressure hood for the stereo microscope

(d) Muffle furnace capable of 600EC

(e) Drying oven capable of 50-150EC

(f) Aluminum specimen pans

(g) Tongs for handling samples in the furnace

(h) High dispersion index of refraction oils (Special for dispersion staining.)

n=1.550

n=1.585

n=1.590

n=1.605

n=1.620

n=1.670

n=1.680

n=1.690

(i) A set of index of refraction oils from about n=1.350 to n=2.000 in n=0.005 increments. (Standard for Becke line analysis.)

(j) Glass slides with painted or frosted ends 1x3 inches 1mm (thick, precleaned.

(k) Cover Slips 22x22 mm, ∇ 1 2

(l) Paper clips or dissection needles

(m) Hand grinder

(n) Scalpel with both ∇ 10 and ∇ 11 blades

(o) 0.1 molar HCl

(p) Decalcifying solution (Baxter Scientific Products) Ethylenediaminetetraacetic Acid,

Tetrasodium....0.7 g/l

Sodium Potassium Tartrate....8.0 mg/liter

Hydrochloric Acid99.2 g/liter

Sodium Tartrate0.14 g/liter

(q) Tetrahydrofuran (THF)

(r) Hotplate capable of 60EC

(s) Balance

(t) Hacksaw blade

(u) Ruby mortar and pestle

3.3. Sample Pre-Preparation

Sample preparation begins with pre-preparation which may include chemical reduction of the matrix, heating the sample to dryness or heating in the muffle furnace. The end result is a sample which has been reduced to a powder that is sufficiently fine to fit under the cover slip. Analyze

different phases of samples separately, e.g., tile and the tile mastic should be analyzed separately as the mastic may contain asbestos while the tile may not.

(a) Wet Samples

Samples with a high water content will not give the proper dispersion colors and must be dried prior to sample mounting. Remove the lid of the scintillation vial, place the bottle in the drying oven and heat at 100EC to dryness (usually about 2 h). Samples which are not submitted to the lab in glass must be removed and placed in glass vials or aluminum weighing pans before placing them in the drying oven.

(b) Samples With Organic Interference-Muffle Furnace

These may include samples with tar as a matrix, vinyl asbestos tile, or any other organic that can be reduced by heating. Remove the sample from the vial and weigh in a balance to determine the weight of the submitted portion. Place the sample in a muffle furnace at 500EC for 1 to 2 h or until all obvious organic material has been removed. Retrieve, cool and weigh again to determine the weight loss on ignition. This is necessary to determine the asbestos content of the submitted sample, because the analyst will be looking at a reduced sample.

Note: Heating above 600EC will cause the sample to undergo a structural change which, given sufficient time, will convert the chrysotile to forsterite. Heating even at lower temperatures for 1 to 2 h may have a measurable effect on the optical properties of the minerals. If the analyst is unsure of what to expect, a sample of standard asbestos should be heated to the same temperature for the same length of time so that it can be examined for the proper interpretation.

(c) Samples With Organic Interference-THF

Vinyl asbestos tile is the most common material treated with this solvent, although, substances containing tar will sometimes yield to this treatment. Select a portion of the material and then grind it up if possible. Weigh the sample and place it in a test tube. Add sufficient THF to dissolve the organic matrix. This is usually about 4 to 5 mL. Remember, THF is highly flammable. Filter the remaining material through a tared silver membrane, dry and weigh to determine how much is left after the solvent extraction. Further process the sample to remove carbonate or mount directly.

(d) Samples With Carbonate Interference

Carbonate material is often found on fibers and sometimes must be removed in order to perform dispersion microscopy. Weigh out a portion of the material and place it in a test tube. Add a sufficient amount of 0.1 M HCl or decalcifying solution in the tube to react all the carbonate as evidenced by gas formation; i.e., when the gas bubbles stop, add a little more solution. If no more gas forms, the reaction is complete. Filter the material out through a tared silver membrane, dry and weigh to determine the weight lost.

3.4. Sample Preparation

Samples must be prepared so that accurate determination can be made of the asbestos type and amount present. The following steps are carried out in the low-flow hood (a low-flow hood has less than 50 fpm flow):

(1) If the sample has large lumps, is hard, or cannot be made to lie under a cover slip, the grain size must be reduced. Place a small amount between two slides and grind the material between them or grind a small amount in a clean mortar and pestle. The choice of whether to use an alumina, ruby, or diamond mortar depends on the hardness of the material. Impact damage can alter the asbestos mineral if too much mechanical shock occurs. (Freezer mills can completely destroy the observable crystallinity of asbestos and should not be used). For some samples, a portion of material can be shaved off with a scalpel, ground off with a hand grinder or hack saw blade.

The preparation tools should either be disposable or cleaned thoroughly. Use vigorous scrubbing to loosen the fibers during the washing. Rinse the implements with copious amounts of water and air-dry in a dust-free environment.

(2) If the sample is powder or has been reduced as in (1) above, it is ready to mount. Place a glass slide on a piece of optical tissue and write the identification on the painted or frosted end. Place two drops of index of refraction medium $n=1.550$ on the slide. (The medium $n=1.550$ is chosen because it is the matching index for chrysotile. Dip the end of a clean paper-clip or dissecting needle into the droplet of refraction medium on the slide to moisten it. Then dip the probe into the powder sample. Transfer what sticks on the probe to the slide. The material on the end of the probe should have a diameter of about 3 mm for a good mount. If the material is very fine, less sample may be appropriate. For non-powder samples such as fiber mats, forceps should be used to transfer a small amount of material to the slide. Stir the material in the medium on the slide, spreading it out and making the preparation as uniform as possible. Place a cover-slip on the preparation by gently lowering onto the slide and allowing it to fall "trapdoor" fashion on the preparation to push out any bubbles. Press gently on the cover slip to even out the distribution of particulate on the slide. If there is insufficient mounting oil on the slide, one or two drops may be placed near the edge of the coverslip on the slide. Capillary action will draw the necessary amount of liquid into the preparation. Remove excess oil with the point of a laboratory wiper.

Treat at least two different areas of each phase in this fashion. Choose representative areas of the sample. It may be useful to select particular areas or fibers for analysis. This is useful to identify asbestos in severely inhomogeneous samples.

When it is determined that amphiboles may be present, repeat the above process using the appropriate high-dispersion oils until an identification is made or all six asbestos minerals have been ruled out. Note that percent determination must be done in the index medium 1.550 because amphiboles tend to disappear in their matching mediums.

3.5. Analytical procedure

Note: This method presumes some knowledge of mineralogy and optical petrography.

The analysis consists of three parts: The determination of whether there is asbestos present, what type is present and the determination of how much is present. The general flow of the analysis is:

- (1) Gross examination.
- (2) Examination under polarized light on the stereo microscope.
- (3) Examination by phase-polar illumination on the compound phase microscope.
- (4) Determination of species by dispersion stain. Examination by Becke line analysis may also be used; however, this is usually more cumbersome for asbestos determination.
- (5) Difficult samples may need to be analyzed by SEM or TEM, or the results from those techniques combined with light microscopy for a definitive identification.

Identification of a particle as asbestos requires that it be asbestiform. Description of particles should follow the suggestion of Campbell. (Figure 1)

BILLING CODE 4510-26-P

See Illustration

BILLING CODE 4510-26-C

For the purpose of regulation, the mineral must be one of the six minerals covered and must be in the asbestos growth habit. Large specimen samples of asbestos generally have the gross appearance of wood. Fibers are easily parted from it. Asbestos fibers are very long compared with their widths. The fibers have a very high tensile strength as demonstrated by bending without breaking. Asbestos fibers exist in bundles that are easily parted, show longitudinal fine structure and may be tufted at the ends showing "bundle of sticks" morphology. In the microscope some of these properties may not be observable. Amphiboles do not always show striations along their length even when they are asbestos. Neither will they always show tufting. They generally do not show a curved nature except for very long fibers. Asbestos and asbestiform minerals are usually characterized in groups by extremely high aspect ratios (greater than 100:1). While aspect ratio analysis is useful for characterizing populations of fibers, it cannot be used to identify individual fibers of intermediate to short aspect ratio. Observation of many fibers is often necessary to determine whether a sample consists of "cleavage fragments" or of asbestos fibers.

Most cleavage fragments of the asbestos minerals are easily distinguishable from true asbestos fibers. This is because true cleavage fragments usually have larger diameters than 1 μm . Internal structure of particles larger than this usually shows them to have no internal fibrillar structure. In addition, cleavage fragments of the monoclinic amphiboles show inclined extinction under crossed

polars with no compensator. Asbestos fibers usually show extinction at zero degrees or ambiguous extinction if any at all. Morphologically, the larger cleavage fragments are obvious by their blunt or stepped ends showing prismatic habit. Also, they tend to be acicular rather than filiform.

Where the particles are less than 1 μm in diameter and have an aspect ratio greater than or equal to 3:1, it is recommended that the sample be analyzed by SEM or TEM if there is any question whether the fibers are cleavage fragments or asbestiform particles.

Care must be taken when analyzing by electron microscopy because the interferences are different from those in light microscopy and may structurally be very similar to asbestos. The classic interference is between anthophyllite and biopyribole or intermediate fiber. Use the same morphological clues for electron microscopy as are used for light microscopy, e.g. fibril splitting, internal longitudinal striation, fraying, curvature, etc.

(1) Gross examination:

Examine the sample, preferably in the glass vial. Determine the presence of any obvious fibrous component. Estimate a percentage based on previous experience and current observation. Determine whether any pre-preparation is necessary. Determine the number of phases present. This step may be carried out or augmented by observation at 6 to 40x under a stereo microscope.

(2) After performing any necessary pre-preparation, prepare slides of each phase as described above. Two preparations of the same phase in the same index medium can be made side-by-side on the same glass for convenience. Examine with the polarizing stereo microscope. Estimate the percentage of asbestos based on the amount of birefringent fiber present.

(3) Examine the slides on the phase-polar microscopes at magnifications of 160 and 400x. Note the morphology of the fibers. Long, thin, very straight fibers with little curvature are indicative of fibers from the amphibole family. Curved, wavy fibers are usually indicative of chrysotile. Estimate the percentage of asbestos on the phase-polar microscope under conditions of crossed polars and a gypsum plate. Fibers smaller than 1.0 μm in thickness must be identified by inference to the presence of larger, identifiable fibers and morphology. If no larger fibers are visible, electron microscopy should be performed. At this point, only a tentative identification can be made. Full identification must be made with dispersion microscopy. Details of the tests are included in the appendices.

(4) Once fibers have been determined to be present, they must be identified. Adjust the microscope for dispersion mode and observe the fibers. The microscope has a rotating stage, one polarizing element, and a system for generating dark-field dispersion microscopy (see Section 4.6. of this appendix). Align a fiber with its length parallel to the polarizer and note the color of the Becke lines. Rotate the stage to bring the fiber length perpendicular to the polarizer and note the color. Repeat this process for every fiber or fiber bundle examined. The colors must be consistent with the colors generated by standard asbestos reference materials for a positive identification. In $n=1.550$, amphiboles will generally show a yellow to straw-yellow color indicating that the fiber indices of

refraction are higher than the liquid. If long, thin fibers are noted and the colors are yellow, prepare further slides as above in the suggested matching liquids listed below:

Type of asbestos	Index of refraction
Chrysotile	n=1.550.
Amosite	n=1.670 r 1.680.
Crocidolite	n=1.690.
Anthophyllite	n=1.605 nd 1.620.
Tremolite	n=1.605 and 1.620.
Actinolite	n=1.620.

Where more than one liquid is suggested, the first is preferred; however, in some cases this liquid will not give good dispersion color. Take care to avoid interferences in the other liquid; e.g., wollastonite in n=1.620 will give the same colors as tremolite. In n=1.605 wollastonite will appear yellow in all directions. Wollastonite may be determined under crossed polars as it will change from blue to yellow as it is rotated along its fiber axis by tapping on the cover slip. Asbestos minerals will not change in this way.

Determination of the angle of extinction may, when present, aid in the determination of anthophyllite from tremolite. True asbestos fibers usually have 0E extinction or ambiguous extinction, while cleavage fragments have more definite extinction.

Continue analysis until both preparations have been examined and all present species of asbestos are identified. If there are no fibers present, or there is less than 0.1% present, end the analysis with the minimum number of slides (2).

(5) Some fibers have a coating on them which makes dispersion microscopy very difficult or impossible. Becke line analysis or electron microscopy may be performed in those cases. Determine the percentage by light microscopy. TEM analysis tends to overestimate the actual percentage present.

(6) Percentage determination is an estimate of occluded area, tempered by gross observation. Gross observation information is used to make sure that the high magnification microscopy does not greatly over- or under- estimate the amount of fiber present. This part of the analysis requires a great deal of experience. Satisfactory models for asbestos content analysis have not yet been developed, although some models based on metallurgical grain-size determination have found some utility. Estimation is more easily handled in situations where the grain sizes visible at about 160x are about the same and the sample is relatively homogeneous.

View all of the area under the cover slip to make the percentage determination. View the fields while moving the stage, paying attention to the clumps of material. These are not usually the best areas to perform dispersion microscopy because of the interference from other materials. But, they are the areas most likely to represent the accurate percentage in the sample. Small amounts of asbestos

require slower scanning and more frequent analysis of individual fields.

Report the area occluded by asbestos as the concentration. This estimate does not generally take into consideration the difference in density of the different species present in the sample. For most samples this is adequate. Simulation studies with similar materials must be carried out to apply microvisual estimation for that purpose and is beyond the scope of this procedure.

(7) Where successive concentrations have been made by chemical or physical means, the amount reported is the percentage of the material in the "as submitted" or original state. The percentage determined by microscopy is multiplied by the fractions remaining after pre-preparation steps to give the percentage in the original sample. For example:

Step 1. 60% remains after heating at 550 EC for 1 h.

Step 2. 30% of the residue of step 1 remains after dissolution of carbonate in 0.1 m HCl.

Step 3. Microvisual estimation determines that 5% of the sample is chrysotile asbestos.

The reported result is:

$R = (\text{Microvisual result in percent}) \times (\text{Fraction remaining after step 2}) \times (\text{Fraction remaining of original sample after step 1})$

$$R = (5) \times (.30) \times (.60) = 0.9\%$$

(8) Report the percent and type of asbestos present. For samples where asbestos was identified, but is less than 1.0%, report "Asbestos present, less than 1.0%." There must have been at least two observed fibers or fiber bundles in the two preparations to be reported as present. For samples where asbestos was not seen, report as "None Detected."

Auxiliary Information

Because of the subjective nature of asbestos analysis, certain concepts and procedures need to be discussed in more depth. This information will help the analyst understand why some of the procedures are carried out the way they are.

4.1. Light

Light is electromagnetic energy. It travels from its source in packets called quanta. It is instructive to consider light as a plane wave. The light has a direction of travel. Perpendicular to this and mutually perpendicular to each other, are two vector components. One is the magnetic vector and the other is the electric vector. We shall only be concerned with the electric vector. In this description, the interaction of the vector and the mineral will describe all the observable phenomena. From a light source such a microscope illuminator, light travels in all different direction from the filament.

In any given direction away from the filament, the electric vector is perpendicular to the direction of travel of a light ray. While perpendicular, its orientation is random about the travel axis. If the electric vectors from all the light rays were lined up by passing the light through a filter that would only let light rays with electric vectors oriented in one direction pass, the light would then be POLARIZED.

Polarized light interacts with matter in the direction of the electric vector. This is the polarization direction. Using this property it is possible to use polarized light to probe different materials and identify them by how they interact with light.

The speed of light in a vacuum is a constant at about 2.99×10^8 m/s. When light travels in different materials such as air, water, minerals or oil, it does not travel at this speed. It travels slower. This slowing is a function of both the material through which the light is traveling and the wavelength or frequency of the light. In general, the more dense the material, the slower the light travels. Also, generally, the higher the frequency, the slower the light will travel. The ratio of the speed of light in a vacuum to that in a material is called the index of refraction (n). It is usually measured at 589 nm (the sodium D line). If white light (light containing all the visible wavelengths) travels through a material, rays of longer wavelengths will travel faster than those of shorter wavelengths, this separation is called dispersion. Dispersion is used as an identifier of materials as described in Section 4.6.

4.2. Material Properties

Materials are either amorphous or crystalline. The difference between these two descriptions depends on the positions of the atoms in them. The atoms in amorphous materials are randomly arranged with no long range order. An example of an amorphous material is glass. The atoms in crystalline materials, on the other hand, are in regular arrays and have long range order. Most of the atoms can be found in highly predictable locations. Examples of crystalline material are salt, gold, and the asbestos minerals.

It is beyond the scope of this method to describe the different types of crystalline materials that can be found, or the full description of the classes into which they can fall. However, some general crystallography is provided below to give a foundation to the procedures described.

With the exception of anthophyllite, all the asbestos minerals belong to the monoclinic crystal type. The unit cell is the basic repeating unit of the crystal and for monoclinic crystals can be described as having three unequal sides, two 90° angles and one angle not equal to 90°. The orthorhombic group, of which anthophyllite is a member has three unequal sides and three 90° angles. The unequal sides are a consequence of the complexity of fitting the different atoms into the unit cell. Although the atoms are in a regular array, that array is not symmetrical in all directions. There is long range order in the three major directions of the crystal. However, the order is different in each of the three directions. This has the effect that the index of refraction is different in each of the three directions. Using polarized light, we can investigate the index of refraction in each of the directions

and identify the mineral or material under investigation. The indices α , β , and γ are used to identify the lowest, middle, and highest index of refraction respectively. The x direction, associated with α is called the fast axis. Conversely, the z direction is associated with γ and is the slow direction. Crocidolite has α along the fiber length making it "length-fast". The remainder of the asbestos minerals have the γ axis along the fiber length. They are called "length-slow". This orientation to fiber length is used to aid in the identification of asbestos.

4.3. Polarized Light Technique

Polarized light microscopy as described in this section uses the phase-polar microscope described in Section 3.2. A phase contrast microscope is fitted with two polarizing elements, one below and one above the sample. The polarizers have their polarization directions at right angles to each other. Depending on the tests performed, there may be a compensator between these two polarizing elements. A compensator is a piece of mineral with known properties that "compensates" for some deficiency in the optical train. Light emerging from a polarizing element has its electric vector pointing in the polarization direction of the element. The light will not be subsequently transmitted through a second element set at a right angle to the first element. Unless the light is altered as it passes from one element to the other, there is no transmission of light.

4.4. Angle of Extinction

Crystals which have different crystal regularity in two or three main directions are said to be anisotropic. They have a different index of refraction in each of the main directions. When such a crystal is inserted between the crossed polars, the field of view is no longer dark but shows the crystal in color. The color depends on the properties of the crystal. The light acts as if it travels through the crystal along the optical axes. If a crystal optical axis were lined up along one of the polarizing directions (either the polarizer or the analyzer) the light would appear to travel only in that direction, and it would blink out or go dark. The difference in degrees between the fiber direction and the angle at which it blinks out is called the angle of extinction. When this angle can be measured, it is useful in identifying the mineral. The procedure for measuring the angle of extinction is to first identify the polarization direction in the microscope. A commercial alignment slide can be used to establish the polarization directions or use anthophyllite or another suitable mineral. This mineral has a zero degree angle of extinction and will go dark to extinction as it aligns with the polarization directions. When a fiber of anthophyllite has gone to extinction, align the eyepiece reticle or graticule with the fiber so that there is a visual cue as to the direction of polarization in the field of view. Tape or otherwise secure the eyepiece in this position so it will not shift.

After the polarization direction has been identified in the field of view, move the particle of interest to the center of the field of view and align it with the polarization direction. For fibers, align the fiber along this direction. Note the angular reading of the rotating stage. Looking at the particle, rotate the stage until the fiber goes dark or "blinks out". Again note the reading of the stage. The difference in the first reading and the second is an angle of extinction.

The angle measured may vary as the orientation of the fiber changes about its long axis. Tables of

mineralogical data usually report the maximum angle of extinction. Asbestos forming minerals, when they exhibit an angle of extinction, usually do show an angle of extinction close to the reported maximum, or as appropriate depending on the substitution chemistry.

4.5. Crossed Polars with Compensator

When the optical axes of a crystal are not lined up along one of the polarizing directions (either the polarizer or the analyzer) part of the light travels along one axis and part travels along the other visible axis. This is characteristic of birefringent materials.

The color depends on the difference of the two visible indices of refraction and the thickness of the crystal. The maximum difference available is the difference between the α and the γ axes. This maximum difference is usually tabulated as the birefringence of the crystal.

For this test, align the fiber at 45E to the polarization directions in order to maximize the contribution to each of the optical axes. The colors seen are called retardation colors. They arise from the recombination of light which has traveled through the two separate directions of the crystal. One of the rays is retarded behind the other since the light in that direction travels slower. On recombination, some of the colors which make up white light are enhanced by constructive interference and some are suppressed by destructive interference. The result is a color dependent on the difference between the indices and the thickness of the crystal. The proper colors, thicknesses, and retardations are shown on a Michel-Levy chart. The three items, retardation, thickness and birefringence are related by the following relationship:

$$R = t(n_{\gamma} - n_{\alpha})$$

R=retardation, t=crystal thickness in μm , and

n_{α} , n_{γ} =indices of refraction.

Examination of the equation for asbestos minerals reveals that the visible colors for almost all common asbestos minerals and fiber sizes are shades of gray and black. The eye is relatively poor at discriminating different shades of gray. It is very good at discriminating different colors. In order to compensate for the low retardation, a compensator is added to the light train between the polarization elements. The compensator used for this test is a gypsum plate of known thickness and birefringence. Such a compensator when oriented at 45E to the polarizer direction, provides a retardation of 530 nm of the 530 nm wavelength color. This enhances the red color and gives the background a characteristic red to red-magenta color. If this "full-wave" compensator is in place when the asbestos preparation is inserted into the light train, the colors seen on the fibers are quite different. Gypsum, like asbestos has a fast axis and a slow axis. When a fiber is aligned with its fast axis in the same direction as the fast axis of the gypsum plate, the ray vibrating in the slow direction is retarded by both the asbestos and the gypsum. This results in a higher retardation than would be present for either of the two minerals. The color seen is a second order blue. When the fiber is rotated 90E using the rotating stage, the slow direction of the fiber is now aligned with the fast direction of the gypsum and the fast direction of the fiber is aligned with the slow direction of the

gypsum. Thus, one ray vibrates faster in the fast direction of the gypsum, and slower in the slow direction of the fiber; the other ray will vibrate slower in the slow direction of the gypsum and faster in the fast direction of the fiber. In this case, the effect is subtractive and the color seen is a first order yellow. As long as the fiber thickness does not add appreciably to the color, the same basic colors will be seen for all asbestos types except crocidolite. In crocidolite the colors will be weaker, may be in the opposite directions, and will be altered by the blue absorption color natural to crocidolite. Hundreds of other materials will give the same colors as asbestos, and therefore, this test is not definitive for asbestos. The test is useful in discriminating against fiberglass or other amorphous fibers such as some synthetic fibers. Certain synthetic fibers will show retardation colors different than asbestos; however, there are some forms of polyethylene and aramid which will show morphology and retardation colors similar to asbestos minerals. This test must be supplemented with a positive identification test when birefringent fibers are present which can not be excluded by morphology. This test is relatively ineffective for use on fibers less than 1 μm in diameter. For positive confirmation TEM or SEM should be used if no larger bundles or fibers are visible.

4.6. Dispersion Staining

Dispersion microscopy or dispersion staining is the method of choice for the identification of asbestos in bulk materials. Becke line analysis is used by some laboratories and yields the same results as does dispersion staining for asbestos and can be used in lieu of dispersion staining. Dispersion staining is performed on the same platform as the phase-polar analysis with the analyzer and compensator removed. One polarizing element remains to define the direction of the light so that the different indices of refraction of the fibers may be separately determined. Dispersion microscopy is a dark-field technique when used for asbestos. Particles are imaged with scattered light. Light which is unscattered is blocked from reaching the eye either by the back field image mask in a McCrone objective or a back field image mask in the phase condenser. The most convenient method is to use the rotating phase condenser to move an oversized phase ring into place. The ideal size for this ring is for the central disk to be just larger than the objective entry aperture as viewed in the back focal plane. The larger the disk, the less scattered light reaches the eye. This will have the effect of diminishing the intensity of dispersion color and will shift the actual color seen. The colors seen vary even on microscopes from the same manufacturer. This is due to the different bands of wavelength exclusion by different mask sizes. The mask may either reside in the condenser or in the objective back focal plane. It is imperative that the analyst determine by experimentation with asbestos standards what the appropriate colors should be for each asbestos type. The colors depend also on the temperature of the preparation and the exact chemistry of the asbestos. Therefore, some slight differences from the standards should be allowed. This is not a serious problem for commercial asbestos uses. This technique is used for identification of the indices of refraction for fibers by recognition of color. There is no direct numerical readout of the index of refraction. Correlation of color to actual index of refraction is possible by referral to published conversion tables. This is not necessary for the analysis of asbestos. Recognition of appropriate colors along with the proper morphology are deemed sufficient to identify the commercial asbestos minerals. Other techniques including SEM, TEM, and XRD may be required to provide additional information in order to identify other types of asbestos.

Make a preparation in the suspected matching high dispersion oil, e.g., $n=1.550$ for chrysotile. Perform the preliminary tests to determine whether the fibers are birefringent or not. Take note of the morphological character. Wavy fibers are indicative of chrysotile while long, straight, thin, frayed fibers are indicative of amphibole asbestos. This can aid in the selection of the appropriate matching oil. The microscope is set up and the polarization direction is noted as in Section 4.4. Align a fiber with the polarization direction. Note the color. This is the color parallel to the polarizer. Then rotate the fiber rotating the stage 90E so that the polarization direction is across the fiber. This is the perpendicular position. Again note the color. Both colors must be consistent with standard asbestos minerals in the correct direction for a positive identification of asbestos. If only one of the colors is correct while the other is not, the identification is not positive. If the colors in both directions are bluish-white, the analyst has chosen a matching index oil which is higher than the correct matching oil, e.g. the analyst has used $n=1.620$ where chrysotile is present. The next lower oil (Section 3.5.) should be used to prepare another specimen. If the color in both directions is yellow-white to straw-yellow-white, this indicates that the index of the oil is lower than the index of the fiber, e.g. the preparation is in $n=1.550$ while anthophyllite is present. Select the next higher oil (Section 3.5.) and prepare another slide. Continue in this fashion until a positive identification of all asbestos species present has been made or all possible asbestos species have been ruled out by negative results in this test. Certain plant fibers can have similar dispersion colors as asbestos. Take care to note and evaluate the morphology of the fibers or remove the plant fibers in pre-preparation. Coating material on the fibers such as carbonate or vinyl may destroy the dispersion color. Usually, there will be some outcropping of fiber which will show the colors sufficient for identification. When this is not the case, treat the sample as described in Section 3.3. and then perform dispersion staining. Some samples will yield to Becke line analysis if they are coated or electron microscopy can be used for identification.

5. References

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[59 FR 18863, August 8, 1994; 60 FR 33343, June 28, 1995]

1926.1102 Coal tar pitch volatiles; interpretation of term.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1002](#) of this chapter.

1926.1103 13 Carcinogens.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1104 alpha-Naphthylamine.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1105 [Reserved]

1926.1106 Methyl chloromethyl ether

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1107 3,3'- Dichlorobenzidene (and its salts).

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1108 bis-Chloromethyl ether.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1109 beta- Naphthylamine

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1110 Benzidine.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1111 4-Aminodiphenyl.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1112 Ethyleneimine.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1113 beta-Propiolactone

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1114 2-Acetylaminofluorene.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1115 4-Dimethylaminoazobenzene.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1116 N-Nitrosodimethylamine.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1003](#) of this chapter.

1926.1117 Vinyl chloride.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1017](#) of this chapter.

1926.1118 Inorganic arsenic.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1018](#) of this chapter.

1926.1126 Chromium (VI).

(a) Scope.

(1) This standard applies to occupational exposures to chromium (VI) in all forms and compounds in construction, except:

(2) Exposures that occur in the application of pesticides regulated by the Environmental Protection Agency or another Federal government agency (e.g., the treatment of wood with preservatives);

(3) Exposures to portland cement; or

(4) Where the employer has objective data demonstrating that a material containing chromium or a specific process, operation, or activity involving chromium cannot release dusts, fumes, or mists of chromium (VI) in concentrations at or above $0.5 \mu\text{g}/\text{m}^3$ as an 8-hour time-weighted average (TWA) under any expected conditions of use.

(b) **Definitions.** For the purposes of this section the following definitions apply:

Action level means a concentration of airborne chromium (VI) of 2.5 micrograms per cubic meter of air ($2.5 \mu\text{g}/\text{m}^3$) calculated as an 8-hour time-weighted average (TWA).

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

Chromium (VI) [hexavalent chromium or Cr(VI)] means chromium with a valence of positive six, in any form and in any compound.

Director means the Director of the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health and Human Services, or designee.

Emergency means any occurrence that results, or is likely to result, in an uncontrolled release of chromium (VI). If an incidental release of chromium (VI) can be controlled at the time of release

by employees in the immediate release area, or by maintenance personnel, it is not an emergency.

Employee exposure means the exposure to airborne chromium (VI) that would occur if the employee were not using a respirator.

High-efficiency particulate air [HEPA] filter means a filter that is at least 99.97 percent efficient in removing mono-dispersed particles of 0.3 micrometers in diameter or larger.

Historical monitoring data means data from chromium (VI) monitoring conducted prior to May 30, 2006, obtained during work operations conducted under workplace conditions closely resembling the processes, types of material, control methods, work practices, and environmental conditions in the employer's current operations.

Objective data means information such as air monitoring data from industry-wide surveys or calculations based on the composition or chemical and physical properties of a substance demonstrating the employee exposure to chromium (VI) associated with a particular product or material or a specific process, operation, or activity. The data must reflect workplace conditions closely resembling the processes, types of material, control methods, work practices, and environmental conditions in the employer's current operations.

Physician or other licensed health care professional [PLHCP] is an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide or be delegated the responsibility to provide some or all of the particular health care services required by paragraph (i) of this section.

This section means this § 1926.1126 chromium (VI) standard

(c) Permissible exposure limit (PEL). The employer shall ensure that no employee is exposed to an airborne concentration of chromium (VI) in excess of 5 micrograms per cubic meter of air ($5 \mu\text{g}/\text{m}^3$), calculated as an 8-hour time-weighted average (TWA).

(d) Exposure determination.

(1) General. Each employer who has a workplace or work operation covered by this section shall determine the 8-hour TWA exposure for each employee exposed to chromium (VI). This determination shall be made in accordance with either paragraph (d)(2) or paragraph (d)(3) of this section.

(2) Scheduled monitoring option.

(i) The employer shall perform initial monitoring to determine the 8-hour TWA exposure for each employee on the basis of a sufficient number of personal breathing zone air samples to accurately characterize full shift exposure on each shift, for each job classification, in

each work area. Where an employer does representative sampling instead of sampling all employees in order to meet this requirement, the employer shall sample the employee(s) expected to have the highest chromium (VI) exposures.

(ii) If initial monitoring indicates that employee exposures are below the action level, the employer may discontinue monitoring for those employees whose exposures are represented by such monitoring.

(iii) If monitoring reveals employee exposures to be at or above the action level, the employer shall perform periodic monitoring at least every six months.

(iv) If monitoring reveals employee exposures to be above the PEL, the employer shall perform periodic monitoring at least every three months.

(v) If periodic monitoring indicates that employee exposures are below the action level, and the result is confirmed by the result of another monitoring taken at least seven days later, the employer may discontinue the monitoring for those employees whose exposures are represented by such monitoring.

(vi) The employer shall perform additional monitoring when there has been any change in the production process, raw materials, equipment, personnel, work practices, or control methods that may result in new or additional exposures to chromium (VI), or when the employer has any reason to believe that new or additional exposures have occurred.

(3) Performance-oriented option. The employer shall determine the 8-hour TWA exposure for each employee on the basis of any combination of air monitoring data, historical monitoring data, or objective data sufficient to accurately characterize employee exposure to chromium (VI).

(4) Employee notification of determination results.

Within 15 work days after making an exposure determination in accordance with paragraph (d)(2) or paragraph (d)(3) of this section, the employer shall individually notify each affected employee in writing of the results of that determination or post the results in an appropriate location accessible to all affected employees.

(ii) Whenever the exposure determination indicates that employee exposure is above the PEL, the employer shall describe in the written notification the corrective action being taken to reduce employee exposure to or below the PEL.

(5) Accuracy of measurement. Where air monitoring is performed to comply with the requirements of this section, the employer shall use a method of monitoring and analysis that can measure chromium (VI) to within an accuracy of plus or minus 25 percent (+/- 25%) and can produce accurate measurements to within a statistical confidence level of 95 percent for airborne concentrations at or above the action level.

(6) Observation of monitoring.

(i) Where air monitoring is performed to comply with the requirements of this section, the employer shall provide affected employees or their designated representatives an opportunity to observe any monitoring of employee exposure to chromium (VI).

(ii) When observation of monitoring requires entry into an area where the use of protective clothing or equipment is required, the employer shall provide the observer with clothing and equipment and shall assure that the observer uses such clothing and equipment and complies with all other applicable safety and health procedures.

(e) Methods of compliance.

(1) Engineering and work practice controls.

(i) Except as permitted in paragraph (e)(1)(ii) of this section, the employer shall use engineering and work practice controls to reduce and maintain employee exposure to chromium (VI) to or below the PEL unless the employer can demonstrate that such controls are not feasible. Wherever feasible engineering and work practice controls are not sufficient to reduce employee exposure to or below the PEL, the employer shall use them to reduce employee exposure to the lowest levels achievable, and shall supplement them by the use of respiratory protection that complies with the requirements of paragraph (f) of this section.

(ii) Where the employer can demonstrate that a process or task does not result in any employee exposure to chromium (VI) above the PEL for 30 or more days per year (12 consecutive months), the requirement to implement engineering and work practice controls to achieve the PEL does not apply to that process or task.

(2) Prohibition of rotation. The employer shall not rotate employees to different jobs to achieve compliance with the PEL.

(f) Respiratory protection.

(1) General. Where respiratory protection is required by this section, the employer must provide each employee an appropriate respirator that complies with the requirements of this paragraph. Respiratory protection is required during:

(i) Periods necessary to install or implement feasible engineering and work practice controls;

(ii) Work operations, such as maintenance and repair activities, for which engineering and work practice controls are not feasible;

(iii) Work operations for which an employer has implemented all feasible

engineering and work practice controls and such controls are not sufficient to reduce exposures to or below the PEL;

(iv) Work operations where employees are exposed above the PEL for fewer than 30 days per year, and the employer has elected not to implement engineering and work practice controls to achieve the PEL; or

(v) Emergencies.

(2) Respiratory protection program. Where respirator use is required by this section, the employer shall institute a respiratory protection program in accordance with 29 CFR 1910.134, which covers each employee required to use a respirator.

(g) Protective work clothing and equipment.

(1) Provision and use. Where a hazard is present or is likely to be present from skin or eye contact with chromium (VI), the employer shall provide appropriate personal protective clothing and equipment at no cost to employees, and shall ensure that employees use such clothing and equipment.

(2) Removal and storage.

(i) The employer shall ensure that employees remove all protective clothing and equipment contaminated with chromium (VI) at the end of the work shift or at the completion of their tasks involving chromium (VI) exposure, whichever comes first.

(ii) The employer shall ensure that no employee removes chromium (VI)-contaminated protective clothing or equipment from the workplace, except for those employees whose job it is to launder, clean, maintain, or dispose of such clothing or equipment.

(iii) When contaminated protective clothing or equipment is removed for laundering, cleaning, maintenance, or disposal, the employer shall ensure that it is stored and transported in sealed, impermeable bags or other closed, impermeable containers.

(iv) Bags or containers of contaminated protective clothing or equipment that are removed from change rooms for laundering, cleaning, maintenance, or disposal shall be labeled in accordance with the requirements of the Hazard Communication Standard, 29 CFR 1910.1200.

(3) Cleaning and replacement.

(i) The employer shall clean, launder, repair and replace all protective clothing and equipment required by this section as needed to maintain its effectiveness.

(ii) The employer shall prohibit the removal of chromium (VI) from protective clothing and equipment by blowing, shaking, or any other means that disperses chromium (VI) into the air or onto an employee's body.

(iii) The employer shall inform any person who launders or cleans protective clothing or equipment contaminated with chromium (VI) of the potentially harmful effects of exposure to chromium (VI) and that the clothing and equipment should be laundered or cleaned in a manner that minimizes skin or eye contact with chromium (VI) and effectively prevents the release of airborne chromium (VI) in excess of the PEL.

(h) Hygiene areas and practices.

(1) General. Where protective clothing and equipment is required, the employer shall provide change rooms in conformance with 29 CFR 1926.51. Where skin contact with chromium (VI) occurs, the employer shall provide washing facilities in conformance with 29 CFR 1926.51. Eating and drinking areas provided by the employer shall also be in conformance with § 1926.51.

(2) Change rooms. The employer shall assure that change rooms are equipped with separate storage facilities for protective clothing and equipment and for street clothes, and that these facilities prevent cross-contamination.

(3) Washing facilities.

(i) The employer shall provide readily accessible washing facilities capable of removing chromium (VI) from the skin, and shall ensure that affected employees use these facilities when necessary.

(ii) The employer shall ensure that employees who have skin contact with chromium (VI) wash their hands and faces at the end of the work shift and prior to eating, drinking, smoking, chewing tobacco or gum, applying cosmetics, or using the toilet.

(4) Eating and drinking areas.

(i) Whenever the employer allows employees to consume food or beverages at a worksite where chromium (VI) is present, the employer shall ensure that eating and drinking areas and surfaces are maintained as free as practicable of chromium (VI).

(ii) The employer shall ensure that employees do not enter eating and drinking areas with protective work clothing or equipment unless surface chromium (VI) has been removed from the clothing and equipment by methods that do not disperse chromium (VI) into the air or onto an employee's body.

(5) Prohibited activities. The employer shall ensure that employees do not eat, drink,

smoke, chew tobacco or gum, or apply cosmetics in regulated areas, or in areas where skin or eye contact with chromium (VI) occurs; or carry the products associated with these activities, or store such products in these areas.

(i) Medical surveillance.

(1) General.

(i) The employer shall make medical surveillance available at no cost to the employee, and at a reasonable time and place, for all employees:

(A) Who are or may be occupationally exposed to chromium (VI) at or above the action level for 30 or more days a year;

(B) Experiencing signs or symptoms of the adverse health effects associated with chromium (VI) exposure; or

(C) Exposed in an emergency.

(ii) The employer shall assure that all medical examinations and procedures required by this section are performed by or under the supervision of a PLHCP.

(2) Frequency. The employer shall provide a medical examination:

(i) Within 30 days after initial assignment, unless the employee has received a chromium (VI) related medical examination that meets the requirements of this paragraph within the last twelve months;

(ii) Annually;

(iii) Within 30 days after a PLHCP's written medical opinion recommends an additional examination;

(iv) Whenever an employee shows signs or symptoms of the adverse health effects associated with chromium (VI) exposure;

(v) Within 30 days after exposure during an emergency which results in an uncontrolled release of chromium (VI); or

(vi) At the termination of employment, unless the last examination that satisfied the requirements of paragraph (i) of this section was less than six months prior to the date of termination.

(3) Contents of examination. A medical examination consists of:

(i) A medical and work history, with emphasis on: Past, present, and anticipated future exposure to chromium (VI); any history of respiratory system dysfunction; any history of asthma, dermatitis, skin ulceration, or nasal septum perforation; and smoking status and history;

(ii) A physical examination of the skin and respiratory tract; and

(iii) Any additional tests deemed appropriate by the examining PLHCP.

(4) Information provided to the PLHCP. The employer shall ensure that the examining PLHCP has a copy of this standard, and shall provide the following information:

(i) A description of the affected employee's former, current, and anticipated duties as they relate to the employee's occupational exposure to chromium (VI);

(ii) The employee's former, current, and anticipated levels of occupational exposure to chromium (VI);

(iii) A description of any personal protective equipment used or to be used by the employee, including when and for how long the employee has used that equipment; and

(iv) Information from records of employment-related medical examinations previously provided to the affected employee, currently within the control of the employer.

(5) PLHCP's written medical opinion.

(i) The employer shall obtain a written medical opinion from the PLHCP, within 30 days for each medical examination performed on each employee, which contains:

(A) The PLHCP's opinion as to whether the employee has any detected medical condition(s) that would place the employee at increased risk of material impairment to health from further exposure to chromium (VI);

(B) Any recommended limitations upon the employee's exposure to chromium (VI) or upon the use of personal protective equipment such as respirators;

(C) A statement that the PLHCP has explained to the employee the results of the medical examination, including any medical conditions related to chromium (VI) exposure that require further evaluation or treatment, and any special provisions for use of protective clothing or equipment.

(ii) The PLHCP shall not reveal to the employer specific findings or diagnoses unrelated to occupational exposure to chromium (VI).

(iii) The employer shall provide a copy of the PLHCP's written medical opinion to the examined employee within two weeks after receiving it.

(j) Communication of chromium (VI) hazards to employees.

(1) General. In addition to the requirements of the Hazard Communication Standard, 29 CFR 1910.1200, employers shall comply with the following requirements.

(2) Employee information and training.

(i) The employer shall ensure that each employee can demonstrate knowledge of at least the following:

(A) The contents of this section; and

(B) The purpose and a description of the medical surveillance program required by paragraph (i) of this section.

(ii) The employer shall make a copy of this section readily available without cost to all affected employees.

(k) Recordkeeping.

(1) Air monitoring data.

(i) The employer shall maintain an accurate record of all air monitoring conducted to comply with the requirements of this section.

(ii) This record shall include at least the following information:

(A) The date of measurement for each sample taken;

(B) The operation involving exposure to chromium (VI) that is being monitored;

(C) Sampling and analytical methods used and evidence of their accuracy;

(D) Number, duration, and the results of samples taken;

(E) Type of personal protective equipment, such as respirators worn; and

(F) Name, social security number, and job classification of all employees represented by the monitoring, indicating which employees were actually monitored.

(iii) The employer shall ensure that exposure records are maintained and made available in accordance with 29 CFR 1910.1020.

(2) Historical monitoring data.

(i) Where the employer has relied on historical monitoring data to determine exposure to chromium (VI), the employer shall establish and maintain an accurate record of the historical monitoring data relied upon.

(ii) The record shall include information that reflects the following conditions:

(A) The data were collected using methods that meet the accuracy requirements of paragraph (d)(5) of this section;

(B) The processes and work practices that were in use when the historical monitoring data were obtained are essentially the same as those to be used during the job for which exposure is being determined;

(C) The characteristics of the chromium (VI) containing material being handled when the historical monitoring data were obtained are the same as those on the job for which exposure is being determined;

(D) Environmental conditions prevailing when the historical monitoring data were obtained are the same as those on the job for which exposure is being determined; and

(E) Other data relevant to the operations, materials, processing, or employee exposures covered by the exception.

(iii) The employer shall ensure that historical exposure records are maintained and made available in accordance with 29 CFR 1910.1020.

(3) Objective data.

(i) The employer shall maintain an accurate record of all objective data relied upon to comply with the requirements of this section.

(ii) This record shall include at least the following information:

(A) The chromium containing material in question;

(B) The source of the objective data;

(C) The testing protocol and results of testing, or analysis of the material for the release of chromium (VI);

(D) A description of the process, operation, or activity and how the data support the determination; and

(E) Other data relevant to the process, operation, activity, material, or employee exposures.

(iii) The employer shall ensure that objective data are maintained and made available in accordance with 29 CFR 1910.1020.

(4) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee covered by medical surveillance under paragraph (i) of this section.

(ii) The record shall include the following information about the employee:

(A) Name and social security number;

(B) A copy of the PLHCP's written opinions;

(C) A copy of the information provided to the PLHCP as required by paragraph (i)(4) of this section.

(iii) The employer shall ensure that medical records are maintained and made available in accordance with 29 CFR 1910.1020.

(l) Dates.

(1) For employers with 20 or more employees, all obligations of this section, except engineering controls required by paragraph (f) of this section, commence November 27, 2006.

(2) For employers with 19 or fewer employees, all obligations of this section, except engineering controls required by paragraph (e) of this section, commence May 30, 2007.

(3) Except as provided in (e), for all employers, engineering controls required by paragraph (f) of this section shall be implemented no later than May 31, 2010.

[71 FR 10382, Feb. 28, 2006]

1926.1127 Cadmium

(a) Scope. This standard applies to all occupational exposures to cadmium and cadmium compounds, in all forms, in all construction work where an employee may potentially be exposed to cadmium. Construction work is defined as work involving construction, alteration and/or repair, including but not limited to the following:

(1) Wrecking, demolition or salvage of structures where cadmium or materials containing cadmium are present;

(2) Use of cadmium containing-paints and cutting, brazing, burning, grinding or welding on surfaces that were painted with cadmium-containing paints;

(3) Construction, alteration, repair, maintenance, or renovation of structures, substrates, or portions thereof, that contain cadmium, or materials containing cadmium;

(4) Cadmium welding; cutting and welding cadmium-plated steel; brazing or welding with cadmium alloys;

(5) Installation of products containing cadmium;

(6) Electrical grounding with cadmium welding, or electrical work using cadmium-coated conduit;

(7) Maintaining or retrofitting cadmium-coated equipment;

(8) Cadmium contamination/emergency cleanup; and

(9) Transportation, disposal, storage, or containment of cadmium or materials containing cadmium on the site or location at which construction activities are performed.

(b) Definitions.

Action level (AL) is defined as an airborne concentration of cadmium of 2.5 micrograms per cubic meter of air (2.5 $\mu\text{g}/\text{m}^3$), calculated as an 8-hour time-weighted average (TWA).

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

Authorized person means any person authorized by the employer and required by work duties to be present in regulated areas or any person authorized by the OSH Act or regulations issued under it to be in regulated areas.

Competent person, in accordance with 29 CFR 1926.32(f), means a person designated by the

employer to act on the employer's behalf who is capable of identifying existing and potential cadmium hazards in the workplace and the proper methods to control them in order to protect workers, and has the authority necessary to take prompt corrective measures to eliminate or control such hazards. The duties of a competent person include at least the following: Determining prior to the performance of work whether cadmium is present in the workplace; establishing, where necessary, regulated areas and assuring that access to and from those areas is limited to authorized employees; assuring the adequacy of any employee exposure monitoring required by this standard; assuring that all employees exposed to air cadmium levels above the PEL wear appropriate personal protective equipment and are trained in the use of appropriate methods of exposure control; assuring that proper hygiene facilities are provided and that workers are trained to use those facilities; and assuring that the engineering controls required by this standard are implemented, maintained in proper operating condition, and functioning properly.

Director means the Director of the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health and Human Services, or designee.

Employee exposure and similar language referring to the air cadmium level to which an employee is exposed means the exposure to airborne cadmium that would occur if the employee were not using respiratory protective equipment.

Final medical determination is the written medical opinion of the employee's health status by the examining physician under paragraphs (l)(3)-(12) of this section or, if multiple physician review under paragraph (l)(13) of this section or the alternative physician determination under paragraph (l)(14) of this section is invoked, it is the final, written medical finding, recommendation or determination that emerges from that process.

High-efficiency particulate air [HEPA] air filter means a filter capable of trapping and retaining at least 99.97 percent of mono-dispersed particles of 0.3 micrometers in diameter.

Regulated area means an area demarcated by the employer where an employee's exposure to airborne concentrations of cadmium exceeds, or can reasonably be expected to exceed the permissible exposure limit (PEL).

This section means this cadmium standard.

(c) Permissible Exposure Limit (PEL). The employer shall assure that no employee is exposed to an airborne concentration of cadmium in excess of five micrograms per cubic meter of air (5 µg/m³(Footnote 3)), calculated as an eight-hour time-weighted average exposure (TWA).

(d) Exposure Monitoring

(1) General.

(i) Prior to the performance of any construction work where employees may be

potentially exposed to cadmium, the employer shall establish the applicability of this standard by determining whether cadmium is present in the workplace and whether there is the possibility that employee exposures will be at or above the action level. The employer shall designate a competent person who shall make this determination. Investigation and material testing techniques shall be used, as appropriate, in the determination. Investigation shall include a review of relevant plans, past reports, material safety data sheets, and other available records, and consultations with the property owner and discussions with appropriate individuals and agencies.

(ii) Where cadmium has been determined to be present in the workplace, and it has been determined that there is a possibility the employee's exposure will be at or above the action level, the competent person shall identify employees potentially exposed to cadmium at or above the action level.

(iii) Determinations of employee exposure shall be made from breathing-zone air samples that reflect the monitored employee's regular, daily 8-hour TWA exposure to cadmium.

(iv) Eight-hour TWA exposures shall be determined for each employee on the basis of one or more personal breathing-zone air samples reflecting full shift exposure on each shift, for each job classification, in each work area. Where several employees perform the same job tasks, in the same job classification, on the same shift, in the same work area, and the length, duration, and level of cadmium exposures are similar, an employer may sample a representative fraction of the employees instead of all employees in order to meet this requirement. In representative sampling, the employer shall sample the employee(s) expected to have the highest cadmium exposures.

(2) Specific.

(i) Initial monitoring. Except as provided for in paragraph (d)(2)(iii) of this section, where a determination conducted under paragraph (d)(1)(i) of this section shows the possibility of employee exposure to cadmium at or above the action level, the employer shall conduct exposure monitoring as soon as practicable that is representative of the exposure for each employee in the workplace who is or may be exposed to cadmium at or above the action level.

(ii) In addition, if the employee periodically performs tasks that may expose the employee to a higher concentration of airborne cadmium, the employee shall be monitored while performing those tasks.

(iii) Where the employer has objective data, as defined in paragraph (n)(2) of this section, demonstrating that employee exposure to cadmium will not exceed airborne concentrations at or above the action level under the expected conditions of processing, use, or handling, the employer may rely upon such data instead of implementing initial monitoring.

(iv) Where a determination conducted under paragraphs (d)(1) or (d)(2) of this section is made that a potentially exposed employee is not exposed to airborne concentrations of cadmium at or above the action level, the employer shall make a written record of such

determination. The record shall include at least the monitoring data developed under paragraphs (d)(2)(i)-(iii) of this section, where applicable, and shall also include the date of determination, and the name and social security number of each employee.

(3) Monitoring frequency (periodic monitoring).

(i) If the initial monitoring or periodic monitoring reveals employee exposures to be at or above the action level, the employer shall monitor at a frequency and pattern needed to assure that the monitoring results reflect with reasonable accuracy the employee's typical exposure levels, given the variability in the tasks performed, work practices, and environmental conditions on the job site, and to assure the adequacy of respiratory selection and the effectiveness of engineering and work practice controls.

(ii) If the initial monitoring or the periodic monitoring indicates that employee exposures are below the action level and that result is confirmed by the results of another monitoring taken at least seven days later, the employer may discontinue the monitoring for those employees whose exposures are represented by such monitoring.

(4) Additional monitoring. The employer also shall institute the exposure monitoring required under paragraphs (d)(2)(i) and (d)(3) of this section whenever there has been a change in the raw materials, equipment, personnel, work practices, or finished products that may result in additional employees being exposed to cadmium at or above the action level or in employees already exposed to cadmium at or above the action level being exposed above the PEL, or whenever the employer or competent person has any reason to suspect that any other change might result in such further exposure.

(5) Employee notification of monitoring results.

(i) The employer must, as soon as possible but no later than 5 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to employees.

(ii) Wherever monitoring results indicate that employee exposure exceeds the PEL, the employer shall include in the written notice a statement that the PEL has been exceeded and a description of the corrective action being taken by the employer to reduce employee exposure to or below the PEL.

(6) Accuracy of measurement. The employer shall use a method of monitoring and analysis that has an accuracy of not less than plus or minus 25 percent (25%), with a confidence level of 95 percent, for airborne concentrations of cadmium at or above the action level and the permissible exposure limit.

(e) Regulated areas

(1) Establishment. The employer shall establish a regulated area wherever an employee's exposure to airborne concentrations of cadmium is, or can reasonably be expected to be in excess of the permissible exposure limit (PEL).

(2) Demarcation. Regulated areas shall be demarcated from the rest of the workplace in any manner that adequately establishes and alerts employees of the boundaries of the regulated area, including employees who are or may be incidentally in the regulated areas, and that protects persons outside the area from exposure to airborne concentrations of cadmium in excess of the PEL.

(3) Access. Access to regulated areas shall be limited to authorized persons.

(4) Provision of respirators. Each person entering a regulated area shall be supplied with and required to use a respirator, selected in accordance with paragraph (g)(2) of this section.

(5) Prohibited activities. The employer shall assure that employees do not eat, drink, smoke, chew tobacco or gum, or apply cosmetics in regulated areas, or carry the products associated with any of these activities into regulated areas or store such products in those areas.

(f) Methods of compliance

(1) Compliance hierarchy.

(i) Except as specified in paragraph (f)(1)(ii) of this section, the employer shall implement engineering and work practice controls to reduce and maintain employee exposure to cadmium at or below the PEL, except to the extent that the employer can demonstrate that such controls are not feasible.

(ii) The requirement to implement engineering controls to achieve the PEL does not apply where the employer demonstrates the following:

(A) The employee is only intermittently exposed; and

(B) The employee is not exposed above the PEL on 30 or more days per year (12 consecutive months).

(iii) Wherever engineering and work practice controls are not sufficient to reduce employee exposure to or below the PEL, the employer nonetheless shall implement such controls to reduce exposures to the lowest levels achievable. The employer shall supplement such controls with respiratory protection that complies with the requirements of paragraph (g) of this section and the PEL.

(iv) The employer shall not use employee rotation as a method of compliance.

(2) Specific operations

(i) Abrasive blasting. Abrasive blasting on cadmium or cadmium-containing materials shall be conducted in a manner that will provide adequate protection.

(ii) Heating cadmium and cadmium-containing materials. Welding, cutting, and other forms of heating of cadmium or cadmium-containing materials shall be conducted in accordance with the requirements of 29 CFR 1926.353 and 29 CFR 1926.354, where applicable.

(3) Prohibitions.

(i) High speed abrasive disc saws and similar abrasive power equipment shall not be used for work on cadmium or cadmium-containing materials unless they are equipped with appropriate engineering controls to minimize emissions, if the exposure levels are above the PEL.

(ii) Materials containing cadmium shall not be applied by spray methods, if exposures are above the PEL, unless employees are protected with supplied-air respirators with full facepiece, hood, helmet, suit, operated in positive pressure mode and measures are instituted to limit overspray and prevent contamination of adjacent areas.

(4) Mechanical ventilation.

(i) When ventilation is used to control exposure, measurements that demonstrate the effectiveness of the system in controlling exposure, such as capture velocity, duct velocity, or static pressure shall be made as necessary to maintain its effectiveness.

(ii) Measurements of the system's effectiveness in controlling exposure shall be made as necessary within five working days of any change in production, process, or control that might result in a significant increase in employee exposure to cadmium.

(iii) Recirculation of air. If air from exhaust ventilation is recirculated into the workplace, the system shall have a high efficiency filter and be monitored to assure effectiveness.

(iv) Procedures shall be developed and implemented to minimize employee exposure to cadmium when maintenance of ventilation systems and changing of filters is being conducted.

(5) Compliance program.

(i) Where employee exposure to cadmium exceeds the PEL and the employer is required under paragraph (f)(1) of this section to implement controls to comply with the PEL, prior to the commencement of the job the employer shall establish and implement a written compliance program to reduce employee exposure to or below the PEL. To the extent that engineering and work practice controls cannot reduce exposures to or below the PEL, the employer shall include in the

written compliance program the use of appropriate respiratory protection to achieve compliance with the PEL.

(ii) Written compliance programs shall be reviewed and updated as often and as promptly as necessary to reflect significant changes in the employer's compliance status or significant changes in the lowest air cadmium level that is technologically feasible.

(iii) A competent person shall review the comprehensive compliance program initially and after each change.

(iv) Written compliance programs shall be provided upon request for examination and copying to the Assistant Secretary, the Director, affected employees, and designated employee representatives.

(g) Respirator protection

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that complies with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement feasible engineering and work-practice controls when employee exposures exceed the PEL.

(ii) Maintenance and repair activities, and brief or intermittent work operations, for which employee exposures exceed the PEL and engineering and work-practice controls are not feasible or are not required.

(iii) Work operations in the regulated areas, specified in paragraph (e) of this section.

(iv) Work operations for which the employer has implemented all feasible engineering and work-practice controls, and such controls are not sufficient to reduce employee exposures to or below the PEL.

(v) Work operations for which an employee, who is exposed to cadmium at or above the action level, requests a respirator.

(vi) Work operations for which engineering controls are not required by paragraph (f)(1)(ii) of this section to reduce employee exposures that exceed the PEL.

(vii) Emergencies

(2) Respirator program.

(i) The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

(ii) If an employee exhibits breathing difficulty during fit testing or respirator use, the employer must provide the employee with a medical examination in accordance with paragraph (1)(6)(ii) of this section to determine if the employee can use a respirator while performing the required duties.

(iii) No employee must use a respirator when, based on their most recent medical examination, the examining physician determines that the employee will be unable to continue to function normally while using a respirator. If the physician determines the employee must be limited in, or removed from, their current job because of the employee's inability to use a respirator, the job limitation or removal must be conducted in accordance with paragraphs (1)(11) and (12) of this section.

(3) Respirator selection.

(i) Employer must:

(A) Select, and provide to employees, the appropriate respirators specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134.

(B) Provide employees with full facepiece respirators when they experience eye irritation.

(C) Provide HEPA filters for powered and non-powered air-purifying respirators.

(ii) The employer shall provide a powered, air-purifying respirator instead of a negative-pressure respirator when an employee entitled to a respirator chooses to use this type of respirator and such a respirator will provide adequate protection to the employee.

(h) Emergency situations. The employer shall develop and implement a written plan for dealing with emergency situations involving substantial releases of airborne cadmium. The plan shall include provisions for the use of appropriate respirators and personal protective equipment. In addition, employees not essential to correcting the emergency situation shall be restricted from the area and normal operations halted in that area until the emergency is abated.

(i) Protective work clothing and equipment

(1) Provision and use. If an employee is exposed to airborne cadmium above the PEL or where skin or eye irritation is associated with cadmium exposure at any level, the employer shall provide at no cost to the employee, and assure that the employee uses, appropriate protective work clothing and equipment that prevents contamination of the employee and the employee's garments. Protective work clothing and equipment includes, but is not limited to:

(i) Coveralls or similar full-body work clothing;

(ii) Gloves, head coverings, and boots or foot coverings; and

(iii) Face shields, vented goggles, or other appropriate protective equipment that complies with 29 CFR 1910.133.

(2) Removal and storage.

(i) The employer shall assure that employees remove all protective clothing and equipment contaminated with cadmium at the completion of the work shift and do so only in change rooms provided in accordance with paragraph (j)(1) of this section.

(ii) The employer shall assure that no employee takes cadmium-contaminated protective clothing or equipment from the workplace, except for employees authorized to do so for purposes of laundering, cleaning, maintaining, or disposing of cadmium-contaminated protective clothing and equipment at an appropriate location or facility away from the workplace.

(iii) The employer shall assure that contaminated protective clothing and equipment, when removed for laundering, cleaning, maintenance, or disposal, is placed and stored in sealed, impermeable bags or other closed, impermeable containers that are designed to prevent dispersion of cadmium dust.

(iv) The employer shall assure that containers of contaminated protective clothing and equipment that are to be taken out of the change rooms or the workplace for laundering, cleaning, maintenance or disposal shall bear labels in accordance with paragraph (m)(2) of this section.

(3) Cleaning, replacement, and disposal.

(i) The employer shall provide the protective clothing and equipment required by paragraph (i)(1) of this section in a clean and dry condition as often as necessary to maintain its effectiveness, but in any event at least weekly. The employer is responsible for cleaning and laundering the protective clothing and equipment required by this paragraph to maintain its effectiveness and is also responsible for disposing of such clothing and equipment.

(ii) The employer also is responsible for repairing or replacing required protective clothing and equipment as needed to maintain its effectiveness. When rips or tears are detected while an employee is working they shall be immediately mended, or the worksuit shall be immediately replaced.

(iii) The employer shall prohibit the removal of cadmium from protective clothing and equipment by blowing, shaking, or any other means that disperses cadmium into the air.

(iv) The employer shall assure that any laundering of contaminated clothing or cleaning of contaminated equipment in the workplace is done in a manner that prevents the release of airborne cadmium in excess of the permissible exposure limit prescribed in paragraph (c) of this section.

(v) The employer shall inform any person who launders or cleans protective clothing or equipment contaminated with cadmium of the potentially harmful effects of exposure to cadmium, and that the clothing and equipment should be laundered or cleaned in a manner to effectively prevent the release of airborne cadmium in excess of the PEL.

(j) Hygiene areas and practices.

(1) General. For employees whose airborne exposure to cadmium is above the PEL, the employer shall provide clean change rooms, handwashing facilities, showers, and lunchroom facilities that comply with 29 CFR 1926.51.

(2) Change rooms. The employer shall assure that change rooms are equipped with separate storage facilities for street clothes and for protective clothing and equipment, which are designed to prevent dispersion of cadmium and contamination of the employee's street clothes.

(3) Showers and handwashing facilities.

(i) The employer shall assure that employees whose airborne exposure to cadmium is above the PEL shower during the end of the work shift.

(ii) The employer shall assure that employees who are exposed to cadmium above the PEL wash their hands and faces prior to eating, drinking, smoking, chewing tobacco or gum, or applying cosmetics.

(4) Lunchroom facilities.

(i) The employer shall assure that the lunchroom facilities are readily accessible to employees, that tables for eating are maintained free of cadmium, and that no employee in a lunchroom facility is exposed at any time to cadmium at or above a concentration of 2.5 $\mu\text{g}/\text{m}^3$.

(ii) The employer shall assure that employees do not enter lunchroom facilities with protective work clothing or equipment unless surface cadmium has been removed from the clothing and equipment by HEPA vacuuming or some other method that removes cadmium dust without dispersing it.

(k) Housekeeping.

(1) All surfaces shall be maintained as free as practicable of accumulations of cadmium.

(2) All spills and sudden releases of material containing cadmium shall be cleaned up as soon as possible.

(3) Surfaces contaminated with cadmium shall, wherever possible, be cleaned by vacuuming or other methods that minimize the likelihood of cadmium becoming airborne.

(4) HEPA-filtered vacuuming equipment or equally effective filtration methods shall be used for vacuuming. The equipment shall be used and emptied in a manner that minimizes the reentry of cadmium into the workplace.

(5) Shoveling, dry or wet sweeping, and brushing may be used only where vacuuming or other methods that minimize the likelihood of cadmium becoming airborne have been tried and found not to be effective.

(6) Compressed air shall not be used to remove cadmium from any surface unless the compressed air is used in conjunction with a ventilation system designed to capture the dust cloud created by the compressed air.

(7) Waste, scrap, debris, bags, containers, personal protective equipment, and clothing contaminated with cadmium and consigned for disposal shall be collected and disposed of in sealed impermeable bags or other closed, impermeable containers. These bags and containers shall be labeled in accordance with paragraph (m)(2) of this section.

(l) Medical Surveillance.

(1) General.

(i) Scope.

(A) Currently exposed-The employer shall institute a medical surveillance program for all employees who are or may be exposed at or above the action level and all employees who perform the following tasks, operations or jobs: Electrical grounding with cadmium welding; cutting, brazing, burning, grinding or welding on surfaces that were painted with cadmium-containing paints; electrical work using cadmium-coated conduit; use of cadmium containing paints; cutting and welding cadmium-plated steel; brazing or welding with cadmium alloys; fusing of reinforced steel by cadmium welding; maintaining or retrofitting cadmium-coated equipment; and, wrecking and demolition where cadmium is present. A medical surveillance program will not be required if the employer demonstrates that the employee:

(1) Is not currently exposed by the employer to airborne concentrations of cadmium at or above the action level on 30 or more days per year (twelve consecutive months); and,

(2) Is not currently exposed by the employer in those tasks on 30 or more days per year (twelve consecutive months).

(B) Previously exposed-The employer shall also institute a medical surveillance program for all employees who might previously have been exposed to cadmium by the employer prior to the effective date of this standard in tasks specified under paragraph (1)(1)(i)(A) of this section, unless the employer demonstrates that the employee did not in the years prior to the effective date of this section work in those tasks for the employer with exposure to cadmium for an aggregated total of more than 12 months.

(ii) To determine an employee's fitness for using a respirator, the employer shall provide the limited medical examination specified in paragraph (1)(6) of this section.

(iii) The employer shall assure that all medical examinations and procedures required by this section are performed by or under the supervision of a licensed physician, who has read and is familiar with the health effects section of appendix A to this section, the regulatory text of this section, the protocol for sample handling and lab selection in appendix F to this section, and the questionnaire of appendix D to this section.

(iv) The employer shall provide the medical surveillance required by this section, including multiple physician review under paragraph (1)(13) of this section without cost to employees, and at a time and place that is reasonable and convenient to employees.

(v) The employer shall assure that the collecting and handling of biological samples of cadmium in urine (CdU), cadmium in blood (CdB), and beta-2 microglobulin in urine (b2-M) taken from employees under this section is done in a manner that assures their reliability and that analysis of biological samples of cadmium in urine (CdU), cadmium in blood (CdB), and beta-2 microglobulin in urine (b2-M) taken from employees under this section is performed in laboratories with demonstrated proficiency to perform the particular analysis. (See appendix F to this section.)

(2) Initial Examination.

(i) For employees covered by medical surveillance under paragraph (1)(1)(i) of this section, the employer shall provide an initial medical examination. The examination shall be provided to those employees within 30 days after initial assignment to a job with exposure to cadmium or no later than 90 days after the effective date of this section, whichever date is later.

(ii) The initial medical examination shall include:

(A) A detailed medical and work history, with emphasis on: Past, present, and anticipated future exposure to cadmium; any history of renal, cardiovascular, respiratory, hematopoietic, reproductive, and/or musculo-skeletal system dysfunction; current usage of medication with potential nephrotoxic side-effects; and smoking history and current status; and

(B) Biological monitoring that includes the following tests:

(1) Cadmium in urine (CdU), standardized to grams of creatinine (g/Cr);

(2) Beta-2 microglobulin in urine (b2-M), standardized to grams of creatinine (g/Cr), with pH specified, as described in Appendix F to this section; and

(3) Cadmium in blood (CdB), standardized to liters of whole blood (lwb).

(iii) Recent Examination: An initial examination is not required to be provided if adequate records show that the employee has been examined in accordance with the requirements of paragraph (1)(2)(ii) of this section within the past 12 months. In that case, such records shall be maintained as part of the employee's medical record and the prior exam shall be treated as if it were an initial examination for the purposes of paragraphs (1)(3) and (4) of this section.

(3) Actions triggered by initial biological monitoring.

(i) If the results of the biological monitoring tests in the initial examination show the employee's CdU level to be at or below $3\mu\text{g/g Cr}$, b2-M level to be at or below $300\mu\text{g/g Cr}$ and CdB level to be at or below $5\mu\text{g/lwb}$, then:

(A) For employees who are subject to medical surveillance under paragraphs (1)(1)(i)(A) of this section because of current or anticipated exposure to cadmium, the employer shall provide the minimum level of periodic medical surveillance in accordance with the requirements in paragraph (1)(4)(i) of this section; and

(B) For employees who are subject to medical surveillance under paragraph (1)(1)(i)(B) of this section because of prior but not current exposure, the employer shall provide biological monitoring for CdU, B2-M, and CdB one year after the initial biological monitoring and then the employer shall comply with the requirements of paragraph (1)(4)(vi) of this section.

(ii) For all employees who are subject to medical surveillance under paragraph (1)(1)(i) of this section, if the results of the initial biological monitoring tests show the level of CdU to exceed 3 mg/g Cr , the level of b2-M to be in excess of 300 mg/g Cr , or the level of CdB to be in excess of 5 mg/lwb , the employer shall:

(A) Within two weeks after receipt of biological monitoring results, reassess the employee's occupational exposure to cadmium as follows:

(1) Reassess the employee's work practices and personal hygiene;

(2) Reevaluate the employee's respirator use, if any, and the

respirator program;

(3) Review the hygiene facilities;

(4) Reevaluate the maintenance and effectiveness of the relevant engineering controls;

(5) Assess the employee's smoking history and status;

(B) Within 30 days after the exposure reassessment, specified in paragraph (l)(3)(ii)(A) of this section, take reasonable steps to correct any deficiencies found in the reassessment that may be responsible for the employee's excess exposure to cadmium; and,

(C) Within 90 days after receipt of biological monitoring results, provide a full medical examination to the employee in accordance with the requirements of paragraph (l)(4)(ii) of this section. After completing the medical examination, the examining physician shall determine in a written medical opinion whether to medically remove the employee. If the physician determines that medical removal is not necessary, then until the employee's CdU level falls to or below 3 mg/g Cr, b2-M level falls to or below 300 mg/g Cr and CdB level falls to or below 5 mg/lwb, the employer shall:

(1) Provide biological monitoring in accordance with paragraph (l)(2)(ii)(B) of this section on a semiannual basis; and

(2) Provide annual medical examinations in accordance with paragraph (l)(4)(ii) of this section.

(iii) For all employees who are subject to medical surveillance under paragraph (l)(1)(i) of this section, if the results of the initial biological monitoring tests show the level of CdU to be in excess of 15 mg/g Cr, or the level of CdB to be in excess of 15 mg/lwb, or the level of b2-M to be in excess of 1,500 mg/g Cr, the employer shall comply with the requirements of paragraphs (l)(3)(ii)(A)-(B) of this section. Within 90 days after receipt of biological monitoring results, the employer shall provide a full medical examination to the employee in accordance with the requirements of paragraph (l)(4)(ii) of this section. After completing the medical examination, the examining physician shall determine in a written medical opinion whether to medically remove the employee. However, if the initial biological monitoring results and the biological monitoring results obtained during the medical examination both show that: CdU exceeds 15 mg/g Cr; or CdB exceeds 15 mg/lwb; or b2-M exceeds 1500 mg/g Cr, and in addition CdU exceeds 3 mg/g Cr or CdB exceeds 5 mg/liter of whole blood, then the physician shall medically remove the employee from exposure to cadmium at or above the action level. If the second set of biological monitoring results obtained during the medical examination does not show that a mandatory removal trigger level has been exceeded, then the employee is not required to be removed by the mandatory provisions of this paragraph. If the employee is not required to be removed by the mandatory provisions of this paragraph or by the physician's determination, then until the employee's CdU level falls to or below

3 mg/g Cr, b2-M level falls to or below 300 mg/g Cr and CdB level falls to or below 5 mg/lwb, the employer shall:

(A) Periodically reassess the employee's occupational exposure to cadmium;

(B) Provide biological monitoring in accordance with paragraph (l)(2)(ii)(B) of this section on a quarterly basis; and

(C) Provide semiannual medical examinations in accordance with paragraph (l)(4)(ii) of this section.

(iv) For all employees to whom medical surveillance is provided, beginning on January 1, 1999, and in lieu of paragraph (l)(3)(iii) of this section, whenever the results of initial biological monitoring tests show the employee's CdU level to be in excess of 7 mg/g Cr, or b2-M level to be in excess of 750 mg/g Cr, or CdB level to be in excess of 10 mg/lwb, the employer shall comply with the requirements of paragraphs (l)(3)(ii)(A)-(B) of this section. Within 90 days after receipt of biological monitoring results, the employer shall provide a full medical examination to the employee in accordance with the requirements of paragraph (l)(4)(ii) of this section. After completing the medical examination, the examining physician shall determine in a written medical opinion whether to medically remove the employee. However, if the initial biological monitoring results and the biological monitoring results obtained during the medical examination both show that: CdU exceeds 7 mg/g Cr; or CdB exceeds 10 mg/lwb; or b2-M exceeds 750 mg/g Cr, and in addition CdU exceeds 3 mg/g Cr or CdB exceeds 5 mg/liter of whole blood, then the physician shall medically remove the employee from exposure to cadmium at or above the action level. If the second set of biological monitoring results obtained during the medical examination does not show that a mandatory removal trigger level has been exceeded, then the employee is not required to be removed by the mandatory provisions of this paragraph. If the employee is not required to be removed by the mandatory provisions of this paragraph or by the physician's determination, then until the employee's CdU level falls to or below 3 mg/g Cr, b2-M level falls to or below 300 mg/g Cr and CdB level falls to or below 5 mg/lwb, the employer shall:

(A) Periodically reassess the employee's occupational exposure to cadmium;

(B) Provide biological monitoring in accordance with paragraph (l)(2)(ii)(B) of this section on a quarterly basis; and

(C) Provide semiannual medical examinations in accordance with paragraph (l)(4)(ii) of this section.

(4) Periodic medical surveillance.

(i) For each employee who is covered by medical surveillance under paragraph (l)(1)(i)(A) of this section because of current or anticipated exposure to cadmium, the employer shall provide at least the minimum level of periodic medical surveillance, which consists of periodic

medical examinations and periodic biological monitoring. A periodic medical examination shall be provided within one year after the initial examination required by paragraph (l)(2) of this section and thereafter at least biennially. Biological sampling shall be provided at least annually either as part of a periodic medical examination or separately as periodic biological monitoring.

(ii) The periodic medical examination shall include:

(A) A detailed medical and work history, or update thereof, with emphasis on: Past, present and anticipated future exposure to cadmium; smoking history and current status; reproductive history; current use of medications with potential nephrotoxic side-effects; any history of renal, cardiovascular, respiratory, hematopoietic, and/or musculo-skeletal system dysfunction; and as part of the medical and work history, for employees who wear respirators, questions 3-11 and 25-32 in appendix D to this section;

(B) A complete physical examination with emphasis on: blood pressure, the respiratory system, and the urinary system;

(C) A 14 inch by 17 inch, or a reasonably standard sized posterior-anterior chest X-ray (after the initial X-ray, the frequency of chest X-rays is to be determined by the examining physician);

(D) Pulmonary function tests, including forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV1);

(E) Biological monitoring, as required in paragraph (l)(2)(ii)(B) of this section;

(F) Blood analysis, in addition to the analysis required under paragraph (l)(2)(ii)(B) of this section, including blood urea nitrogen, complete blood count, and serum creatinine;

(G) Urinalysis, in addition to the analysis required under paragraph (l)(2)(ii)(B) of this section, including the determination of albumin, glucose, and total and low molecular weight proteins;

(H) For males over 40 years old, prostate palpation, or other at least as effective diagnostic test(s), and;

(I) Any additional tests or procedures deemed appropriate by the examining physician.

(iii) Periodic biological monitoring shall be provided in accordance with paragraph (l)(2)(ii)(B) of this section.

(iv) If the results of periodic biological monitoring or the results of biological

monitoring performed as part of the periodic medical examination show the level of the employee's CdU, β 2-M, or CdB to be in excess of the levels specified in paragraphs (1)(3)(ii) or (iii) of this section; or, beginning on January 1, 1999, in excess of the levels specified in paragraph (1)(3)(ii) or (iv), the employer shall take the appropriate actions specified in paragraphs (1)(3)(ii)-(iv) of this section, respectively.

(v) For previously exposed employees under paragraph (1)(1)(i)(B) of this section:

(A) If the employee's levels of CdU did not exceed 3 $\mu\text{g/g Cr}$, CdB did not exceed 5 $\mu\text{g/lwb}$, and β 2-M did not exceed 300 $\mu\text{g/g Cr}$ in the initial biological monitoring tests, and if the results of the followup biological monitoring required by paragraph (1)(3)(i)(B) of this section one year after the initial examination confirm the previous results, the employer may discontinue all periodic medical surveillance for that employee.

(B) If the initial biological monitoring results for CdU, CdB, or β 2-M were in excess of the levels specified in paragraph (1)(3)(i) of this section, but subsequent biological monitoring results required by paragraph (1)(3)(ii)-(iv) of this section show that the employee's CdU levels no longer exceed 3 $\mu\text{g/g Cr}$, CdB levels no longer exceed 5 $\mu\text{g/lwb}$, and β 2-M levels no longer exceed 300 $\mu\text{g/g Cr}$, the employer shall provide biological monitoring for CdU, CdB, and β 2-M one year after these most recent biological monitoring results. If the results of the followup biological monitoring specified in this paragraph, confirm the previous results, the employer may discontinue all periodic medical surveillance for that employee.

(C) However, if the results of the follow-up tests specified in paragraph (1)(4)(v)(A) or (B) of this section indicate that the level of the employee's CdU, β 2-M, or CdB exceeds these same levels, the employer is required to provide annual medical examinations in accordance with the provisions of paragraph (1)(4)(ii) of this section until the results of biological monitoring are consistently below these levels or the examining physician determines in a written medical opinion that further medical surveillance is not required to protect the employee's health.

(vi) A routine, biennial medical examination is not required to be provided in accordance with paragraphs (1)(3)(i) and (1)(4) of this section if adequate medical records show that the employee has been examined in accordance with the requirements of paragraph (1)(4)(ii) of this section within the past 12 months. In that case, such records shall be maintained by the employer as part of the employee's medical record, and the next routine, periodic medical examination shall be made available to the employee within two years of the previous examination.

(5) Actions triggered by medical examinations.

(i) If the results of a medical examination carried out in accordance with this section indicate any laboratory or clinical finding consistent with cadmium toxicity that does not require employer action under paragraphs (1)(2), (3) or (4) of this section, the employer shall take the following steps and continue to take them until the physician determines that they are no longer necessary.

(A) Periodically reassess: The employee's work practices and personal hygiene; the employee's respirator use, if any; the employee's smoking history and status; the respiratory protection program; the hygiene facilities; the maintenance and effectiveness of the relevant engineering controls; and take all reasonable steps to correct the deficiencies found in the reassessment that may be responsible for the employee's excess exposure to cadmium.

(B) Provide semi-annual medical reexaminations to evaluate the abnormal clinical sign(s) of cadmium toxicity until the results are normal or the employee is medically removed; and

(C) Where the results of tests for total proteins in urine are abnormal, provide a more detailed medical evaluation of the toxic effects of cadmium on the employee's renal system.

(6) Examination for respirator use.

(i) To determine an employee's fitness for respirator use, the employer shall provide a medical examination that includes the elements specified in paragraph (l)(6)(i)(A)-(D) of this section. This examination shall be provided prior to the employee's being assigned to a job that requires the use of a respirator or no later than 90 days after this section goes into effect, whichever date is later, to any employee without a medical examination within the preceding 12 months that satisfies the requirements of this paragraph.

(A) A detailed medical and work history, or update thereof, with emphasis on: past exposure to cadmium; smoking history and current status; any history of renal, cardiovascular, respiratory, hematopoietic, and/or musculo-skeletal system dysfunction; a description of the job for which the respirator is required; and questions 3-11 and 25-32 in appendix D;

(B) A blood pressure test;

(C) Biological monitoring of the employee's levels of CdU, CdB and β 2-M in accordance with the requirements of paragraph (l)(2)(ii)(B) of this section, unless such results already have been obtained within the twelve months; and

(D) Any other test or procedure that the examining physician deems appropriate.

(ii) After reviewing all the information obtained from the medical examination required in paragraph (l)(6)(i) of this section, the physician shall determine whether the employee is fit to wear a respirator.

(iii) Whenever an employee has exhibited difficulty in breathing during a respirator

fit test or during use of a respirator, the employer, as soon as possible, shall provide the employee with a periodic medical examination in accordance with paragraph (l)(4)(ii) of this section to determine the employee's fitness to wear a respirator.

(iv) Where the results of the examination required under paragraphs (l)(6)(i), (ii) or (iii) of this section are abnormal, medical limitation or prohibition of respirator use shall be considered. If the employee is allowed to wear a respirator, the employee's ability to continue to do so shall be periodically evaluated by a physician.

(7) Emergency Examinations.

(i) In addition to the medical surveillance required in paragraphs (l)(2)-(6) of this section, the employer shall provide a medical examination as soon as possible to any employee who may have been acutely exposed to cadmium because of an emergency.

(ii) The examination shall include the requirements of paragraph (l)(4)(ii), of this section, with emphasis on the respiratory system, other organ systems considered appropriate by the examining physician, and symptoms of acute overexposure, as identified in paragraphs II(B)(1)-(2) and IV of appendix A of this section.

(8) Termination of employment examination.

(i) At termination of employment, the employer shall provide a medical examination in accordance with paragraph (l)(4)(ii) of this section, including a chest X-ray where necessary, to any employee to whom at any prior time the employer was required to provide medical surveillance under paragraph (l)(1)(i) or (l)(7) of this section. However, if the last examination satisfied the requirements of paragraph (l)(4)(ii) of this section and was less than six months prior to the date of termination, no further examination is required unless otherwise specified in paragraph (l)(3) or (l)(5) of this section;

(ii) In addition, if the employer has discontinued all periodic medical surveillance under paragraph (l)(4)(v) of this section, no termination of employment medical examination is required.

(9) Information provided to the physician. The employer shall provide the following information to the examining physician:

(i) A copy of this standard and appendices;

(ii) A description of the affected employee's former, current, and anticipated duties as they relate to the employee's occupational exposure to cadmium;

(iii) The employee's former, current, and anticipated future levels of occupational exposure to cadmium;

(iv) A description of any personal protective equipment, including respirators, used or to be used by the employee, including when and for how long the employee has used that equipment; and

(v) relevant results of previous biological monitoring and medical examinations.

(10) Physician's written medical opinion.

(i) The employer shall promptly obtain a written, medical opinion from the examining physician for each medical examination performed on each employee. This written opinion shall contain:

(A) The physician's diagnosis for the employee;

(B) The physician's opinion as to whether the employee has any detected medical condition(s) that would place the employee at increased risk of material impairment to health from further exposure to cadmium, including any indications of potential cadmium toxicity;

(C) The results of any biological or other testing or related evaluations that directly assess the employee's absorption of cadmium;

(D) Any recommended removal from, or limitation on the activities or duties of the employee or on the employee's use of personal protective equipment, such as respirators;

(E) A statement that the physician has clearly and carefully explained to the employee the results of the medical examination, including all biological monitoring results and any medical conditions related to cadmium exposure that require further evaluation or treatment, and any limitation on the employee's diet or use of medications.

(ii) The employer shall promptly obtain a copy of the results of any biological monitoring provided by an employer to an employee independently of a medical examination under paragraphs (1)(2) and (1)(4) of this section, and, in lieu of a written medical opinion, an explanation sheet explaining those results.

(iii) The employer shall instruct the physician not to reveal orally or in the written medical opinion given to the employer specific findings or diagnoses unrelated to occupational exposure to cadmium.

(11) Medical Removal Protection (MRP).

(i) General.

(A) The employer shall temporarily remove an employee from work where there is excess exposure to cadmium on each occasion that medical removal is required under

paragraphs (l)(3), (l)(4), or (l)(6) of this section and on each occasion that a physician determines in a written medical opinion that the employee should be removed from such exposure. The physician's determination may be based on biological monitoring results, inability to wear a respirator, evidence of illness, other signs or symptoms of cadmium-related dysfunction or disease, or any other reason deemed medically sufficient by the physician.

(B) The employer shall medically remove an employee in accordance with paragraph (l)(11) of this section regardless of whether at the time of removal a job is available into which the removed employee may be transferred.

(C) Whenever an employee is medically removed under paragraph (l)(11) of this section, the employer shall transfer the removed employee to a job where the exposure to cadmium is within the permissible levels specified in that paragraph as soon as one becomes available.

(D) For any employee who is medically removed under the provisions of paragraph (l)(11)(i) of this section, the employer shall provide follow-up medical examinations semi-annually until, in a written medical opinion, the examining physician determines that either the employee may be returned to his/her former job status or the employee must be permanently removed from excess cadmium exposure.

(E) The employer may not return an employee who has been medically removed for any reason to his/her former job status until a physician determines in a written medical opinion that continued medical removal is no longer necessary to protect the employee's health.

(ii) Where an employee is found unfit to wear a respirator under paragraph (l)(6)(ii) of this section, the employer shall remove the employee from work where exposure to cadmium is above the PEL.

(iii) Where removal is based upon any reason other than the employee's inability to wear a respirator, the employer shall remove the employee from work where exposure to cadmium is at or above the action level.

(iv) Except as specified in paragraph (l)(11)(v) of this section, no employee who was removed because his/her level of CdU, CdB and/or b2-M exceeded the trigger levels in paragraph (l)(3) or (l)(4) of this section may be returned to work with exposure to cadmium at or above the action level until the employee's levels of CdU fall to or below 3 mg/g Cr, CdB fall to or below 5 mg/lwb, and b2-M fall to or below 300 mg/g Cr.

(v) However, when in the examining physician's opinion continued exposure to cadmium will not pose an increased risk to the employee's health and there are special circumstances that make continued medical removal an inappropriate remedy, the physician shall fully discuss these matters with the employee, and then in a written determination may return a worker to his/her former job status despite what would otherwise be unacceptably high biological monitoring results.

Thereafter and until such time as the employee's biological monitoring results have decreased to levels where he/she could have been returned to his/her former job status, the returned employee shall continue medical surveillance as if he/she were still on medical removal. Until such time, the employee is no longer subject to mandatory medical removal. Subsequent questions regarding the employee's medical removal shall be decided solely by a final medical determination.

(vi) Where an employer, although not required by this section to do so, removes an employee from exposure to cadmium or otherwise places limitations on an employee due to the effects of cadmium exposure on the employee's medical condition, the employer shall provide the same medical removal protection benefits to that employee under paragraph (l)(12) of this section as would have been provided had the removal been required under paragraph (l)(11) of this section.

(12) Medical removal protection benefits.

(i) The employer shall provide medical removal protection benefits to an employee for up to a maximum of 18 months each time, and while the employee is temporarily medically removed under paragraph (l)(11) of this section.

(ii) For purposes of this section, the requirement that the employer provide medical removal protection benefits means that the employer shall maintain the total normal earnings, seniority, and all other employee rights and benefits of the removed employee, including the employee's right to his/her former job status, as if the employee had not been removed from the employee's job or otherwise medically limited.

(iii) Where, after 18 months on medical removal because of elevated biological monitoring results, the employee's monitoring results have not declined to a low enough level to permit the employee to be returned to his/her former job status:

(A) The employer shall make available to the employee a medical examination pursuant to this section in order to obtain a final medical determination as to whether the employee may be returned to his/her former job status or must be permanently removed from excess cadmium exposure; and

(B) The employer shall assure that the final medical determination indicates whether the employee may be returned to his/her former job status and what steps, if any, should be taken to protect the employee's health;

(iv) The employer may condition the provision of medical removal protection benefits upon the employee's participation in medical surveillance provided in accordance with this section.

(13) Multiple physician review.

(i) If the employer selects the initial physician to conduct any medical examination or consultation provided to an employee under this section, the employee may designate a second

physician to:

(A) Review any findings, determinations, or recommendations of the initial physician; and

(B) Conduct such examinations, consultations, and laboratory tests as the second physician deems necessary to facilitate this review.

(ii) The employer shall promptly notify an employee of the right to seek a second medical opinion after each occasion that an initial physician provided by the employer conducts a medical examination or consultation pursuant to this section. The employer may condition its participation in, and payment for, multiple physician review upon the employee doing the following within fifteen (15) days after receipt of this notice, or receipt of the initial physician's written opinion, whichever is later:

(A) Informing the employer that he or she intends to seek a medical opinion; and

(B) Initiating steps to make an appointment with a second physician.

(iii) If the findings, determinations, or recommendations of the second physician differ from those of the initial physician, then the employer and the employee shall assure that efforts are made for the two physicians to resolve any disagreement.

(iv) If the two physicians have been unable to quickly resolve their disagreement, then the employer and the employee, through their respective physicians, shall designate a third physician to:

(A) Review any findings, determinations, or recommendations of the other two physicians; and

(B) Conduct such examinations, consultations, laboratory tests, and discussions with the other two physicians as the third physician deems necessary to resolve the disagreement among them.

(v) The employer shall act consistently with the findings, determinations, and recommendations of the third physician, unless the employer and the employee reach an agreement that is consistent with the recommendations of at least one of the other two physicians.

(14) Alternate physician determination. The employer and an employee or designated employee representative may agree upon the use of any alternate form of physician determination in lieu of the multiple physician review provided by paragraph (1)(13) of this section, so long as the alternative is expeditious and at least as protective of the employee.

(15) Information the employer must provide the employee.

(i) The employer shall provide a copy of the physician's written medical opinion to the examined employee within five working days after receipt thereof.

(ii) The employer shall provide the employee with a copy of the employee's biological monitoring results and an explanation sheet explaining the results within five working days after receipt thereof.

(iii) Within 30 days after a request by an employee, the employer shall provide the employee with the information the employer is required to provide the examining physician under paragraph (1)(9) of this section.

(16) Reporting. In addition to other medical events that are required to be reported on the OSHA Form No. 200, the employer shall report any abnormal condition or disorder caused by occupational exposure to cadmium associated with employment as specified in Chapter (V)(E) of the Reporting Guidelines for Occupational Injuries and Illnesses.

(m) Communication of cadmium hazards to employees

(1) General. In communications concerning cadmium hazards, employers shall comply with the requirements of OSHA's Hazard Communication Standard for the construction industry, 29 CFR 1926.59, including but not limited to the requirements concerning warning signs and labels, material safety data sheets (MSDS), and employee information and training. In addition, employers shall comply with the following requirements:

(2) Warning signs.

(i) Warning signs shall be provided and displayed in regulated areas. In addition, warning signs shall be posted at all approaches to regulated areas so that an employee may read the signs and take necessary protective steps before entering the area.

(ii) Warning signs required by paragraph (m)(2)(i) of this section shall bear the following information:

Danger, Cadmium, Cancer Hazard, Can Cause Lung and Kidney Disease, Authorized Personnel Only, Respirators Required in This Area

(iii) The employer shall assure that signs required by this paragraph are illuminated, cleaned, and maintained as necessary so that the legend is readily visible.

(3) Warning labels.

(i) Shipping and storage containers containing cadmium, cadmium compounds, or

cadmium contaminated clothing, equipment, waste, scrap, or debris shall bear appropriate warning labels, as specified in paragraph (m)(3)(ii) of this section.

(ii) The warning labels shall include at least the following information:

Danger, Contains Cadmium, Cancer Hazard, Avoid Creating Dust, Can Cause Lung and Kidney Disease

(iii) Where feasible, installed cadmium products shall have a visible label or other indication that cadmium is present.

(4) Employee information and training.

(i) The employer shall train each employee who is potentially exposed to cadmium in accordance with the requirements of this section. The employer shall institute a training program, ensure employee participation in the program, and maintain a record of the contents of the training program.

(ii) Training shall be provided prior to or at the time of initial assignment to a job involving potential exposure to cadmium and at least annually thereafter.

(iii) The employer shall make the training program understandable to the employee and shall assure that each employee is informed of the following:

(A) The health hazards associated with cadmium exposure, with special attention to the information incorporated in appendix A to this section;

(B) The quantity, location, manner of use, release, and storage of cadmium in the workplace and the specific nature of operations that could result in exposure to cadmium, especially exposures above the PEL;

(C) The engineering controls and work practices associated with the employee's job assignment;

(D) The measures employees can take to protect themselves from exposure to cadmium, including modification of such habits as smoking and personal hygiene, and specific procedures the employer has implemented to protect employees from exposure to cadmium such as appropriate work practices, emergency procedures, and the provision of personal protective equipment;

(E) The purpose, proper selection, fitting, proper use, and limitations of respirators and protective clothing;

(F) The purpose and a description of the medical surveillance program

required by paragraph (l) of this section;

(G) The contents of this section and its appendices, and,

(H) The employee's rights of access to records under 1926.33(g)(1) and (2).

(iv) Additional access to information and training program and materials.

(A) The employer shall make a copy of this section and its appendices readily available to all affected employees and shall provide a copy without cost if requested.

(B) Upon request, the employer shall provide to the Assistant Secretary or the Director all materials relating to the employee information and the training program.

(5) Multi-employer workplace. In a multi-employer workplace, an employer who produces, uses, or stores cadmium in a manner that may expose employees of other employers to cadmium shall notify those employers of the potential hazard in accordance with paragraph (e) of the hazard communication standard for construction, 29 CFR 1926.59.

(n) Recordkeeping

(1) Exposure monitoring.

(i) The employer shall establish and keep an accurate record of all air monitoring for cadmium in the workplace.

(ii) This record shall include at least the following information:

(A) The monitoring date, shift, duration, air volume, and results in terms of an 8-hour TWA of each sample taken, and if cadmium is not detected, the detection level;

(B) The name, social security number, and job classification of all employees monitored and of all other employees whose exposures the monitoring result is intended to represent, including, where applicable, a description of how it was determined that the employee's monitoring result could be taken to represent other employee's exposures;

(C) A description of the sampling and analytical methods used and evidence of their accuracy;

(D) The type of respiratory protective device, if any, worn by the monitored employee and by any other employee whose exposure the monitoring result is intended to represent;

(E) A notation of any other conditions that might have affected the monitoring results.

(F) Any exposure monitoring or objective data that were used and the levels.

(iii) The employer shall maintain this record for at least thirty (30) years, in accordance with 1926.33 of this part.

(iv) The employer shall also provide a copy of the results of an employee's air monitoring prescribed in paragraph (d) of this section to an industry trade association and to the employee's union, if any, or, if either of such associations or unions do not exist, to another comparable organization that is competent to maintain such records and is reasonably accessible to employers and employees in the industry.

(2) Objective data for exemption from requirement for initial monitoring. (i) For purposes of this section, objective data are information demonstrating that a particular product or material containing cadmium or a specific process, operation, or activity involving cadmium cannot release dust or fumes in concentrations at or above the action level even under the worst-case release conditions. Objective data can be obtained from an industry-wide study or from laboratory product test results from manufacturers of cadmium-containing products or materials. The data the employer uses from an industry-wide survey must be obtained under workplace conditions closely resembling the processes, types of material, control methods, work practices and environmental conditions in the employer's current operations.

(ii) The employer shall maintain the record for at least 30 years of the objective data relied upon.

(3) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee covered by medical surveillance under paragraph (1)(1)(i) of this section.

(ii) The record shall include at least the following information about the employee:

(A) Name, social security number, and description of duties;

(B) A copy of the physician's written opinions and of the explanation sheets for biological monitoring results;

(C) A copy of the medical history, and the results of any physical examination and all test results that are required to be provided by this section, including biological tests, X-rays, pulmonary function tests, etc., or that have been obtained to further evaluate any condition that might be related to cadmium exposure;

(D) The employee's medical symptoms that might be related to exposure to cadmium; and

(E) A copy of the information provided to the physician as required by paragraph (l)(9) of this section.

(iii) The employer shall assure that this record is maintained for the duration of employment plus thirty (30) years, in accordance with 1926.33 of this part.

(iv) At the employee's request, the employer shall promptly provide a copy of the employee's medical record, or update as appropriate, to a medical doctor or a union specified by the employee.

(4) Training. The employer shall certify that employees have been trained by preparing a certification record which includes the identity of the person trained, the signature of the employer or the person who conducted the training, and the date the training was completed. The certification records shall be prepared at the completion of training and shall be maintained on file for one (1) year beyond the date of training of that employee.

(5) Availability.

(i) Except as otherwise provided for in this section, access to all records required to be maintained by paragraphs (n)(1)-(4) of this section shall be in accordance with the provisions of 1926.33 of this part.

(ii) Within 15 days after a request, the employer shall make an employee's medical records required to be kept by paragraph (n)(3) of this section available for examination and copying to the subject employee, to designated representatives, to anyone having the specific written consent of the subject employee, and after the employee's death or incapacitation, to the employee's family members.

(6) Transfer of records. Whenever an employer ceases to do business and there is no successor employer or designated organization to receive and retain records for the prescribed period, the employer shall comply with the requirements concerning transfer of records set forth in 1926.33(h) of this part.

(o) Observation of monitoring.

(1) Employee observation. The employer shall provide affected employees or their designated representatives an opportunity to observe any monitoring of employee exposure to cadmium.

(2) Observation procedures. When observation of monitoring requires entry into an area where the use of protective clothing or equipment is required, the employer shall provide the observer with that clothing and equipment and shall assure that the observer uses such clothing and equipment and complies with all other applicable safety and health procedures.

(p) [Reserved]

(q) Appendices. Except where portions of appendices A, B, D, E, and F to this section are expressly incorporated in requirements of this section, these appendices are purely informational and are not intended to create any additional obligations not otherwise imposed or to detract from any existing obligations.

Appendix A to 1926.1127 -- Substance Safety Data Sheet

Note: The requirements applicable to construction work under this Appendix A are identical to those set forth in [Appendix A to 1910.1027](#) of this chapter.

Appendix B to 1926.1127 -- Substance Technical Guidelines for Cadmium

Note: The requirements applicable to construction work under this Appendix A are identical to those set forth in [Appendix B to 1910.1027](#) of this chapter.

Appendix C to 1926.1127 -- Qualitative and Quantitative Fit Testing Procedures

[Removed]

Appendix D to 1926.1127 -- Occupational Health History Interview With Reference to Cadmium Exposure

Note: The requirements applicable to construction work under this Appendix A are identical to those set forth in [Appendix D to 1910.1027](#) of this chapter.

Appendix E to 1926.1127 -- Cadmium in Workplace Atmospheres

Note: The requirements applicable to construction work under this Appendix A are identical to those set forth in [Appendix E to 1910.1027](#) of this chapter.

Appendix F to 1926.1127 -- Nonmandatory Protocol for Biological Monitoring

Note: The requirements applicable to construction work under this Appendix A are identical to those set forth in [Appendix F to 1910.1027](#) of this chapter.

1926.1128 Benzene.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1028](#) of this chapter.

1926.1129 Coke oven emissions.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1029](#) of this chapter.

1926.1144 1,2-dibromo-3-chloropropane.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1044](#) of this chapter.

1926.1145 Acrylonitrile.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1045](#) of this chapter.

1926.1147 Ethylene oxide.

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1047](#) of this chapter.

1926.1148 Formaldehyde. CPL 2-2.52

Note: The requirements applicable to construction work under this section are identical to those set forth at [1910.1048](#) of this chapter.

1926.1152 Methylene Chloride.

Note: The requirements applicable to construction employment under this section are identical to those set forth at 29 CFR 1910.1052.

[62 FR 1493, Jan. 10, 1997]

SUBPART Z - TOXIC AND HAZARDOUS SUBSTANCES

1910.1000	Air contaminants.
1910.1001	Asbestos.
1910.1002	Coal tar pitch volatiles; interpretation of term.
1910.1003	13 Carcinogens (4-Nitrobiphenyl, etc).
1910.1004	alpha-Naphthylamine.
1910.1005	[Reserved]
1910.1006	Methyl chloromethyl ether.
1910.1007	3,3'-Dichlorobenzidine (and its salts).
1910.1008	bis-Chloromethyl ether.
1910.1009	beta-Naphthylamine.
1910.1010	Benzidine.
1910.1011	4-Aminodiphenyl.
1910.1012	Ethyleneimine.
1910.1013	beta-Propiolactone.
1910.1014	2-Acetylaminofluorene.
1910.1015	4-Dimethylaminoazobenzene.
1910.1016	N-Nitrosodimethylamine.
1910.1017	Vinyl chloride.
1910.1018	Inorganic arsenic.
1910.1020	Access to employee exposure and medical records
1910.1025	Lead.
1910.1026	Chromium (VI)
1910.1027	Cadmium.
1910.1028	Benzene.
1910.1029	Coke oven emissions.
1910.1030	Bloodborne pathogens.
1910.1043	Cotton dust. (Not applicable in Wyoming)
1910.1044	1,2-dibromo-3-chloropropane.
1910.1045	Acrylonitrile.
1910.1047	Ethylene oxide.
1910.1048	Formaldehyde.
1910.1050	Methylenedianline.
1910.1052	Methylene Chloride
1910.1051	1,3-Butadiene
1910.1096	Ionizing Radiation
1910.1200	Hazard communication.
1910.1450	Occupational exposure to hazardous chemicals in laboratories.
1910.1499	Source of standards.
1910.1500	Standards organizations.

Authority: Sections 4, 6, 8 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 653, 655, 657; Secretary of Labor's Order No. 12-71 (36 FR 8754), 8-76 (41 FR 25059), 9-83 (48 FR

35736), 1-90 (55 FR 9033), 6-96 (62 FR 111), 3-2000 (65 FR 50017), 5-2002 (67 FR 65008), or 5-2007 (72 FR 31160), as applicable.

All of subpart Z issued under section 6(b) of the Occupational Safety and Health Act, except those substances that have exposure limits listed in Tables Z-1, Z-2, and Z-3 of 29 CFR 1910.1000. The latter were issued under section 6(a) (29 U.S.C. 655(a)).

Section 1910.1000, Tables Z-1, Z-2, and Z-3 also issued under 5 U.S.C. 553, Section 1910.1000 Tables Z-1, Z-2, and Z-3 but not under 29 CFR part 1911 except for the arsenic (organic compounds), benzene, cotton dust, and chromium (VI) listings.

Section 1910.1001 also issued under section 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 3704) and 5 U.S.C. 553.

Section 1910.1002 also issued under 5 U.S.C. 553 but not under 29 U.S.C. 655 or 29 CFR part 1911.

Sections 1910.1018, 1910.1029 and 1910.1200 also issued under 29 U.S.C. 653.

Section 1910.1030 also issued under Pub. L. 106-430, 114 Stat. 1901.

[55 FR 3327, Jan. 31, 1990; 55 FR 4999, Feb. 13, 1990; 55 FR 12819, Apr. 6, 1990; 55 FR 50686, Dec. 10, 1990; 56 FR, Dec. 6, 1991; 58 FR 21780 April 23, 1993; 58 FR 35310 & 35338, June 30, 1993; 59 FR 6169, Feb. 9, 1994; 59 FR 17479, April 13, 1994; 59 FR 36695, July 19, 1994; 59 FR 40964, Aug. 10, 1994; 59 FR 65947, Dec. 22, 1994; 60 FR 9624, Feb. 21, 1995; 60 FR 33343, June 28, 1995; 60 FR 52856, Oct. 11, 1995; 61 FR 9227, March 7, 1996; 61 FR 31427, June 20, 1996; 61 FR 43454, August, 23, 1996; 61 FR 56746, Nov. 4, 1996; 62 FR 1493, Jan. 10, 1997; 62 FR 42018, Aug. 4, 1997; 62 FR 42666, Aug. 8, 1997; 62 FR 48175, Sept. 15, 1997; 62 FR 54383, Oct. 20, 1997; 62 FR 66275, Dec. 18, 1997; 63 FR 1152, Jan. 8, 1998; 63 FR 33450, June 18, 1998; 63 FR 50729, Sept. 22, 1998; 66 FR 5324 Jan. 18, 2001; 67 FR 67965, Nov. 7, 2002; 70 FR 1141, Jan. 5, 2005; 71 FR 10373, Feb. 28, 2006; 71 FR 50188, August 24, 2006; 71 FR 63242, Oct. 30, 2006]

1910.1000 Air contaminants.

An employee's exposure to any substance listed in Tables Z-1-, Z-2, or Z-3 of this section shall be limited in accordance with the requirements of the following paragraphs of this section.

(a) Table Z-1

(1) Substances with limits preceded by "C" - Ceiling Values. An employee's exposure to any

substance in Table Z-1, the exposure limit of which is preceded by a "C", shall at no time exceed the exposure limit given for that substance in Table Z-1. If instantaneous monitoring is not feasible, then the ceiling shall be assessed as a 15-minute time weighted average exposure which shall not be exceeded at any time during the working day.

(2) Other substances - 8-hour Time Weighted Averages. An employee's exposure to any substance in Table Z-1, the exposure limit of which is not preceded by a "C", shall not exceed the 8-hour Time Weighted Average given for that substance in any 8-hour work shift of a 40-hour work week.

(b) Table Z-2. An employees's exposure to any substance listed in Table Z-2 shall not exceed the exposure limits specified as follows:

(1) 8-hour time weighted averages. An employee's exposure to any substance listed in Table Z-2, in any 8-hour work shift of a 40-hour work week, shall not exceed the 8-hour time weighted average limit given for that substance in Table Z-2.

(2) Acceptable ceiling concentrations. An employee's exposure to a substance listed in Table Z-2 shall not exceed at any time during an 8-hour shift the acceptable ceiling concentration limit given for the substance in the table, except for a time period, and up to a concentration not exceeding the maximum duration and concentration allowed in the column under "acceptable maximum peak above the acceptable ceiling concentration for an 8-hour shift".

(3) Example. During an 8-hour work shift, an employee may be exposed to a concentration of Substance A (with a 10 ppm TWA, 25 ppm ceiling and 50 ppm peak) above 25 ppm (but never above 50 ppm) only for a maximum period of 10 minutes. Such exposure must be compensated by exposures to concentrations less than 10 ppm so that the cumulative exposure for the entire 8-hour work shift does not exceed a weighted average of 10 ppm.

(c) Table Z-3. An employee's exposure to any substance listed in Table Z-3, in any 8-hour work shift of a 40-hour work week shall not exceed the 8-hour time weighted average limit given for that substance in the table.

(d) Computation formulae. The computation formula which shall apply to employee exposure to more than one substance for which 8-hour time weighted averages are listed in Subpart Z of 29 CFR part 1910 in order to determine whether an employee is exposed over the regulatory limit is as follows:

(1)

(i) The cumulative exposure for an 8-hour work shift shall be computed as follows:

$$(E = C(a) T(a) + C(b) T(b) + \dots C(n) T(n)+8$$

Where:

E is the equivalent exposure for the working shift.

C is the concentration during any period of time T where the concentration remains constant.

T is the duration in hours of the exposure at the concentration C.

The value of E shall not exceed the 8-hour time weighted average specified in Subpart Z of 29 CFR part 1910 for the substance involved.

(ii) To illustrate the formula prescribed in paragraph (d)(1)(i) of this section, assume that Substance A has an 8-hour time weighted average limit of 100 ppm noted in Table Z-1. Assume that an employee is subject to the following exposure:

Two hours exposure at 150 p/m

Two hours exposure at 75 p/m

Four hours exposure at 50 p/m

Substituting this information in the formula, we have

$$(2 \times 150 + 2 \times 75 + 4 \times 50) \div 8 = 81.25 \text{ ppm}$$

Since 81.25 p.p.m. is less than 100 p.p.m., the 8-hour time weighted average limit, the exposure is acceptable.

(2)

(i) in case of a mixture of air contaminants an employer shall compute the equivalent exposure as follows:

$$E(m) = (C(1) + L(1) + C(2) + L(2)) + \dots + (C(n) + L(n))$$

Where:

E(m) is the equivalent exposure for the mixture.

C is the concentration of a particular contaminant.

L is the exposure limit for that substance specified in subpart Z of 29 CFR part 1910.

The value of E(m) shall not exceed unity (1).

(ii) To illustrate the formula prescribed in paragraph (d)(2)(i) of this section, consider the following exposures:

Substance	Actual concentration	
	of 8-hour exposure (ppm)	8 hr.TWA PEL (ppm)
B.....	500.....	1,000
C.....	45.....	200
D.....	40.....	200

Substituting in the formula, we have:

$$E(m)=500 \text{ divided by } 1,000 + 45 \text{ divided by } 200 + 40 \text{ divided by } 200$$

$$E(m)=0.500 + 0.225 + 0.200$$

$$E(m)=0.925$$

Since E(m) is less than unity (1), the exposure combination is within acceptable limits.

(e) To achieve compliance with paragraphs (a) through (d) of this section, administrative or engineering controls must first be determined and implemented whenever feasible. When such controls are not feasible to achieve full compliance, protective equipment or any other protective measures shall be used to keep the exposure of employees to air contaminants within the limits prescribed in this section. Any equipment and/or technical measures used for this purpose must be approved for each particular use by a competent industrial hygienist or other technically qualified person. Whenever respirators are used, their use shall comply with 1910.134.

TABLE Z-1 LIMITS FOR AIR CONTAMINANTS

NOTE: Because of the length of the table, explanatory Footnotes applicable to all substances are given below as well as at the end of the table. Footnotes specific only to a limited number of substances are also shown within the table.

Footnote(1) The PELs are 8-hour TWAs unless otherwise noted; a (C) designation denotes a ceiling limit. They are to be determined from breathing-zone air samples.

Footnote(a) Parts of vapor or gas per million parts of contaminated air by volume at 25 degrees C and 760 torr.

Footnote(b) Milligrams of substance per cubic meter of air. When entry is in this column only, the value is exact; when listed with a ppm entry, it is approximate.

Footnote(c) The CAS number is for information only. Enforcement is based on the substance name. For an entry covering more than one metal compound measured as the metal, the CAS number for the metal is given - not CAS numbers for the individual compounds.

Footnote(d) The final benzene standard in 1910.1028 applies to all occupational exposures to benzene except in some circumstances the distribution and sale of fuels, sealed containers and pipelines, coke production, oil and gas drilling and production, natural gas processing, and the percentage exclusion for liquid mixtures; for the excepted subsegments, the benzene limits in Table Z-2 apply. See 1910.1028 for specific circumstances.

Footnote(e) This 8-hour TWA applies to respirable dust as measured by a vertical elutriator cotton dust sampler or equivalent instrument. The time-weighted average applies to the cotton waste processing operations of waste recycling (sorting, blending, cleaning and willowing) and garnetting. See also 1910.1043 for cotton dust limits applicable to other sectors.

Footnote(f) All inert or nuisance dusts, whether mineral, inorganic, or organic, not listed specifically by substance name are covered by the Particulates Not Otherwise Regulated (PNOR) limit which is the same as the inert or nuisance dust limit of Table Z-3.

Footnote(2) See Table Z-2.

Footnote(3) See Table Z-3

Footnote(4) Varies with compound.

Footnote(5) See Table Z-2 for the exposure limits for any operations or sectors where the exposure limits in 1910.1026 are stayed or are otherwise not in effect.

TABLE Z-1. - LIMITS FOR AIR CONTAMINANTS

Substance	CAS No. (c)	ppm (a)(1)	mg/m(3) (b)(1)	Skin designation
Acetaldehyde.....	75-07-0	200	360	
Acetic acid.....	64-19-7	10	25	
Acetic anhydride.....	108-24-7	5	20	
Acetone.....	67-64-1	1000	2400	
Acetonitrile.....	75-05-8	40	70	
2-Acetylaminofluorene; see 1910.1014.....	53-96-3			
Acetylene dichloride; see 1,2-Dichloroethylene.				

Acetylene tetrabromide.	79-27-6	1	14	
Acrolein.....	107-02-8	0.1	0.25	
Acrylamide.....	79-06-1	.....	0.3	X
Acrylonitrile; see 1910.1045.....	107-13-1			
Aldrin.....	309-00-2	.....	0.25	X
Allyl alcohol.....	107-18-6	2	5	X
Allyl chloride.....	107-05-1	1	3	
Allyl glycidyl ether... (AGE).....	106-92-3	(C)10	(C)45	
Allyl propyl disulfide.	2179-59-1	2	12	
alpha-Alumina.....	1344-28-1			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Aluminum Metal (as Al).	7429-90-5			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
4-Aminodiphenyl; see 1910.1011.....	92-67-1			
2-Aminoethanol; see Ethanolamine.....				
2-Aminopyridine.....	504-29-0	0.5	2	
Ammonia.....	7664-41-7	50	35	
Ammonium sulfamate.....	7773-06-0			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
n-Amyl acetate.....	628-63-7	100	525	
sec-Amyl acetate.....	626-38-0	125	650	
Aniline and homologs...	62-53-3	5	19	X
Anisidine (o-,p-isomers).....	29191-52-4	.....	0.5	X
Antimony and compounds (as Sb).....	7440-36-0	.....	0.5	
ANTU (alpha Naphthylthiourea)....	86-88-4	.....	0.3	
Arsenic, inorganic compounds (as As); see 1910.1018.....	7440-38-2			
Arsenic, organic compounds (as As)....	7440-38-2	.....	0.5	
Arsine.....	7784-42-1	0.05	0.2	
Asbestos; see 1910.1001.....	(4)			
Azinphos-methyl.....	86-50-0	.....	0.2	X
Barium, soluble compounds (as Ba)....	7440-39-3	.....	0.5	
Barium sulfate.....	7727-43-7			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Benomyl.....	17804-35-2			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Benzene; See 1910.1028. See Table Z-2 for the limits applicable in the operations or sectors excluded	71-43-2			

in 1910.1028(d)				
Benzidine;				
See 1910.1010.....	92-87-5			
p-Benzoquinone;				
see Quinone.				
Benzo(a)pyrene; see				
Coal tar pitch				
volatiles.....				
Benzoyl peroxide.....	94-36-0	.....	5	
Benzyl chloride.....	100-44-7	1	5	
Beryllium and				
beryllium compounds				
(as Be).....	7440-41-7		(2)	
Biphenyl; see Diphenyl.				
Bismuth telluride,				
Undoped.....	1304-82-1			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Boron oxide.....	1303-86-2			
Total dust.....		.....	15	
Boron trifluoride.....	7637-07-2	(C)1	(C)3	
Bromine.....	7726-95-6	0.1	0.7	
Bromoform.....	75-25-2	0.5	5	X
Butadiene				
(1,3-Butadiene); See				
29 CFR 1910.1051;	106-99-0	1 ppm/5		
29 CFR 1910.19(1)....		ppm STEL		
Butanethiol;				
see Butyl mercaptan.				
2-Butanone				
(Methyl ethyl ketone)	78-93-3	200	590	
2-Butoxyethanol.....	111-76-2	50	240	X
n-Butyl-acetate.....	123-86-4	150	710	
sec-Butyl acetate.....	105-46-4	200	950	
tert-Butyl-acetate.....	540-88-5	200	950	
n-Butyl alcohol.....	71-36-3	100	300	
sec-Butyl alcohol.....	78-92-2	150	450	
tert-Butyl alcohol.....	75-65-0	100	300	
Butylamine.....	109-73-9	(C)5	(C)15	X
tert-Butyl chromate	1189-85-1			
(as CrO(3)).....				
see 1910.1026				
n-Butyl glycidyl ether				
(BGE).....	2426-08-6	50	270	
Butyl mercaptan.....	109-79-5	10	35	
p-tert-Butyltoluene....	98-51-1	10	60	
Cadmium (as Cd);				
see 1910.1027.....	7440-43-9			
Calcium Carbonate.....	1317-65-3			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Calcium hydroxide.....	1305-62-0			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Calcium oxide.....	1305-78-8		5	
Calcium silicate.....	1344-95-2			
Total dust.....		.....	15	
Respirable fraction..		.....	5	

Calcium sulfate.....	7778-18-9			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Camphor, synthetic.....	76-22-2	.....	2	
Carbaryl (Sevin).....	63-25-2	.....	5	
Carbon black.....	1333-86-4	.....	3.5	
Carbon dioxide.....	124-38-9	5000	9000	
Carbon disulfide.....	75-15-0		(2)	
Carbon monoxide.....	630-08-0	50	55	
Carbon tetrachloride...	56-23-5		(2)	
Cellulose.....	9004-34-6			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Chlordane.....	57-74-9	.....	0.5	X
Chlorinated camphene...	8001-35-2	.....	0.5	X
Chlorinated diphenyl oxide.....	55720-99-5	.....	0.5	
Chlorine.....	7782-50-5	(C)1	(C)3	
Chlorine dioxide.....	10049-04-4	0.1	0.3	
Chlorine trifluoride...	7790-91-2	(C)0.1	(C)0.4	
Chloroacetaldehyde.....	107-20-0	(C)1	(C)3	
a-Chloroacetophenone (Phenacyl chloride)..	532-27-4	0.05	0.3	
Chlorobenzene.....	108-90-7	75	350	
o-Chlorobenzylidene malononitrile.....	2698-41-1	0.05	0.4	
Chlorobromomethane.....	74-97-5	200	1050	
2-Chloro-1,3-butadiene; See beta-Chloroprene.				
Chlorodiphenyl (42% Chlorine)(PCB)..	53469-21-9	.....	1	X
Chlorodiphenyl (54% Chlorine)(PCB)..	11097-69-1	.....	0.5	X
1-Chloro-2, 3-epoxypropane; See Epichlorohydrin.				
2-Chloroethanol; See Ethylene chlorohydrin				
Chloroethylene; See Vinyl chloride.				
Chloroform (Trichloromethane)...	67-66-3	(C)50	(C)240	
bis(Chloromethyl) ether; see 1910.1008.	542-88-1			
Chloromethyl methyl ether; see 1910.1006.	107-30-2			
1-Chloro-1-nitropropane	600-25-9	20	100	
Chloropicrin.....	76-06-2	0.1	0.7	
beta-Chloroprene.....	126-99-8	25	90	X
2-Chloro-6 (trichloromethyl) pyridine.....	1929-82-4			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Chromic acid and chromates (as CrO(3))	(4)		(2)	
Chromium (II) compounds (as Cr).....	7440-47-3	.....	0.5	

Chromium (III) compounds (as Cr)....	7440-47-3	.....	0.5	
Chromium (VI) compounds See 1910.1026(5)				
Chromium metal and insol. salts (as Cr)..	7440-47-3	.....	1	
Chrysene; see Coal tar pitch volatiles.....				
Clopidol.....	2971-90-6			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Coal dust (less than 5% SiO(2)), respirable fraction..			(3)	
Coal dust (greater than or equal to 5% SiO(2)), respirable fraction.....			(3)	
Coal tar pitch volatiles (benzene soluble fraction), anthracene, BaP, phenanthrene, acridine, chrysene, pyrene.....	65966-93-2	.....	0.2	
Cobalt metal, dust, and fume (as Co)....	7440-48-4	.....	0.1	
Coke oven emissions; see 1910.1029.....				
Copper.....	7440-50-8			
Fume (as Cu).....		.....	0.1	
Dusts and mists (as Cu).....		.....	1	
Cotton dust (e), see 1910.1043.....		.....	1	
Crag herbicide (Sesone)	136-78-7			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Cresol, all isomers....	1319-77-3	5	22	X
Crotonaldehyde.....	123-73-9	2	6	
	4170-30-3			
Cumene.....	98-82-8	50	245	X
Cyanides (as CN)....	(4)	.....	5	X
Cyclohexane.....	110-82-7	300	1050	
Cyclohexanol.....	108-93-0	50	200	
Cyclohexanone.....	108-94-1	50	200	
Cyclohexene.....	110-83-8	300	1015	
Cyclopentadiene.....	542-92-7	75	200	
2,4-D (Dichlorophen- oxyacetic acid).....	94-75-7	.....	10	
Decaborane.....	17702-41-9	0.05	0.3	X
Demeton (Systox).....	8065-48-3	.....	0.1	X
Diacetone alcohol (4-Hydroxy-4-methyl- 2-pentanone).....	123-42-2	50	240	
1,2-Diaminoethane; see Ethylenediamine..				
Diazomethane.....	334-88-3	0.2	0.4	

Diborane.....	19287-45-7	0.1	0.1	
1,2-Dibromo-3-chloropropane (DBCP); see 1910.1044.....	96-12-8			
1,2-Dibromoethane; see Ethylene dibromide...				
Dibutyl phosphate.....	107-66-4	1	5	
Dibutyl phthalate.....	84-74-2	.....	5	
o-Dichlorobenzene.....	95-50-1	(C)50	(C)300	
p-Dichlorobenzene.....	106-46-7	75	450	
3,3'-Dichlorobenzidine; see 1910.1007.....	91-94-1			
Dichlorodifluoromethane	75-71-8	1000	4950	
1,3-Dichloro-5,5-dimethyl hydantoin.	118-52-5	.....	0.2	
Dichlorodiphenyltrichloroethane (DDT)...	50-29-3	.....	1	X
1,1-Dichloroethane.....	75-34-3	100	400	
1,2-Dichloroethane; see Ethylene dichloride..				
1,2-Dichloroethylene...	540-59-0	200	790	
Dichloroethyl ether....	111-44-4	(C)15	(C)90	X
Dichloromethane; see Methylene chloride...				
Dichloromonofluoromethane.....	75-43-4	1000	4200	
1,1-Dichloro-1-nitroethane.....	594-72-9	(C)10	(C)60	
1,2-Dichloropropane; see Propylene dichloride.				
Dichlorotetrafluoroethane.....	76-14-2	1000	7000	
Dichlorvos (DDVP).....	62-73-7	.....	1	X
Dicyclopentadienyl iron Total dust.....	102-54-5	.....	15	
Respirable fraction..		.....	5	
Dieldrin.....	60-57-1	.....	0.25	X
Diethylamine.....	109-89-7	25	75	
2-Diethylaminoethanol..	100-37-8	10	50	X
Diethyl ether; see Ethyl ether.....				
Difluorodibromomethane.	75-61-6	100	860	
Diglycidyl ether (DGE). Dihydroxybenzene; see Hydroquinone.....	2238-07-5	(C)0.5	(C)2.8	
Diisobutyl ketone.....	108-83-8	50	290	
Diisopropylamine.....	108-18-9	5	20	X
4-Dimethylaminoazobenzene; see 1910.1015.....	60-11-7			
Dimethoxymethane; see Methylal.....				
Dimethyl acetamide.....	127-19-5	10	35	X
Dimethylamine.....	124-40-3	10	18	
Dimethylaminobenzene; see Xylidine.....				
Dimethylaniline				

(N,N-Dimethylaniline)	121-69-7	5	25	X
Dimethylbenzene; see Xylene.....				
Dimethyl-1,2-dibromo-2, 2-dichloroethyl phosphate.....	300-76-5	.....	3	
Dimethylformamide.....	68-12-2	10	30	X
2,6-Dimethyl-4- heptanone; see Diisobutyl ketone....				
1,1-Dimethylhydrazine..	57-14-7	0.5	1	X
Dimethylphthalate.....	131-11-3	.....	5	
Dimethyl sulfate.....	77-78-1	1	5	X
Dinitrobenzene (all isomers).....			1	X
(ortho).....	528-29-0			
(meta).....	99-65-0			
(para).....	100-25-4			
Dinitro-o-cresol.....	534-52-1	.....	0.2	X
Dinitrotoluene.....	25321-14-6	.....	1.5	X
Dioxane (Diethylene dioxide).	123-91-1	100	360	X
Diphenyl (Biphenyl)....	92-52-4	0.2	1	
Diphenylmethane diisocyanate; see Methylene bisphenyl isocyanate.....				
Dipropylene glycol methyl ether.....	34590-94-8	100	600	X
Di-sec octyl phthalate (Di-(2-ethylhexyl) phthalate).....	117-81-7	.....	5	
Emery.....	12415-34-8			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Endrin.....	72-20-8	.....	0.1	X
Epichlorohydrin.....	106-89-8	5	19	X
EPN.....	2104-64-5	.....	0.5	X
1,2-Epoxypropane; see Propylene oxide.....				
2,3-Epoxy-1-propanol; see Glycidol.....				
Ethanethiol; see Ethyl mercaptan.....				
Ethanolamine.....	141-43-5	3	6	
2-Ethoxyethanol (Cellosolve).....	110-80-5	200	740	X
2-Ethoxyethyl acetate (Cellosolve acetate).	111-15-9	100	540	X
Ethyl acetate.....	141-78-6	400	1400	
Ethyl acrylate.....	140-88-5	25	100	X
Ethyl alcohol (Ethanol)	64-17-5	1000	1900	
Ethylamine.....	75-04-7	10	18	
Ethyl amyl ketone (5-Methyl-3- heptanone).....	541-85-5	25	130	
Ethyl benzene.....	100-41-4	100	435	
Ethyl bromide.....	74-96-4	200	890	

Ethyl butyl ketone (3-Heptanone).....	106-35-4	50	230	
Ethyl chloride.....	75-00-3	1000	2600	
Ethyl ether.....	60-29-7	400	1200	
Ethyl formate.....	109-94-4	100	300	
Ethyl mercaptan.....	75-08-1	(C)10	(C)25	
Ethyl silicate.....	78-10-4	100	850	
Ethylene chlorohydrin..	107-07-3	5	16	X
Ethylenediamine.....	107-15-3	10	25	
Ethylene dibromide.....	106-93-4		(2)	
Ethylene dichloride (1,2-Dichloroethane).	107-06-2		(2)	
Ethylene glycol dinitrate.....	628-96-6	(C)0.2	(C)1	X
Ethylene glycol methyl acetate; see Methyl cellosolve acetate...				
Ethyleneimine; see 1910.1012.....	151-56-4			
Ethylene oxide; see 1910.1047.....	75-21-8			
Ethylidene chloride; see 1,1-Dichlorethane				
N-Ethylmorpholine.....	100-74-3	20	94	X
Ferbam.....	14484-64-1			
Total dust.....		.....	15	
Ferrovandium dust.....	12604-58-9	.....	1	
Fluorides (as F).....	(4)	.....	2.5	
Fluorine.....	7782-41-4	0.1	0.2	
Fluorotrichloromethane (Trichloro- fluoromethane).....	75-69-4	1000	5600	
Formaldehyde; see 1910.1048.....	50-00-0			
Formic acid.....	64-18-6	5	9	
Furfural.....	98-01-1	5	20	X
Furfuryl alcohol.....	98-00-0	50	200	
Grain dust (oat, wheat barley).....	.....	.....	10	
Glycerin (mist).....	56-81-5			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Glycidol.....	556-52-5	50	150	
Glycol monoethyl ether; see 2-Ethoxyethanol..				
Graphite, natural respirable dust.....	7782-42-5		(3)	
Graphite, synthetic....				
Total dust.....		.....	15	
Respirable Fraction..		.....	5	
Guthion; see Azinphos methyl..				
Gypsum.....	13397-24-5			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Hafnium.....	7440-58-6	.....	0.5	
Heptachlor.....	76-44-8	.....	0.5	X
Heptane (n-Heptane)....	142-82-5	500	2000	

Hexachloroethane.....	67-72-1	1	10	X
Hexachloronaphthalene..	1335-87-1	.....	0.2	X
n-Hexane.....	110-54-3	500	1800	
2-Hexanone (Methyl n-butyl ketone).....	591-78-6	100	410	
Hexone (Methyl isobutyl ketone).....	108-10-1	100	410	
sec-Hexyl acetate.....	108-84-9	50	300	
Hydrazine.....	302-01-2	1	1.3	X
Hydrogen bromide.....	10035-10-6	3	10	
Hydrogen chloride.....	7647-01-0	(C)5	(C)7	
Hydrogen cyanide.....	74-90-8	10	11	X
Hydrogen fluoride (as F).....	7664-39-3		(2)	
Hydrogen peroxide.....	7722-84-1	1	1.4	
Hydrogen selenide (as Se).....	7783-07-5	0.05	0.2	
Hydrogen sulfide.....	7783-06-4		(2)	
Hydroquinone.....	123-31-9	.....	2	
Iodine.....	7553-56-2	(C)0.1	(C)1	
Iron oxide fume.....	1309-37-1	.....	10	
Isomyl acetate.....	123-92-2	100	525	
Isomyl alcohol (primary and secondary).....	123-51-3	100	360	
Isobutyl acetate.....	110-19-0	150	700	
Isobutyl alcohol.....	78-83-1	100	300	
Isophorone.....	78-59-1	25	140	
Isopropyl acetate.....	108-21-4	250	950	
Isopropyl alcohol.....	67-63-0	400	980	
Isopropylamine.....	75-31-0	5	12	
Isopropyl ether.....	108-20-3	500	2100	
Isopropyl glycidyl ether (IGE).....	4016-14-2	50	240	
Kaolin.....	1332-58-7			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Ketene.....	463-51-4	0.5	0.9	
Lead inorganic (as Pb); see 1910.1025.....	7439-92-1			
Limestone.....	1317-65-3			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Lindane.....	58-89-9	.....	0.5	X
Lithium hydride.....	7580-67-8	.....	0.025	
L.P.G. (Liquified petroleum gas).....	68476-85-7	1000	1800	
Magnesite.....	546-93-0			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Magnesium oxide fume... Total Particulate....	1309-48-4	.....	15	
Malathion.....	121-75-5	.....	
Total dust.....		.....	15	X
Maleic anhydride.....	108-31-6	0.25	1	
Manganese compounds (as Mn).....	7439-96-5	.....	(C)5	
Manganese fume (as Mn)..	7439-96-5	.....	(C)5	

Marble.....	1317-65-3				
Total dust.....		.....	15		
Respirable fraction..		.....	5		
Mercury (aryl and inorganic)(as Hg)....	7439-97-6		(2)		
Mercury (organo) alkyl compounds (as Hg)....	7439-97-6		(2)		
Mercury (vapor) (as Hg)	7439-97-6		(2)		
Mesityl oxide.....	141-79-7	25	100		
Methanethiol; see Methyl mercaptan.					
Methoxychlor.....	72-43-5				
Total dust.....		.....	15		
2-Methoxyethanol; (Methyl cellosolve)..	109-86-4	25	80	X	
2-Methoxyethyl acetate (Methyl cellosolve acetate).....	110-49-6	25	120	X	
Methyl acetate.....	79-20-9	200	610		
Methyl acetylene (Propyne).....	74-99-7	1000	1650		
Methyl acetylene propadiene mixture (MAPP).....		1000	1800		
Methyl acrylate.....	96-33-3	10	35	X	
Methylal (Dimethoxy-methane)..	109-87-5	1000	3100		
Methyl alcohol.....	67-56-1	200	260		
Methylamine.....	74-89-5	10	12		
Methyl amyl alcohol; see Methyl Isobutyl carbinol.....					
Methyl n-amyl ketone...	110-43-0	100	465		
Methyl bromide.....	74-83-9	(C)20	(C)80	X	
Methyl butyl ketone; see 2-Hexanone.....					
Methyl cellosolve; see 2-Methoxyethanol.					
Methyl cellosolve acetate; see 2-Methoxyethyl acetate.....					
Methyl chloride.....	74-87-3		(2)		
Methyl chloroform (1,1,1-Trichloro- ethane).....	71-55-6	350	1900		
Methylcyclohexane.....	108-87-2	500	2000		
Methylcyclohexanol.....	25639-42-3	100	470		
o-Methylcyclohexanone..	583-60-8	100	460	X	
Methylene chloride.....	75-09-2		(2)		
Methyl ethyl ketone (MEK); see 2-Butanone					
Methyl formate.....	107-31-3	100	250		
Methyl hydrazine (Monomethyl hydrazine).....	60-34-4	(C)0.2	(C)0.35	X	
Methyl iodide.....	74-88-4	5	28	X	
Methyl isoamyl ketone..	110-12-3	100	475		

Methyl isobutyl carbinol.....	108-11-2	25	100	X
Methyl isobutyl ketone; see Hexone.....				
Methyl isocyanate.....	624-83-9	0.02	0.05	X
Methyl mercaptan.....	74-93-1	(C)10	(C)20	
Methyl methacrylate....	80-62-6	100	410	
Methyl propyl ketone; see 2-Pentanone.....				
alpha-Methyl styrene...	98-83-9	(C)100	(C)480	
Methylene bisphenyl isocyanate (MDI).....	101-68-8	(C)0.02	(C)0.2	
Mica; see Silicates....				
Molybdenum (as Mo)....	7439-98-7			
Soluble compounds....		.....	5	
Insoluble Compounds Total dust.....		.....	15	
Monomethyl aniline.....	100-61-8	2	9	X
Monomethyl hydrazine; see Methyl hydrazine.				
Morpholine.....	110-91-8	20	70	X
Naphtha (Coal tar)....	8030-30-6	100	400	
Naphthalene.....	91-20-3	10	50	
alpha-Naphthylamine; see 1910.1004.....	134-32-7			
beta-Naphthylamine; see 1910.1009.....	91-59-8			
Nickel carbonyl (as Ni)	13463-39-3	0.001	0.007	
Nickel, metal and insoluble compounds (as Ni).....	7440-02-0	.....	1	
Nickel, soluble compounds (as Ni)....	7440-02-0	.....	1	
Nicotine.....	54-11-5	.....	0.5	X
Nitric acid.....	7697-37-2	2	5	
Nitric oxide.....	10102-43-9	25	30	
p-Nitroaniline.....	100-01-6	1	6	X
Nitrobenzene.....	98-95-3	1	5	X
p-Nitrochlorobenzene...	100-00-5	.....	1	X
4-Nitrodiphenyl; see 1910.1003.....	92-93-3			
Nitroethane.....	79-24-3	100	310	
Nitrogen dioxide.....	10102-44-0	(C)5	(C)9	
Nitrogen trifluoride...	7783-54-2	10	29	
Nitroglycerin.....	55-63-0	(C)0.2	(C)2	X
Nitromethane.....	75-52-5	100	250	
1-Nitropropane.....	108-03-2	25	90	
2-Nitropropane.....	79-46-9	25	90	
N-Nitrosodimethylamine; see 1910.1016				
Nitrotoluene (all isomers).....		5	30	X
o-isomer.....	88-72-2			
m-isomer.....	99-08-1			
p-isomer.....	99-99-0			
Nitrotrichloromethane; see Chloropicrin.....				
Octachloronaphthalene..	2234-13-1	.....	0.1	X

Octane.....	111-65-9	500	2350	
Oil mist, mineral.....	8012-95-1	.....	5	
Osmium tetroxide (as Os).....	20816-12-0	.....	0.002	
Oxalic acid.....	144-62-7	.....	1	
Oxygen difluoride.....	7783-41-7	0.05	0.1	
Ozone.....	10028-15-6	0.1	0.2	
Paraquat, respirable dust.....	4685-14-7 1910-42-5 2074-50-2	.....	0.5	X
Parathion.....	56-38-2	.....	0.1	X
Particulates not otherwise regulated (PNOR)(f).....				
Total dust.....			15	
Respirable fraction..			5	
PCB; see Chlorodiphenyl (42% and 54% chlorine).....				
Pentaborane.....	19624-22-7	0.005	0.01	
Pentachloronaphthalene.	1321-64-8	.....	0.5	X
Pentachlorophenol.....	87-86-5	.....	0.5	X
Pentaerythritol.....	115-77-5			
Total dust.....			15	
Respirable fraction..			5	
Pentane.....	109-66-0	1000	2950	
2-Pentanone (Methyl propyl ketone).....	107-87-9	200	700	
Perchloroethylene (Tetrachloroethylene)	127-18-4		(2)	
Perchloromethyl mercaptan.....	594-42-3	0.1	0.8	
Perchloryl fluoride....	7616-94-6	3	13.5	
Petroleum distillates (Naphtha)(Rubber Solvent).....		500	2000	
Phenol.....	108-95-2	5	19	X
p-Phenylene diamine....	106-50-3	.....	0.1	X
Phenyl ether, vapor....	101-84-8	1	7	
Phenyl ether-biphenyl mixture, vapor.....		1	7	
Phenylethylene; see Styrene.....				
Phenyl glycidyl ether (PGE).....	122-60-1	10	60	
Phenylhydrazine.....	100-63-0	5	22	X
Phosdrin (Mevinphos)...	7786-34-7	.....	0.1	X
Phosgene (Carbonyl chloride).....	75-44-5	0.1	0.4	
Phosphine.....	7803-51-2	0.3	0.4	
Phosphoric acid.....	7664-38-2	.....	1	
Phosphorus (yellow)....	7723-14-0	.....	0.1	
Phosphorus pentachloride.....	10026-13-8	.....	1	
Phosphorus pentasulfide	1314-80-3	.....	1	
Phosphorus trichloride.	7719-12-2	0.5	3	
Phthalic anhydride.....	85-44-9	2	12	

Picloram.....	1918-02-1			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Picric acid.....	88-89-1	.....	0.1	X
Pindone (2-Pivalyl-1, 3-indandione).....	83-26-1	.....	0.1	
Plaster of paris.....	26499-65-0			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Platinum (as Pt).....	7440-06-4			
Metal.....		.....	.....
Soluble Salts.....		.....	0.002	
Portland cement.....	65997-15-1			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Propane.....	74-98-6	1000	1800	
beta-Propriolactone; see 1910.1013.....	57-57-8			
n-Propyl acetate.....	109-60-4	200	840	
n-Propyl alcohol.....	71-23-8	200	500	
n-Propyl nitrate.....	627-13-4	25	110	
Propylene dichloride...	78-87-5	75	350	
Propylene imine.....	75-55-8	2	5	X
Propylene oxide.....	75-56-9	100	240	
Propyne; see Methyl acetylene.....				
Pyrethrum.....	8003-34-7	.....	5	
Pyridine.....	110-86-1	5	15	
Quinone.....	106-51-4	0.1	0.4	
RDX: see Cyclonite.....				
Rhodium (as Rh), metal fume and insoluble compounds.....	7440-16-6	.....	0.1	
Rhodium (as Rh), soluble compounds....	7440-16-6	.....	0.001	
Ronnel.....	299-84-3	.....	15	
Rotenone.....	83-79-4	.....	5	
Rouge.....				
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Selenium compounds (as Se).....	7782-49-2	.....	0.2	
Selenium hexafluoride (as Se).....	7783-79-1	0.05	0.4	
Silica, amorphous, precipitated and gel.	112926-00-8		(3)	
Silica, amorphous, diatomaceous earth, containing less than 1% crystalline silica	61790-53-2		(3)	
Silica, crystalline cristobalite, respirable dust.....	14464-46-1		(3)	
Silica, crystalline quartz, respirable dust.....	14808-60-7		(3)	
Silica, crystalline tripoli (as quartz),				

respirable dust.....	1317-95-9		(3)	
Silica, crystalline tridymite, respirable dust.....	15468-32-3		(3)	
Silica, fused, respirable dust.....	60676-86-0		(3)	
Silicates (less than 1% crystalline silica)				
Mica (respirable dust).....	12001-26-2		(3)	
Soapstone, total dust			(3)	
Soapstone, respirable dust.....			(3)	
Talc (containing asbestos): use asbestos limit: see 29 CFR 1910.1001.....			(3)	
Talc (containing no asbestos), respirable dust.....	14807-96-6		(3)	
Tremolite, asbestiform; see 1910.1001.....				
Silicon.....	7440-21-3			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Silicon carbide.....	409-21-2			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Silver, metal and soluble compounds (as Ag).....	7440-22-4	.....	0.01	
Soapstone; see Silicates.....				
Sodium fluoroacetate...	62-74-8	.....	0.05	X
Sodium hydroxide.....	1310-73-2	.....	2	
Starch.....	9005-25-8			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Stibine.....	7803-52-3	0.1	0.5	
Stoddard solvent.....	8052-41-3	500	2900	
Strychnine.....	57-24-9	.....	0.15	
Styrene.....	100-42-5		(2)	
Sucrose.....	57-50-1			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Sulfur dioxide.....	7446-09-5	5	13	
Sulfur hexafluoride....	2551-62-4	1000	6000	
Sulfuric acid.....	7664-93-9	.....	1	
Sulfur monochloride....	10025-67-9	1	6	
Sulfur pentafluoride...	5714-22-7	0.025	0.25	
Sulfuryl fluoride.....	2699-79-8	5	20	
Systox; see Demeton...				
2,4,5-T (2,4,5-trichlorophenoxyacetic acid).....	93-76-5	.....	10	
Talc; see Silicates...				
Tantalum, metal and				

oxide dust.....	7440-25-7	.....	5	
TEDP (Sulfotep).....	3689-24-5	.....	0.2	X
Tellurium and compounds (as Te)....	13494-80-9	.....	0.1	
Tellurium hexafluoride (as Te).....	7783-80-4	0.02	0.2	
Temephos.....	3383-96-8			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
TEPP (Tetraethyl pyrophosphaate).....	107-49-3	.....	0.05	X
Terphenylis.....	26140-60-3	(C)1	(C)9	
1,1,1,2-Tetrachloro-2, 2-difluoroethane.....	76-11-9	500	4170	
1,1,2,2-Tetrachloro-1, 2-difluoroethane.....	76-12-0	500	4170	
1,1,2,2-Tetrachloro- ethane.....	79-34-5	5	35	X
Tetrachoroethylene; see Perchloroethylene				
Tetrachloromethane; see Carbon tetrachloride.				
Tetrachloronaphthalene.	1335-88-2	.....	2	X
Tetraethyl lead (as Pb)	78-00-2	.....	0.075	X
Tetrahydrofuran.....	109-99-9	200	590	
Tetramethyl lead, (as Pb).....	75-74-1	.....	0.075	X
Tetramethyl succinonitrile.....	3333-52-6	0.5	3	X
Tetranitromethane.....	509-14-8	1	8	
Tetryl (2,4,6-Trinitro- phenylmethyl- nitramine).....	479-45-8	.....	1.5	X
Thallium, soluble compounds (as Tl)....	7440-28-0	.....	0.1	X
4,4'-Thiobis(6-tert, Butyl-m-cresol).....	96-69-5			
Total dust.....		.....	15	
Respirable fraction..		.....	5	
Thiram.....	137-26-8	.....	5	
Tin, inorganic compounds (except oxides) (as Sn).....	7440-31-5	.....	2	
Tin, organic compounds (as Sn).....	7440-31-5	.....	0.1	
Titanium dioxide.....	13463-67-7			
Total dust.....		.....	15	
Toluene.....	108-88-3		(2)	
Toluene-2, 4-diisocyanate (TDI).	584-84-9	(C)0.02	(C)0.14	
o-Toluidine.....	95-53-4	5	22	X
Toxaphene; see Chlorinated camphene.				
Tremolite; see Silicates.....				
Tributyl phosphate.....	126-73-8	.....	5	
1,1,1-Trichloroethane; see Methyl chloroform				

1,1,2-Trichloroethane..	79-00-5	10	45	X
Trichloroethylene.....	79-01-6		(2)	
Trichloromethane; see Chloroform				
Trichloronaphthalene...	1321-65-9	.....	5	X
1,2,3-Trichloropropane.	96-18-4	50	300	
1,1,2-Trichloro-1,2, 2-trifluoroethane....	76-13-1	1000	7600	
Triethylamine.....	121-44-8	25	100	
Trifluorobromomethane..	75-63-8	1000	6100	
2,4,6-Trinitrophenol; see Picric acid.....				
2,4,6-Trinitrophenyl- methyl nitramine; see Tetryl.....				
2,4,6-Trinitrotoluene (TNT).....	118-96-7	.....	1.5	X
Triorthocresyl phosphate.....	78-30-8	.....	0.1	
Triphenyl phosphate....	115-86-6	.....	3	
Turpentine.....	8006-64-2	100	560	
Uranium (as U).....	7440-61-1			
Soluble compounds....			0.05	
Insoluble compounds..			0.25	
Vanadium.....	1314-62-1			
Respirable dust (as V(2)O(5)).....			(C)0.5	
Fume (as V(2)O(5))...			(C)0.1	
Vegetable oil mist.....				
Total dust.....			15	
Respirable fraction..			5	
Vinyl benzene; see Styrene.....				
Vinyl chloride; see 1910.1017.....	75-01-4			
Vinyl cyanide; see Acrylonitrile				
Vinyl toluene.....	25013-15-4	100	480	
Warfarin.....	81-81-2	.....	0.1	
Xylenes (o-, m-, p-isomers)..	1330-20-7	100	435	
Xylidine.....	1300-73-8	5	25	X
Yttrium.....	7440-65-5	.....	1	
Zinc chloride fume.....	7646-85-7	.....	1	
Zinc oxide fume.....	1314-13-2	.....	5	
Zinc oxide.....	1314-13-2			
Total dust.....			15	
Respirable fraction..			5	
Zinc stearate.....	557-05-1			
Total dust.....			15	
Respirable fraction..			5	
Zirconium compounds (as Zr).....	7440-67-7	.....	5	

Footnote(1) The PELs are 8-hour TWAs unless otherwise noted; a (C) designation denotes a ceiling limit. They are to be determined from breathing-zone air samples.

Footnote(a) Parts of vapor or gas per million parts of contaminated air by volume at 25 degrees C and 760 torr.

Footnote(b) Milligrams of substance per cubic meter of air. When entry is in this column only, the value is exact; when listed with a ppm entry, it is approximate.

Footnote(c) The CAS number is for information only. Enforcement is based on the substance name. For an entry covering more than one metal compound measured as the metal, the CAS number for the metal is given - not CAS numbers for the individual compounds.

Footnote(d) The final benzene standard in 1910.1028 applies to all occupational exposures to benzene except in some circumstances the distribution and sale of fuels, sealed containers and pipelines, coke production, oil and gas drilling and production, natural gas processing, and the percentage exclusion for liquid mixtures; for the excepted subsegments, the benzene limits in Table Z-2 apply. See 1910.1028 for specific circumstances.

Footnote(e) This 8-hour TWA applies to respirable dust as measured by a vertical elutriator cotton dust sampler or equivalent instrument. The time-weighted average applies to the cotton waste processing operations of waste recycling (sorting, blending, cleaning and willowing) and garnetting. See also 1910.1043 for cotton dust limits applicable to other sectors.

Footnote(f) All inert or nuisance dusts, whether mineral, inorganic, or organic, not listed specifically by substance name are covered by the Particulates Not Otherwise Regulated (PNOR) limit which is the same as the inert or nuisance dust limit of Table Z-3.

Footnote(2) See Table Z-2.

Footnote(3) See Table Z-3

Footnote(4) Varies with compound.

Footnote(5) See Table Z-2 for the exposure limits for any operations or sectors where the exposure limits in 1910.1026 are stayed or are otherwise not in effect.

[54 FR 36767, Sept. 5, 1989; 54 FR 41244, Oct. 6, 1989; 55 FR 3724, Feb. 5, 1990; 55 FR 12819, Apr 6, 1990; 55 FR 19259, May 9, 1990; 55 FR 46950, Nov. 8, 1990; 57 FR 29204, July 1, 1992; 57 FR 42388, Sept. 14, 1992; 58 FR 35340, June 30, 1993; 61 FR 56746, Nov. 4, 1996; 62 FR 42018, August 4, 1997; 71 FR 10373, Feb. 28, 2006]

TABLE Z-2

Substance	8-hour time weighted average	Acceptable ceiling concentration	Acceptable maximum peak above the acceptable ceiling concentration for an 8-hr shift	
			Concentration	Maximum duration
Benzene ^(a) (Z37.40-1969)	10 ppm	25 ppm	50 ppm	10 minutes.
Beryllium and beryllium compounds (Z37.29-1970)	2 ug/m(3)	5 ug/m(3)	25 ug/m(3)	30 minutes.
Cadmium fume ^(b) (Z37.5-1970)	0.1 mg/m(3)	0.3 mg/m(3)	.....
Cadmium dust ^(b) (Z37.5-1970)	0.2 mg/m(3)	0.6 mg/m(3)		
Carbon disulfide (Z37.3-1968)	20 ppm	30 ppm	100 ppm	30 minutes.
Carbon tetrachloride (Z37.17-1967)	10 ppm	25 ppm	200 ppm	5 min. in any 3 hrs.
Chromic acid and chromates (Z37-7-1971) (as CrO3) ^(c)	.....	1 mg/10 m(3)		
Ethylene dibromide (Z37.31-1970)	20 ppm	30 ppm	50 ppm	5 minutes.
Ethylene dichloride (Z37.21-1969)	50 ppm	100 ppm	200 ppm	5 min. in any 3 hrs.
Fluoride as dust (Z37.28-1969)	2.5 mg/m(3)	.....	.....
Formaldehyde: see 1910.1048	.....	.....	.....
Hydrogen fluoride (Z37.28-1969)	3 ppm	.....	.....
Hydrogen sulfide (Z37.2-1966)	.....	20 ppm	50 ppm	10 mins. once only if no other meas. exp. occurs.
Mercury (Z37.8-1971)	.....	1 mg/10m(3)	.....
Methyl chloride (Z37.18-1969)	100 ppm	200 ppm	300 ppm	5 mins. in any 3 hrs.
Methylene Chloride: see 1910.1052				
Organo (alkyl) mercury (Z37.30-1969)	0.01mg/m(3)	0.04 mg/m(3)	.....
Styrene (Z37.15-	100 ppm	200 ppm	600 ppm	5 mins. in

1969)				any 3 hrs.
Tetrachloroethylene	100 ppm	200 ppm	300 ppm	5 mins. in any 3 hrs.
Toluene (Z37.12-1967)	200 ppm	300 ppm	500 ppm	10 minutes
Trichloroethylene (Z37.19-1967)	100 ppm	200 ppm	300 ppm	5 mins. in any 2 hrs.

Footnote^(a) This standard applies to the industry segments exempt from the 1 ppm 8-hour TWA and 5 ppm STEL of the benzene standard at 1910.1028.

Footnote^(b) This standard applies to any operations or sectors for which the Cadmium standard, 1910.1027, is stayed or otherwise not in effect.

Footnote^(c) This standard applies to any operations or sectors for which the Hexavalent Chromium standard, 1910.1026, is stayed or otherwise not in effect.

TABLE Z-3 Mineral Dusts

Substance	mppcf ^a	mg/m ³
Silica:		
Crystalline		
Quartz (Respirable)	250 ^b %SiO ₂ +5	10 mg/m ³ ^e %SiO ₂ +2
Quartz (Total Dust) . . . . .	. . . . .	30 mg/m ³ %SiO ₂ +2
▪ Cristobalite: Use ½ the value calculated from the count or mass formulae for quartz.		
▪ Tridymite: Use ½ the value calculated from the formulae for quartz.		
Amorphous, including natural diatomaceous earth	20	80 mg/m ³ %SiO ₂
Silicates (less than 1% crystalline silica):		
Mica	20	
Soapstone	20	
Talc (not containing asbestos)	20 ^c	
Talc (containing asbestos) Use asbestos limit		
Tremolite, asbestiform (see 29 CFR 1910.1001)		

Portland cement	50	
Graphite (Natural)	15	
Coal Dust:		
Respirable fraction less than 5% SiO ₂		2.4 mg/m ³ ^e
Respirable fraction greater than 5% SiO ₂		10 mg/m ³ ^e %SiO ₂ +2
Inert or Nuisance Dust: ^d		
Respirable fraction	15	5 mg/m ³
Total dust	50	15 mg/m ³

Note -- Conversion factors - mppcf X 35.3 = million particles per cubic meter = particles per c.c.

^a Millions of particles per cubic foot of air, based on impinger samples counted by light-field techniques.

^b The percentage of crystalline silica in the formula is the amount determined from airborne samples, except in those instances in which other methods have been shown to be applicable.

^c Containing less than 1% quartz; if 1% quartz or more, use quartz limit.

^d All inert or nuisance dusts, whether mineral, inorganic, or organic, not listed specifically by substance name are covered by this limit, which is the same as the Particulates Not Otherwise Regulated (PNOR) limit in Table Z-1.

^e Both concentration and percent quartz for the application of this limit are to be determined from the fraction passing a size-selector with the following characteristics:

Aerodynamic diameter (unit density sphere)	Percent passing selector
2	90
2.5	75
3.5	50
5.0	25
10	0

The measurements under this note refer to the use of an AEC (now NRC) instrument. The respirable fraction of coal dust is determined with an MRE; the figure corresponding to that of 2.4 mg/m³ in the table for coal dust is 4.5 mg/m³.

1910.1001 Asbestos.

(a) Scope and application.

(1) This section applies to all occupational exposures to asbestos in all industries covered by the Occupational Safety and Health Act, except as provided in paragraph (a)(2) and (3) of this section.

(2) This section does not apply to construction work as defined in 29 CFR 1910.12(b). (Exposure to asbestos in construction work is covered by 29 CFR 1926.1101).

(3) This section does not apply to ship repairing, shipbuilding and shipbreaking employments and related employments as defined in 29 CFR 1915.4. (Exposure to asbestos in these employments is covered by 29 CFR 1915.1001).

(b) Definitions.

Asbestos includes chrysotile, amosite, crocidolite, tremolite asbestos, anthophyllite asbestos, actinolite asbestos, and any of these minerals that have been chemically treated and/or altered.

Asbestos-containing material (ACM) means any material containing more than 1% asbestos.

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

Authorized person means any person authorized by the employer and required by work duties to be present in regulated areas.

Building/facility owner is the legal entity, including a lessee, which exercises control over management and record keeping functions relating to a building and/or facility in which activities covered by this standard take place.

Certified industrial hygienist (CIH) means one certified in the practice of industrial hygiene by the American Board of Industrial Hygiene.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designee.

Employee exposure means that exposure to airborne asbestos that would occur if the employee were not using respiratory protective equipment.

Fiber means a particulate form of asbestos 5 micrometers or longer, with a length-to-diameter ratio of at least 3 to 1.

High-efficiency particulate air (HEPA) filter means a filter capable of trapping and retaining at least 99.97 percent of 0.3 micrometer diameter mono-disperse particles.

Homogeneous area means an area of surfacing material or thermal system insulation that is uniform in color and texture.

Industrial hygienist means a professional qualified by education, training, and experience to anticipate, recognize, evaluate and develop controls for occupational health hazards.

PACM means presumed asbestos containing material.

Presumed asbestos containing material means thermal system insulation and surfacing material found in buildings constructed no later than 1980. The designation of a material as 'PACM' may be rebutted pursuant to paragraph (j)(8) of this section.

Regulated area means an area established by the employer to demarcate areas where airborne concentrations of asbestos exceed, or there is a reasonable possibility they may exceed, the permissible exposure limits.

Surfacing ACM means surfacing material which contains more than 1% asbestos.

Surfacing material means material that is sprayed, troweled-on or otherwise applied to surfaces (such as acoustical plaster on ceilings and fireproofing materials on structural members, or other materials on surfaces for acoustical, fireproofing, and other purposes.

Thermal System Insulation (TSI) means ACM applied to pipes, fittings, boilers, breeching, tanks, ducts or other structural components to prevent heat loss or gain.

Thermal System Insulation ACM means thermal system insulation which contains more than 1% asbestos.

(c) Permissible exposure limit (PELS)-

(1) Time-weighted average limit (TWA). The employer shall ensure that no employee is exposed to an airborne concentration of asbestos in excess of 0.1 fiber per cubic centimeter of air as an eight (8)-hour time-weighted average (TWA) as determined by the method prescribed in Appendix A to this section, or by an equivalent method.

(2) Excursion limit. The employer shall ensure that no employee is exposed to an airborne concentration of asbestos in excess of 1.0 fiber per cubic centimeter of air (1 f/cc) as averaged over a sampling period of thirty (30) minutes as determined by the method prescribed in Appendix A to this section of by an equivalent method.

(d) Exposure monitoring.

(1) General.

(i) Determinations of employee exposure shall be made from breathing zone air samples that are representative of the 8-hour TWA and 30-minute short-term exposures of each employee.

(ii) Representative 8-hour TWA employee exposures shall be determined on the basis of one or more samples representing full-shift exposures for each shift for each employee in each job classification in each work area. Representative 30-minute short-term employee exposures shall be determined on the basis of one or more samples representing 30 minute exposures associated with operations that are most likely to produce exposures above the excursion limit for each shift for each job classification in each work area.

(2) Initial monitoring.

(i) Each employer who has a workplace or work operation covered by this standard, except as provided for in paragraphs (d)(2)(ii) and (d)(2)(iii) of this section, shall perform initial monitoring of employees who are, or may reasonably be expected to be exposed to airborne concentrations at or above the TWA permissible exposure limit and/or excursion limit.

(ii) Where the employer has monitored after March 31, 1992, for the TWA permissible exposure limit and/or the excursion limit, and the monitoring satisfies all other requirements of this section, the employer may rely on such earlier monitoring results to satisfy the requirements of paragraph (d)(2)(i) of this section.

(iii) Where the employer has relied upon objective data that demonstrate that asbestos is not capable of being released in airborne concentrations at or above the TWA permissible exposure limit and/or excursion limit under the expected conditions of processing, use, or handling, then no initial monitoring is required.

(3) Monitoring frequency (periodic monitoring) and patterns. After the initial determinations required by paragraph (d)(2)(i) of this section, samples shall be of such frequency and pattern as to represent with reasonable accuracy the levels of exposure of the employees. In no case shall sampling be at intervals greater than six months for employees whose exposures may reasonably be foreseen to exceed the TWA permissible exposure limit and/or excursion limit.

(4) Changes in monitoring frequency. If either the initial or the periodic monitoring required by paragraphs (d)(2) and (d)(3) of this section statistically indicates that employee exposures are below the TWA permissible exposure limit and/or excursion limit, the employer may discontinue the monitoring for those employees whose exposures are represented by such monitoring.

(5) Additional monitoring. Notwithstanding the provisions of paragraphs (d)(2)(ii) and (d)(4) of this section, the employer shall institute the exposure monitoring required under paragraphs (d)(2)(i) and (d)(3) of this section whenever there has been a change in the production, process,

control equipment, personnel or work practices that may result in new or additional exposures above the TWA permissible exposure limit and/or excursion limit or when the employer has any reason to suspect that a change may result in new or additional exposures above the action PEL and/or excursion limit.

(6) Method of monitoring.

(i) All samples taken to satisfy the monitoring requirements of paragraph (d) of this section shall be personal samples collected following the procedures specified in Appendix A.

(ii) All samples taken to satisfy the monitoring requirements of paragraph (d) of this section shall be evaluated using the OSHA Reference Method (ORM) specified in Appendix A of this section, or an equivalent counting method.

(iii) If an equivalent method to the ORM is used, the employer shall ensure that the method meets the following criteria:

(A) Replicate exposure data used to establish equivalency are collected in side-by-side field and laboratory comparisons; and

(B) The comparison indicates that 90% of the samples collected in the range 0.5 to 2.0 times the permissible limit have an accuracy range of plus or minus 25 percent of the ORM results at a 95% confidence level as demonstrated by a statistically valid protocol; and

(C) The equivalent method is documented and the results of the comparison testing are maintained.

(iv) To satisfy the monitoring requirements of paragraph (d) of this section, employers must use the results of monitoring analysis performed by laboratories which have instituted quality assurance programs that include the elements as prescribed in Appendix A of this section.

(7) Employee notification of monitoring results.

(i) The employer must, within 15 working days after the receipt of the results of any monitoring performed under this sections, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees.

(ii) The written notification required by paragraph (d)(7)(i) of this section shall contain the corrective action being taken by the employer to reduce employee exposure to or below the TWA and/or excursion limit, wherever monitoring results indicated that the TWA and/or excursion limit had been exceeded.

(e) Regulated Areas.-

(1) Establishment. The employer shall establish regulated areas wherever airborne concentrations of asbestos and/or PACM are in excess of the TWA and/or excursion limit prescribed in paragraph (c) of this section.

(2) Demarcation. Regulated areas shall be demarcated from the rest of the workplace in any manner that minimizes the number of persons who will be exposed to asbestos.

(3) Access. Access to regulated areas shall be limited to authorized persons or to persons authorized by the Act or regulations issued pursuant thereto.

(4) Provision of respirators. Each person entering a regulated area shall be supplied with and required to use a respirator, selected in accordance with paragraph (g)(2) of this section.

(5) Prohibited activities. The employer shall ensure that employees do not eat, drink, smoke, chew tobacco or gum, or apply cosmetics in the regulated areas.

(f) Methods of compliance.-

(1) Engineering controls and work practices.

(i) The employer shall institute engineering controls and work practices to reduce and maintain employee exposure to or below the TWA and/or excursion limit prescribed in paragraph (c) of this section, except to the extent that such controls are not feasible.

(ii) Wherever the feasible engineering controls and work practices that can be instituted are not sufficient to reduce employee exposure to or below the TWA and/or excursion limit prescribed in paragraph (c) of this section, the employer shall use them to reduce employee exposure to the lowest levels achievable by these controls and shall supplement them by the use of respiratory protection that complies with the requirements of paragraph (g) of this section.

(iii) For the following operations, wherever feasible engineering controls and work practices that can be instituted are not sufficient to reduce the employee exposure to or below the TWA and/or excursion limit prescribed in paragraph (c) of this section, the employer shall use them to reduce employee exposure to or below 0.5 fiber per cubic centimeter of air (as an eight-hour time-weighted average) or 2.5 fibers/cc for 30 minutes (short-term exposure) and shall supplement them by the use of any combination of respiratory protection that complies with the requirements of paragraph (g) of this section, work practices and feasible engineering controls that will reduce employee exposure to or below the TWA and to or below the excursion limit permissible prescribed in paragraph (c) of this section: Coupling cutoff in primary asbestos cement pipe manufacturing; sanding in primary and secondary asbestos cement sheet manufacturing; grinding in primary and secondary friction product manufacturing; carding and spinning in dry textile processes; and grinding and sanding in primary plastics manufacturing.

(iv) Local exhaust ventilation. Local exhaust ventilation and dust collection systems shall be designed, constructed, installed, and maintained in accordance with good practices such as those found in the American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, ANSI Z9.2-1979.

(v) Particular tools. All hand-operated and power-operated tools which would produce or release fibers of asbestos, such as, but not limited to, saws, scorers, abrasive wheels, and drills, shall be provided with local exhaust ventilation systems which comply with paragraph (f)(1)(iv) of this section.

(vi) Wet methods. Insofar as practicable, asbestos shall be handled, mixed, applied, removed, cut, scored, or otherwise worked in a wet state sufficient to prevent the emission of airborne fibers so as to expose employees to levels in excess of the TWA and/or excursion limit, prescribed in paragraph (c) of this section, unless the usefulness of the product would be diminished thereby.

(vii) [Reserved]

(viii) Particular products and operations. No asbestos cement, mortar, coating, grout, plaster, or similar material containing asbestos, shall be removed from bags, cartons, or other containers in which they are shipped, without being either wetted, or enclosed, or ventilated so as to prevent effectively the release of airborne fibers.

(ix) Compressed air. Compressed air shall not be used to remove asbestos or materials containing asbestos unless the compressed air is used in conjunction with a ventilation system which effectively captures the dust cloud created by the compressed air.

(x) Flooring. Sanding of asbestos-containing flooring material is prohibited.

(2) Compliance program.

(i) Where the TWA and/or excursion limit is exceeded, the employer shall establish and implement a written program to reduce employee exposure to or below the TWA and to or below the excursion limit by means of engineering and work practice controls as required by paragraph (f)(1) of this section, and by the use of respiratory protection where required or permitted under this section.

(ii) Such programs shall be reviewed and updated as necessary to reflect significant changes in the status of the employer's compliance program.

(iii) Written programs shall be submitted upon request for examination and copying to the Assistant Secretary, the Director, affected employees and designated employee representatives.

(iv) The employer shall not use employee rotation as a means of compliance with the TWA and/or excursion limit.

(3) Specific compliance methods for brake and clutch repair:

(i) Engineering controls and work practices for brake and clutch repair and service. During automotive brake and clutch inspection, disassembly, repair and assembly operations, the employer shall institute engineering controls and work practices to reduce employee exposure to materials containing asbestos using a negative pressure enclosure/HEPA vacuum system method or low pressure/wet cleaning method, which meets the detailed requirements set out in Appendix F to this section. The employer may also comply using an equivalent method which follows written procedures which the employer demonstrates can achieve results equivalent to Method A in Appendix F to this section. For facilities in which no more than 5 pair of brakes or 5 clutches are inspected, disassembled, repaired, or assembled per week, the method set forth in paragraph [D] of Appendix F to this section may be used.

(ii) The employer may also comply by using an equivalent method which follows written procedures, which the employer demonstrates can achieve equivalent exposure reductions as do the two "preferred methods." Such demonstration must include monitoring data conducted under workplace conditions closely resembling the process, type of asbestos containing materials, control method, work practices and environmental conditions which the equivalent method will be used, or objective data, which document that under all reasonably foreseeable conditions of brake and clutch repair applications, the method results in exposures which are equivalent to the methods set out in Appendix F to this section.

(g) Respiratory protection.

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that comply with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement feasible engineering and work practice controls.

(ii) Work operations, such as maintenance and repair activities, for which engineering and work practice controls are not feasible.

(iii) Work operations for which feasible engineering and work-practice controls are not yet sufficient to reduce employee exposure to or below the TWA and/or excursion limit.

(iv) Emergencies.

(2) Respirator Program.

(i) The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

(ii) Employers must provide an employee with a tight-fitting, powered air-purifying respirator (PAPR) instead of a negative pressure respirator selected according to paragraph (g)(3) of this standard when the employee chooses to use a PAPR and it provides adequate protection to the employee.

(iii) No employee must be assigned to tasks requiring the use of respirators if, based on their most recent medical examination, the examining physician determines that the employee will be unable to function normally using a respirator, or that the safety or health of the employee or other employees will be impaired by the use of a respirator. Such employees must be assigned to another job or given the opportunity to transfer to a different position, the duties of which they can perform. If such a transfer position is available, the position must be with the same employer, in the same geographical area, and with the same seniority, status, and rate of pay the employee had just prior to such transfer.

(3) Respirator selection. Employers must:

(i) Select, and provide to employees, the appropriate respirators specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134; however, employers must not select or use filtering facepiece respirators for protection against asbestos fibers.

(ii) Provide HEPA filters for powered and non-powered air-purifying respirators.

(h) Protective work clothing and equipment-

(1) Provision and use. If an employee is exposed to asbestos above the TWA and/or excursion limit, or where the possibility of eye irritation exists, the employer shall provide at no cost to the employee and ensure that the employee uses appropriate protective work clothing and equipment such as, but not limited to:

(i) Coveralls or similar full-body work clothing;

(ii) Gloves, head coverings, and foot coverings; and

(iii) Face shields, vented goggles, or other appropriate protective equipment which complies with 1910.133 of this Part.

(2) Removal and storage.

(i) The employer shall ensure that employees remove work clothing contaminated with

asbestos only in change rooms provided in accordance with paragraph (i)(1) of this section.

(ii) The employer shall ensure that no employee takes contaminated work clothing out of the change room, except those employees authorized to do so for the purpose of laundering, maintenance, or disposal.

(iii) Contaminated work clothing shall be placed and stored in closed containers which prevent dispersion of the asbestos outside the container.

(iv) Containers of contaminated protective devices or work clothing which are to be taken out of change rooms or the workplace for cleaning, maintenance or disposal, shall bear labels in accordance with paragraph(j)(4) of this section.

(3) Cleaning and replacement.

(i) The employer shall clean, launder, repair, or replace protective clothing and equipment required by this paragraph to maintain their effectiveness. The employer shall provide clean protective clothing and equipment at least weekly to each affected employee.

(ii) The employer shall prohibit the removal of asbestos from protective clothing and equipment by blowing or shaking.

(iii) Laundering of contaminated clothing shall be done so as to prevent the release of airborne fibers of asbestos in excess of the permissible exposure limits prescribed in paragraph (c) of this section.

(iv) Any employer who gives contaminated clothing to another person for laundering shall inform such person of the requirement in paragraph (h)(3)(iii) of this section to effectively prevent the release of airborne fibers of asbestos in excess of the permissible exposure limits.

(v) The employer shall inform any person who launders or cleans protective clothing or equipment contaminated with asbestos of the potentially harmful effects of exposure to asbestos.

(vi) Contaminated clothing shall be transported in sealed impermeable bags, or other closed, impermeable containers, and labeled in accordance with paragraph (j) of this section.

(i) Hygiene facilities and practices

(1) Change rooms.

(i) The employer shall provide clean change rooms for employees who work in areas where their airborne exposure to asbestos is above the TWA and/or excursion limit.

(ii) The employer shall ensure that change rooms are in accordance with 1910.141(e) of this

part, and are equipped with two separate lockers or storage facilities, so separated as to prevent contamination of the employee's street clothes from his protective work clothing and equipment.

(2) Showers.

(i) The employer shall ensure that employees who work in areas where their airborne exposure is above the TWA and/or excursion limit, shower at the end of the work shift.

(ii) The employer shall provide shower facilities which comply with 1910.141(d)(3) of this part.

(iii) The employer shall ensure that employees who are required to shower pursuant to paragraph (i)(2)(i) of this section do not leave the workplace wearing any clothing or equipment worn during the work shift.

(3) Lunchrooms.

(i) The employer shall provide lunchroom facilities for employees who work in areas where their airborne exposure is above the TWA and/or excursion limit.

(ii) The employer shall ensure that lunchroom facilities have a positive pressure, filtered air supply, and are readily accessible to employees.

(iii) The employer shall ensure that employees who work in areas where their airborne exposure is above the PEL and/or excursion limit wash their hands and faces prior to eating, drinking or smoking.

(iv) The employer shall ensure that employees do not enter lunchroom facilities with protective work clothing or equipment unless surface asbestos fibers have been removed from the clothing or equipment by vacuuming or other method that removes dust without causing the asbestos to become airborne.

(4) Smoking in work areas. The employer shall ensure that employees do not smoke in work areas where they are occupationally exposed to asbestos because of activities in that work area.

(j) Communication of hazards to employees-Introduction. This section applies to the communication of information concerning asbestos hazards in general industry to facilitate compliance with this standard. Asbestos exposure in general industry occurs in a wide variety of industrial and commercial settings. Employees who manufacture asbestos-containing products may be exposed to asbestos fibers. Employees who repair and replace automotive brakes and clutches may be exposed to asbestos fibers. In addition, employees engaged in housekeeping activities in industrial facilities with asbestos product manufacturing operations, and in public and commercial buildings with installed asbestos containing materials may be exposed to asbestos fibers. Most of these workers are covered by this general industry standard, with the

exception of state or local governmental employees in non-state plan states. It should be noted that employees who perform housekeeping activities during and after construction activities are covered by the asbestos construction standard, 29 CFR 1926.1101, formerly 1926.58. However, housekeeping employees, regardless of industry designation, should know whether building components they maintain may expose them to asbestos. The same hazard communication provisions will protect employees who perform housekeeping operations in all three asbestos standards; general industry, construction, and shipyard employment. As noted in the construction standard, building owners are often the only and/or best source of information concerning the presence of previously installed asbestos containing building materials. Therefore they, along with employers of potentially exposed employees, are assigned specific information conveying and retention duties under this section.

(1) Installed Asbestos Containing Material. Employers and building owners are required to treat installed TSI and sprayed on and troweled-on surfacing materials as ACM in buildings constructed no later than 1980 for purposes of this standard. These materials are designated "presumed ACM or PACM", and are defined in paragraph (b) of this section. Asphalt and vinyl flooring material installed no later than 1980 also must be treated as asbestos-containing. The employer or building owner may demonstrate that PACM and flooring material do not contain asbestos by complying with paragraph (j)(8)(iii) of this section.

(2) Duties of employers and building and facility owners.

(i) Building and facility owners shall determine the presence, location and quantity of ACM and/or PACM at the work site. Employers and building and facility owners shall exercise due diligence in complying with these requirements to inform employers and employees about the presence and location of ACM and PACM.

(ii) Building and facility owners shall maintain records of all information required to be provided pursuant to this section and/or otherwise known to the building owner concerning the presence, location and quantity of ACM and PACM in the building/facility. Such records shall be kept for the duration of ownership and shall be transferred to successive owners.

(iii) Building and facility owners shall inform employers of employees, and employers shall inform employees who will perform housekeeping activities in areas which contain ACM and/or PACM of the presence and location of ACM and PACM in such areas which may be contacted during such activities.

(3) Warning signs.

(i) Posting. Warning signs shall be provided and displayed at each regulated area. In addition, warning signs shall be posted at all approaches to regulated areas so that an employee may read the signs and take necessary protective s before entering the area.

(ii) Sign specifications.

(A) The warning signs required by paragraph (j)(3) of this section shall bear the following information:

DANGER

ASBESTOS

CANCER AND LUNG DISEASE HAZARD

AUTHORIZED PERSONNEL ONLY

(B) In addition, where the use of respirators and protective clothing is required in the regulated area under this section, the warning signs shall include the following:

RESPIRATORS AND PROTECTIVE CLOTHING
ARE REQUIRED IN THIS AREA

(iii) [Reserved]

(iv) The employer shall ensure that employees working in and contiguous to regulated areas comprehend the warning signs required to be posted by paragraph (j)(3)(i) of this section. Means to ensure employee comprehension may include the use of foreign languages, pictographs and graphics.

(v) At the entrance to mechanical rooms/areas in which employees reasonably can be expected to enter and which contain ACM and/or PACM, the building owner shall post signs which identify the material which is present, its location, and appropriate work practices which, if followed, will ensure that ACM and/or PACM will not be disturbed. The employer shall ensure, to the extent feasible, that employees who come in contact with these signs can comprehend them. Means to ensure employee comprehension may include the use of foreign languages, pictographs, graphics, and awareness training.

(4) Warning labels.

(i) Labeling. Warning labels shall be affixed to all raw materials, mixtures, scrap, waste, debris, and other products containing asbestos fibers, or to their containers. When a building owner or employer identifies previously installed ACM and/or PACM, labels or signs shall be affixed or posted so that employees will be notified of what materials contain ACM and/or PACM. The employer shall attach such labels in areas where they will clearly be noticed by employees who are likely to be exposed, such as at the entrance to mechanical room/areas. Signs required by paragraph (j)(3) of this section may be posted in lieu of labels so long as they contain information required for labelling.

(ii) Label specifications. The labels shall comply with the requirements of 29 CFR 1910.1200(f) of OSHA's Hazard Communication standard, and shall include the following information:

DANGER

CONTAINS ASBESTOS FIBERS

AVOID CREATING DUST

CANCER AND LUNG DISEASE HAZARD

(5) Material safety data sheets. Employers who are manufacturers or importers of asbestos or asbestos products shall comply with the requirements regarding development of material safety data sheets as specified in 29 CFR 1910.1200(g) of OSHA's Hazard Communication standard, except as provided by paragraph (j)(6) of this section.

(6) The provisions for labels required by paragraph (j)(4) of this section or for material safety data sheets required by paragraph (j)(5) of this section do not apply where:

(i) Asbestos fibers have been modified by a bonding agent, coating, binder, or other material provided that the manufacturer can demonstrate that during any reasonably foreseeable use, handling, storage, disposal, processing, or transportation, no airborne concentrations of fibers of asbestos in excess of the TWA permissible exposure level and/or excursion limit will be released or

(ii) Asbestos is present in a product in concentrations less than 1.0%.

(7) Employee information and training.

(i) The employer shall train each employee who is exposed to airborne concentrations of asbestos at or above the PEL and/or excursion limit in accordance with the requirements of this section. The employer shall institute a training program and ensure employee participation in the program.

(ii) Training shall be provided prior to or at the time of initial assignment and at least annually thereafter.

(iii) The training program shall be conducted in a manner which the employee is able to understand. The employer shall ensure that each employee is informed of the following:

(A) The health effects associated with asbestos exposure;

(B) The relationship between smoking and exposure to asbestos producing lung cancer:

(C) The quantity, location, manner of use, release, and storage of asbestos, and the specific nature of operations which could result in exposure to asbestos;

(D) The engineering controls and work practices associated with the employee's job assignment;

(E) The specific procedures implemented to protect employees from exposure to asbestos, such as appropriate work practices, emergency and clean-up procedures, and personal protective equipment to be used;

(F) The purpose, proper use, and limitations of respirators and protective clothing, if appropriate;

(G) The purpose and a description of the medical surveillance program required by paragraph (I) of this section;

(H) The content of this standard, including appendices.

(I) The names, addresses and phone numbers of public health organizations which provide information, materials, and/or conduct programs concerning smoking cessation. The employer may distribute the list of such organizations contained in Appendix I to this section, to comply with this requirement.

(J) The requirements for posting signs and affixing labels and the meaning of the required legends for such signs and labels.

(iv) The employer shall also provide, at no cost to employees who perform housekeeping operations in an area which contains ACM or PACM, an asbestos awareness training course, which shall at a minimum contain the following elements: health effects of asbestos, locations of ACM and PACM in the building/facility, recognition of ACM and PACM damage and deterioration, requirements in this standard relating to housekeeping, and proper response to fiber release episodes, to all employees who perform housekeeping work in areas where ACM and/or PACM is present. Each such employee shall be so trained at least once a year.

(v) Access to information and training materials.

(A) The employer shall make a copy of this standard and its appendices readily available without cost to all affected employees.

(B) The employer shall provide, upon request, all materials relating to the employee information and training program to the Assistant Secretary and the training program to the Assistant Secretary and the Director.

(C) The employer shall inform all employees concerning the availability of self-help smoking cessation program material. Upon employee request, the employer shall distribute such material, consisting of NIH Publication No. 89-1647, or equivalent self-help material, which is approved or published by a public health organization listed in Appendix I to this section.

(8) Criteria to rebut the designation of installed material as PACM.

(i) At any time, an employer and/or building owner may demonstrate, for purposes of this standard, that PACM does not contain asbestos. Building owners and/or employers are not required to communicate information about the presence of building material for which such a demonstration pursuant to the requirements of paragraph (j)(8)(ii) of this section has been made. However, in all such cases, the information, data and analysis supporting the determination that PACM does not contain asbestos, shall be retained pursuant to paragraph (m) of this section.

(ii) An employer or owner may demonstrate that PACM does not contain asbestos by the following:

(A) Having a completed inspection conducted pursuant to the requirements of AHERA (40 CFR 763, Subpart E) which demonstrates that no ACM is present in the material; or

(B) Performing tests of the material containing PACM which demonstrate that no ACM is present in the material. Such tests shall include analysis of bulk samples collected in the manner described in 40 CFR 763.86. The tests, evaluation and sample collection shall be conducted by an accredited inspector or by a CIH. Analysis of samples shall be performed by persons or laboratories with proficiency demonstrated by current successful participation in a nationally recognized testing program such as the National Voluntary Laboratory Accreditation Program (NVLAP) or the National Institute for Standards and Technology (NIST) or the Round Robin for bulk samples administered by the American Industrial Hygiene Association (AIHA) or an equivalent nationally-recognized round robin testing program.

(iii) The employer and/or building owner may demonstrate that flooring material including associated mastic and backing does not contain asbestos, by a determination of an industrial hygienist based upon recognized analytical techniques showing that the material is not ACM.

(k) Housekeeping.

(1) All surfaces shall be maintained as free as practicable of ACM waste and debris and accompanying dust.

(2) All spills and sudden releases of material containing asbestos shall be cleaned up as soon as possible.

(3) Surfaces contaminated with asbestos may not be cleaned by the use of compressed air.

(4) Vacuuming. HEPA-filtered vacuuming equipment shall be used for vacuuming asbestos containing waste and debris. The equipment shall be used and emptied in a manner which minimizes the reentry of asbestos into the workplace.

(5) Shoveling, dry sweeping and dry clean-up of asbestos may be used only where vacuuming and/or wet cleaning are not feasible.

(6) Waste disposal. Waste, scrap, debris, bags, containers, equipment, and clothing contaminated with asbestos consigned for disposal, shall be collected, recycled and disposed of in sealed impermeable bags, or other closed, impermeable containers.

(7) Care of asbestos-containing flooring material.

(i) Sanding of asbestos-containing floor material is prohibited.

(ii) Stripping of finishes shall be conducted using low abrasion pads at speeds lower than 300 rpm and wet methods.

(iii) Burnishing or dry buffing may be performed only on asbestos-containing flooring which has sufficient finish so that the pad cannot contact the asbestos-containing material.

(8) Waste and debris and accompanying dust in an area containing accessible ACM and/or PACM or visibly deteriorated ACM, shall not be dusted or swept dry or vacuumed without using a HEPA filter.

(l) Medical surveillance

(1) General

(i) Employees covered. The employer shall institute a medical surveillance program for all employees who are or will be exposed to airborne concentrations of fibers of asbestos at or above the TWA and/or excursion limit.

(ii) Examination by a physician.

(A) The employer shall ensure that all medical examinations and procedures are performed by or under the supervision of a licensed physician, and shall be provided without cost to the employee and at a reasonable time and place.

(B) Persons other than licensed physicians, who administer the pulmonary function testing required by this section, shall complete a training course in spirometry sponsored by an appropriate academic or professional institution.

(2) Pre-placement examinations.

(i) Before an employee is assigned to an occupation exposed to airborne concentrations of asbestos fibers at or above the TWA and/or excursion limit, a pre-placement medical examination shall be provided or made available by the employer.

(ii) Such examination shall include, as a minimum, a medical and work history; a complete physical examination of all systems with emphasis on the respiratory system, the cardiovascular system and digestive tract; completion of the respiratory disease standardized questionnaire in Appendix D to this section, Part 1; a chest roentgenogram (posterior-anterior 14x17 inches); pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV(1.0)); and any additional tests deemed appropriate by the examining physician. Interpretation and classification of chest roentgenogram shall be conducted in accordance with Appendix E to this section.

(3) Periodic examinations.

(i) Periodic medical examinations shall be made available annually.

(ii) The scope of the medical examination shall be in conformance with the protocol established in paragraph (1)(2)(ii) of this section, except that the frequency of chest roentgenogram shall be conducted in accordance with Table 1, and the abbreviated standardized questionnaire contained in, Part 2 of Appendix D to this section shall be administered to the employee

Table 1. -- Frequency of Chest Roentgenogram

Years since first exposure	Age of employee		
	15 to 35	35+ to 45	45+
0 to 10.....	Every 5 years.....	Every 5 years...	Every 5 years.
10+.....	Every 5 years.....	Every 2 years...	Every 1 year.

(4) Termination of employment examinations.

(i) The employer shall provide, or make available, a termination of employment medical examination for any employee who has been exposed to airborne concentrations of fibers of asbestos at or above the TWA and/or excursion limit.

(ii) The medical examination shall be in accordance with the requirements of the periodic examinations stipulated in paragraph (1)(3) of this section, and shall be given within 30 calendar days before or after the date of termination of employment.

(5) Recent examinations. No medical examination is required of any employee, if adequate records show that the employee has been examined in accordance with any of paragraphs ((1)(2)

through (l)(4)) of this section within the past 1 year period. A pre- employment medical examination which was required as a condition of employment by the employer, may not be used by that employer to meet the requirements of this paragraph, unless the cost of such examination is borne by the employer.

(6) Information provided to the physician. The employer shall provide the following information to the examining physician:

- (i) A copy of this standard and Appendices D and E.
- (ii) A description of the affected employee's duties as they relate to the employee's exposure.
- (iii) The employee's representative exposure level or anticipated exposure level.
- (iv) A description of any personal protective and respiratory equipment used or to be used.
- (v) Information from previous medical examinations of the affected employee that is not otherwise available to the examining physician.

(7) Physician's written opinion.

(i) The employer shall obtain a written opinion from the examining physician. This written opinion shall contain the results of the medical examination and shall include:

(A) The physician's opinion as to whether the employee has any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos;

(B) Any recommended limitations on the employee or upon the use of personal protective equipment such as clothing or respirators;

(C) A statement that the employee has been informed by the physician of the results of the medical examination and of any medical conditions resulting from asbestos exposure that require further explanation or treatment; and

(D) A statement that the employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

(ii) The employer shall instruct the physician not to reveal in the written opinion given to the employer specific findings or diagnoses unrelated to occupational exposure to asbestos.

(iii) The employer shall provide a copy of the physician's written opinion to the affected employee within 30 days from its receipt.

(m) Recordkeeping.-

(1) Exposure measurements. NOTE: The employer may utilize the services of competent organizations such as industry trade associations and employee associations to maintain the records required by this section.

(i) The employer shall keep an accurate record of all measurements taken to monitor employee exposure to asbestos as prescribed in paragraph (d) of this section.

(ii) This record shall include at least the following information:

(A) The date of measurement;

(B) The operation involving exposure to asbestos which is being monitored;

(C) Sampling and analytical methods used and evidence of their accuracy;

(D) Number, duration, and results of samples taken;

(E) Type of respiratory protective devices worn, if any; and

(F) Name, social security number and exposure of the employees whose exposure are represented.

(iii) The employer shall maintain this record for at least thirty (30) years, in accordance with 29 CFR 1910.20.

(2) Objective data for exempted operations.

(i) Where the processing, use, or handling of products made from or containing asbestos is exempted from other requirements of this section under paragraph (d)(2)(iii) of this section, the employer shall establish and maintain an accurate record of objective data reasonably relied upon in support of the exemption.

(ii) The record shall include at least the following:

(A) The product qualifying for exemption;

(B) The source of the objective data;

(C) The testing protocol, results of testing, and/or analysis of the material for the release of asbestos;

(D) A description of the operation exempted and how the data support the exemption;
and

(E) Other data relevant to the operations, materials, processing, or employee exposures

covered by the exemption.

(iii) The employer shall maintain this record for the duration of the employer's reliance upon such objective data.

(3) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee subject to medical surveillance by paragraph (l)(1)(i) of this section, in accordance with 29 CFR 1910.20.

(ii) The record shall include at least the following information:

(A) The name and social security number of the employee;

(B) Physician's written opinions;

(C) Any employee medical complaints related to exposure to asbestos; and

(D) A copy of the information provided to the physician as required by paragraph (l)(6) of this section.

(iii) The employer shall ensure that this record is maintained for the duration of employment plus thirty (30) years, in accordance with 29 CFR 1910.20.

(4) Training. The employer shall maintain all employee training records for one (1) year beyond the last date of employment of that employee.

(5) Availability.

(i) The employer, upon written request, shall make all records required to be maintained by this section available to the Assistant Secretary and the Director for examination and copying.

(ii) The employer, upon request shall make any exposure records required by paragraph (m)(1) of this section available for examination and copying to affected employees, former employees, designated representatives and the Assistant Secretary, in accordance with 29 CFR 1910.20(a)through(e) and (g)through(i).

(iii) The employer, upon request, shall make employee medical records required by paragraph (m)(3) of this section available for examination and copying to the subject employee, to anyone having the specific written consent of the subject employee, and the Assistant Secretary, in accordance with 29 CFR 1910.20.

(6) Transfer of records.

(i) The employer shall comply with the requirements concerning transfer of records set forth

in 29 CFR 1910.20(h).

(ii) Whenever the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director at least 90 days prior to disposal of records and, upon request, transmit them to the Director.

(n) Observation of monitoring-

(1) Employee observation. The employer shall provide affected employees or their designated representatives an opportunity to observe any monitoring of employee exposure to asbestos conducted in accordance with paragraph (d) of this section.

(2) Observation procedures. When observation of the monitoring of employee exposure to asbestos requires entry into an area where the use of protective clothing or equipment is required, the observer shall be provided with and be required to use such clothing and equipment and shall comply with all other applicable safety and health procedures.

(o) Appendices.

(1) Appendices A, C, D, E, and F, to this section are incorporated as part of this section and the contents of these Appendices are mandatory.

(2) Appendices B, G, H, I, and J to this section are informational and are not intended to create any additional obligations not otherwise imposed or to detract from any existing obligations.

[For amendment dates see end of 1910.1001 appendices]

1910.1001 App A OSHA Reference Method - Mandatory

Appendix A to 1910.1001 - OSHA Reference Method - Mandatory

This mandatory appendix specifies the procedure for analyzing air samples for asbestos and specifies quality control procedures that must be implemented by laboratories performing the analysis. The sampling and analytical methods described below represent the elements of the available monitoring methods (such as Appendix B of their regulation, the most current version of the OSHA method ID-160, or the most current version of the NIOSH Method 7400). All employers who are required to conduct air monitoring under paragraph (d) of the standard are required to utilize analytical laboratories that use this procedure, or an equivalent method, for collecting and analyzing samples.

Sampling and Analytical Procedure

1. The sampling medium for air samples shall be mixed cellulose ester filter membranes. These shall be designated by the manufacturer as suitable for asbestos counting. See below for rejection

of blanks.

2. The preferred collection device shall be the 25-mm diameter cassette with an open-faced 50-mm electrically conductive extension cowl. The 37-mm cassette may be used if necessary but only if written justification for the need to use the 37-mm filter cassette accompanies the sample results in the employee's exposure monitoring record. Do not reuse or reload cassettes for asbestos sample collection.

3. An air flow rate between 0.5 liter/min and 2.5 liters/min shall be selected for the 25-mm cassette. If the 37-mm cassette is used, an air flow rate between 1 liter/min and 2.5 liters/min shall be selected.

4. Where possible, a sufficient air volume for each air sample shall be collected to yield between 100 and 1,300 fibers per square millimeter on the membrane filter. If a filter darkens in appearance or if loose dust is seen on the filter, a second sample shall be started.

5. Ship the samples in a rigid container with sufficient packing material to prevent dislodging the collected fibers. Packing material that has a high electrostatic charge on its surface (e.g., expanded polystyrene) cannot be used because such material can cause loss of fibers to the sides of the cassette.

6. Calibrate each personal sampling pump before and after use with a representative filter cassette installed between the pump and the calibration devices.

7. Personal samples shall be taken in the "breathing zone" of the employee (i.e., attached to or near the collar or lapel near the worker's face).

8. Fiber counts shall be made by positive phase contrast using a microscope with an 8 to 10 X eyepiece and a 40 to 45 X objective for a total magnification of approximately 400 X and a numerical aperture of 0.65 to 0.75. The microscope shall also be fitted with a green or blue filter.

9. The microscope shall be fitted with a Walton-Beckett eyepiece graticule calibrated for a field diameter of 100 micrometers (+/-2 micrometers).

10. The phase-shift detection limit of the microscope shall be about 3 degrees measured using the HSE phase shift test slide as outlined below.

a. Place the test slide on the microscope stage and center it under the phase objective.

b. Bring the blocks of grooved lines into focus.

NOTE: The slide consists of seven sets of grooved lines (ca. 20 grooves to each block) in descending order of visibility from sets 1 to 7, seven being the least visible. The requirements for asbestos counting are that the microscope optics must resolve the grooved lines in set 3

completely, although they may appear somewhat faint, and that the grooved lines in sets 6 and 7 must be invisible. Sets 4 and 5 must be at least partially visible but may vary slightly in visibility between microscopes. A microscope that fails to meet these requirements has either too low or too high a resolution to be used for asbestos counting.

c. If the image deteriorates, clean and adjust the microscope optics. If the problem persists, consult the microscope manufacturer.

11. Each set of samples taken will include 10% field blanks or a minimum of 2 field blanks. These blanks must come from the same lot as the filters used for sample collection. The field blank results shall be averaged and subtracted from the analytical results before reporting. A set consists of any sample or group of samples for which an evaluation for this standard must be made. Any samples represented by a field blank having a fiber count in excess of the detection limit of the method being used shall be rejected.

12. The samples shall be mounted by the acetone/triacetin method or a method with an equivalent index of refraction and similar clarity.

13. Observe the following counting rules.

a. Count only fibers equal to or longer than 5 micrometers. Measure the length of curved fibers along the curve.

b. In the absence of other information, count all particles as asbestos that have a length-to-width ratio (aspect ratio) of 3:1 or greater.

c. Fibers lying entirely within the boundary of the Walton-Beckett graticule field shall receive a count of 1. Fibers crossing the boundary once, having one end within the circle, shall receive the count of one half (1/2). Do not count any fiber that crosses the graticule boundary more than once. Reject and do not count any other fibers even though they may be visible outside the graticule area.

d. Count bundles of fibers as one fiber unless individual fibers can be identified by observing both ends of an individual fiber.

e. Count enough graticule fields to yield 100 fibers. Count a minimum of 20 fields; stop counting at 100 fields regardless of fiber count.

14. Blind recounts shall be conducted at the rate of 10 percent.

Quality Control Procedures

1. Intralaboratory program. Each laboratory and/or each company with more than one microscopist counting slides shall establish a statistically designed quality assurance program involving blind recounts and comparisons between microscopists to monitor the variability of

counting by each microscopist and between microscopists. In a company with more than one laboratory, the program shall include all laboratories and shall also evaluate the laboratory-to-laboratory variability.

2.a. Interlaboratory program. Each laboratory analyzing asbestos samples for compliance determination shall implement an interlaboratory quality assurance program that as a minimum includes participation of at least two other independent laboratories. Each laboratory shall participate in round robin testing at least once every 6 months with at least all the other laboratories in its interlaboratory quality assurance group. Each laboratory shall submit slides typical of its own work load for use in this program. The round robin shall be designed and results analyzed using appropriate statistical methodology.

2.b. All laboratories should also participate in a national sample testing scheme such as the Proficiency Analytical Testing Program (PAT), or the Asbestos Registry sponsored by the American Industrial Hygiene Association (AIHA).

3. All individuals performing asbestos analysis must have taken the NIOSH course for sampling and evaluating airborne asbestos dust or an equivalent course.

4. When the use of different microscopes contributes to differences between counters and laboratories, the effect of the different microscope shall be evaluated and the microscope shall be replaced, as necessary.

5. Current results of these quality assurance programs shall be posted in each laboratory to keep the microscopists informed.

Appendix B to 1910.1001-Detailed Procedures for Asbestos Sampling and Analysis-Non-mandatory

Matrix:

OSHA Permissible Exposure Limits:

Time Weighted Average.....	0.1 fiber/cc
Excursion Level (30 minutes).....	1.0 fiber/cc

Collection Procedure:

A known volume of air is drawn through a 25-mm diameter cassette containing a mixed-cellulose ester filter. The cassette must be equipped with an electrically conductive 50-mm extension cowl. The sampling time and rate are chosen to give a fiber density of between 100 to 1,300 fibers/mm(2) on the filter.

Recommended Sampling Rate.....	0.5 to 5.0 liters/ minute (L/min)
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Recommended Air Volumes:

Minimum.....	25 L
Maximum.....	2,400 L

Analytical Procedure: A portion of the sample filter is cleared and prepared for asbestos fiber counting by Phase Contrast Microscopy (PCM) at 400X.

Commercial manufacturers and products mentioned in this method are for descriptive use only and do not constitute endorsements by USDOL-OSHA. Similar products from other sources can be substituted.

1. Introduction

This method describes the collection of airborne asbestos fibers using calibrated sampling pumps with mixed-cellulose ester (MCE) filters and analysis by phase contrast microscopy (PCM). Some terms used are unique to this method and are defined below:

Asbestos: A term for naturally occurring fibrous minerals. Asbestos includes chrysotile, crocidolite, amosite (cummingtonite-grunerite asbestos), tremolite asbestos, actinolite asbestos, anthophyllite asbestos, and any of these minerals that have been chemically treated and/or altered. The precise chemical formulation of each species will vary with the location from which it was mined. Nominal compositions are listed:

Chrysotile	$Mg_3Si_2O_5(OH)_4$
Crocidolite	$Na_2 Fe_{32+}Fe_{23+}Si_8O_{22}(OH)_2$
Amosite	$(Mg,Fe)_7 Si_8O_{22}(OH)_2$
Tremolite-actinolite	$Ca_2(Mg,Fe)_5 Si_8O_{22}(OH)_2$
Anthophyllite	$(Mg,Fe)_7 Si_8O_{22}(OH)_2$

Asbestos Fiber: A fiber of asbestos which meets the criteria specified below for a fiber.

Aspect Ratio: The ratio of the length of a fiber to its diameter (e.g. 3:1, 5:1 aspect ratios).

Cleavage Fragments: Mineral particles formed by comminution of minerals, especially those characterized by parallel sides and a moderate aspect ratio (usually less than 20:1).

Detection Limit: The number of fibers necessary to be 95% certain that the result is greater than zero.

Differential Counting: The term applied to the practice of excluding certain kinds of fibers from the fiber count because they do not appear to be asbestos.

Fiber: A particle that is 5 μm or longer, with a length-to-width ratio of 3 to 1 or longer.

Field: The area within the graticule circle that is superimposed on the microscope image.

Set: The samples which are taken, submitted to the laboratory, analyzed, and for which, interim or final result reports are generated.

Tremolite, Anthophyllite, and Actinolite: The non-asbestos form of these minerals which meet the definition of a fiber. It includes any of these minerals that have been chemically treated and/or altered.

Walton-Beckett Graticule: An eyepiece graticule specifically designed for asbestos fiber counting. It consists of a circle with a projected diameter of 100 μm (area of about 0.00785 mm^2) with a crosshair having tic-marks at 3- μm intervals in one direction and 5- μm in the orthogonal direction. There are marks around the periphery of the circle to demonstrate the proper sizes and shapes of fibers. This design is reproduced in Figure 1. The disk is placed in one of the microscope eyepieces so that the design is superimposed on the field of view.

1.1. History

Early surveys to determine asbestos exposures were conducted using impinger counts of total dust with the counts expressed as million particles per cubic foot. The British Asbestos Research Council recommended filter membrane counting in 1969. In July 1969, the Bureau of Occupational Safety and Health published a filter membrane method for counting asbestos fibers in the United States. This method was refined by NIOSH and published as P & CAM 239. On May 29, 1971, OSHA specified filter membrane sampling with phase contrast counting for evaluation of asbestos exposures at work sites in the United States. The use of this technique was again required by OSHA in 1986. Phase contrast microscopy has continued to be the method of choice for the measurement of occupational exposure to asbestos.

1.2. Principle

Air is drawn through a MCE filter to capture airborne asbestos fibers. A wedge shaped portion of the filter is removed, placed on a glass microscope slide and made transparent. A measured area (field) is viewed by PCM. All the fibers meeting a defined criteria for asbestos are counted and considered a measure of the airborne asbestos concentration.

1.3. Advantages and Disadvantages

There are four main advantages of PCM over other methods:

(1) The technique is specific for fibers. Phase contrast is a fiber counting technique which excludes non-fibrous particles from the analysis.

(2) The technique is inexpensive and does not require specialized knowledge to carry out the analysis for total fiber counts.

(3) The analysis is quick and can be performed on-site for rapid determination of air concentrations of asbestos fibers.

(4) The technique has continuity with historical epidemiological studies so that estimates of expected disease can be inferred from long-term determinations of asbestos exposures.

The main disadvantage of PCM is that it does not positively identify asbestos fibers. Other fibers which are not asbestos may be included in the count unless differential counting is performed. This requires a great deal of experience to adequately differentiate asbestos from non-asbestos fibers. Positive identification of asbestos must be performed by polarized light or electron microscopy techniques. A further disadvantage of PCM is that the smallest visible fibers are about 0.2 μm in diameter while the finest asbestos fibers may be as small as 0.02 μm in diameter. For some exposures, substantially more fibers may be present than are actually counted.

1.4. Workplace Exposure

Asbestos is used by the construction industry in such products as shingles, floor tiles, asbestos cement, roofing felts, insulation and acoustical products. Non-construction uses include brakes, clutch facings, paper, paints, plastics, and fabrics. One of the most significant exposures in the workplace is the removal and encapsulation of asbestos in schools, public buildings, and homes. Many workers have the potential to be exposed to asbestos during these operations.

About 95% of the asbestos in commercial use in the United States is chrysotile. Crocidolite and amosite make up most of the remainder. Anthophyllite and tremolite or actinolite are likely to be encountered as contaminants in various industrial products.

1.5. Physical Properties

Asbestos fiber possesses a high tensile strength along its axis, is chemically inert, non-combustible, and heat resistant. It has a high electrical resistance and good sound absorbing properties. It can be weaved into cables, fabrics or other textiles, and also matted into asbestos papers, felts, or mats.

2. Range and Detection Limit

2.1. The ideal counting range on the filter is 100 to 1,300 fibers/mm². With a Walton-Beckett graticule this range is equivalent to 0.8 to 10 fibers/field. Using NIOSH counting statistics, a count of 0.8 fibers/field would give an approximate coefficient of variation (CV) of 0.13.

2.2. The detection limit for this method is 4.0 fibers per 100 fields or 5.5 fibers/mm². This was

determined using an equation to estimate the maximum CV possible at a specific concentration (95% confidence) and a Lower Control Limit of zero. The CV value was then used to determine a corresponding concentration from historical CV vs fiber relationships. As an example:

$$\text{Lower Control Limit (95\% Confidence)} = AC - 1.645(CV)(AC)$$

Where:

AC = Estimate of the airborne fiber concentration (fibers/cc) Setting the Lower Control Limit = 0 and solving for CV:

$$0 = AC - 1.645(CV)(AC)$$

$$CV = 0.61$$

This value was compared with CV vs. count curves. The count at which CV = 0.61 for Leidel-Busch counting statistics or for an OSHA Salt Lake Technical Center (OSHA-SLTC) CV curve (see Appendix A for further information) was 4.4 fibers or 3.9 fibers per 100 fields, respectively. Although a lower detection limit of 4 fibers per 100 fields is supported by the OSHA-SLTC data, both data sets support the 4.5 fibers per 100 fields value.

3. Method Performance-Precision and Accuracy

Precision is dependent upon the total number of fibers counted and the uniformity of the fiber distribution on the filter. A general rule is to count at least 20 and not more than 100 fields. The count is discontinued when 100 fibers are counted, provided that 20 fields have already been counted. Counting more than 100 fibers results in only a small gain in precision. As the total count drops below 10 fibers, an accelerated loss of precision is noted.

At this time, there is no known method to determine the absolute accuracy of the asbestos analysis. Results of samples prepared through the Proficiency Analytical Testing (PAT) Program and analyzed by the OSHA-SLTC showed no significant bias when compared to PAT reference values. The PAT samples were analyzed from 1987 to 1989 (N=36) and the concentration range was from 120 to 1,300 fibers/mm².

4. Interferences

Fibrous substances, if present, may interfere with asbestos analysis.

Some common fibers are:

fiberglass
anhydrite
plant fibers

perlite veins
gypsum
some synthetic fibers
membrane structures
sponge spicules
diatoms
microorganisms
wollastonite

The use of electron microscopy or optical tests such as polarized light, and dispersion staining may be used to differentiate these materials from asbestos when necessary.

5. Sampling

5.1. Equipment

5.1.1. Sample assembly (The assembly is shown in Figure 3). Conductive filter holder consisting of a 25-mm diameter, 3-piece cassette having a 50-mm long electrically conductive extension cowl. Backup pad, 25-mm, cellulose. Membrane filter, mixed-cellulose ester (MCE), 25-mm, plain, white, 0.4- to 1.2- μm pore size.

Notes: (a) Do not re-use cassettes.

(b) Fully conductive cassettes are required to reduce fiber loss to the sides of the cassette due to electrostatic attraction.

(c) Purchase filters which have been selected by the manufacturer for asbestos counting or analyze representative filters for fiber background before use. Discard the filter lot if more than 4 fibers/100 fields are found.

(d) To decrease the possibility of contamination, the sampling system (filter-backup pad-cassette) for asbestos is usually preassembled by the manufacturer.

(e) Other cassettes, such as the Bell-mouth, may be used within the limits of their validation.

5.1.2. Gel bands for sealing cassettes.

5.1.3. Sampling pump.

Each pump must be a battery operated, self-contained unit small enough to be placed on the monitored employee and not interfere with the work being performed. The pump must be capable of sampling at the collection rate for the required sampling time.

5.1.4. Flexible tubing, 6-mm bore.

5.1.5. Pump calibration.

Stopwatch and bubble tube/burette or electronic meter.

5.2. Sampling Procedure

5.2.1. Seal the point where the base and cowl of each cassette meet with a gel band or tape.

5.2.2. Charge the pumps completely before beginning.

5.2.3. Connect each pump to a calibration cassette with an appropriate length of 6-mm bore plastic tubing. Do not use luer connectors-the type of cassette specified above has built-in adapters.

5.2.4. Select an appropriate flow rate for the situation being monitored. The sampling flow rate must be between 0.5 and 5.0 L/min for personal sampling and is commonly set between 1 and 2 L/min. Always choose a flow rate that will not produce overloaded filters.

5.2.5. Calibrate each sampling pump before and after sampling with a calibration cassette in-line (Note: This calibration cassette should be from the same lot of cassettes used for sampling). Use a primary standard (e.g. bubble burette) to calibrate each pump. If possible, calibrate at the sampling site.

Note: If sampling site calibration is not possible, environmental influences may affect the flow rate. The extent is dependent on the type of pump used. Consult with the pump manufacturer to determine dependence on environmental influences. If the pump is affected by temperature and pressure changes, correct the flow rate using the formula shown in the section "Sampling Pump Flow Rate Corrections" at the end of this appendix".

5.2.6. Connect each pump to the base of each sampling cassette with flexible tubing. Remove the end cap of each cassette and take each air sample open face. Assure that each sample cassette is held open side down in the employee's breathing zone during sampling. The distance from the nose/mouth of the employee to the cassette should be about 10 cm. Secure the cassette on the collar or lapel of the employee using spring clips or other similar devices.

5.2.7. A suggested minimum air volume when sampling to determine TWA compliance is 25 L. For Excursion Limit (30 min sampling time) evaluations, a minimum air volume of 48 L is recommended.

5.2.8. The most significant problem when sampling for asbestos is overloading the filter with non-asbestos dust. Suggested maximum air sample volumes for specific environments are:

Environment	Air vol. (L)
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Asbestos removal operations (visible dust).....	100
Asbestos removal operations (little dust).....	240
Office environments.....	400 to 2,400

Caution: Do not overload the filter with dust. High levels of non-fibrous dust particles may obscure fibers on the filter and lower the count or make counting impossible. If more than about 25 to 30% of the field area is obscured with dust, the result may be biased low. Smaller air volumes may be necessary when there is excessive non-asbestos dust in the air.

While sampling, observe the filter with a small flashlight. If there is a visible layer of dust on the filter, stop sampling, remove and seal the cassette, and replace with a new sampling assembly. The total dust loading should not exceed 1 mg.

5.2.9. Blank samples are used to determine if any contamination has occurred during sample handling. Prepare two blanks for the first 1 to 20 samples. For sets containing greater than 20 samples, prepare blanks as 10% of the samples. Handle blank samples in the same manner as air samples with one exception: Do not draw any air through the blank samples. Open the blank cassette in the place where the sample cassettes are mounted on the employee. Hold it open for about 30 seconds. Close and seal the cassette appropriately. Store blanks for shipment with the sample cassettes.

5.2.10. Immediately after sampling, close and seal each cassette with the base and plastic plugs. Do not touch or puncture the filter membrane as this will invalidate the analysis.

5.2.11. Attach and secure a sample seal around each sample cassette in such a way as to assure that the end cap and base plugs cannot be removed without destroying the seal. Tape the ends of the seal together since the seal is not long enough to be wrapped end-to-end. Also wrap tape around the cassette at each joint to keep the seal secure.

5.3. Sample Shipment

5.3.1. Send the samples to the laboratory with paperwork requesting asbestos analysis. List any known fibrous interferences present during sampling on the paperwork. Also, note the workplace operation(s) sampled.

5.3.2. Secure and handle the samples in such that they will not rattle during shipment nor be exposed to static electricity. Do not ship samples in expanded polystyrene peanuts, vermiculite, paper shreds, or excelsior. Tape sample cassettes to sheet bubbles and place in a container that will cushion the samples in such a manner that they will not rattle.

5.3.3. To avoid the possibility of sample contamination, always ship bulk samples in separate mailing containers.

6. Analysis

6.1. Safety Precautions

6.1.1. Acetone is extremely flammable and precautions must be taken not to ignite it. Avoid using large containers or quantities of acetone. Transfer the solvent in a ventilated laboratory hood. Do not use acetone near any open flame. For generation of acetone vapor, use a spark free heat source.

6.1.2. Any asbestos spills should be cleaned up immediately to prevent dispersal of fibers. Prudence should be exercised to avoid contamination of laboratory facilities or exposure of personnel to asbestos. Asbestos spills should be cleaned up with wet methods and/or a High Efficiency Particulate-Air (HEPA) filtered vacuum.

Caution: Do not use a vacuum without a HEPA filter-It will disperse fine asbestos fibers in the air.

6.2. Equipment

6.2.1. Phase contrast microscope with binocular or trinocular head.

6.2.2. Widefield or Huygenian 10X eyepieces (Note: The eyepiece containing the graticule must be a focusing eyepiece. Use a 40X phase objective with a numerical aperture of 0.65 to 0.75).

6.2.3. Kohler illumination (if possible) with green or blue filter.

6.2.4. Walton-Beckett Graticule, type G-22 with $100 \nabla 2 \mu\text{m}$ projected diameter.

6.2.5. Mechanical stage.

A rotating mechanical stage is convenient for use with polarized light.

6.2.6. Phase telescope.

6.2.7. Stage micrometer with 0.01-mm subdivisions.

6.2.8. Phase-shift test slide, mark II (Available from PTR optics Ltd., and also McCrone).

6.2.9. Precleaned glass slides, 25 mm X 75 mm. One end can be frosted for convenience in writing sample numbers, etc., or paste-on labels can be used.

6.2.10. Cover glass $\nabla 1 \ 2$.

6.2.11. Scalpel ($\nabla 10$, curved blade).

6.2.12. Fine tipped forceps.

6.2.13. Aluminum block for clearing filter (see Appendix D and Figure 4).

6.2.14. Automatic adjustable pipette, 100- to 500- μL .

6.2.15. Micropipette, 5 μL .

6.3. Reagents

6.3.1. Acetone (HPLC grade).

6.3.2. Triacetin (glycerol triacetate).

6.3.3. Lacquer or nail polish.

6.4. Standard Preparation

A way to prepare standard asbestos samples of known concentration has not been developed. It is possible to prepare replicate samples of nearly equal concentration. This has been performed through the PAT program. These asbestos samples are distributed by the AIHA to participating laboratories.

Since only about one-fourth of a 25-mm sample membrane is required for an asbestos count, any PAT sample can serve as a "standard" for replicate counting.

6.5. Sample Mounting

Note: See Safety Precautions in Section 6.1. before proceeding. The objective is to produce samples with a smooth (non-grainy) background in a medium with a refractive index of approximately 1.46. The technique below collapses the filter for easier focusing and produces permanent mounts which are useful for quality control and interlaboratory comparison.

An aluminum block or similar device is required for sample preparation.

6.5.1. Heat the aluminum block to about 70E C. The hot block should not be used on any surface that can be damaged by either the heat or from exposure to acetone.

6.5.2. Ensure that the glass slides and cover glasses are free of dust and fibers.

6.5.3. Remove the top plug to prevent a vacuum when the cassette is opened. Clean the outside of the cassette if necessary. Cut the seal and/or tape on the cassette with a razor blade. Very

carefully separate the base from the extension cowl, leaving the filter and backup pad in the base.

6.5.4. With a rocking motion cut a triangular wedge from the filter using the scalpel. This wedge should be one-sixth to one-fourth of the filter. Grasp the filter wedge with the forceps on the perimeter of the filter which was clamped between the cassette pieces. DO NOT TOUCH the filter with your finger. Place the filter on the glass slide sample side up. Static electricity will usually keep the filter on the slide until it is cleared.

6.5.5. Place the tip of the micropipette containing about 200 μL acetone into the aluminum block. Insert the glass slide into the receiving slot in the aluminum block. Inject the acetone into the block with slow, steady pressure on the plunger while holding the pipette firmly in place. Wait 3 to 5 seconds for the filter to clear, then remove the pipette and slide from the aluminum block.

6.5.6. Immediately (less than 30 seconds) place 2.5 to 3.5 μL of triacetin on the filter (Note: Waiting longer than 30 seconds will result in increased index of refraction and decreased contrast between the fibers and the preparation. This may also lead to separation of the cover slip from the slide).

6.5.7. Lower a cover slip gently onto the filter at a slight angle to reduce the possibility of forming air bubbles. If more than 30 seconds have elapsed between acetone exposure and triacetin application, glue the edges of the cover slip to the slide with lacquer or nail polish.

6.5.8. If clearing is slow, warm the slide for 15 min on a hot plate having a surface temperature of about 50 EC to hasten clearing. The top of the hot block can be used if the slide is not heated too long.

6.5.9. Counting may proceed immediately after clearing and mounting are completed.

6.6. Sample Analysis

Completely align the microscope according to the manufacturer's instructions. Then, align the microscope using the following general alignment routine at the beginning of every counting session and more often if necessary.

6.6.1. Alignment

(1) Clean all optical surfaces. Even a small amount of dirt can significantly degrade the image.

(2) Rough focus the objective on a sample.

(3) Close down the field iris so that it is visible in the field of view. Focus the image of the iris with the condenser focus. Center the image of the iris in the field of view.

(4) Install the phase telescope and focus on the phase rings. Critically center the rings.

Misalignment of the rings results in astigmatism which will degrade the image.

(5) Place the phase-shift test slide on the microscope stage and focus on the lines. The analyst must see line set 3 and should see at least parts of 4 and 5 but, not see line set 6 or 6. A microscope/microscopist combination which does not pass this test may not be used.

6.6.2. Counting Fibers

(1) Place the prepared sample slide on the mechanical stage of the microscope. Position the center of the wedge under the objective lens and focus upon the sample.

(2) Start counting from one end of the wedge and progress along a radial line to the other end (count in either direction from perimeter to wedge tip). Select fields randomly, without looking into the eyepieces, by slightly advancing the slide in one direction with the mechanical stage control.

(3) Continually scan over a range of focal planes (generally the upper 10 to 15 μm of the filter surface) with the fine focus control during each field count. Spend at least 5 to 15 seconds per field.

(4) Most samples

will contain asbestos fibers with fiber diameters less than 1 μm . Look carefully for faint fiber images. The small diameter fibers will be very hard to see. However, they are an important contribution to the total count.

(5) Count only fibers equal to or longer than 5 μm . Measure the length of curved fibers along the curve.

(6) Count fibers which have a length to width ratio of 3:1 or greater.

(7) Count all the fibers in at least 20 fields. Continue counting until either 100 fibers are counted or 100 fields have been viewed; whichever occurs first. Count all the fibers in the final field.

(8) Fibers lying entirely within the boundary of the Walton-Beckett graticule field shall receive a count of 1. Fibers crossing the boundary once, having one end within the circle shall receive a count of 2. Do not count any fiber that crosses the graticule boundary more than once. Reject and do not count any other fibers even though they may be visible outside the graticule area. If a fiber touches the circle, it is considered to cross the line.

(9) Count bundles of fibers as one fiber unless individual fibers can be clearly identified and each individual fiber is clearly not connected to another counted fiber. See Figure 1 for counting conventions.

(10) Record the number of fibers in each field in a consistent way such that filter non-uniformity

can be assessed.

(11) Regularly check phase ring alignment.

(12) When an agglomerate (mass of material) covers more than 25% of the field of view, reject the field and select another. Do not include it in the number of fields counted.

(13) Perform a "blind recount" of 1 in every 10 filter wedges (slides). Re-label the slides using a person other than the original counter.

6.7. Fiber Identification

As previously mentioned in Section 1.3., PCM does not provide positive confirmation of asbestos fibers. Alternate differential counting techniques should be used if discrimination is desirable. Differential counting may include primary discrimination based on morphology, polarized light analysis of fibers, or modification of PCM data by Scanning Electron or Transmission Electron Microscopy.

A great deal of experience is required to routinely and correctly perform differential counting. It is discouraged unless it is legally necessary. Then, only if a fiber is obviously not asbestos should it be excluded from the count. Further discussion of this technique can be found in reference 8.10.

If there is a question whether a fiber is asbestos or not, follow the rule:

"WHEN IN DOUBT, COUNT."

6.8. Analytical Recommendations-Quality Control System

6.8.1. All individuals performing asbestos analysis must have taken the NIOSH course for sampling and evaluating airborne asbestos or an equivalent course.

6.8.2. Each laboratory engaged in asbestos counting shall set up a slide trading arrangement with at least two other laboratories in order to compare performance and eliminate inbreeding of error. The slide exchange occurs at least semiannually. The round robin results shall be posted where all analysts can view individual analyst's results.

6.8.3. Each laboratory engaged in asbestos counting shall participate in the Proficiency Analytical Testing Program, the Asbestos Analyst Registry or equivalent.

6.8.4. Each analyst shall select and count prepared slides from a "slide bank". These are quality assurance counts. The slide bank shall be prepared using uniformly distributed samples taken from the workload. Fiber densities should cover the entire range routinely analyzed by the laboratory. These slides are counted blind by all counters to establish an original standard

deviation. This historical distribution is compared with the quality assurance counts. A counter must have 95% of all quality control samples counted within three standard deviations of the historical mean. This count is then integrated into a new historical mean and standard deviation for the slide.

The analyses done by the counters to establish the slide bank may be used for an interim quality control program if the data are treated in a proper statistical fashion.

7. CALCULATIONS

7.1. Calculate the estimated airborne asbestos fiber concentration on the filter sample using the following formula:

where:

AC=Airborne fiber concentration

$$AC = \frac{\left[\left(\frac{FB}{FL} \right) - \left(\frac{BFB}{BFL} \right) \right] \times ECA}{1000 \times FR \times T \times MFA}$$

FB=Total number of fibers greater than 5 µm counted

FL=Total number of fields counted on the filter

BFB=Total number of fibers greater than 5 µm counted in the blank

BFL=Total number of fields counted on the blank

ECA=Effective collecting area of filter (385 mm² nominal for a 25-mm filter.)

FR=Pump flow rate (L/min)

MFA=Microscope count field area (mm²). This is 0.00785 mm² for a Walton-Beckett Graticule.

T=Sample collection time (min)

1,000=Conversion of L to cc

Note: The collection area of a filter is seldom equal to 385 mm². It is appropriate for laboratories to routinely monitor the exact diameter using an inside micrometer. The collection area is calculated according to the formula:

$$\text{Area}=\pi(d/2)^2$$

7.2. Short-cut Calculation

Since a given analyst always has the same interpupillary distance, the number of fields per filter for a particular analyst will remain constant for a given size filter. The field size for that analyst is constant (i.e. the analyst is using an assigned microscope and is not changing the reticle).

For example, if the exposed area of the filter is always 385 mm² and the size of the field is always 0.00785 mm², the number of fields per filter will always be 49,000. In addition it is necessary to convert liters of air to cc. These three constants can then be combined such that $ECA/(1,000 \times MFA)=49$. The previous equation simplifies to:

$$AC = \frac{\left(\frac{FB}{FL}\right) - \left(\frac{BFB}{BFL}\right) \times 49}{FR \times T}$$

7.3. Recount Calculations

As mentioned in 13 of Section 6.6.2., a "blind recount" of 10% of the slides is performed. In all cases, differences will be observed between the first and second counts of the same filter wedge. Most of these differences will be due to chance alone, that is, due to the random variability (precision) of the count method. Statistical recount criteria enables one to decide whether observed differences can be explained due to chance alone or are probably due to systematic differences between analysts, microscopes, or other biasing factors.

The following recount criterion is for a pair of counts that estimate AC in fibers/cc. The criterion is given at the type-I error level. That is, there is 5% maximum risk that we will reject a pair of counts for the reason that one might be biased, when the large observed difference is really due to chance.

Reject a pair of counts if:

$$\left| \sqrt{AC_2} - \sqrt{AC_1} \right| > 2.78 \times \left(\sqrt{AC_{AVG}} \right) \times CV_{FB}$$

Where:

AC1=lower estimated airborne fiber concentration

AC2=higher estimated airborne fiber concentration

ACavg=average of the two concentration estimates

CVFB=CV for the average of the two concentration estimates

If a pair of counts are rejected by this criterion then, recount the rest of the filters in the submitted set. Apply the test and reject any other pairs failing the test. Rejection shall include a memo to the industrial hygienist stating that the sample failed a statistical test for homogeneity and the true air concentration may be significantly different than the reported value.

7.4. Reporting Results

Report results to the industrial hygienist as fibers/cc. Use two significant figures. If multiple analyses are performed on a sample, an average of the results is to be reported unless any of the results can be rejected for cause.

8. References

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- 8.7. Asbestos, Tremolite, Anthophyllite, and Actinolite, Code of Federal Regulations 1910.1001. 1988. pp 711-752.
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- 8.10. Dixon, W.C., Applications of Optical Microscopy in Analysis of Asbestos and Quartz, Analytical Techniques in Occupational Health Chemistry, edited by D.D. Dollberg and A.W. Verstuyft. Wash. D.C.: American Chemical Society, (ACS Symposium Series 120) 1980. pp. 13-41.

Quality Control

The OSHA asbestos regulations require each laboratory to establish a quality control program. The following is presented as an example of how the OSHA-SLTC constructed its internal CV curve as part of meeting this requirement. Data is from 395 samples collected during OSHA compliance inspections and analyzed from October 1980 through April 1986.

Each sample was counted by 2 to 5 different counters independently of one another. The standard deviation and the CV statistic was calculated for each sample. This data was then plotted on a graph of CV vs. fibers/mm². A least squares regression was performed using the following equation:

$$CV = \text{antilog}_{10} [A(\log_{10}(x))^2 + B(\log_{10}(x)) + C]$$

where:

x = the number of fibers/mm²

Application of least squares gave:

$$A = 0.182205$$

$$B = -0.973343$$

$$C=0.327499$$

Using these values, the equation becomes:

$$CV=\text{antilog}_{10} [0.182205(\log_{10} (x))^2-0.973343(\log_{10} (x))+0.327499]$$

Sampling Pump Flow Rate Corrections

This correction is used if a difference greater than 5% in ambient temperature and/or pressure is noted between calibration and sampling sites and the pump does not compensate for the differences.

$$Q_{\text{act}} = Q_{\text{cal}} \times \sqrt{\left(\frac{P_{\text{cal}}}{P_{\text{act}}}\right) \times \left(\frac{T_{\text{act}}}{T_{\text{cal}}}\right)}$$

Where

Q_{act} =actual flow rate

Q_{cal} =calibrated flow rate (if a rotameter was used, the rotameter value)

P_{cal} =uncorrected air pressure at calibration

P_{act} =uncorrected air pressure at sampling site

T_{act} =temperature at sampling site (K)

T_{cal} =temperature at calibration (K)

Walton-Beckett Graticule

When ordering the Graticule for asbestos counting, specify the exact disc diameter needed to fit the ocular of the microscope and the diameter (mm) of the circular counting area. Instructions for measuring the dimensions necessary are listed:

- (1) Insert any available graticule into the focusing eyepiece and focus so that the graticule lines are sharp and clear.
- (2) Align the microscope.
- (3) Place a stage micrometer on the microscope object stage and focus the microscope on the graduated lines.
- (4) Measure the magnified grid length, PL (μm), using the stage micrometer.
- (5) Remove the graticule from the microscope and measure its actual grid length, AL (mm). This can be accomplished by using a mechanical stage fitted with verniers, or a jeweler's loupe with a direct reading scale.
- (6) Let $D=100 \mu\text{m}$. Calculate the circle diameter, d_c (mm), for the Walton-Beckett graticule and specify the diameter when making a purchase:

$$d(c) = \frac{AL \times D}{PL}$$

Example: If $PL=108 \mu\text{m}$, $AL=2.93 \text{ mm}$ and $D=100 \mu\text{m}$, then,

$$d(c) = \frac{2.93 \times 100}{108} = 2.71\text{mm}$$

(7) Each eyepiece-objective-reticle combination on the microscope must be calibrated. Should any of the three be changed (by zoom adjustment, disassembly, replacement, etc.), the combination must be recalibrated. Calibration may change if interpupillary distance is changed. Measure the field diameter, D (acceptable range: $100 \sqrt{2} \mu\text{m}$) with a stage micrometer upon receipt of the graticule from the manufacturer. Determine the field area (mm^2).

$$\text{Field Area} = n(D/2)^2$$

If $D=100 \mu\text{m}=0.1 \text{ mm}$, then

$$\text{Field Area} = (0.1 \text{ mm}/2)^2 = 0.00785 \text{ mm}^2$$

The Graticule is available from: Graticules Ltd., Morley Road, Tonbridge TN9 IRN, Kent, England (Telephone 011-44-732-359061). Also available from PTR Optics Ltd., 145 Newton Street, Waltham, MA 02154 [telephone (617) 891-6000] or McCrone Accessories and Components, 2506 S. Michigan Ave., Chicago, IL 60616 [phone (312)-842-7100]. The graticule is custom made for each microscope.

Counts for the Fibers in the Figure

Structure No.	Count	Explanation
1 to 6.....	1	Single fibers all contained within the circle.
7.....	1/2	Fiber crosses circle once.
8.....	0	Fiber too short.
9.....	2	Two crossing fibers.
10.....	0	Fiber outside graticule.
11.....	0	Fiber crosses graticule twice.
12.....	1/2	Although split, fiber only crosses once.

1910.1001 App C Qualitative and quantitative fit testing procedures - Mandatory

Appendix C to 1910.1001 - [Reserved]

1910.1001 App D Medical questionnaires; Mandatory

Appendix D to 1910.1001 - Medical questionnaires; Mandatory

This mandatory appendix contains the medical questionnaires that must be administered to all employees who are exposed to asbestos above the permissible exposure limit, and who will therefore be included in their employer's medical surveillance program. Part 1 of the appendix contains the Initial Medical Questionnaire, which must be obtained for all new hires who will be covered by the medical surveillance requirements. Part 2 includes the abbreviated Periodical Medical Questionnaire, which must be administered to all employees who are provided periodic medical examinations under the medical surveillance provisions of the standard.

(For Medical Questionnaire, see printed copy.)

1910.1001 App E Interpretation and classification of chest roentgenograms - Mandatory

Appendix E to 1910.1001 - Interpretation and classification of chest roentgenograms - Mandatory

(a) Chest roentgenograms shall be interpreted and classified in accordance with a professionally

accepted Classification system and recorded on an interpretation form following the format of the CDC/NIOSH (M) 2.8 form. As a minimum, the content within the bold lines of this form (items 1 through 4) shall be included. This form is not to be submitted to NIOSH.

(b) Roentgenograms shall be interpreted and classified only by a B-reader, a board eligible/certified radiologist, or an experienced physician with known expertise in pneumoconioses.

(c) All interpreters, whenever interpreting chest roentgenograms made under this section, shall have immediately available for reference a complete set of the ILO-U/C International Classification of Radiographs for Pneumoconioses, 1980.

Appendix F to 1910.1001-Work Practices and Engineering Controls for Automotive Brake and Clutch Inspection, Disassembly, Repair and Assembly-Mandatory

This mandatory appendix specifies engineering controls and work practices that must be implemented by the employer during automotive brake and clutch inspection, disassembly, repair, and assembly operations. Proper use of these engineering controls and work practices by trained employees will reduce employees' asbestos exposure below the permissible exposure level during clutch and brake inspection, disassembly, repair, and assembly operations. The employer shall institute engineering controls and work practices using either the method set forth in paragraph [A] or paragraph [B] of this appendix, or any other method which the employer can demonstrate to be equivalent in terms of reducing employee exposure to asbestos as defined and which meets the requirements described in paragraph [C] of this appendix, for those facilities in which no more than 5 pairs of brakes or 5 clutches are inspected, disassembled, reassembled and/or repaired per week, the method set forth in paragraph [D] of this appendix may be used:

[A] Negative Pressure Enclosure/HEPA Vacuum System Method

(1) The brake and clutch inspection, disassembly, repair, and assembly operations shall be enclosed to cover and contain the clutch or brake assembly and to prevent the release of asbestos fibers into the worker's breathing zone.

(2) The enclosure shall be sealed tightly and thoroughly inspected for leaks before work begins on brake and clutch inspection, disassembly, repair, and assembly.

(3) The enclosure shall be such that the worker can clearly see the operation and shall provide impermeable sleeves through which the worker can handle the brake and clutch inspection, disassembly, repair and assembly. The integrity of the sleeves and ports shall be examined before work begins.

(4) A HEPA-filtered vacuum shall be employed to maintain the enclosure under negative pressure throughout the operation. Compressed-air may be used to remove asbestos fibers or particles from the enclosure.

(5) The HEPA vacuum shall be used first to loosen the asbestos containing residue from the brake and clutch parts and then to evacuate the loosened asbestos containing material from the enclosure and capture the material in the vacuum filter.

(6) The vacuum's filter, when full, shall be first wetted with a fine mist of water, then removed and placed immediately in an impermeable container, labeled according to paragraph (j)(4) of this section and disposed of according to paragraph (k) of this section.

(7) Any spills or releases of asbestos containing waste material from inside of the enclosure or vacuum hose or vacuum filter shall be immediately cleaned up and disposed of according to paragraph (k) of this section.

[B] Low Pressure/Wet Cleaning Method

(1) A catch basin shall be placed under the brake assembly, positioned to avoid splashes and spills.

(2) The reservoir shall contain water containing an organic solvent or wetting agent. The flow of liquid shall be controlled such that the brake assembly is gently flooded to prevent the asbestos-containing brake dust from becoming airborne.

(3) The aqueous solution shall be allowed to flow between the brake drum and brake support before the drum is removed.

(4) After removing the brake drum, the wheel hub and back of the brake assembly shall be thoroughly wetted to suppress dust.

(5) The brake support plate, brake shoes and brake components used to attach the brake shoes shall be thoroughly washed before removing the old shoes.

(6) In systems using filters, the filters, when full, shall be first wetted with a fine mist of water, then removed and placed immediately in an impermeable container, labeled according to paragraph (j)(4) of this section and disposed of according to paragraph (k) of this section.

(7) Any spills of asbestos-containing aqueous solution or any asbestos-containing waste material shall be cleaned up immediately and disposed of according to paragraph (k) of this section.

(8) The use of dry brushing during low pressure/wet cleaning operations is prohibited.

[C] Equivalent Methods

An equivalent method is one which has sufficient written detail so that it can be reproduced and has been demonstrated that the exposures resulting from the equivalent method are equal to or

less than the exposures which would result from the use of the method described in paragraph [A] of this appendix. For purposes of making this comparison, the employer shall assume that exposures resulting from the use of the method described in paragraph [A] of this appendix shall not exceed 0.016 f/cc, as measured by the OSHA reference method and as averaged over at least 18 personal samples.

[D] Wet Method.

(1) A spray bottle, hose nozzle, or other implement capable of delivering a fine mist of water or amended water or other delivery system capable of delivering water at low pressure, shall be used to first thoroughly wet the brake and clutch parts. Brake and clutch components shall then be wiped clean with a cloth.

(2) The cloth shall be placed in an impermeable container, labelled according to paragraph (j)(4) of this section and then disposed of according to paragraph (k) of this section, or the cloth shall be laundered in a way to prevent the release of asbestos fibers in excess of 0.1 fiber per cubic centimeter of air.

(3) Any spills of solvent or any asbestos containing waste material shall be cleaned up immediately according to paragraph (k) of this standard.

(4) The use of dry brushing during the wet method operations is prohibited.

1910.1001 App G Substance technical information for asbestos - Non-Mandatory

Appendix G to 1910.1001 - Substance technical information for asbestos - Non-Mandatory

I. Substance Identification

A. Substance: "Asbestos" is the name of a class of magnesium-silicate minerals that occur in fibrous form. Minerals that are included in this group are chrysotile, crocidolite, amosite, tremolite asbestos, anthophyllite asbestos, and actinolite asbestos.

B. Asbestos is used in the manufacture of heat-resistant clothing, automotive brake and clutch linings, and a variety of building materials including floor tiles, roofing felts, ceiling tiles, asbestos-cement pipe and sheet, and fire-resistant drywall. Asbestos is also present in pipe and boiler insulation materials, and in sprayed-on materials located on beams, in crawlspaces, and between walls.

C. The potential for a product containing asbestos to release breatheable fibers depends on its degree of friability. Friable means that the material can be crumbled with hand pressure and is therefore likely to emit fibers. The fibrous or fluffy sprayed-on materials used for fireproofing, insulation, or sound proofing are considered to be friable, and they readily release airborne fibers if disturbed. Materials such as vinyl-asbestos floor tile or roofing felts are considered nonfriable

and generally do not emit airborne fibers unless subjected to sanding or sawing operations. Asbestos-cement pipe or sheet can emit airborne fibers if the materials are cut or sawed, or if they are broken during demolition operations.

D. Permissible exposure: Exposure to airborne asbestos fibers may not exceed 0.2 fibers per cubic centimeter of air (0.1 f/cc) averaged over the 8-hour workday.

II. Health Hazard Data

A. Asbestos can cause disabling respiratory disease and various types of cancers if the fibers are inhaled. Inhaling or ingesting fibers from contaminated clothing or skin can also result in these diseases. The symptoms of these diseases generally do not appear for 20 or more years after initial exposure.

B. Exposure to asbestos has been shown to cause lung cancer, mesothelioma, and cancer of the stomach and colon. Mesothelioma is a rare cancer of the thin membrane lining of the chest and abdomen. Symptoms of mesothelioma include shortness of breath, pain in the walls of the chest, and/or abdominal pain.

III. Respirators and Protective Clothing

A. Respirators: You are required to wear a respirator when performing tasks that result in asbestos exposure that exceeds the permissible exposure limit (PEL) of 0.1 f/cc. These conditions can occur while your employer is in the process of installing engineering controls to reduce asbestos exposure, or where engineering controls are not feasible to reduce asbestos exposure. Air-purifying respirators equipped with a high-efficiency particulate air (HEPA) filter can be used where airborne asbestos fiber concentrations do not exceed 1 f/cc; otherwise, air-supplied, positive-pressure, full facepiece respirators must be used. Disposable respirators or dust masks are not permitted to be used for asbestos work. For effective protection, respirators must fit your face and head snugly. Your employer is required to conduct fit tests when you are first assigned a respirator and every 6 months thereafter. Respirators should not be loosened or removed in work situations where their use is required.

B. Protective clothing: You are required to wear protective clothing in work areas where asbestos fiber concentrations exceed the permissible exposure limit.

IV. Disposal Procedures and Cleanup

A. Wastes that are generated by processes where asbestos are present include:

1. Empty asbestos shipping containers.
2. Process wastes such as cuttings, trimmings, or reject material.
3. Housekeeping waste from sweeping or vacuuming.

4. Asbestos fireproofing or insulating material that is removed from buildings.
5. Building products that contain asbestos removed during building renovation or demolition.
6. Contaminated disposable protective clothing.

B. Empty shipping bags can be flattened under exhaust hoods and packed into airtight containers for disposal. Empty shipping drums are difficult to clean and should be sealed.

C. Vacuum bags or disposable paper filters should not be cleaned, but should be sprayed with a fine water mist and placed into a labeled waste container.

D. Process waste and housekeeping waste should be wetted with water or a mixture of water and surfactant prior to packaging in disposable containers.

E. Material containing asbestos that is removed from buildings must be disposed of in leak-tight 6-mil thick plastic bags, plastic-lined cardboard containers, or plastic-lined metal containers. These wastes, which are removed while wet, should be sealed in containers before they dry out to minimize the release of asbestos fibers during handling.

V. Access to Information

A. Each year, your employer is required to inform you of the information contained in this standard and appendices for asbestos. In addition, your employer must instruct you in the proper work practices for handling materials containing asbestos and the correct use of protective equipment.

B. Your employer is required to determine whether you are being exposed to asbestos. You or your representative has the right to observe employee measurements and to record the results obtained. Your employer is required to inform you of your exposure, and, if you are exposed above the permissible limit, he or she is required to inform you of the actions that are being taken to reduce your exposure to within the permissible limit.

C. Your employer is required to keep records of your exposures and medical examinations. These exposure records must be kept for at least thirty (30) years. Medical records must be kept for the period of your employment plus thirty (30) years.

D. Your employer is required to release your exposure and medical records to your physician or designated representative upon your written request.

1910.1001 App H Medical surveillance guidelines for asbestos - Non-Mandatory

Appendix H to 1910.1001 - Medical surveillance guidelines for asbestos - Non-Mandatory

I. Route of Entry Inhalation, Ingestion

II. Toxicology

Clinical evidence of the adverse effects associated with exposure to asbestos is present in the form of several well-conducted epidemiological studies of occupationally exposed workers, family contacts of workers, and persons living near asbestos mines. These studies have shown a definite association between exposure to asbestos and an increased incidence of lung cancer, pleural and peritoneal mesothelioma, gastrointestinal cancer, and asbestosis. The latter is a disabling fibrotic lung disease that is caused only by exposure to asbestos. Exposure to asbestos has also been associated with an increased incidence of esophageal, kidney, laryngeal, pharyngeal, and buccal cavity cancers. As with other known chronic occupational diseases, disease associated with asbestos generally appears about 20 years following the first occurrence of exposure: There are no known acute effects associated with exposure to asbestos. Epidemiological studies indicate that the risk of lung cancer among exposed workers who smoke cigarettes is greatly increased over the risk of lung cancer among non-exposed smokers or exposed nonsmokers. These studies suggest that cessation of smoking will reduce the risk of lung cancer for a person exposed to asbestos but will not reduce it to the same level of risk as that existing for an exposed worker who has never smoked.

III. Signs and Symptoms of Exposure-Related Disease

The signs and symptoms of lung cancer or gastrointestinal cancer induced by exposure to asbestos are not unique, except that a chest X-ray of an exposed patient with lung cancer may show pleural plaques, pleural calcification, or pleural fibrosis. Symptoms characteristic of mesothelioma include shortness of breath, pain in the walls of the chest, or abdominal pain. Mesothelioma has a much longer latency period compared with lung cancer (40 years versus 15-20 years), and mesothelioma is therefore more likely to be found among workers who were first exposed to asbestos at an early age. Mesothelioma is always fatal.

Asbestosis is pulmonary fibrosis caused by the accumulation of asbestos fibers in the lungs. Symptoms include shortness of breath, coughing, fatigue, and vague feelings of sickness. When the fibrosis worsens, shortness of breath occurs even at rest. The diagnosis of asbestosis is based on a history of exposure to asbestos, the presence of characteristic radiologic changes, end-inspiratory crackles (rales), and other clinical features of fibrosing lung disease. Pleural plaques and thickening are observed on X-rays taken during the early stages of the disease. Asbestosis is often a progressive disease even in the absence of continued exposure, although this appears to be a highly individualized characteristic. In severe cases, death may be caused by respiratory or cardiac failure.

IV. Surveillance and Preventive Considerations

The employer is required to institute a medical surveillance program for all employees who are or will be exposed to asbestos at or above the permissible exposure limit (0.1 fiber per cubic

centimeter of air). Adequate screening tests to determine an employee's potential for developing serious chronic diseases, such as cancer, from exposure to asbestos do not presently exist. However, some tests, particularly chest X-rays and pulmonary function tests, may indicate that an employee has been overexposed to asbestos increasing his or her risk of developing exposure-related chronic diseases. It is important for the physician to become familiar with the operating conditions in which occupational exposure to asbestos is likely to occur. This is particularly important in evaluating medical and work histories and in conducting physical examinations. When an active employee has been identified as having been overexposed to asbestos measures taken by the employer to eliminate or mitigate further exposure should also lower the risk of serious long-term consequences.

The employer is required to institute a medical surveillance program for all employees who are or will be exposed to asbestos at or above the permissible exposure limit (0.1 fiber per cubic centimeter of air). All examinations and procedures must be performed by or under the supervision of a licensed physician, at a reasonable time and place, and at no cost to the employee. Although broad latitude is given to the physician in prescribing specific tests to be included in the medical surveillance program, OSHA requires inclusion of the following elements in the routine examination:

(i) Medical and work histories with special emphasis directed to symptoms of the respiratory system, cardiovascular system, and digestive tract.

(ii) Completion of the respiratory disease questionnaire contained in Appendix D.

(iii) A physical examination including a chest roentgenogram and pulmonary function test that includes measurement of the employee's forced vital capacity (FVC) and forced expiratory volume at one second (FEV1).

(iv) Any laboratory or other test that the examining physician deems by sound medical practice to be necessary.

The employer is required to make the prescribed tests available at least annually to those employees covered; more often than specified if recommended by the examining physician; and upon termination of employment.

The employer is required to provide the physician with the following information: A copy of this standard and appendices; a description of the employee's duties as they relate to asbestos exposure; the employee's representative level of exposure to asbestos a description of any personal protective and respiratory equipment used; and information from previous medical examinations of the affected employee that is not otherwise available to the physician. Making this information available to the physician will aid in the evaluation of the employee's health in relation to assigned duties and fitness to wear personal protective equipment, if required.

The employer is required to obtain a written opinion from the examining physician containing the results of the medical examination; the physician's opinion as to whether the employee has

any detected medical conditions that would place the employee at an increased risk of exposure-related disease; any recommended limitations on the employee or on the use of personal protective equipment; and a statement that the employee has been informed by the physician of the results of the medical examination and of any medical conditions related to asbestos exposure that require further explanation or treatment. This written opinion must not reveal specific findings or diagnoses unrelated to exposure to asbestos and a copy of the opinion must be provided to the affected employee.

1910.1001 App I Smoking Cessation Program Information For Asbestos - Non-Mandatory.

* [The following - Appendix I to 1910.1001 added by FR 3731, Feb. 5, 1990]

Appendix I to 1910.1001 - Smoking Cessation Program Information For Asbestos - Non-Mandatory.

The following organizations provide smoking cessation information and program material.

1. The National Cancer Institute operates a toll-free Cancer Information Service (CIS) with trained personnel to help you. Call 1-800-4-CANCER to reach the CIS office serving your area, or write: Office of Cancer Communications, National Cancer Institute, National Institutes of Health, Building 31, Room 10A24, Bethesda, Maryland 20892.

2. American Cancer Society, 3340 Peachtree Road, NE, Atlanta, Georgia 30062, (404)320-3333.

The American Cancer Society (ACS) is a voluntary organization composed of 58 divisions and 3,100 local units. Through "The Great American Smokeout" in November, the annual Cancer Crusade in April, and numerous educational materials. ACS helps people learn about the health hazards of smoking and become successful ex-smokers.

3. American Heart Association, 7320 Greenville Avenue, Dallas, Texas 75231, (214)750-5300.

The American Heart Association(AHA) is a voluntary organization with 130,000 members (physicians, scientists, and laypersons) in 55 state and regional groups. AHA produces a variety of publications and audio-visual materials about the effects of smoking on the heart. AHA also has developed a guidebook for incorporating a weight-control component into smoking cessation programs.

4. American Lung Association, 1740 Broadway, New York, New York 10019, (212)245-8000.

A voluntary organization of 7,500 members (physicians, nurses, and laypersons), the American Lung Association (ALA) conducts numerous public information programs about the health effect of smoking. ALA has 59 state and 85 local units. The organization actively supports legislation and information campaigns for smokers who want to quit, for example, through "Freedom From Smoking," a self-help smoking cessation program.

5. Office on Smoking and Health, U.S. Department of Health and Human Services, 5600 Fishers Lane, Park Building, Room 110, Rockville, Maryland 20857.

The Office on Smoking and Health (OSH) is the Department of Health and Human Services' lead agency in smoking control. OSH has sponsored distribution of publications on smoking-related topics, such as free flyers on relapse after initial quitting, helping a friend or family member quit smoking, the health hazards of smoking, and the effects of parental smoking on teenagers. In Hawaii, on Oahu call 524-1234 (call collect from neighboring islands).

Spanish-speaking staff members are available during daytime hours to callers from the following areas: California, Florida, Georgia, Illinois, New Jersey (area code 210), New York, and Texas. Consult your local telephone directory for listings of local chapters.

Appendix J to 1910.1001-Polarized Light Microscopy of Asbestos-Non-Mandatory

* [The following - Appendix J to 1910.1001 added by FR 40964, Oct. 10, 1994]

Method number: ID-191

Matrix: Bulk

Collection Procedure

Collect approximately 1 to 2 grams of each type of material and place into separate 20 mL scintillation vials.

Analytical Procedure

A portion of each separate phase is analyzed by gross examination, phase-polar examination, and central stop dispersion microscopy.

Commercial manufacturers and products mentioned in this method are for descriptive use only and do not constitute endorsements by USDOL-OSHA. Similar products from other sources may be substituted.

1. Introduction

This method describes the collection and analysis of asbestos bulk materials by light microscopy techniques including phase- polar illumination and central-stop dispersion microscopy. Some terms unique to asbestos analysis are defined below:

Amphibole: A family of minerals whose crystals are formed by long, thin units which have two thin ribbons of double chain silicate with a brucite ribbon in between. The shape of each unit is

similar to an "I beam". Minerals important in asbestos analysis include cummingtonite-grunerite, crocidolite, tremolite-actinolite and anthophyllite.

Asbestos: A term for naturally occurring fibrous minerals. Asbestos includes chrysotile, cummingtonite-grunerite asbestos (amosite), anthophyllite asbestos, tremolite asbestos, crocidolite, actinolite asbestos and any of these minerals which have been chemically treated or altered. The precise chemical formulation of each species varies with the location from which it was mined. Nominal compositions are listed:

Chrysotile $Mg_3Si_2O_5(OH)_4$

Crocidolite (Riebeckite asbestos) $Na_2Fe_3^{2+}Fe_2^{3+}Si_8O_{22}(OH)_2$

Cummingtonite-Grunerite asbestos (Amosite) $(Mg,Fe)_7Si_8O_{22}(OH)_2$

Tremolite-Actinolite asbestos $Ca_2(Mg,Fe)_5Si_8O_{22}(OH)_2$

Anthophyllite asbestos $(Mg,Fe)_7Si_8O_{22}(OH)_2$

Asbestos Fiber: A fiber of asbestos meeting the criteria for a fiber. (See section 3.5.)

Aspect Ratio: The ratio of the length of a fiber to its diameter usually defined as "length : width", e.g. 3:1.

Brucite: A sheet mineral with the composition $Mg(OH)_2$.

Central Stop Dispersion Staining (microscope): This is a dark field microscope technique that images particles using only light refracted by the particle, excluding light that travels through the particle unrefracted. This is usually accomplished with a McCrone objective or other arrangement which places a circular stop with apparent aperture equal to the objective aperture in the back focal plane of the microscope.

Cleavage Fragments: Mineral particles formed by the comminution of minerals, especially those characterized by relatively parallel sides and moderate aspect ratio.

Differential Counting: The term applied to the practice of excluding certain kinds of fibers from a phase contrast asbestos count because they are not asbestos.

Fiber: A particle longer than or equal to 5 μm with a length to width ratio greater than or equal to 3:1. This may include cleavage fragments. (see section 3.5 of this appendix).

Phase Contrast: Contrast obtained in the microscope by causing light scattered by small particles to destructively interfere with unscattered light, thereby enhancing the visibility of very small particles and particles with very low intrinsic contrast.

Phase Contrast Microscope: A microscope configured with a phase mask pair to create phase contrast. The technique which uses this is called Phase Contrast Microscopy (PCM).

Phase-Polar Analysis: This is the use of polarized light in a phase contrast microscope. It is used to see the same size fibers that are visible in air filter analysis. Although fibers finer than 1 μm are visible, analysis of these is inferred from analysis of larger bundles that are usually present.

Phase-Polar Microscope: The phase-polar microscope is a phase contrast microscope which has an analyzer, a polarizer, a first order red plate and a rotating phase condenser all in place so that the polarized light image is enhanced by phase contrast.

Sealing Encapsulant: This is a product which can be applied, preferably by spraying, onto an asbestos surface which will seal the surface so that fibers cannot be released.

Serpentine: A mineral family consisting of minerals with the general composition $\text{Mg}_3(\text{Si}_2\text{O}_5(\text{OH})_4)$ having the magnesium in brucite layer over a silicate layer. Minerals important in asbestos analysis included in this family are chrysotile, lizardite, antigorite.

1.1. History

Light microscopy has been used for well over 100 years for the determination of mineral species. This analysis is carried out using specialized polarizing microscopes as well as bright field microscopes. The identification of minerals is an on-going process with many new minerals described each year. The first recorded use of asbestos was in Finland about 2500 B.C. where the material was used in the mud wattle for the wooden huts the people lived in as well as strengthening for pottery. Adverse health aspects of the mineral were noted nearly 2000 years ago when Pliny the Younger wrote about the poor health of slaves in the asbestos mines. Although known to be injurious for centuries, the first modern references to its toxicity were by the British Labor Inspectorate when it banned asbestos dust from the workplace in 1898. Asbestosis cases were described in the literature after the turn of the century. Cancer was first suspected in the mid 1930's and a causal link to mesothelioma was made in 1965. Because of the public concern for worker and public safety with the use of this material, several different types of analysis were applied to the determination of asbestos content. Light microscopy requires a great deal of experience and craft. Attempts were made to apply less subjective methods to the analysis. X-ray diffraction was partially successful in determining the mineral types but was unable to separate out the fibrous portions from the non-fibrous portions. Also, the minimum detection limit for asbestos analysis by X-ray diffraction (XRD) is about 1%. Differential Thermal Analysis (DTA) was no more successful. These provide useful corroborating information when the presence of asbestos has been shown by microscopy; however, neither can determine the difference between fibrous and non-fibrous minerals when both habits are present. The same is true of Infrared Absorption (IR).

When electron microscopy was applied to asbestos analysis, hundreds of fibers were discovered

present too small to be visible in any light microscope. There are two different types of electron microscope used for asbestos analysis: Scanning Electron Microscope (SEM) and Transmission Electron Microscope (TEM). Scanning Electron Microscopy is useful

in identifying minerals. The SEM can provide two of the three pieces of information required to identify fibers by electron microscopy: morphology and chemistry. The third is structure as determined by Selected Area Electron Diffraction-SAED which is performed in the TEM. Although the resolution of the SEM is sufficient for very fine fibers to be seen, accuracy of chemical analysis that can be performed on the fibers varies with fiber diameter in fibers of less than 0.2 μm diameter. The TEM is a powerful tool to identify fibers too small to be resolved by light microscopy and should be used in conjunction with this method when necessary. The TEM can provide all three pieces of information required for fiber identification. Most fibers thicker than 1 μm can adequately be defined in the light microscope. The light microscope remains as the best instrument for the determination of mineral type. This is because the minerals under investigation were first described analytically with the light microscope. It is inexpensive and gives positive identification for most samples analyzed. Further, when optical techniques are inadequate, there is ample indication that alternative techniques should be used for complete identification of the sample.

1.2. Principle

Minerals consist of atoms that may be arranged in random order or in a regular arrangement. Amorphous materials have atoms in random order while crystalline materials have long range order. Many materials are transparent to light, at least for small particles or for thin sections. The properties of these materials can be investigated by the effect that the material has on light passing through it. The six asbestos minerals are all crystalline with particular properties that have been identified and cataloged. These six minerals are anisotropic. They have a regular array of atoms, but the arrangement is not the same in all directions. Each major direction of the crystal presents a different regularity. Light photons travelling in each of these main directions will encounter different electrical neighborhoods, affecting the path and time of travel. The techniques outlined in this method use the fact that light traveling through fibers or crystals in different directions will behave differently, but predictably. The behavior of the light as it travels through a crystal can be measured and compared with known or determined values to identify the mineral species. Usually, Polarized Light Microscopy (PLM) is performed with strain-free objectives on a bright-field microscope platform. This would limit the resolution of the microscope to about 0.4 μm . Because OSHA requires the counting and identification of fibers visible in phase contrast, the phase contrast platform is used to visualize the fibers with the polarizing elements added into the light path. Polarized light methods cannot identify fibers finer than about 1 μm in diameter even though they are visible. The finest fibers are usually identified by inference from the presence of larger, identifiable fiber bundles. When fibers are present, but not identifiable by light microscopy, use either SEM or TEM to determine the fiber identity.

1.3. Advantages and Disadvantages

The advantages of light microscopy are:

- (a) Basic identification of the materials was first performed by light microscopy and gross analysis. This provides a large base of published information against which to check analysis and analytical technique.
- (b) The analysis is specific to fibers. The minerals present can exist in asbestiform, fibrous, prismatic, or massive varieties all at the same time. Therefore, bulk methods of analysis such as X-ray diffraction, IR analysis, DTA, etc. are inappropriate where the material is not known to be fibrous.
- (c) The analysis is quick, requires little preparation time, and can be performed on-site if a suitably equipped microscope is available.

The disadvantages are:

- (a) Even using phase-polar illumination, not all the fibers present may be seen. This is a problem for very low asbestos concentrations where agglomerations or large bundles of fibers may not be present to allow identification by inference.
- (b) The method requires a great degree of sophistication on the part of the microscopist. An analyst is only as useful as his mental catalog of images. Therefore, a microscopist's accuracy is enhanced by experience. The mineralogical training of the analyst is very important. It is the basis on which subjective decisions are made.
- (c) The method uses only a tiny amount of material for analysis. This may lead to sampling bias and false results (high or low). This is especially true if the sample is severely inhomogeneous.
- (d) Fibers may be bound in a matrix and not distinguishable as fibers so identification cannot be made.

1.4. Method Performance

1.4.1. This method can be used for determination of asbestos content from 0 to 100% asbestos. The detection limit has not been adequately determined, although for selected samples, the limit is very low, depending on the number of particles examined. For mostly homogeneous, finely divided samples, with no difficult fibrous interferences, the detection limit is below 1%. For inhomogeneous samples (most samples), the detection limit remains undefined. NIST has conducted proficiency testing of laboratories on a national scale. Although each round is reported statistically with an average, control limits, etc., the results indicate a difficulty in establishing precision especially in the low concentration range. It is suspected that there is significant bias in the low range especially near 1%. EPA tried to remedy this by requiring a mandatory point counting scheme for samples less than 10%. The point counting procedure is tedious, and may introduce significant biases of its own. It has not been incorporated into this

method.

1.4.2. The precision and accuracy of the quantitation tests performed in this method are unknown. Concentrations are easier to determine in commercial products where asbestos was deliberately added because the amount is usually more than a few percent. An analyst's results can be "calibrated" against the known amounts added by the manufacturer. For geological samples, the degree of homogeneity affects the precision.

1.4.3. The performance of the method is analyst dependent. The analyst must choose carefully and not necessarily randomly the portions for analysis to assure that detection of asbestos occurs when it is present. For this reason, the analyst must have adequate training in sample preparation, and experience in the location and identification of asbestos in samples. This is usually accomplished through substantial on-the-job training as well as formal education in mineralogy and microscopy.

1.5. Interferences

Any material which is long, thin, and small enough to be viewed under the microscope can be considered an interference for asbestos. There are literally hundreds of interferences in workplaces. The techniques described in this method are normally sufficient to eliminate the interferences. An analyst's success in eliminating the interferences depends on proper training.

Asbestos minerals belong to two mineral families: the serpentines and the amphiboles. In the serpentine family, the only common fibrous mineral is chrysotile. Occasionally, the mineral antigorite occurs in a fibril habit with morphology similar to the amphiboles. The amphibole minerals consist of a score of different minerals of which only five are regulated by federal standard: amosite, crocidolite, anthophyllite asbestos, tremolite asbestos and actinolite asbestos. These are the only amphibole minerals that have been commercially exploited for their fibrous properties; however, the rest can and do occur occasionally in asbestiform habit.

In addition to the related mineral interferences, other minerals common in building material may present a problem for some microscopists: gypsum, anhydrite, brucite, quartz fibers, talc fibers or ribbons, wollastonite, perlite, attapulgitic, etc. Other fibrous materials commonly present in workplaces are: fiberglass, mineral wool, ceramic wool, refractory ceramic fibers, kevlar, nomex, synthetic fibers, graphite or carbon fibers, cellulose (paper or wood) fibers, metal fibers, etc.

Matrix embedding material can sometimes be a negative interference. The analyst may not be able to easily extract the fibers from the matrix in order to use the method. Where possible, remove the matrix before the analysis, taking careful note of the loss of weight. Some common matrix materials are: vinyl, rubber, tar, paint, plant fiber, cement, and epoxy. A further negative interference is that the asbestos fibers themselves may be either too small to be seen in Phase contrast Microscopy (PCM) or of a very low fibrous quality, having the appearance of plant fibers. The analyst's ability to deal with these materials increases with experience.

1.6. Uses and Occupational Exposure

Asbestos is ubiquitous in the environment. More than 40% of the land area of the United States is composed of minerals which may contain asbestos. Fortunately, the actual formation of great amounts of asbestos is relatively rare. Nonetheless, there are locations in which environmental exposure can be severe such as in the Serpentine Hills of California.

There are thousands of uses for asbestos in industry and the home. Asbestos abatement workers are the most current segment of the population to have occupational exposure to great amounts of asbestos. If the material is undisturbed, there is no exposure. Exposure occurs when the asbestos-containing material is abraded or otherwise disturbed during maintenance operations or some other activity. Approximately 95% of the asbestos in place in the United States is chrysotile.

Amosite and crocidolite make up nearly all the difference. Tremolite and anthophyllite make up a very small percentage. Tremolite is found in extremely small amounts in certain chrysotile deposits. Actinolite exposure is probably greatest from environmental sources, but has been identified in vermiculite containing, sprayed-on insulating materials which may have been certified as asbestos-free.

1.7. Physical and Chemical Properties

The nominal chemical compositions for the asbestos minerals were given in Section 1. Compared to cleavage fragments of the same minerals, asbestiform fibers possess a high tensile strength along the fiber axis. They are chemically inert, non-combustible, and heat resistant. Except for chrysotile, they are insoluble in Hydrochloric acid (HCl). Chrysotile is slightly soluble in HCl. Asbestos has high electrical resistance and good sound absorbing characteristics. It can be woven into cables, fabrics or other textiles, or matted into papers, felts, and mats.

1.8. Toxicology (This Section is for Information Only and Should Not Be Taken as OSHA Policy)

Possible physiologic results of respiratory exposure to asbestos are mesothelioma of the pleura or peritoneum, interstitial fibrosis, asbestosis, pneumoconiosis, or respiratory cancer. The possible consequences of asbestos exposure are detailed in the NIOSH Criteria Document or in the OSHA Asbestos Standards 29 CFR 1910.1001 and 29 CFR 1926.1101 and 29 CFR 1915.1001.

2. Sampling Procedure

2.1. Equipment for Sampling

- (a) Tube or cork borer sampling device

(b) Knife

(c) 20 mL scintillation vial or similar vial

(d) Sealing encapsulant

2.2. Safety Precautions

Asbestos is a known carcinogen. Take care when sampling. While in an asbestos-containing atmosphere, a properly selected and fit-tested respirator should be worn. Take samples in a manner to cause the least amount of dust. Follow these general guidelines:

(a) Do not make unnecessary dust.

(b) Take only a small amount (1 to 2 g).

(c) Tightly close the sample container.

(d) Use encapsulant to seal the spot where the sample was taken, if necessary.

2.3. Sampling Procedure

Samples of any suspect material should be taken from an inconspicuous place. Where the material is to remain, seal the sampling wound with an encapsulant to eliminate the potential for exposure from the sample site. Microscopy requires only a few milligrams of material. The amount that will fill a 20 mL scintillation vial is more than adequate. Be sure to collect samples from all layers and phases of material. If possible, make separate samples of each different phase of the material. This will aid in determining the actual hazard. **DO NOT USE ENVELOPES, PLASTIC OR PAPER BAGS OF ANY KIND TO COLLECT SAMPLES.** The use of plastic bags presents a contamination hazard to laboratory personnel and to other samples. When these containers are opened, a bellows effect blows fibers out of the container onto everything, including the person opening the container.

If a cork-borer type sampler is available, push the tube through the material all the way, so that all layers of material are sampled. Some samplers are intended to be disposable. These should be capped and sent to the laboratory. If a non-disposable cork borer is used, empty the contents into a scintillation vial and send to the laboratory. Vigorously and completely clean the cork borer between samples.

2.4 Shipment

Samples packed in glass vials must not touch or they might break in shipment.

(a) Seal the samples with a sample seal over the end to guard against tampering and to identify

the sample.

(b) Package the bulk samples in separate packages from the air samples. They may cross-contaminate each other and will invalidate the results of the air samples.

(c) Include identifying paperwork with the samples, but not in contact with the suspected asbestos.

(d) To maintain sample accountability, ship the samples by certified mail, overnight express, or hand carry them to the laboratory.

3. Analysis

The analysis of asbestos samples can be divided into two major parts: sample preparation and microscopy. Because of the different asbestos uses that may be encountered by the analyst, each sample may need different preparations. The choices are outlined below. There are several different tests that are performed to identify the asbestos species and determine the percentage. They will be explained below.

3.1. Safety

(a) Do not create unnecessary dust. Handle the samples in HEPA-filter equipped hoods. If samples are received in bags, envelopes or other inappropriate container, open them only in a hood having a face velocity at or greater than 100 fpm. Transfer a small amount to a scintillation vial and only handle the smaller amount.

(b) Open samples in a hood, never in the open lab area.

(c) Index of refraction oils can be toxic. Take care not to get this material on the skin. Wash immediately with soap and water if this happens.

(d) Samples that have been heated in the muffle furnace or the drying oven may be hot. Handle them with tongs until they are cool enough to handle.

(e) Some of the solvents used, such as THF (tetrahydrofuran), are toxic and should only be handled in an appropriate fume hood and according to instructions given in the Material Safety Data Sheet (MSDS).

3.2. Equipment

(a) Phase contrast microscope with 10x, 16x and 40x objectives, 10x wide-field eyepieces, G-22 Walton-Beckett graticule, Whipple disk, polarizer, analyzer and first order red or gypsum plate, 100 Watt illuminator, rotating position condenser with oversize phase rings, central stop dispersion objective, Kohler illumination and a rotating mechanical stage.

(b) Stereo microscope with reflected light illumination, transmitted light illumination, polarizer, analyzer and first order red or gypsum plate, and rotating stage.

(c) Negative pressure hood for the stereo microscope

(d) Muffle furnace capable of 600 EC

(e) Drying oven capable of 50-150 EC

(f) Aluminum specimen pans

(g) Tongs for handling samples in the furnace

(h) High dispersion index of refraction oils (Special for dispersion staining.)

n = 1.550

n = 1.585

n = 1.590

n = 1.605

n = 1.620

n = 1.670

n = 1.680

n = 1.690

(i) A set of index of refraction oils from about n=1.350 to n=2.000 in n=0.005 increments. (Standard for Becke line analysis.)

(j) Glass slides with painted or frosted ends 1x3 inches 1mm thick, precleaned.

(k) Cover Slips 22x22 mm, ∇ 1 2

(l) Paper clips or dissection needles

(m) Hand grinder

(n) Scalpel with both ∇ 10 and ∇ 11 blades

(o) 0.1 molar HCl

(p) Decalcifying solution (Baxter Scientific Products) Ethylenediaminetetraacetic Acid,

Tetrasodium....0.7 g/l

Sodium Potassium Tartrate....8.0 mg/liter

Hydrochloric Acid99.2 g/liter

Sodium Tartrate0.14 g/liter

(q) Tetrahydrofuran (THF)

(r) Hotplate capable of 60 EC

(s) Balance

(t) Hacksaw blade

(u) Ruby mortar and pestle

3.3. Sample Pre-Preparation

Sample preparation begins with pre-preparation which may include chemical reduction of the matrix, heating the sample to dryness or heating in the muffle furnace. The end result is a sample which has been reduced to a powder that is sufficiently fine to fit under the cover slip. Analyze different phases of samples separately, e.g., tile and the tile mastic should be analyzed separately as the mastic may contain asbestos while the tile may not.

(a) Wet samples

Samples with a high water content will not give the proper dispersion colors and must be dried prior to sample mounting. Remove the lid of the scintillation vial, place the bottle in the drying oven and heat at 100 EC to dryness (usually about 2 h). Samples which are not submitted to the lab in glass must be removed and placed in glass vials or aluminum weighing pans before placing them in the drying oven.

(b) Samples With Organic Interference-Muffle Furnace

These may include samples with tar as a matrix, vinyl asbestos tile, or any other organic that can be reduced by heating. Remove the sample from the vial and weigh in a balance to determine the weight of the submitted portion. Place the sample in a muffle furnace at 500 EC for 1 to 2 h or

until all obvious organic material has been removed. Retrieve, cool and weigh again to determine the weight loss on ignition. This is necessary to determine the asbestos content of the submitted sample, because the analyst will be looking at a reduced sample.

Note: Heating above 600 EC will cause the sample to undergo a structural change which, given sufficient time, will convert the chrysotile to forsterite. Heating even at lower temperatures for 1 to 2 h may have a measurable effect on the optical properties of the minerals. If the analyst is unsure of what to expect, a sample of standard asbestos should be heated to the same temperature for the same length of time so that it can be examined for the proper interpretation.

(c) Samples With Organic Interference-THF

Vinyl asbestos tile is the most common material treated with this solvent, although, substances containing tar will sometimes yield to this treatment. Select a portion of the material and then grind it up if possible. Weigh the sample and place it in a test tube. Add sufficient THF to dissolve the organic matrix. This is usually about 4 to 5 mL. Remember, THF is highly flammable. Filter the remaining material through a tared silver membrane, dry and weigh to determine how much is left after the solvent extraction. Further process the sample to remove carbonate or mount directly.

(d) Samples With Carbonate Interference

Carbonate material is often found on fibers and sometimes must be removed in order to perform dispersion microscopy. Weigh out a portion of the material and place it in a test tube. Add a sufficient amount of 0.1 M HCl or decalcifying solution in the tube to react all the carbonate as evidenced by gas formation; i.e., when the gas bubbles stop, add a little more solution. If no more gas forms, the reaction is complete. Filter the material out through a tared silver membrane, dry and weigh to determine the weight lost.

3.4. Sample Preparation

Samples must be prepared so that accurate determination can be made of the asbestos type and amount present. The following s are carried out in the low-flow hood (a low-flow hood has less than 50 fpm flow):

(1) If the sample has large lumps, is hard, or cannot be made to lie under a cover slip, the grain size must be reduced. Place a small amount between two slides and grind the material between them or grind a small amount in a clean mortar and pestle. The choice of whether to use an alumina, ruby, or diamond mortar depends on the hardness of the material. Impact damage can alter the asbestos mineral if too much mechanical shock occurs. (Freezer mills can completely destroy the observable crystallinity of asbestos and should not be used). For some samples, a portion of material can be shaved off with a scalpel, ground off with a hand grinder or hack saw blade.

The preparation tools should either be disposable or cleaned thoroughly. Use vigorous scrubbing

to loosen the fibers during the washing. Rinse the implements with copious amounts of water and air-dry in a dust-free environment.

(2) If the sample is powder or has been reduced as in (1) above, it is ready to mount. Place a glass slide on a piece of optical tissue and write the identification on the painted or frosted end. Place two drops of index of refraction medium $n=1.550$ on the slide. (The medium $n=1.550$ is chosen because it is the matching index for chrysotile. Dip the end of a clean paper-clip or dissecting needle into the droplet of refraction medium on the slide to moisten it. Then dip the probe into the powder sample. Transfer what sticks on the probe to the slide. The material on the end of the probe should have a diameter of about 3 mm for a good mount. If the material is very fine, less sample may be appropriate. For non-powder samples such as fiber mats, forceps should be used to transfer a small amount of material to the slide. Stir the material in the medium on the slide, spreading it out and making the preparation as uniform as possible. Place a cover-slip on the preparation by gently lowering onto the slide and allowing it to fall "trapdoor" fashion on the preparation to push out any bubbles. Press gently on the cover slip to even out the distribution of particulate on the slide. If there is insufficient mounting oil on the slide, one or two drops may be placed near the edge of the coverslip on the slide. Capillary action will draw the necessary amount of liquid into the preparation. Remove excess oil with the point of a laboratory wiper.

Treat at least two different areas of each phase in this fashion. Choose representative areas of the sample. It may be useful to select particular areas or fibers for analysis. This is useful to identify asbestos in severely inhomogeneous samples.

When it is determined that amphiboles may be present, repeat the above process using the appropriate high-dispersion oils until an identification is made or all six asbestos minerals have been ruled out. Note that percent determination must be done in the index medium 1.550 because amphiboles tend to disappear in their matching mediums.

3.5. Analytical Procedure

Note: This method presumes some knowledge of mineralogy and optical petrography.

The analysis consists of three parts: The determination of whether there is asbestos present, what type is present and the determination of how much is present. The general flow of the analysis is:

- (1) Gross examination.
- (2) Examination under polarized light on the stereo microscope.
- (3) Examination by phase-polar illumination on the compound phase microscope.
- (4) Determination of species by dispersion stain. Examination by Becke line analysis may also be used; however, this is usually more cumbersome for asbestos determination.

(5) Difficult samples may need to be analyzed by SEM or TEM, or the results from those techniques combined with light microscopy for a definitive identification. Identification of a particle as asbestos requires that it be asbestiform. Description of particles should follow the suggestion of Campbell. (Figure 1)

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See Illustration

BILLING CODE 4510-26-C

For the purpose of regulation, the mineral must be one of the six minerals covered and must be in the asbestos growth habit. Large specimen samples of asbestos generally have the gross appearance of wood. Fibers are easily parted from it. Asbestos fibers are very long compared with their widths. The fibers have a very high tensile strength as demonstrated by bending without breaking. Asbestos fibers exist in bundles that are easily parted, show longitudinal fine structure and may be tufted at the ends showing "bundle of sticks" morphology. In the microscope some of these properties may not be observable. Amphiboles do not always show striations along their length even when they are asbestos. Neither will they always show tufting. They generally do not show a curved nature except for very long fibers. Asbestos and asbestiform minerals are usually characterized in groups by extremely high aspect ratios (greater than 100:1). While aspect ratio analysis is useful for characterizing populations of fibers, it cannot be used to identify individual fibers of intermediate to short aspect ratio. Observation of many fibers is often necessary to determine whether a sample consists of "cleavage fragments" or of asbestos fibers.

Most cleavage fragments of the asbestos minerals are easily distinguishable from true asbestos fibers. This is because true cleavage fragments usually have larger diameters than 1 μm . Internal structure of particles larger than this usually shows them to have no internal fibrillar structure. In addition, cleavage fragments of the monoclinic amphiboles show inclined extinction under crossed polars with no compensator. Asbestos fibers usually show extinction at zero degrees or ambiguous extinction if any at all. Morphologically, the larger cleavage fragments are obvious by their blunt or ped ends showing prismatic habit. Also, they tend to be acicular rather than filiform.

Where the particles are less than 1 μm in diameter and have an aspect ratio greater than or equal to 3:1, it is recommended that the sample be analyzed by SEM or TEM if there is any question whether the fibers are cleavage fragments or asbestiform particles.

Care must be taken when analyzing by electron microscopy because the interferences are different from those in light microscopy and may structurally be very similar to asbestos. The classic interference is between anthophyllite and biopyribole or intermediate fiber. Use the same morphological clues for electron microscopy as are used for light microscopy, e.g. fibril splitting, internal longitudinal striation, fraying, curvature, etc.

(1) Gross examination:

Examine the sample, preferably in the glass vial. Determine the presence of any obvious fibrous component. Estimate a percentage based on previous experience and current observation. Determine whether any pre- preparation is necessary. Determine the number of phases present. This may be carried out or augmented by observation at 6 to 40x under a stereo microscope.

(2) After performing any necessary pre-preparation, prepare slides of each phase as described above. Two preparations of the same phase in the same index medium can be made side-by-side on the same glass for convenience. Examine with the polarizing stereo microscope. Estimate the percentage of asbestos based on the amount of birefringent fiber present.

(3) Examine the slides on the phase-polar microscopes at magnifications of 160 and 400x. Note the morphology of the fibers. Long, thin, very straight fibers with little curvature are indicative of fibers from the amphibole family. Curved, wavy fibers are usually indicative of chrysotile. Estimate the percentage of asbestos on the phase-polar microscope under conditions of crossed polars and a gypsum plate. Fibers smaller than 1.0 μm in thickness must be identified by inference to the presence of larger, identifiable fibers and morphology. If no larger fibers are visible, electron microscopy should be performed. At this point, only a tentative identification can be made. Full identification must be made with dispersion microscopy. Details of the tests are included in the appendices.

(4) Once fibers have been determined to be present, they must be identified. Adjust the microscope for dispersion mode and observe the fibers. The microscope has a rotating stage, one polarizing element, and a system for generating dark-field dispersion microscopy (see Section 4.6. of this appendix). Align a fiber with its length parallel to the polarizer and note the color of the Becke lines. Rotate the stage to bring the fiber length perpendicular to the polarizer and note the color. Repeat this process for every fiber or fiber bundle examined. The colors must be consistent with the colors generated by standard asbestos reference materials for a positive identification. In $n=1.550$, amphiboles will generally show a yellow to straw-yellow color indicating that the fiber indices of refraction are higher than the liquid. If long, thin fibers are noted and the colors are yellow, prepare further slides as above in the suggested matching liquids listed below:

Type of asbestos	Index of refraction
Chrysotile	$n=1.550$.
Amosite	$n=1.670$ r 1.680 .
Crocidolite	$n=1.690$.
Anthophyllite	$n=1.605$ nd 1.620 .
Tremolite	$n=1.605$ and 1.620 .
Actinolite	$n=1.620$.

Where more than one liquid is suggested, the first is preferred; however, in some cases this liquid will not give good dispersion color. Take care to avoid interferences in the other liquid; e.g., wollastonite in $n=1.620$ will give the same colors as tremolite. In $n=1.605$ wollastonite will appear yellow in all directions. Wollastonite may be determined under crossed polars as it will change from blue to yellow as it is rotated along its fiber axis by tapping on the cover slip. Asbestos minerals will not change in this way.

Determination of the angle of extinction may, when present, aid in the determination of anthophyllite from tremolite. True asbestos fibers usually have 0E extinction or ambiguous extinction, while cleavage fragments have more definite extinction.

Continue analysis until both preparations have been examined and all present species of asbestos are identified. If there are no fibers present, or there is less than 0.1% present, end the analysis with the minimum number of slides (2).

(5) Some fibers have a coating on them which makes dispersion microscopy very difficult or impossible. Becke line analysis or electron microscopy may be performed in those cases. Determine the percentage by light microscopy. TEM analysis tends to overestimate the actual percentage present.

(6) Percentage determination is an estimate of occluded area, tempered by gross observation. Gross observation information is used to make sure that the high magnification microscopy does not greatly over- or under- estimate the amount of fiber present. This part of the analysis requires a great deal of experience. Satisfactory models for asbestos content analysis have not yet been developed, although some models based on metallurgical grain-size determination have found some utility. Estimation is more easily handled in situations where the grain sizes visible at about 160x are about the same and the sample is relatively homogeneous.

View all of the area under the cover slip to make the percentage determination. View the fields while moving the stage, paying attention to the clumps of material. These are not usually the best areas to perform dispersion microscopy because of the interference from other materials. But, they are the areas most likely to represent the accurate percentage in the sample. Small amounts of asbestos require slower scanning and more frequent analysis of individual fields.

Report the area occluded by asbestos as the concentration. This estimate does not generally take into consideration the difference in density of the different species present in the sample. For most samples this is adequate. Simulation studies with similar materials must be carried out to apply microvisual estimation for that purpose and is beyond the scope of this procedure.

(7) Where successive concentrations have been made by chemical or physical means, the amount reported is the percentage of the material in the "as submitted" or original state. The percentage determined by microscopy is multiplied by the fractions remaining after pre-preparations to give the percentage in the original sample. For example:

1. 60% remains after heating at 550 EC for 1 h. 2. 30% of the residue of 1 remains after dissolution of carbonate in 0.1 m HCl.

3. Microvisual estimation determines that 5% of the sample is chrysotile asbestos.

The reported result is:

$R = (\text{Microvisual result in percent})(\text{Fraction remaining after 2}) \times (\text{Fraction remaining of original sample after 1})$

$$R = (5) \times (.30) \times (.60) = 0.9\%$$

(8) Report the percent and type of asbestos present. For samples where asbestos was identified, but is less than 1.0%, report "Asbestos present, less than 1.0%." There must have been at least two observed fibers or fiber bundles in the two preparations to be reported as present. For samples where asbestos was not seen, report as "None Detected."

4. Auxiliary Information

Because of the subjective nature of asbestos analysis, certain concepts and procedures need to be discussed in more depth. This information will help the analyst understand why some of the procedures are carried out the way they are.

4.1. Light

Light is electromagnetic energy. It travels from its source in packets called quanta. It is instructive to consider light as a plane wave. The light has a direction of travel. Perpendicular to this and mutually perpendicular to each other, are two vector components. One is the magnetic vector and the other is the electric vector. We shall only be concerned with the electric vector. In this description, the interaction of the vector and the mineral will describe all the observable phenomena. From a light source such a microscope illuminator, light travels in all different direction from the filament.

In any given direction away from the filament, the electric vector is perpendicular to the direction of travel of a light ray. While perpendicular, its orientation is random about the travel axis. If the electric vectors from all the light rays were lined up by passing the light through a filter that would only let light rays with electric vectors oriented in one direction pass, the light would then be POLARIZED.

Polarized light interacts with matter in the direction of the electric vector. This is the polarization direction. Using this property it is possible to use polarized light to probe different materials and identify them by how they interact with light.

The speed of light in a vacuum is a constant at about 2.99×10^8 m/s. When light travels in

different materials such as air, water, minerals or oil, it does not travel at this speed. It travels slower. This slowing is a function of both the material through which the light is traveling and the wavelength or frequency of the light. In general, the more dense the material, the slower the light travels. Also, generally, the higher the frequency, the slower the light will travel. The ratio of the speed of light in a vacuum to that in a material is called the index of refraction (n). It is usually measured at 589 nm (the sodium D line). If white light (light containing all the visible wavelengths) travels through a material, rays of longer wavelengths will travel faster than those of shorter wavelengths, this separation is called dispersion. Dispersion is used as an identifier of materials as described in Section 4.6.

4.2. Material Properties

Materials are either amorphous or crystalline. The difference between these two descriptions depends on the positions of the atoms in them. The atoms in amorphous materials are randomly arranged with no long range order. An example of an amorphous material is glass. The atoms in crystalline materials, on the other hand, are in regular arrays and have long range order. Most of the atoms can be found in highly predictable locations. Examples of crystalline material are salt, gold, and the asbestos minerals.

It is beyond the scope of this method to describe the different types of crystalline materials that can be found, or the full description of the classes into which they can fall. However, some general crystallography is provided below to give a foundation to the procedures described.

With the exception of anthophyllite, all the asbestos minerals belong to the monoclinic crystal type. The unit cell is the basic repeating unit of the crystal and for monoclinic crystals can be described as having three unequal sides, two 90° angles and one angle not equal to 90°. The orthorhombic group, of which anthophyllite is a member has three unequal sides and three 90° angles. The unequal sides are a consequence of the complexity of fitting the different atoms into the unit cell. Although the atoms are in a regular array, that array is not symmetrical in all directions. There is long range order in the three major directions of the crystal. However, the order is different in each of the three directions. This has the effect that the index of refraction is different in each of the three directions. Using polarized light, we can investigate the index of refraction in each of the directions and identify the mineral or material under investigation. The indices α , β , and γ are used to identify the lowest, middle, and highest index of refraction respectively. The x direction, associated with α is called the fast axis. Conversely, the z direction is associated with γ and is the slow direction. Crocidolite has α along the fiber length making it "length-fast". The remainder of the asbestos minerals have the γ axis along the fiber length. They are called "length-slow". This orientation to fiber length is used to aid in the identification of asbestos.

4.3. Polarized Light Technique

Polarized light microscopy as described in this section uses the phase-polar microscope described in Section 3.2. A phase contrast microscope is fitted with two polarizing elements, one

below and one above the sample. The polarizers have their polarization directions at right angles to each other. Depending on the tests performed, there may be a compensator between these two polarizing elements. Light emerging from a polarizing element has its electric vector pointing in the polarization direction of the element. The light will not be subsequently transmitted through a second element set at a right angle to the first element. Unless the light is altered as it passes from one element to the other, there is no transmission of light.

4.4. Angle of Extinction

Crystals which have different crystal regularity in two or three main directions are said to be anisotropic. They have a different index of refraction in each of the main directions. When such a crystal is inserted between the crossed polars, the field of view is no longer dark but shows the crystal in color. The color depends on the properties of the crystal. The light acts as if it travels through the crystal along the optical axes. If a crystal optical axis were lined up along one of the polarizing directions (either the polarizer or the analyzer) the light would appear to travel only in that direction, and it would blink out or go dark. The difference in degrees between the fiber direction and the angle at which it blinks out is called the angle of extinction. When this angle can be measured, it is useful in identifying the mineral. The procedure for measuring the angle of extinction is to first identify the polarization direction in the microscope. A commercial alignment slide can be used to establish the polarization directions or use anthophyllite or another suitable mineral. This mineral has a zero degree angle of extinction and will go dark to extinction as it aligns with the polarization directions. When a fiber of anthophyllite has gone to extinction, align the eyepiece reticle or graticule with the fiber so that there is a visual cue as to the direction of polarization in the field of view. Tape or otherwise secure the eyepiece in this position so it will not shift.

After the polarization direction has been identified in the field of view, move the particle of interest to the center of the field of view and align it with the polarization direction. For fibers, align the fiber along this direction. Note the angular reading of the rotating stage. Looking at the particle, rotate the stage until the fiber goes dark or "blinks out". Again note the reading of the stage. The difference in the first reading and the second is an angle of extinction.

The angle measured may vary as the orientation of the fiber changes about its long axis. Tables of mineralogical data usually report the maximum angle of extinction. Asbestos forming minerals, when they exhibit an angle of extinction, usually do show an angle of extinction close to the reported maximum, or as appropriate depending on the substitution chemistry.

4.5. Crossed Polars with Compensator

When the optical axes of a crystal are not lined up along one of the polarizing directions (either the polarizer or the analyzer) part of the light travels along one axis and part travels along the other visible axis. This is characteristic of birefringent materials.

The color depends on the difference of the two visible indices of refraction and the thickness of

the crystal. The maximum difference available is the difference between n_α and the n_γ axes. This maximum difference is usually tabulated as the birefringence of the crystal.

For this test, align the fiber at 45E to the polarization directions in order to maximize the contribution to each of the optical axes. The colors seen are called retardation colors. They arise from the recombination of light which has traveled through the two separate directions of the crystal. One of the rays is retarded behind the other since the light in that direction travels slower. On recombination, some of the colors which make up white light are enhanced by constructive interference and some are suppressed by destructive interference. The result is a color dependent on the difference between the indices and the thickness of the crystal. The proper colors, thicknesses, and retardations are shown on a Michel-Levy chart. The three items, retardation, thickness and birefringence are related by the following relationship:

$$R = t(n_\gamma - n_\alpha)$$

R=retardation, t=crystal thickness in μm , and

n_α , n_γ =indices of refraction.

Examination of the equation for asbestos minerals reveals that the visible colors for almost all common asbestos minerals and fiber sizes are shades of gray and black. The eye is relatively poor at discriminating different shades of gray. It is very good at discriminating different colors. In order to compensate for the low retardation, a compensator is added to the light train between the polarization elements. The compensator used for this test is a gypsum plate of known thickness and birefringence. Such a compensator when oriented at 45E to the polarizer direction, provides a retardation of 530 nm of the 530 nm wavelength color. This enhances the red color and gives the background a characteristic red to red-magenta color. If this "full-wave" compensator is in place when the asbestos preparation is inserted into the light train, the colors seen on the fibers are quite different. Gypsum, like asbestos has a fast axis and a slow axis. When a fiber is aligned with its fast axis in the same direction as the fast axis of the gypsum plate, the ray vibrating in the slow direction is retarded by both the asbestos and the gypsum. This results in a higher retardation than would be present for either of the two minerals. The color seen is a second order blue. When the fiber is rotated 90E using the rotating stage, the slow direction of the fiber is now aligned with the fast direction of the gypsum and the fast direction of the fiber is aligned with the slow direction of the gypsum. Thus, one ray vibrates faster in the fast direction of the gypsum, and slower in the slow direction of the fiber; the other ray will vibrate slower in the slow direction of the gypsum and faster in the fast direction of the fiber. In this case, the effect is subtractive and the color seen is a first order yellow. As long as the fiber thickness does not add appreciably to the color, the same basic colors will be seen for all asbestos types except crocidolite. In crocidolite the colors will be weaker, may be in the opposite directions, and will be altered by the blue absorption color natural to crocidolite. Hundreds of other materials will give the same colors as asbestos, and therefore, this test is not definitive for asbestos. The test is useful in discriminating against fiberglass or other amorphous fibers such as some synthetic fibers. Certain synthetic fibers will show retardation colors different than

asbestos; however, there are some forms of polyethylene and aramid which will show morphology and retardation colors similar to asbestos minerals. This test must be supplemented with a positive identification test when birefringent fibers are present which can not be excluded by morphology. This test is relatively ineffective for use on fibers less than 1 μm in diameter. For positive confirmation TEM or SEM should be used if no larger bundles or fibers are visible.

4.6. Dispersion Staining

Dispersion microscopy or dispersion staining is the method of choice for the identification of asbestos in bulk materials. Becke line analysis is used by some laboratories and yields the same results as does dispersion staining for asbestos and can be used in lieu of dispersion staining. Dispersion staining is performed on the same platform as the phase-polar analysis with the analyzer and compensator removed. One polarizing element remains to define the direction of the light so that the different indices of refraction of the fibers may be separately determined. Dispersion microscopy is a dark-field technique when used for asbestos. Particles are imaged with scattered light. Light which is unscattered is blocked from reaching the eye either by the back field image mask in a McCrone objective or a back field image mask in the phase condenser. The most convenient method is to use the rotating phase condenser to move an oversized phase ring into place. The ideal size for this ring is for the central disk to be just larger than the objective entry aperture as viewed in the back focal plane. The larger the disk, the less scattered light reaches the eye. This will have the effect of diminishing the intensity of dispersion color and will shift the actual color seen. The colors seen vary even on microscopes from the same manufacturer. This is due to the different bands of wavelength exclusion by different mask sizes. The mask may either reside in the condenser or in the objective back focal plane. It is imperative that the analyst determine by experimentation with asbestos standards what the appropriate colors should be for each asbestos type. The colors depend also on the temperature of the preparation and the exact chemistry of the asbestos. Therefore, some slight differences from the standards should be allowed. This is not a serious problem for commercial asbestos uses. This technique is used for identification of the indices of refraction for fibers by recognition of color. There is no direct numerical readout of the index of refraction. Correlation of color to actual index of refraction is possible by referral to published conversion tables. This is not necessary for the analysis of asbestos. Recognition of appropriate colors along with the proper morphology are deemed sufficient to identify the commercial asbestos minerals. Other techniques including SEM, TEM, and XRD may be required to provide additional information in order to identify other types of asbestos.

Make a preparation in the suspected matching high dispersion oil, e.g., $n=1.550$ for chrysotile. Perform the preliminary tests to determine whether the fibers are birefringent or not. Take note of the morphological character. Wavy fibers are indicative of chrysotile while long, straight, thin, frayed fibers are indicative of amphibole asbestos. This can aid in the selection of the appropriate matching oil. The microscope is set up and the polarization direction is noted as in Section 4.4. Align a fiber with the polarization direction. Note the color. This is the color parallel to the polarizer. Then rotate the fiber rotating the stage 90° so that the polarization direction is across the fiber. This is the perpendicular position. Again note the color. Both colors must be consistent with standard asbestos minerals in the correct direction for a positive identification of

asbestos. If only one of the colors is correct while the other is not, the identification is not positive. If the colors in both directions are bluish-white, the analyst has chosen a matching index oil which is higher than the correct matching oil, e.g. the analyst has used $n=1.620$ where chrysotile is present. The next lower oil (Section 3.5.) should be used to prepare another specimen. If the color in both directions is yellow-white to straw-yellow-white, this indicates that the index of the oil is lower than the index of the fiber, e.g. the preparation is in $n=1.550$ while anthophyllite is present. Select the next higher oil (Section 3.5.) and prepare another slide. Continue in this fashion until a positive identification of all asbestos species present has been made or all possible asbestos species have been ruled out by negative results in this test. Certain plant fibers can have similar dispersion colors as asbestos. Take care to note and evaluate the morphology of the fibers or remove the plant fibers in pre-preparation. Coating material on the fibers such as carbonate or vinyl may destroy the dispersion color. Usually, there will be some outcropping of fiber which will show the colors sufficient for identification. When this is not the case, treat the sample as described in Section 3.3. and then perform dispersion staining. Some samples will yield to Becke line analysis if they are coated or electron microscopy can be used for identification.

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Shipyards

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July 21, 1989; 54 FR 52027, Dec. 20, 1989; 55 FR 3731, Feb. 5, 1990; 57 FR 24310, June 8, 1992; as amended at 59 FR 40964, August 10, 1994; 60 FR 9624, February 21, 1995; 60 FR 33343, June 28, 1995]

1910.1002 Coal tar pitch volatiles; interpretation of term.

As used in 1910.1000 (Table Z-1), coal tar pitch volatiles include the fused polycyclic hydrocarbons which volatilize from the distillation residues of coal, petroleum (excluding asphalt), wood, and other organic matter. Asphalt (CAS 8052-42-4, and CAS 64742-93-4) is not covered under the "coal tar pitch volatiles" standard.

[48 FR 2768, Jan. 21, 1983]

1910.1003 13 Carcinogens

(a) Scope and application.

(1) This section applies to any area in which the 13 carcinogens addressed by this section are manufactured, processed, repackaged, released, handled, or stored, but shall not apply to trans-shipment in sealed containers, except for the labeling requirements under paragraphs (e) (2), (3), and (4) of this section. The 13 carcinogens are the following:

4-Nitrobiphenyl, Chemical Abstracts Service Register Number (CAS No.) 92933;
alpha-Naphthylamine, CAS No. 134327;
methyl chloromethylether, AS No. 107302;
3,3'-Dichlorobenzidine (and its salts) CAS No. 91941;
bis-Chloromethyl ether, CAS No. 542881;
beta-Naphthylamine, CAS No. 91598;
Benzidine, CAS No. 92875;
4-Aminodiphenyl, CAS No. 92671;
Ethyleneimine, CAS No. 151564;
beta-Propiolactone, CAS No. 57578;
2-Acetylaminofluorene, CAS No. 53963;
4-Dimethylaminoazo-benzene, CAS No. 60117; and
N-Nitrosodimethylamine, CAS No. 62759.

(2) This section shall not apply to the following:

(i) Solid or liquid mixtures containing less than 0.1 percent by weight or volume of 4-Nitrobiphenyl; methyl chloromethyl ether; bis-chloromethyl ether; beta-Naphthylamine; benzidine or 4-Aminodiphenyl; and

(ii) Solid or liquid mixtures containing less than 1.0 percent by weight or volume of alpha-Naphthylamine; 3,3'-Dichlorobenzidine (and its salts); Ethyleneimine; beta-Propiolactone; 2-Acetylaminofluorene; 4-Dimethylaminoazobenzene, or N-Nitrosodimethylamine.

(b) Definitions. For the purposes of this section:

(1) "Absolute filter" is one capable of retaining 99.97 percent of a mono disperse aerosol of 0.3 um particles.

(2) "Authorized employee" means an employee whose duties require him to be in the regulated area and who has been specifically assigned by the employer.

(3) "Clean change room" means a room where employees put on clean clothing and/or protective equipment in an environment free of the 13 carcinogens addressed by this section. The clean change room shall be contiguous to and have an entry from a shower room, when the shower room facilities are otherwise required in this section.

(4) "Closed system" means an operation involving a carcinogen addressed by this section where containment prevents the release of the material into regulated areas, non-regulated areas, or the external environment.

(5) "Decontamination" means the inactivation of a carcinogen addressed by this section or its safe disposal.

(6) "Director" means the Director, National Institute for Occupational Safety and Health, or any person directed by him or the Secretary of Health and Human Services to act for the Director.

(7) "Disposal" means the safe removal of the carcinogens addressed by this section from the work environment.

(8) "Emergency" means an unforeseen circumstance or set of circumstances resulting in the release of a carcinogen addressed by this section that may result in exposure to or contact with the material.

(9) "External environment" means any environment external to regulated and nonregulated areas.

(10) "Isolated system" means a fully enclosed structure other than the vessel of containment of a carcinogen addressed by this section that is impervious to the passage of the material and would prevent the entry of the carcinogen addressed by this section into regulated areas, nonregulated areas, or the external environment, should leakage or spillage from the vessel of containment occur.

(11) "Laboratory type hood" is a device enclosed on three sides and the top and bottom, designed and maintained so as to draw air inward at an average linear face velocity of 150 feet per minute with a minimum of 125 feet per minute; designed, constructed, and maintained in such a way that an operation involving a carcinogen addressed by this section within the hood does not require the insertion of any portion of any employee's body other than his hands and arms.

(12) "Nonregulated area" means any area under the control of the employer where entry and exit is neither restricted nor controlled.

(13) "Open-vessel system" means an operation involving a carcinogen addressed in this section in an open vessel, which is not in an isolated system, a laboratory type hood, nor in any other system affording equivalent protection against the entry of the material into regulated areas, non-regulated areas, or the external environment.

(14) "Protective clothing" means clothing designed to protect an employee against contact with or exposure to a carcinogen addressed by this section.

(15) "Regulated area" means an area where entry and exit is restricted and controlled.

(c) "Requirements for areas containing a carcinogen addressed by this section." A regulated area shall be established by an employer where a carcinogen addressed by this section is manufactured, processed, used, repackaged, released, handled or stored. All such areas shall be controlled in accordance with the requirements for the following category or categories describing the operation involved:

(1) Isolated systems. Employees working with a carcinogen addressed by this section within an isolated system such as a "glove box" shall wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system.

(2) Closed system operation.

(i) Within regulated areas where the carcinogens addressed by this section are stored in sealed containers, or contained in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens addressed by this section are contained within, access shall be restricted to authorized employees only.

(ii) Employees exposed to 4-Nitrobiphenyl; alpha-Naphthylamine; 3,3'-Dichlorobenzidine (and its salts); beta-Naphthylamine; benzidine; 4-Aminodiphenyl; 2-Acetylaminofluorene; 4-Dimethylaminoazo-benzene; and N-Nitrosodimethylamine shall be required to wash hands, forearms, face and neck upon each exit from the regulated areas, close to the point of exit and before engaging in other activities.

(3) Open vessel system operations. Open vessel system operations as defined in paragraph

(b)(13) of this section are prohibited.

(4) Transfer from a closed system, charging or discharging point operations, or otherwise opening a closed system. In operations involving "laboratory type hoods," or in locations where the carcinogens addressed by this section are contained in an otherwise "closed system," but is transferred, charged, or discharged into other normally closed containers, the provisions of this paragraph shall apply.

(i) Access shall be restricted to authorized employees only;

(ii) Each operation shall be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation. Exhaust air shall not be discharged to regulated areas, nonregulated areas or the external environment unless decontaminated. Clean makeup air shall be introduced in sufficient volume to maintain the correct operation of the local exhaust system.

(iii) Employees shall be provided with, and required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area.

(iv) Employees engaged in handling operations involving the carcinogens addressed by this section must be provided with, and required to wear and use a half-face filter-type respirator with filters for dusts, mists, and fumes. A respirator affording higher levels of protection than this respirator may be substituted.

(v) Prior to each exit from a regulated area, employees shall be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers shall be identified, as required under paragraphs (e) (2), (3), and (4) of this section.

(vi) Drinking fountains are prohibited in the regulated area.

(vii) Employees shall be required to wash hands, forearms, face and neck on each exit from the regulated area, close to the point of exit, and before engaging in other activities and employees exposed to 4-Nitrobiphenyl; alpha-Naphthylamine; 3,3'-Dichlorobenzidine (and its salts); beta-Naphthylamine; Benzidine; 4-Aminodiphenyl; 2-Acetylaminofluorene; 4-Dimethylaminoazo-benzene; and N-Nitrosodimethylamine shall be required to shower after the last exit of the day.

(5) Maintenance and decontamination activities. In cleanup of leaks or spills, maintenance or repair operations on contaminated systems or equipment, or any operations involving work in an area where direct contact with a carcinogen addressed by this section could result, each authorized employee entering that area shall:

(i) Be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood in accordance with 1910.134.

(ii) Be decontaminated before removing the protective garments and hood;

(iii) Be required to shower upon removing the protective garments and hood.

(d) General regulated area requirements.

(1) Respirator program. The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b), (c), (d) (except (d)(1)(iii) and (iv), and (d)(3)), and (e) through (m), which covers each employee required by this section to use a respirator.

(2) Emergencies. In an emergency, immediate measures including, but not limited to, the requirements of paragraphs (d)(2) (i) through (v) of this section shall be implemented.

(i) The potentially affected area shall be evacuated as soon as the emergency has been determined.

(ii) Hazardous conditions created by the emergency shall be eliminated and the potentially affected area shall be decontaminated prior to the resumption of normal operations.

(iii) Special medical surveillance by a physician shall be instituted within 24 hours for employees present in the potentially affected area at the time of the emergency. A report of the medical surveillance and any treatment shall be included in the incident report, in accordance with paragraph (f)(2) of this section.

(iv) Where an employee has a known contact with a carcinogen addressed by this section, such employee shall be required to shower as soon as possible, unless contraindicated by physical injuries.

(v) An incident report on the emergency shall be reported as provided in paragraph (f)(2) of this section.

(vi) Emergency deluge showers and eyewash fountains supplied with running potable water shall be located near, within sight of, and on the same level with locations where a direct exposure to Ethyleneimine or beta-Propiolactone only would be most likely as a result of equipment failure or improper work practice.

(3) Hygiene facilities and practices.

(i) Storage or consumption of food, storage or use of containers of beverages, storage or application of cosmetics, smoking, storage of smoking materials, tobacco products or other

products for chewing, or the chewing of such products, are prohibited in regulated areas.

(ii) Where employees are required by this section to wash, washing facilities shall be provided in accordance with 1910.141(d) (1) and (2) (ii) through (vii).

(iii) Where employees are required by this section to shower, shower facilities shall be provided in accordance with 1910.141(d)(3).

(iv) Where employees wear protective clothing and equipment, clean change rooms shall be provided for the number of such employees required to change clothes, in accordance with 1910.14 (e).

(v) Where toilets are in regulated areas, such toilets shall be in a separate room.

(4) Contamination control.

(i) Except for outdoor systems, regulated areas shall be maintained under pressure negative with respect to nonregulated areas. Local exhaust ventilation may be used to satisfy this requirement. Clean makeup air in equal volume shall replace air removed.

(ii) Any equipment, material, or other item taken into or removed from a regulated area shall be done so in a manner that does not cause contamination in nonregulated areas or the external environment.

(iii) Decontamination procedures shall be established and implemented to remove carcinogens addressed by this section from the surfaces of materials, equipment and the decontamination facility.

(iv) Dry sweeping and dry mopping are prohibited for 4-Nitrobiphenyl; alpha-Naphthylamine; 3,3'-Dichlorobenzidine (and its salts); beta-Naphthylamine; Benzidine; 4-Aminodiphenyl; 2-Acetylaminofluorene; 4-Dimethylaminoazo-benzene and N-Nitrosodimethylamine.

(e) Signs, information and training

(1) Signs.

(i) Entrances to regulated areas shall be posted with signs bearing the legend:

CANCER-SUSPECT AGENT

AUTHORIZED PERSONNEL ONLY

(ii) Entrances to regulated areas containing operations covered in paragraph (c)(5) of this section shall be posted with signs bearing the legend:

CANCER-SUSPECT AGENT EXPOSED IN THIS AREA

IMPERVIOUS SUIT INCLUDING GLOVES, BOOTS, AND AIR-SUPPLIED HOOD REQUIRED AT ALL TIMES

AUTHORIZED PERSONNEL ONLY

(iii) Appropriate signs and instructions shall be posted at the entrance to, and exit from, regulated areas, informing employees of the procedures that must be followed in entering and leaving a regulated area.

(2) Container contents identification.

(i) Containers of 4-Nitrobiphenyl and containers required under paragraphs (c)(4)(v) and (c)(6)(vii)(b), and (c)(6)(viii)(b) of this section which are accessible only to, and handled only by, authorized employees, or by other employees trained in accordance with paragraph (e)(5) of this section, may have contents identification limited to a generic or proprietary name, or other proprietary identification, of the carcinogen and percent.

(ii) Containers of a carcinogen addressed by this section and containers required under paragraphs (c)(4)(v), (c)(6)(vii)(b) and (viii)(b) of this section which are accessible to, or handled by employees other than authorized employees or employees trained in accordance with paragraph (e)(5) of this section shall have contents identification which includes the full chemical name and Chemical Abstracts Service Registry number as listed in paragraph (a)(1) of this section.

(iii) Containers shall have the warning words "CANCER-SUSPECT AGENT" displayed immediately under or adjacent to the contents identification.

(iv) Containers whose contents are carcinogens addressed by this section with corrosive or irritating properties shall have label statements warning of such hazards, noting, if appropriate, particularly sensitive or affected portions of the body.

(3) Lettering. Lettering on signs and instructions required by paragraph (e)(1) shall be a minimum letter height of 2 inches. Labels on containers required under this section shall not be less than 1/2 the size of the largest lettering on the package, and not less than 8 point type in any instance. Provided, That no such required lettering need be more than 1 inch in height.

(4) Prohibited statements. No statement shall appear on or near any required sign, label, or instruction which contradicts or detracts from the effect of any required warning, information or instruction.

(5) Training and indoctrination.

(i) Each employee prior to being authorized to enter a regulated area, shall receive a training and indoctrination program including, but not necessarily limited to:

(a) The nature of the carcinogenic hazards of a carcinogen addressed by this section, including local and systemic toxicity;

(b) The specific nature of the operation involving a carcinogen addressed by this section that could result in exposure;

(c) The purpose for and application of the medical surveillance program, including, as appropriate, methods of self-examination;

(d) The purpose for and application of decontamination practices and purposes;

(e) The purpose for and significance of emergency practices and procedures;

(f) The employee's specific role in emergency procedures;

(g) Specific information to aid the employee in recognition and evaluation of conditions and situations which may result in the release of a carcinogen addressed by this section;

(h) The purpose for and application of specific first aid procedures and practices;

(i) A review of this section at the employee's first training and indoctrination program and annually thereafter.

(ii) Specific emergency procedures shall be prescribed, and posted, and employees shall be familiarized with their terms, and rehearsed in their application.

(iii) All materials relating to the program shall be provided upon request to authorized representatives of the Assistant Secretary and the Director.

(f) [Reserved]

(g) Medical surveillance. At no cost to the employee, a program of medical surveillance shall be established and implemented for employees considered for assignment to enter regulated areas, and for authorized employees.

(1) Examinations.

(i) Before an employee is assigned to enter a regulated area, a preassignment physical examination by a physician shall be provided. The examination shall include the personal history of the employee, family and occupational background, including genetic and environmental factors.

(ii) Authorized employees shall be provided periodic physical examinations, not less often than annually, following the preassignment examination.

(iii) In all physical examinations, the examining physician shall consider whether there exist conditions of increased risk, including reduced immunological competence, those undergoing treatment with steroids or cytotoxic agents, pregnancy and cigarette smoking.

(2) Records.

(i) Employers of employees examined pursuant to this paragraph shall cause to be maintained complete and accurate records of all such medical examinations. Records shall be maintained for the duration of the employee's employment. Upon termination of the employee's employment, including retirement or death, or in the event that the employer ceases business without a successor, records, or notarized true copies thereof, shall be forwarded by registered mail to the Director.

(ii) Records required by this paragraph shall be provided upon request to employees, designated representatives, and the Assistant Secretary in accordance with 29 CFR 1910.20 (a)-(e) and (g)-(i). These records shall also be provided upon request to the Director.

(iii) Any physician who conducts a medical examination required by this paragraph shall furnish to the employer a statement of the employee's suitability for employment in the specific exposure.

[39 FR 23502, June 27, 1974. Redesignated at 40 FR 23072, May 28, 1975, and amended at 41 FR 35184, Aug. 20, 1976; 43 FR 49751, Oct. 24, 1978; 45 FR 35281, May 23, 1980; 49 FR 18295, Apr. 30, 1984; 58 FR 35310, June 30, 1993; 61 FR 5507, Feb. 13, 1996; 61 FR 9227, March 7, 1996; 61 FR 31427, June 20, 1996]

1910.1004 See 1910.1003, 13 carcinogens.

1910.1005 [Reserved]

1910.1006 See 1910.1003, 13 carcinogens.

1910.1007 See 1910.1003, 13 carcinogens.

1910.1008 See 1910.1003, 13 carcinogens.

1910.1009 See 1910.1003, 13 carcinogens.

1910.1010 See 1910.1003, 13 carcinogens.

1910.1011 See 1910.1003, 13 carcinogens.

1910.1012 See 1910.1003, 13 carcinogens.

1910.1013 See 1910.1003, 13 carcinogens.

1910.1014 See 1910.1003, 13 carcinogens.

1910.1015 See 1910.1003, 13 carcinogens.

1910.1016 See 1910.1003, 13 carcinogens.

1910.1017 Vinyl chloride.

(a) Scope and application.

(1) This section includes requirements for the control of employee exposure to vinyl chloride (chloroethene), Chemical Abstracts Service Registry No. 75014.

(2) This section applies to the manufacture, reaction, packaging, repackaging, storage, handling or use of vinyl chloride or polyvinyl chloride, but does not apply to the handling or use of fabricated products made of polyvinyl chloride.

(3) This section applies to the transportation of vinyl chloride or polyvinyl chloride except to the extent that the Department of Transportation may regulate the hazards covered by this section.

(b) Definitions.

(1) "Action level" means a concentration of vinyl chloride of 0.5 ppm averaged over an 8-hour work day.

(2) "Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or his designee.

(3) "Authorized person" means any person specifically authorized by the employer whose duties require him to enter a regulated area or any person entering such an area as a designated representative of employees for the purpose of exercising an opportunity to observe monitoring and measuring procedures.

(4) "Director" means the Director, National Institute for Occupational Safety and Health, U.S. Department of Health, Education, and Welfare, or his designee.

(5) "Emergency" means any occurrence such as, but not limited to, equipment failure, or operation of a relief device which is likely to, or does, result in massive release of vinyl chloride.

(6) "Fabricated product" means a product made wholly or partly from polyvinyl chloride, and

which does not require further processing at temperatures, and for times, sufficient to cause mass melting of the polyvinyl chloride resulting in the release of vinyl chloride.

(7) "Hazardous operation" means any operation, procedure, or activity where a release of either vinyl chloride liquid or gas might be expected as a consequence of the operation or because of an accident in the operation, which would result in an employee exposure in excess of the permissible exposure limit.

(8) "OSHA Area Director" means the Director for the Occupational Safety and Health Administration Area Office having jurisdiction over the geographic area in which the employer's establishment is located.

(9) "Polyvinyl chloride" means polyvinyl chloride homopolymer or copolymer before such is converted to a fabricated product.

(10) "Vinyl chloride" means vinyl chloride monomer.

(c) Permissible exposure limit.

(1) No employee may be exposed to vinyl chloride at concentrations greater than 1 ppm averaged over any 8-hour period, and

(2) No employee may be exposed to vinyl chloride at concentrations greater than 5 ppm averaged over any period not exceeding 15 minutes.

(3) No employee may be exposed to vinyl chloride by direct contact with liquid vinyl chloride.

(d) Monitoring.

(1) A program of initial monitoring and measurement shall be undertaken in each establishment to determine if there is any employee exposed, without regard to the use of respirators, in excess of the action level.

(2) Where a determination conducted under paragraph (d)(1) of this section shows any employee exposures, without regard to the use of respirators, in excess of the action level, a program for determining exposures for each such employee shall be established. Such a program:

(i) Must be repeated at least quarterly for any employee exposed, without regard to the use of respirators, in excess of the permissible exposure limit.

(ii) Must be repeated not less than every 6 months for any employee exposed without regard to the use of respirators, at or above the action level.

(iii) May be discontinued for any employee only when at least two consecutive monitoring determinations, made not less than 5 working days apart, show exposures for that employee at or below the action level.

(3) Whenever there has been a production, process or control change which may result in an increase in the release of vinyl chloride, or the employer has any other reason to suspect that any employee may be exposed in excess of the action level, a determination of employee exposure under paragraph (d)(1) of this section shall be performed.

(4) The method of monitoring and measurement shall have an accuracy (with a confidence level of 95 percent) of not less than plus or minus 50 percent from 0.25 through 0.5 ppm, plus or minus 35 percent from over 0.5 ppm through 1.0 ppm, and plus or minus 25 percent over 1.0 ppm. (Methods meeting these accuracy requirements are available in the "NIOSH Manual of Analytical Methods").

(5) Employees or their designated representatives shall be afforded reasonable opportunity to observe the monitoring and measuring required by this paragraph.

(e) Regulated area.

(1) A regulated area shall be established where:

(i) Vinyl chloride or polyvinyl chloride is manufactured, reacted, repackaged, stored, handled or used; and

(ii) Vinyl chloride concentrations are in excess of the permissible exposure limit.

(2) Access to regulated areas shall be limited to authorized persons.

(f) Methods of compliance. Employee exposures to vinyl chloride shall be controlled to at or below the permissible exposure limit provided in paragraph (c) of this section by engineering, work practice, and personal protective controls as follows:

(1) Feasible engineering and work practice controls shall immediately be used to reduce exposures to at or below the permissible exposure limit.

(2) Wherever feasible engineering and work practice controls which can be instituted immediately are not sufficient to reduce exposures to at or below the permissible exposure limit, they shall nonetheless be used to reduce exposures to the lowest practicable level, and shall be supplemented by respiratory protection in accordance with paragraph (g) of this section. A program shall be established and implemented to reduce exposures to at or below the permissible exposure limit, or to the greatest extent feasible, solely by means of engineering and work practice controls, as soon as feasible.

(3) Such plans shall be updated at least annually.

(g) Respiratory protection.

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that comply with the requirements of this paragraph.

(2) Respirator program. The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d) (1)(iii), and (d)(3)(iii)(B)(1) and (2)), and (f) through (m), which covers each employee required by this section to use a respirator.

(3) Respirator Selection.

(i) Employers must:

(A) Select, and provide to employees, the appropriate respirators specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134.

(B) Provide an organic vapor cartridge that has a service life of at least one hour when using a chemical cartridge respirator at vinyl chloride concentrations up to 10 ppm.

(C) Select a canister that has a service life of at least four hours when using a powered air-purifying respirator having a hood, helmet, or full or half facepiece, or a gas mask with a front-or back-mounted canister, at vinyl chloride concentrations up to 25 ppm.

(ii) When air-purifying respirators are used:

(A) Air-purifying canisters or cartridges must be replaced prior to the expiration of their service life or the end of the shift in which the expiration of their service life or the end of the shift in which they are first used, whichever occurs first.

(B) A continuous-monitoring and alarm system must be provided when concentrations of vinyl chloride would reasonably exceed the allowable concentrations for the devices in use. Such a system must be used to alert employees when vinyl chloride concentrations exceed the allowable concentrations for the devices in use.

(h) Hazardous operations.

(1) Employees engaged in hazardous operations, including entry of vessels to clean polyvinyl

chloride residue from vessel walls, shall be provided and required to wear and use;

(i) Respiratory protection in accordance with paragraphs (c) and (g) of this section; and

(ii) Protective garments to prevent skin contact with liquid vinyl chloride or with polyvinyl chloride residue from vessel walls. The protective garments shall be selected for the operation and its possible exposure conditions.

(2) Protective garments shall be provided clean and dry for each use.

(i) Emergency situations. A written operational plan for emergency situations shall be developed for each facility storing, handling, or otherwise using vinyl chloride as a liquid or compressed gas. Appropriate portions of the plan shall be implemented in the event of an emergency. The plan shall specifically provide that:

(1) Employees engaged in hazardous operations or correcting situations of existing hazardous releases shall be equipped as required in paragraph (h) of this section;

(2) Other employees not so equipped shall evacuate the area and not return until conditions are controlled by the methods required in paragraph (f) of this section and the emergency is abated.

(j) Training. Each employee engaged in vinyl chloride or polyvinyl chloride operations shall be provided training in a program relating to the hazards of vinyl chloride and precautions for its safe use.

(1) The program shall include:

(i) The nature of the health hazard from chronic exposure to vinyl chloride including specifically the carcinogenic hazard;

(ii) The specific nature of operations which could result in exposure to vinyl chloride in excess of the permissible limit and necessary protective s;

(iii) The purpose for, proper use, and limitations of respiratory protective devices;

(iv) The fire hazard and acute toxicity of vinyl chloride, and the necessary protective s;

(v) The purpose for and a description of the monitoring program;

(vi) The purpose for, and a description of, the medical surveillance program;

(vii) Emergency procedures;

(viii) Specific information to aid the employee in recognition of conditions which may result

in the release of vinyl chloride; and

(ix) A review of this standard at the employee's first training and indoctrination program, and annually thereafter.

(2) All materials relating to the program shall be provided upon request to the Assistant Secretary and the Director.

(k) Medical surveillance. A program of medical surveillance shall be instituted for each employee exposed, without regard to the use of respirators, to vinyl chloride in excess of the action level. The program shall provide each such employee with an opportunity for examinations and tests in accordance with this paragraph. All medical examinations and procedures shall be performed by or under the supervision of a licensed physician, and shall be provided without cost to the employee.

(1) At the time of initial assignment, or upon institution of medical surveillance;

(i) A general physical examination shall be performed, with specific attention to detecting enlargement of liver, spleen or kidneys, or dysfunction in these organs, and for abnormalities in skin, connective tissues and the pulmonary system (See Appendix A).

(ii) A medical history shall be taken, including the following topics:

(A) Alcohol intake;

(B) Past history of hepatitis;

(C) Work history and past exposure to potential hepatotoxic agents, including drugs and chemicals;

(D) Past history of blood transfusions; and

(E) Past history of hospitalizations.

(iii) A serum specimen shall be obtained and determinations made of:

(A) Total bilirubin;

(B) Alkaline phosphatase;

(C) Serum glutamic oxalacetic transaminase (SGOT);

(D) Serum glutamic pyruvic transaminase (SGPT); and

(E) Gamma glutamyl transpeptidase.

(2) Examinations must be provided in accordance with this paragraph at least annually.

(i) Every 6 months for each employee who has been employed in vinyl chloride or polyvinyl chloride manufacturing for 10 years or longer; and

(ii) Annually for all other employees.

(3) Each employee exposed to an emergency shall be afforded appropriate medical surveillance.

(4) A statement of each employee's suitability for continued exposure to vinyl chloride including use of protective equipment and respirators, shall be obtained from the examining physician promptly after any examination. A copy of the physician's statement shall be provided each employee.

(5) If any employee's health would be materially impaired by continued exposure, such employee shall be withdrawn from possible contact with vinyl chloride.

(6) Laboratory analyses for all biological specimens included in medical examination shall be performed by accredited laboratories.

(7) If the examining physician determines that alternative medical examinations to those required by paragraph (k)(1) of this section will provide at least equal assurance of detecting medical conditions pertinent to the exposure to vinyl chloride, the employer may accept such alternative examinations as meeting the requirements of paragraph (k)(1) of this section, if the employer obtains a statement from the examining physician setting forth the alternative examinations and the rationale for substitution. This statement shall be available upon request for examination and copying to authorized representatives of the Assistant Secretary and the Director.

(l) Signs and labels.

(1) Entrances to regulated areas shall be posted with legible signs bearing the legend:

CANCER-SUSPECT AGENT AREA AUTHORIZED PERSONNEL ONLY

(2) Areas containing hazardous operations or where an emergency currently exists shall be posted with legible signs bearing the legend:

CANCER-SUSPECT AGENT IN THIS AREA PROTECTIVE EQUIPMENT REQUIRED
AUTHORIZED PERSONNEL ONLY

(3) Containers of polyvinyl chloride resin waste from reactors or other waste contaminated

with vinyl chloride shall be legibly labeled:

CONTAMINATED WITH VINYL CHLORIDE
CANCER-SUSPECT AGENT

(4) Containers of polyvinyl chloride shall be legibly labeled:

POLYVINYL CHLORIDE (OR TRADE NAME)
Contains
VINYL CHLORIDE
VINYL CHLORIDE IS A CANCER-SUSPECT AGENT

(5) Containers of vinyl chloride shall be legibly labeled either:

(i)

VINYL CHLORIDE
EXTREMELY FLAMMABLE GAS UNDER PRESSURE
CANCER SUSPECT AGENT

or

(ii) In accordance with 49 CFR Parts 170-189, with the additional legend:

CANCER-SUSPECT AGENT

applied near the label or placard.

(6) No statement shall appear on or near any required sign, label or instruction which contradicts or detracts from the effect of, any required warning, information or instruction.

(m) Records.

(1) All records maintained in accordance with this section shall include the name and social security number of each employee where relevant.

(2) Records of required monitoring and measuring and medical records shall be provided upon request to employees, designated representatives, and the Assistant Secretary in accordance with 29 CFR 1910.20 (a) - (e) and (g) - (i). These records shall be provided upon request to the Director. Authorized personnel rosters shall also be provided upon request to the Assistant Secretary and the Director.

(i) Monitoring and measuring records shall:

(A) State the date of such monitoring and measuring and the concentrations determined and identify the instruments and methods used;

(B) Include any additional information necessary to determine individual employee exposures where such exposures are determined by means other than individual monitoring of employees; and

(C) Be maintained for not less than 30 years.

(ii) [Reserved]

(iii) Medical records shall be maintained for the duration of the employment of each employee plus 20 years, or 30 years, whichever is longer.

(3) In the event that the employer ceases to do business and there is no successor to receive and retain his records for the prescribed period, these records shall be transmitted by registered mail to the Director, and each employee individually notified in writing of this transfer. The employer shall also comply with any additional requirements set forth in 29 CFR 1910.20(h).

(n) Employee notification of monitoring results. The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results and the steps being taken to reduce exposures within the permissible exposure limit either individually in writing or by posting the results in an appropriate location that is accessible to affected employees.

1910.1017 App A Supplemental medical information

APPENDIX A to 1910.1017 - SUPPLEMENTARY MEDICAL INFORMATION

When required tests under paragraph (k)(1) of this section show abnormalities, the tests should be repeated as soon as practicable, preferably within 3 to 4 weeks. If tests remain abnormal, consideration should be given to withdrawal of the employee from contact with vinyl chloride, while a more comprehensive examination is made.

Additional tests which may be useful:

A. For kidney dysfunction: urine examination for albumin, red blood cells, and exfoliative abnormal cells.

B. Pulmonary system: Forced vital capacity, Forced expiratory volume at 1 second, and chest roentgenogram (posterior-anterior, 14 X 17 inches).

C. Additional serum tests: Lactic acid dehydrogenase, lactic acid dehydrogenase isoenzyme, protein determination, and protein electrophoresis.

D. For a more comprehensive examination on repeated abnormal serum tests: Hepatitis B antigen, and liver scanning.

[39 FR 35896, Oct. 4, 1974; 39 FR 41848, Dec. 3, 1974, as amended at 40 FR 13211, Mar. 25, 1975. Redesignated at 40 FR 23072, May 28, 1975 and amended at 43 FR 49751, Oct. 24, 1978; 45 FR 35282, May 23, 1980; 54 FR 24334, June 7, 1989]

1910.1018 Inorganic arsenic.

(a) Scope and application. This section applies to all occupational exposures to inorganic arsenic except that this section does not apply to employee exposures in agriculture or resulting from pesticide application, the treatment of wood with preservatives or the utilization of arsenically preserved wood.

(b) Definitions.

"Action level" means a concentration of inorganic arsenic of 5 micrograms per cubic meter of air (5 ug/m³) averaged over any eight (8) hour period.

"Administrator" means the Administrator of the State of Wyoming Occupational Health and Safety Department, or designee.

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

"Authorized person" means any person specifically authorized by the employer whose duties require the person to enter a regulated area, or any person entering such an area as a designated representative of employees for the purpose of exercising the right to observe monitoring and measuring procedures under paragraph (e) of this section.

"Director" means the Director, National Institute for Occupational Safety and Health, U.S. Department of Health, and Human Services, or designee.

"Inorganic arsenic" means copper aceto- arsenite and all inorganic compounds containing arsenic except arsine, measured as arsenic (As).

"W.O.H.S." means the Wyoming Occupational Health and Safety Department; Cheyenne, Wyoming 82002.

(c) Permissible exposure limit. The employer shall assure that no employee is exposed to inorganic arsenic at concentrations greater than 10 micrograms per cubic meter of air (10 ug/m³), averaged over any 8-hour period.

(d) [Reserved]

(e) Exposure monitoring

(1) General.

(i) Determinations of airborne exposure levels shall be made from air samples that are representative of each employee's exposure to inorganic arsenic over an eight (8) hour period.

(ii) For the purposes of this section, employee exposure is that exposure which would occur if the employee were not using a respirator.

(iii) The employer shall collect full shift (for at least 7 continuous hours) personal samples including at least one sample for each shift for each job classification in each work area.

(2) Initial monitoring. Each employer who has a workplace or work operation covered by this standard shall monitor each such workplace and work operation to accurately determine the airborne concentration of inorganic arsenic to which employees may be exposed.

(3) Frequency.

(i) If the initial monitoring reveals employee exposure to be below the action level the measurements need not be repeated except as otherwise provided in paragraph (e)(4) of this section.

(ii) If the initial monitoring, required by this section, or subsequent monitoring reveals employee exposure to be above the permissible exposure limit, the employer shall repeat monitoring at least quarterly.

(iii) If the initial monitoring, required by this section, or subsequent monitoring reveals employee exposure to be above the action level and below the permissible exposure limit the employer shall repeat monitoring at least every six months.

(iv) The employer shall continue monitoring at the required frequency until at least two consecutive measurements, taken at least seven (7) days apart, are below the action level at which time the employer may discontinue monitoring for that employee until such time as any of the events in paragraph (e)(4) of this section occur.

(4) Additional monitoring. Whenever there has been a production, process, control or personal change which may result in new or additional exposure to inorganic arsenic, or whenever the employer has any other reason to suspect a change which may result in new or additional exposures to inorganic arsenic, additional monitoring which complies with paragraph (e) of this

section shall be conducted.

(5) Employee notification.

(i) The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees.

(ii) Whenever the results indicate that the representative employee exposure exceeds the permissible exposure limit, the employer shall include in the written notice a statement that the permissible exposure limit was exceeded and a description of the corrective action taken to reduce exposure to or below the permissible exposure limit.

(6) Accuracy of measurement.

(i) The employer shall use a method of monitoring and measurement which has an accuracy (with a confidence level of 95 percent) of not less than plus or minus 25 percent for concentrations of inorganic arsenic greater than or equal to 10 ug/m³.

(ii) The employer shall use a method of monitoring and measurement which has an accuracy (with confidence level of 95 percent) of not less than plus or minus 35 percent for concentrations of inorganic arsenic greater than 5 ug/m³ but less than 10 ug/m³.

(f) Regulated area

(1) Establishment. The employer shall establish regulated areas where worker exposures to inorganic arsenic, without regard to the use of respirators, are in excess of the permissible limit.

(2) Demarcation. Regulated areas shall be demarcated and segregated from the rest of the workplace in any manner that minimizes the number of persons who will be exposed to inorganic arsenic.

(3) Access. Access to regulated areas shall be limited to authorized persons or to persons otherwise authorized by the Act or regulations issued pursuant thereto to enter such areas.

(4) Provision of respirators. All persons entering a regulated area shall be supplied with a respirator, selected in accordance with paragraph (h)(2) of this section.

(5) Prohibited activities. The employer shall assure that in regulated areas, food or beverages are not consumed, smoking products, chewing tobacco and gum are not used and cosmetics are not applied, except that these activities may be conducted in the lunchrooms, change rooms and showers required under paragraph (m) of this section. Drinking water may be consumed in the

regulated area.

(g) Methods of compliance

(1) Controls.

(i) The employer shall institute at the earliest possible time but not later than December 31, 1979, engineering and work practice controls to reduce exposures to or below the permissible exposure limit, except to the extent that the employer can establish that such controls are not feasible.

(ii) Where engineering and work practice controls are not sufficient to reduce exposures to or below the permissible exposure limit, they shall nonetheless be used to reduce exposures to the lowest levels achievable by these controls and shall be supplemented by the use of respirators in accordance with paragraph (h) of this section and other necessary personal protective equipment. Employee rotation is not required as a control strategy before respiratory protection is instituted.

(2) Compliance Program.

(i) The employer shall establish and implement a written program to reduce exposures to or below the permissible exposure limit by means of engineering and work practice controls.

(ii) Written plans for these compliance programs shall include at least the following:

(A) A description of each operation in which inorganic arsenic is emitted; e.g. machinery used, material processed, controls in place, crew size, operating procedures and maintenance practices;

(B) Engineering plans and studies used to determine methods selected for controlling exposure to inorganic arsenic;

(C) A report of the technology considered in meeting the permissible exposure limit;

(D) Monitoring data;

(E) A detailed schedule for implementation of the engineering controls and work practices that cannot be implemented immediately and for the adaption and implementation of any additional engineering and work practices necessary to meet the permissible exposure limit;

(F) Whenever the employer will not achieve the permissible exposure limit with engineering controls and work practices by December 31, 1979, the employer shall include in the compliance plan an analysis of the effectiveness of the various controls, shall install engineering controls and institute work practices on the quickest schedule feasible, and shall include in the compliance plan and implement a program to minimize the discomfort and maximize the

effectiveness of respirator use; and

(G) Other relevant information.

(iii) Written plans for such a program shall be submitted upon request to the Assistant Secretary and the Director, and shall be available at the worksite for examination and copying by the Assistant Secretary, Director, any affected employee or authorized employee representatives.

(iv) The plans required by this paragraph must be revised and updated at least annually to reflect the current status of the program.

(h) Respiratory protection

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that comply with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement feasible engineering or work practice controls.

(ii) Work operations such as maintenance and repair activities for which the employer establishes that engineering and work-practice controls are not feasible.

(iii) Work operations for which engineering and work-practice controls are not yet sufficient to reduce employee exposures to or below the permissible exposure limit.

(iv) Emergencies.

(2) Respirator program.

(i) The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

(ii) If an employee exhibits breathing difficulty during fit testing or respirator use, they must be examined by a physician trained in pulmonary medicine to determine whether they can use a respirator while performing the required duty.

(3) Respirator selection.

(i) Employers must:

(A) Select, and provide to employees, the appropriate respirators specified in paragraph

(d)(3)(i)(A) of 29 CFR 1910.134.

(B) Ensure that employees do not use half mask respirators for protection against arsenic trichloride because it is absorbed rapidly through the skin.

(C) Provide HEPA filters for powered and non-powered air-purifying respirators.:

(D) Select for employee use:

(1) Air-purifying respirators that have a combination HEPA filter with an appropriate gas-sorbent cartridge or canister when the employee's exposure exceeds the permissible exposure level for inorganic arsenic and the relevant limit for other gases.

(2) Front-or back-mounted gas masks equipped with HEPA filters and acid gas canisters or any full facepiece supplied-air respirators when the inorganic arsenic concentration is at or below 500 mg/m^3 ; and half mask air-purifying respirators equipped with HEPA filters and acid gas cartridges when the inorganic arsenic concentration is at or below $100 \text{ }\mu\text{g/m}^3$.

(ii) Employees required to use respirators may choose, and the employer must provide, a powered air-purifying respirator if it will provide proper protection. In addition, the employer must provide a combination dust and acid-gas respirator to employees who are exposed to gases over the relevant exposure limits.

(i) [Reserved]

(j) Protective work clothing and equipment

(1) Provision and use. Where the possibility of skin or eye irritation from inorganic arsenic exists, and for all workers working in regulated areas, the employer shall provide at no cost to the employee and assure that employees use appropriate and clean protective work clothing and equipment such as, but not limited to:

(i) Coveralls or similar full-body work clothing;

(ii) Gloves, and shoes or coverlets;

(iii) Face shields or vented goggles when necessary to prevent eye irritation, which comply with the requirements of 1910.133(a) (2) - (6); and (iv) Impervious clothing for employees subject to exposure to arsenic trichloride.

(2) Cleaning and replacement.

(i) The employer shall provide the protective clothing required in paragraph (j) (1) of this

section in a freshly laundered and dry condition at least weekly, and daily if the employee works in areas where exposures are over 100 ug/m³ of inorganic arsenic or in areas where more frequent washing is needed to prevent skin irritation.

(ii) The employer shall clean, launder, or dispose of protective clothing required by paragraph (j) (1) of this section.

(iii) The employer shall repair or replace the protective clothing and equipment as needed to maintain their effectiveness.

(iv) The employer shall assure that all protective clothing is removed at the completion of a work shift only in change rooms prescribed in paragraph (m) (1) of this section.

(v) The employer shall assure that contaminated protective clothing which is to be cleaned, laundered, or disposed of, is placed in a closed container in the change-room which prevents dispersion of inorganic arsenic outside the container.

(vi) The employer shall inform in writing any person who cleans or launders clothing required by this section, of the potentially harmful effects including the carcinogenic effects of exposure to inorganic arsenic.

(vii) The employer shall assure that the containers of contaminated protective clothing and equipment in the workplace or which are to be removed from the workplace are labelled as follows:

CAUTION: Clothing contaminated with inorganic arsenic; do not remove dust by blowing or shaking. Dispose of inorganic arsenic contaminated wash water in accordance with applicable local, State or Federal regulations.

(viii) The employer shall prohibit the removal of inorganic arsenic from protective clothing or equipment by blowing or shaking.

(k) Housekeeping

(1) Surfaces. All surfaces shall be maintained as free as practicable of accumulations of inorganic arsenic.

(2) Cleaning floors. Floors and other accessible surfaces contaminated with inorganic arsenic may not be cleaned by the use of compressed air, and shoveling and brushing may be used only where vacuuming or other relevant methods have been tried and found not to be effective.

(3) Vacuuming. Where vacuuming methods are selected, the vacuums shall be used and emptied in a manner to minimize the reentry of inorganic arsenic into the workplace.

(4) Housekeeping plan. A written housekeeping and maintenance plan shall be kept which shall list appropriate frequencies for carrying out housekeeping operations, and for cleaning and maintaining dust collection equipment. The plan shall be available for inspection by the Assistant Secretary.

(5) Maintenance of equipment. Periodic cleaning of dust collection and ventilation equipment and checks of their effectiveness shall be carried out to maintain the effectiveness of the system and a notation kept of the last check of effectiveness and cleaning or maintenance.

(l) [Reserved]

(m) Hygiene facilities and practices

(1) Change rooms. The employer shall provide for employees working in regulated areas or subject to the possibility of skin or eye irritation from inorganic arsenic, clean change rooms equipped with storage facilities for street clothes and separate storage facilities for protective clothing and equipment in accordance with 29 CFR 1910.141(e).

(2) Showers.

(i) The employer shall assure that employees working in regulated areas or subject to the possibility of skin or eye irritation from inorganic arsenic shower at the end of the work shift.

(ii) The employer shall provide shower facilities in accordance with 1910.141(d)(3).

(3) Lunchrooms.

(i) The employer shall provide for employees working in regulated areas, lunchroom facilities which have a temperature controlled, positive pressure, filtered air supply, and which are readily accessible to employees working in regulated areas.

(ii) The employer shall assure that employees working in the regulated area or subject to the possibility of skin or eye irritation from exposure to inorganic arsenic wash their hands and face prior to eating.

(4) Lavatories. The employer shall provide lavatory facilities which comply with 1910.141(d)(1) and (2).

(5) Vacuuming clothes. The employer shall provide facilities for employees working in areas where exposure, without regard to the use of respirators, exceeds 100 ug/m³ to vacuum their protective clothing and clean or change shoes worn in such areas before entering change rooms, lunchrooms or shower rooms required by paragraph (j) of this section and shall assure that such employees use such facilities.

(6) Avoidance of skin irritation. The employer shall assure that no employee is exposed to

skin or eye contact with arsenic trichloride, or to skin or eye contact with liquid or particulate inorganic arsenic which is likely to cause skin or eye irritation.

(n) Medical surveillance

(1) General

(i) Employees covered. The employer shall institute a medical surveillance program for the following employees:

(A) All employees who are or will be exposed above the action level, without regard to the use of respirators, at least 30 days per year; and

(B) All employees who have been exposed above the action level, without regard to respirator use, for 30 days or more per year for a total of 10 years or more of combined employment with the employer or predecessor employers prior to or after the effective date of this standard. The determination of exposures prior to the effective date of this standard shall be based upon prior exposure records, comparison with the first measurements taken after the effective date of this standard, or comparison with records of exposures in areas with similar processes, extent of engineering controls utilized and materials used by that employer.

(ii) Examination by physician. The employer shall assure that all medical examinations and procedures are performed by or under the supervision of a licensed physician, and shall be provided without cost to the employee, without loss of pay and at a reasonable time and place.

(2) Initial examinations. By December 1, 1978, for employees initially covered by the medical provisions of this section, or thereafter at the time of initial assignment to an area where the employee is likely to be exposed over the action level at least 30 days per year, the employer shall provide each affected employee an opportunity for a medical examination, including at least the following elements:

(i) A work history and a medical history which shall include a smoking history and the presence and degree of respiratory symptoms such as breathlessness, cough, sputum production and wheezing.

(ii) A medical examination which shall include at least the following:

(A) A standard posterior-anterior chest x-ray;

(B) A nasal and skin examination; and

(C) Other examinations which the physician believes appropriate because of the employees exposure to inorganic arsenic or because of required respirator use.

(3) Periodic examinations.

(i) Examinations must be provided in accordance with this paragraph at least annually.

(ii) Whenever a covered employee has not taken the examinations specified in paragraphs (n)(2)(i) and (n)(2)(ii) of this section within six (6) months preceding the termination of employment, the employer shall provide such examinations to the employee upon termination of employment.

(4) Additional examinations. If the employee for any reason develops signs or symptoms commonly associated with exposure to inorganic arsenic the employer shall provide an appropriate examination and emergency medical treatment.

(5) Information provided to the physician. The employer shall provide the following information to the examining physician:

(i) A copy of this standard and its appendices;

(ii) A description of the affected employee's duties as they relate to the employee's exposure;

(iii) The employee's representative exposure level or anticipated exposure level;

(iv) A description of any personal protective equipment used or to be used; and

(v) Information from previous medical examinations of the affected employee which is not readily available to the examining physician.

(6) Physician's written opinion.

(i) The employer shall obtain a written opinion from the examining physician which shall include:

(A) The results of the medical examination and tests performed;

(B) The physician's opinion as to whether the employee has any detected medical conditions which would place the employee at increased risk of material impairment of the employee's health from exposure to inorganic arsenic;

(C) Any recommended limitations upon the employee's exposure to inorganic arsenic or upon the use of protective clothing or equipment such as respirators; and

(D) A statement that the employee has been informed by the physician of the results of

the medical examination and any medical conditions which require further explanation or treatment.

(ii) The employer shall instruct the physician not to reveal in the written opinion specific findings or diagnoses unrelated to occupational exposure.

(iii) The employer shall provide a copy of the written opinion to the affected employee.

(o) Employee information and training

(1) Training program.

(i) The employer shall train each employee who is subject to exposure to inorganic arsenic above the action level without regard to respirator use, or for whom there is the possibility of skin or eye irritation from inorganic arsenic, in accordance with the requirements of this section. The employer shall institute a training program and ensure employee participation in the program.

(ii) The training program shall be provided by October 1, 1978, for employees covered by this provision, at the time of initial assignment for those subsequently covered by this provision and at least annually for other covered employees thereafter; and the employer shall assure that each employee is informed of the following:

(A) The information contained in Appendix A;

(B) The quantity, location, manner of use, storage, sources of exposure, and the specific nature of operations which could result in exposure to inorganic arsenic as well as any necessary protective s;

(C) The purpose, proper use, and limitation of respirators;

(D) The purpose and a description of the medical surveillance program as required by paragraph (n) of this section;

(E) The engineering controls and work practices associated with the employee's job assignment; and

(F) A review of this standard.

(2) Access to training materials.

(i) The employer shall make readily available to all affected employees a copy of this standard and its appendices.

(ii) The employer shall provide; upon request, all materials relating to the employee information and training program to the Assistant Secretary and the Director.

(p) Signs and labels

(1) General.

(i) The employer may use labels or signs required by other statutes, regulations, or ordinances in addition to, or in combination with, signs and labels required by this paragraph.

(ii) The employer shall assure that no statement appears on or near any sign or label required by this paragraph which contradicts or detracts from the meaning of the required sign or label.

(2) Signs.

(i) The employer shall post signs demarcating regulated areas bearing the legend;

DANGER

INORGANIC ARSENIC

CANCER HAZARD

AUTHORIZED PERSONNEL ONLY

NO SMOKING OR EATING

RESPIRATOR REQUIRED

(ii) The employer shall assure that signs required by this paragraph are illuminated and cleaned as necessary so that the legend is readily visible.

(3) Labels. The employer shall apply precautionary labels to all shipping and storage containers of inorganic arsenic, and to all products containing inorganic arsenic except when the inorganic arsenic in the product is bound in such a manner so as to make unlikely the possibility of airborne exposure to inorganic arsenic. (Possible examples of products not requiring labels are semiconductors, light emitting diodes and glass). The label shall bear the following legend:

DANGER

CONTAINS INORGANIC ARSENIC

CANCER HAZARD

HARMFUL IF INHALED OR SWALLOWED

USE ONLY WITH ADEQUATE VENTILATION OR RESPIRATORY PROTECTION

(q) Recordkeeping

(1) Exposure monitoring.

(i) The employer shall establish and maintain an accurate record of all monitoring required by paragraph (e) of this section.

(ii) This record shall include:

(A) The date(s), number, duration location, and results of each of the samples taken, including a description of the sampling procedure used to determine representative employee exposure where applicable;

(B) A description of the sampling and analytical methods used and evidence of their accuracy;

(C) The type of respiratory protective devices worn, if any;

(D) Name, social security number, and job classification of the employees monitored and of all other employees whose exposure the measurement is intended to represent; and

(E) The environmental variables that could affect the measurement of the employee's exposure.

(iii) The employer shall maintain these monitoring records for at least 40 years or for the duration of employment plus 20 years, whichever, is longer.

(2) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee subject to medical surveillance as required by paragraph (n) of this section.

(ii) This record shall include:

(A) The name, social security number, and description of duties of the employee;

(B) A copy of the physician's written opinions;

(C) Results of any exposure monitoring done for that employee and the representative exposure levels supplied to the physician; and

(D) Any employee medical complaints related to exposure to inorganic arsenic.

(iii) The employer shall in addition keep, or assure that the examining physician keeps, the following medical records;

(A) A copy of the medical examination results including medical and work history required under paragraph (n) of this section;

(B) A description of the laboratory procedures and a copy of any standards or guidelines used to interpret the test results or references to that information;

(C) The initial X-ray;

(D) The X-rays for the most recent 5 years; and

(E) Any X-rays with a demonstrated abnormality and all subsequent X-rays;

(iv) The employer shall maintain or assure that the physician maintains those medical records for at least 40 years, or for the duration of employment plus 20 years whichever is longer.

(3) Availability.

(i) The employer shall make available upon request all records required to be maintained by paragraph (q) of this section to the Assistant Secretary and the Director for examination and copying.

(ii) Records required by this paragraph shall be provided upon request to employees, designated representatives, and the Assistant Secretary in accordance with 29 CFR 1910.20 (a) - (e) and (g) - (i).

(4) Transfer of records.

(i) Whenever the employer ceases to do business, the successor employer shall receive and retain all records required to be maintained by this section.

(ii) Whenever the employer ceases to do business and there is no successor employer to receive and retain the records required to be maintained by this section for the prescribed period, these records shall be transmitted to the Director.

(iii) At the expiration of the retention period for the records required to be maintained by this section, the employer shall notify the Director at least 3 months prior to the disposal of such

records and shall transmit those records to the Director if he requests them within that period.

(iv) The employer shall also comply with any additional requirements involving the transfer of records set in 29 CFR 1910.20(h).

(r) Observation of monitoring

(1) Employee observation. The employer shall provide affected employees or their designated representatives an opportunity to observe any monitoring of employee exposure to inorganic arsenic conducted pursuant to paragraph (e) of this section.

(2) Observation procedures.

(i) Whenever observation of the monitoring of employee exposure to inorganic arsenic requires entry into an area where the use of respirators, protective clothing, or equipment is required, the employer shall provide the observer with and assure the use of such respirators, clothing, and such equipment, and shall require the observer to comply with all other applicable safety and health procedures.

(ii) Without interfering with the monitoring, observers shall be entitled to;

(A) Receive an explanation of the measurement procedures;

(B) Observe all s related to the monitoring of inorganic arsenic performed at the place of exposure; and

(C) Record the results obtained or receive copies of the results when returned by the laboratory.

(s) Appendices. The information contained in the appendices to this section is not intended by itself, to create any additional obligations not otherwise imposed by this standard nor detract from any existing obligation.

1910.1018 App A Inorganic arsenic substance information sheet

APPENDIX A to 1910.1018 - INORGANIC ARSENIC SUBSTANCE INFORMATION SHEET

I. SUBSTANCE IDENTIFICATION

A. Substance. Inorganic Arsenic.

B. Definition. Copper acetoarsenite, arsenic and all inorganic compounds containing arsenic except arsine, measured as arsenic (As).

C. Permissible Exposure Limit. 10 micrograms per cubic meter of air as determined as an average over an 8-hour period. No employee may be exposed to any skin or eye contact with arsenic trichloride or to skin or eye contact likely to cause skin or eye irritation.

D. Regulated Areas. Only employees authorized by your employer should enter a regulated area.

II. HEALTH HAZARD DATA

A. Comments. The health hazard of inorganic arsenic is high.

B. Ways in which the chemical affects your body. Exposure to airborne concentrations of inorganic arsenic may cause lung cancer, and can be a skin irritant. Inorganic arsenic may also affect your body if swallowed. One compound in particular, arsenic trichloride, is especially dangerous because it can be absorbed readily through the skin. Because inorganic arsenic is a poison, you should wash your hands thoroughly prior to eating or smoking.

III. PROTECTIVE CLOTHING AND EQUIPMENT

A. Respirators. Respirators will be provided by your employer at no cost to you for routine use if your employer is in the process of implementing engineering and work practice controls or where engineering and work practice controls are not feasible or insufficient. You must wear respirators for non-routine activities or in emergency situations where you are likely to be exposed to levels of inorganic arsenic in excess of the permissible exposure limit. Since how well your respirator fits your face is very important, your employer is required to conduct fit tests to make sure the respirator seals properly when you wear it. These tests are simple and rapid and will be explained to you during training sessions.

B. Protective clothing. If you work in a regulated area, your employer is required to provide at no cost to you, and you must wear, appropriate, clean, protective clothing and equipment. The purpose of this equipment is to prevent you from bringing to your home arsenic-contaminated dust and to protect your body from repeated skin contact with inorganic arsenic likely to cause skin irritation. This clothing should include such items as coveralls or similar full-body clothing, gloves, shoes or coverlets, and aprons. Protective equipment should include face shields or vented goggles, where eye irritation may occur.

IV. HYGIENE FACILITIES AND PRACTICES

You must not eat, drink, smoke, chew gum or tobacco, or apply cosmetics in the regulated area, except that drinking water is permitted. If you work in a regulated area your employer is required to provide lunchrooms and other areas for these purposes.

If you work in a regulated area, your employer is required to provide showers, washing facilities, and change rooms. You must wash your face, and hands before eating and must shower at the end of the work shift. Do not take used protective clothing out of change rooms without your employer's permission. Your employer is required to provide for laundering or cleaning of your protective clothing.

V. SIGNS AND LABELS

Your employer is required to post warning signs and labels for your protection. Signs must be posted in regulated areas. The signs must warn that a cancer hazard is present, that only authorized employees may enter the area, and that no smoking or eating is allowed, and that respirators must be worn.

VI. MEDICAL EXAMINATIONS

If your exposure to arsenic is over the Action Level (5 ug/m³) - (including all persons working in regulated areas) at least 30 days per year, or you have been exposed to arsenic for more than 10 years over the Action Level, your employer is required to provide you with a medical examination. The examination shall be every 6 months for employees over 45 years old or with more than 10 years exposure over the Action Level and annually for other covered employees. The medical examination must include a medical history; a chest x-ray; skin examination; and a nasal examination. The examining physician will provide a written opinion to your employer containing the results of the medical exams. You should also receive a copy of this opinion. The physician must not tell your employer any conditions he detects unrelated to occupational exposure to arsenic but must tell you those conditions.

VII. OBSERVATION OF MONITORING

Your employer is required to monitor your exposure to arsenic and you or your representatives are entitled to observe the monitoring procedure. You are entitled to receive an explanation of the measurement procedure, and to record the results obtained. When the monitoring procedure is taking place in an area where respirators or personal protective clothing and equipment are required to be worn, you must also be provided with and must wear the protective clothing and equipment.

VIII. ACCESS TO RECORDS

You or your representative are entitled to records of your exposure to inorganic arsenic and your medical examination records if you request your employer to provide them.

IX. TRAINING AND NOTIFICATION

Additional information on all of these items plus training as to hazards of exposure to inorganic arsenic and the engineering and work practice controls associated with your job will also be provided by your employer. If you are exposed over the permissible exposure limit, your employer must inform you of that fact and the actions he is taking to reduce your exposures.

1910.1018 App B Substance technical guidelines

APPENDIX B to 1910.1018 - SUBSTANCE TECHNICAL GUIDELINES

ARSENIC, ARSENIC TRIOXIDE, ARSENIC TRICHLORIDE (THREE EXAMPLES)

I. Physical and chemical properties

A. Arsenic (metal).

1. Formula: As.
2. Appearance: Gray metal.
3. Melting point: Sublimes without melting at 613C.
4. Specific Gravity: (H₂O=1):5.73.
5. Solubility in water: Insoluble.

B. Arsenic Trioxide.

1. Formula: As₂O₃, (As₄O₆).
2. Appearance: White powder.
3. Melting point: 315C.
4. Specific Gravity (H₂O=1):3.74.
5. Solubility in water: 3.7 grams in 100cc of water at 20c.

C. Arsenic Trichloride (liquid).

1. Formula: AsCl₃.
2. Appearance: Colorless or pale yellow liquid.

3. Melting point: 8.5C.
4. Boiling point: 130.2C.
5. Specific Gravity (H₂O=1):2.16 at 20C.
6. Vapor Pressure: 10mm Hg at 23.5C.
7. Solubility in Water: Decomposes in water.

II. Fire, explosion and reactivity data.

A. Fire: Arsenic, arsenic Trioxide and Arsenic Trichloride are nonflammable.

B. Reactivity:

1. Conditions Contributing to instability: Heat.

2. Incompatibility: Hydrogen gas can react with inorganic arsenic to form the highly toxic gas arsine.

III. Monitoring and Measurement Procedures

Samples collected should be full shift (at least 7-hour) samples. Sampling should be done using a personal sampling pump at a flow rate of 2 liters per minute. Samples should be collected on 0.8 micrometer pore size membrane filter (37mm diameter). Volatile arsenicals such as arsenic trichloride can be most easily collected in a midget bubbler filled with 15 ml. of 0.1 N NaOH.

The method of sampling and analysis should have an accuracy of not less than + or - 25 percent (with a confidence limit of 95 percent) for 10 micrograms per cubic meter of air (10 ug/m³) and + or - 35 percent (with a confidence limit of 95 percent) for concentrations of inorganic arsenic between 5 and 10 ug/m³.

1910.1018 App C Medical surveillance guidelines

APPENDIX C to 1910.1018 - MEDICAL SURVEILLANCE GUIDELINES

I. GENERAL

Medical examinations are to be provided for all employees exposed to levels of inorganic arsenic above the action level (5 ug/m³) for at least 30 days per year (which would include among others, all employees, who work in regulated areas). Examinations are also to be provided

to all employees who have had 10 years or more exposure above the action level for more than 30 days per year while working for the present or predecessor employer though they may no longer be exposed above the level.

An initial medical examination is to be provided to all such employees by December 1, 1978. In addition, an initial medical examination is to be provided to all employees who are first assigned to areas in which worker exposure will probably exceed 5 ug/m³ (after the effective date of this standard) at the time of initial assignment. In addition to its immediate diagnostic usefulness, the initial examination will provide a baseline for comparing future test results. The initial examination must include as a minimum the following elements:

(1) A work and medical history, including a smoking history, and presence and degree of respiratory symptoms such as breathlessness, cough, sputum production, and wheezing;

(2) A 14" by 17" posterior-anterior chest X-ray

(3) A nasal and skin examination; and

(4) Other examinations which the physician believes appropriate because of the employee's exposure to inorganic arsenic or because of required respirator use.

Periodic examinations are also to be provided to the employees listed above. The periodic examinations shall be given annually for those covered employees 45 years of age or less with fewer than 10 years employment in areas where employee exposure exceeds the action level (5 ug/m³). Periodic examinations need not include sputum cytology and only an updated medical history is required.

Periodic examinations for other covered employees, shall be provided every six (6) months. These examinations shall include all tests required in the initial examination, except that the medical history need only be updated.

The examination contents are minimum requirements. Additional tests such as lateral and oblique X-rays or pulmonary function tests may be useful. For workers exposed to three arsenicals which are associated with lymphatic cancer, copper acetoarsenite, potassium arsenite, or sodium arsenite the examination should also include palpation of superficial lymph nodes and complete blood count.

II. NONCARCINOGENIC EFFECTS

The OSHA standard is based on minimizing risk of exposed workers dying of lung cancer from exposure to inorganic arsenic. It will also minimize skin cancer from such exposures.

The following three sections quoted from "Occupational Diseases: A Guide to Their Recognition", Revised Edition, June 1977, National Institute for Occupational Safety and Health is included to provide information on the nonneoplastic effects of exposure to inorganic arsenic.

Such effects should not occur if the OSHA standards are followed.

A. Local - Trivalent arsenic compounds are corrosive to the skin. Brief contact has no effect but prolonged contact results in a local hyperemia and later vesicular or pustular eruption. The moist mucous membranes are most sensitive to the irritant action. Conjunctiva, moist and macerated areas of skin, the eyelids, the angles of the ears, nose, mouth, and respiratory mucosa are also vulnerable to the irritant effects. The wrists are common sites of dermatitis, as are the genitalia if personal hygiene is poor. Perforations of the nasal septum may occur. Arsenic trioxide and pentoxide are capable of producing skin sensitization and contact dermatitis. Arsenic is also capable of producing keratoses, especially of the palms and soles.

B. Systemic - The acute toxic effects of arsenic are generally seen following ingestion of inorganic arsenical compounds. This rarely occurs in an industrial setting. Symptoms develop within 1/2 to 4 hours following ingestion and are usually characterized by constriction of the throat followed by dysphagia, epigastric pain, vomiting, and watery diarrhea. Blood may appear in vomitus and stools. If the amount ingested is sufficiently high, shock may develop due to severe fluid loss, and death may ensue in 24 hours. If the acute effects are survived, exfoliative dermatitis and peripheral neuritis may develop.

Cases of acute arsenical poisoning due to inhalation are exceedingly rare in industry. When it does occur, respiratory tract symptoms-cough, chest pain, dyspnea-giddiness, headache, and extreme general weakness precede gastrointestinal symptoms. The acute toxic symptoms of trivalent arsenical poisoning are due to severe inflammation of the mucous membranes and greatly increased permeability of the blood capillaries.

Chronic arsenical poisoning due to ingestion is rare and generally confined to patients taking prescribed medications. However, it can be a concomitant of inhaled inorganic arsenic from swallowed sputum and improper eating habits. Symptoms are weight loss, nausea and diarrhea alternating with constipation, pigmentation and eruption of the skin, loss of hair, and peripheral neuritis. Chronic hepatitis and cirrhosis have been described. Polyneuritis may be the salient feature, but more frequently there are numbness and parasthenias of "glove and stocking" distribution. The skin lesions are usually melanotic and keratotic and may occasionally take the form of an intradermal cancer of the squamous cell type, but without infiltrative properties. Horizontal white lines (striations) on the fingernails and toenails are commonly seen in chronic arsenical poisoning and are considered to be a diagnostic accompaniment of arsenical polyneuritis.

Inhalation of inorganic arsenic compounds is the most common cause of chronic poisoning in the industrial situation. This condition is divided into three phases based on signs and symptoms.

First Phase: The worker complains of weakness, loss of appetite, some nausea, occasional vomiting, a sense of heaviness in the stomach, and some diarrhea.

Second Phase: The worker complains of conjunctivitis, a catarrhal state of the mucous

membranes of the nose, larynx, and respiratory passage. Coryza, hoarseness, and mild tracheobronchitis may occur. Perforation of the nasal septum is common, and is probably the most typical lesion of the upper respiratory tract in occupational exposure to arsenical dust. Skin lesions, eczematoid and allergic in type, are common.

Third Phase: The worker complains of symptoms of peripheral neuritis, initially of hands and feet, which is essentially sensory. In more severe cases, motor paralyses occur; the first muscles affected are usually the toe extensors and the peronei. In only the most severe cases will paralysis of flexor muscles of the feet or of the extensor muscles of hands occur.

Liver damage from chronic arsenical poisoning is still debated, and as yet the question is unanswered. In cases of chronic and acute arsenical poisoning, toxic effects to the myocardium have been reported based on EKG changes. These findings, however, are now largely discounted and the EKG changes are ascribed to electrolyte disturbances concomitant with arsenicalism. Inhalation of arsenic trioxide and other inorganic arsenical dusts does not give rise to radiological evidence or pneumoconiosis. Arsenic does have a depressant effect upon the bone marrow, with disturbances of both erythropoiesis and myelopoiesis.

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1910.1020 Access to employee exposure and medical records.

(a) *Purpose.* The purpose of this section is to provide employees and their designated representatives a right of access to relevant exposure and medical records; and to provide representatives of the Assistant Secretary a right of access to these records in order to fulfill responsibilities under the Occupational Safety and Health Act. Access by employees, their representatives, and the Assistant Secretary is necessary to yield both direct and indirect improvements in the detection, treatment, and prevention of occupational disease. Each employer is responsible for assuring compliance with this section, but the activities involved in complying with the access to medical records provisions can be carried out, on behalf of the employer, by the physician or other health care personnel in charge of employee medical records. Except as expressly provided, nothing in this section is intended to affect existing legal and ethical obligations concerning the maintenance and confidentiality of employee medical information, the duty to disclose information to a patient/employee or any other aspect of the medical-care relationship, or affect existing legal obligations concerning the protection of trade secret information.

(b) *Scope and application.*

(1) This section applies to each general industry, maritime, and construction employer who makes, maintains, contracts for, or has access to employee exposure or medical records, or analyses thereof, pertaining to employees exposed to toxic substances or harmful physical agents.

(2) This section applies to all employee exposure and medical records, and analyses thereof, of such employees, whether or not the records are mandated by specific occupational safety and health standards.

(3) This section applies to all employee exposure and medical records, and analyses thereof, made or maintained in any manner, including on an in-house or contractual (e.g., fee-for-service) basis. Each employer shall assure that the preservation and access requirements of this section are complied with regardless of the manner in which the records are made or maintained.

(c) *Definitions.*

(1) *Access* means the right and opportunity to examine and copy.

(2) *Analysis using exposure or medical records* means any compilation of data or any statistical study based at least in part on information collected from individual employee exposure or medical records or information collected from health insurance claims records, provided that either the analysis has been reported to the employer or no further work is currently being done by the person responsible for preparing the analysis.

(3) *Designated representative* means any individual or organization to whom an employee gives written authorization to exercise a right of access. For the purposes of access to employee exposure records and analyses using exposure or medical records, a recognized or

certified collective bargaining agent shall be treated automatically as a designated representative without regard to written employee authorization.

(4) *Employee* means a current employee, a former employee, or an employee being assigned or transferred to work where there will be exposure to toxic substances or harmful physical agents. In the case of a deceased or legally incapacitated employee, the employee's legal representative may directly exercise all the employee's rights under this section.

(5) *Employee exposure record* means a record containing any of the following kinds of information:

(i) Environmental (workplace) monitoring or measuring of a toxic substance or harmful physical agent, including personal, area, grab, wipe, or other form of sampling, as well as related collection and analytical methodologies, calculations, and other background data relevant to interpretation of the results obtained;

(ii) Biological monitoring results which directly assess the absorption of a toxic substance or harmful physical agent by body systems (e.g., the level of a chemical in the blood, urine, breath, hair, fingernails, etc) but not including results which assess the biological effect of a substance or agent or which assess an employee's use of alcohol or drugs;

(iii) Material safety data sheets indicating that the material may pose a hazard to human health; or

(iv) In the absence of the above, a chemical inventory or any other record which reveals where and when used and the identity (e.g., chemical, common, or trade name) of a toxic substance or harmful physical agent.

(6)

(i) *Employee medical record* means a record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel or technician, including:

(A) Medical and employment questionnaires or histories (including job description and occupational exposures),

(B) The results of medical examinations (pre-employment, pre-assignment, periodic, or episodic) and laboratory tests (including chest and other X-ray examinations taken for the purposes of establishing a base-line or detecting occupational illness, and all biological monitoring not defined as an "employee exposure record"),

(C) Medical opinions, diagnoses, progress notes, and recommendations,

(D) First aid records,

(E) Descriptions of treatments and prescriptions, and

(F) Employee medical complaints.

(ii) “Employee medical record” does not include medical information in the form of:

(A) Physical specimens (e.g., blood or urine samples) which are routinely discarded as a part of normal medical practice; or

(B) Records concerning health insurance claims if maintained separately from the employer's medical program and its records, and not accessible to the employer by employee name or other direct personal identifier (e.g., social security number, payroll number, etc.); or

(C) Records created solely in preparation for litigation which are privileged from discovery under the applicable rules of procedure or evidence; or

(D) Records concerning voluntary employee assistance programs (alcohol, drug abuse, or personal counseling programs) if maintained separately from the employer's medical program and its records.

(7) *Employer* means a current employer, a former employer, or a successor employer.

(8) *Exposure* or *exposed* means that an employee is subjected to a toxic substance or harmful physical agent in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.), and includes past exposure and potential (e.g., accidental or possible) exposure, but does not include situations where the employer can demonstrate that the toxic substance or harmful physical agent is not used, handled, stored, generated, or present in the workplace in any manner different from typical non-occupational situations.

(9) *Health Professional* means a physician, occupational health nurse, industrial hygienist, toxicologist, or epidemiologist, providing medical or other occupational health services to exposed employees.

(10) *Record* means any item, collection, or grouping of information regardless of the form or process by which it is maintained (e.g., paper document, microfiche, microfilm, X-ray film, or automated data processing).

(11) *Specific chemical identity* means the chemical name, Chemical Abstracts Service (CAS) Registry Number, or any other information that reveals the precise chemical designation of the substance.

(12)

(i) *Specific written consent* means a written authorization containing the following:

(A) The name and signature of the employee authorizing the release of medical information,

(B) The date of the written authorization,

(C) The name of the individual or organization that is authorized to release the medical information,

(D) The name of the designated representative (individual or organization) that is authorized to receive the released information,

(E) A general description of the medical information that is authorized to be released,

(F) A general description of the purpose for the release of the medical information, and

(G) A date or condition upon which the written authorization will expire (if less than one year).

(ii) A written authorization does not operate to authorize the release of medical information not in existence on the date of written authorization, unless the release of future information is expressly authorized, and does not operate for more than one year from the date of written authorization.

(iii) A written authorization may be revoked in writing prospectively at any time.

(13) *Toxic substance or harmful physical agent* means any chemical substance, biological agent (bacteria, virus, fungus, etc.), or physical stress (noise, heat, cold, vibration, repetitive motion, ionizing and non-ionizing radiation, hypo-or hyperbaric pressure, etc.) which:

(i) Is listed in the latest printed edition of the National Institute for Occupational Safety and Health (NIOSH) Registry of Toxic Effects of Chemical Substances (RTECS), which is incorporated by reference as specified in §1910.6; or

(ii) Has yielded positive evidence of an acute or chronic health hazard in testing conducted by, or known to, the employer; or

(iii) Is the subject of a material safety data sheet kept by or known to the employer indicating that the material may pose a hazard to human health.

(14) *Trade secret* means any confidential formula, pattern, process, device, or information or compilation of information that is used in an employer's business and that gives the employer an opportunity to obtain an advantage over competitors who do not know or use it.

(d) *Preservation of records.*

(1) Unless a specific occupational safety and health standard provides a different period of time, each employer shall assure the preservation and retention of records as follows:

(i) *Employee medical records.* The medical record for each employee shall be preserved and maintained for at least the duration of employment plus thirty (30) years, except that the following types of records need not be retained for any specified period:

(A) Health insurance claims records maintained separately from the employer's medical program and its records,

(B) First aid records (not including medical histories) of one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and the like which do not involve medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job, if made on-site by a non-physician and if maintained separately from the employer's medical program and its records, and

(C) The medical records of employees who have worked for less than (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.

(ii) *Employee exposure records.* Each employee exposure record shall be preserved and maintained for at least thirty (30) years, except that:

(A) Background data to environmental (workplace) monitoring or measuring, such as laboratory reports and worksheets, need only be retained for one (1) year as long as the sampling results, the collection methodology (sampling plan), a description of the analytical and mathematical methods used, and a summary of other background data relevant to interpretation of the results obtained, are retained for at least thirty (30) years; and

(B) Material safety data sheets and paragraph (c)(5)(iv) records concerning the identity of a substance or agent need not be retained for any specified period as long as some record of the identity (chemical name if known) of the substance or agent, where it was used, and when it was used is retained for at least thirty (30) years;¹ and

¹ Material safety data sheets must be kept for those chemicals currently in use that are effected by the Hazard Communication Standard in accordance with 29 CFR 1910.1200(g).

(C) Biological monitoring results designated as exposure records by specific occupational safety and health standards shall be preserved and maintained as required by the specific standard.

(iii) *Analyses using exposure or medical records.* Each analysis using exposure or medical records shall be preserved and maintained for at least thirty (30) years.

(2) Nothing in this section is intended to mandate the form, manner, or process by which an employer preserves a record as long as the information contained in the record is preserved and retrievable, except that chest X-ray films shall be preserved in their original state.

(e) *Access to records* —

(1) *General.*

(i) Whenever an employee or designated representative requests access to a record, the employer shall assure that access is provided in a reasonable time, place, and manner. If the employer cannot reasonably provide access to the record within fifteen (15) working days, the employer shall within the fifteen (15) working days apprise the employee or designated representative requesting the record of the reason for the delay and the earliest date when the record can be made available.

(ii) The employer may require of the requester only such information as should be readily known to the requester and which may be necessary to locate or identify the records being requested (e.g. dates and locations where the employee worked during the time period in question).

(iii) Whenever an employee or designated representative requests a copy of a record, the employer shall assure that either:

(A) A copy of the record is provided without cost to the employee or representative,

(B) The necessary mechanical copying facilities (e.g., photocopying) are made available without cost to the employee or representative for copying the record, or

(C) The record is loaned to the employee or representative for a reasonable time to enable a copy to be made.

(iv) In the case of an original X-ray, the employer may restrict access to on-site examination or make other suitable arrangements for the temporary loan of the X-ray.

(v) Whenever a record has been previously provided without cost to an employee or designated representative, the employer may charge reasonable, non-discriminatory administrative costs (i.e., search and copying expenses but not including overhead expenses) for a request by the employee or designated representative for additional copies of the record, except that

(A) An employer shall not charge for an initial request for a copy of new information that has been added to a record which was previously provided; and

(B) An employer shall not charge for an initial request by a recognized or certified collective bargaining agent for a copy of an employee exposure record or an analysis using exposure or medical records.

(vi) Nothing in this section is intended to preclude employees and collective bargaining agents from collectively bargaining to obtain access to information in addition to that available under this section.

(2) *Employee and designated representative access* —

(i) *Employee exposure records.*

(A) Except as limited by paragraph (f) of this section, each employer shall, upon request, assure the access to each employee and designated representative to employee exposure records relevant to the employee. For the purpose of this section, an exposure record relevant to the employee consists of:

(1) A record which measures or monitors the amount of a toxic substance or harmful physical agent to which the employee is or has been exposed;

(2) In the absence of such directly relevant records, such records of other employees with past or present job duties or working conditions related to or similar to those of the employee to the extent necessary to reasonably indicate the amount and nature of the toxic substances or harmful physical agents to which the employee is or has been subjected, and

(3) Exposure records to the extent necessary to reasonably indicate the amount and nature of the toxic substances or harmful physical agents at workplaces or under working conditions to which the employee is being assigned or transferred.

(B) Requests by designated representatives for unconsented access to employee exposure records shall be in writing and shall specify with reasonable particularity:

(1) The records requested to be disclosed; and

(2) The occupational health need for gaining access to these records.

(ii) *Employee medical records.*

(A) Each employer shall, upon request, assure the access of each employee to employee medical records of which the employee is the subject, except as provided in paragraph (e)(2)(ii)(D) of this section.

(B) Each employer shall, upon request, assure the access of each designated representative to the employee medical records of any employee who has given the designated representative specific written consent. Appendix A to this section contains a sample form which may be used to establish specific written consent for access to employee medical records.

(C) Whenever access to employee medical records is requested, a physician representing the employer may recommend that the employee or designated representative:

(1) Consult with the physician for the purposes of reviewing and discussing the records requested,

(2) Accept a summary of material facts and opinions in lieu of the records requested, or

(3) Accept release of the requested records only to a physician or other designated representative.

(D) Whenever an employee requests access to his or her employee medical records, and a physician representing the employer believes that direct employee access to information contained in the records regarding a specific diagnosis of a terminal illness or a psychiatric condition could be detrimental to the employee's health, the employer may inform the employee that access will only be provided to a designated representative of the employee having specific written consent, and deny the employee's request for direct access to this information only. Where a designated representative with specific written consent requests access to information so withheld, the employer shall assure the access of the designated representative to this information, even when it is known that the designated representative will give the information to the employee.

(E) A physician, nurse, or other responsible health care personnel maintaining medical records may delete from requested medical records the identity of a family member, personal friend, or fellow employee who has provided confidential information concerning an employee's health status.

(iii) *Analyses using exposure or medical records.*

(A) Each employee shall, upon request, assure the access of each employee and designated representative to each analysis using exposure or medical records concerning the employee's working conditions or workplace.

(B) Whenever access is requested to an analysis which reports the contents of employee medical records by either direct identifier (name, address, social security number, payroll number, etc.) or by information which could reasonably be used under the circumstances indirectly to identify specific employees (exact age, height, weight, race, sex, date of initial employment, job title, etc.), the employer shall assure that personal identifiers are removed before access is provided. If the employer can demonstrate that removal of personal identifiers from an analysis is not feasible, access to the personally identifiable portions of the analysis need not be provided.

(3) *OSHA access.*

(i) Each employer shall, upon request, and without derogation of any rights under the Constitution or the Occupational Safety and Health Act of 1970, 29 U.S.C. 651 *et seq.*, that the employer chooses to exercise, assure the prompt access of representatives of the Assistant Secretary of Labor for Occupational Safety and Health to employee exposure and medical records and to analyses using exposure or medical records. Rules of agency practice and procedure governing OSHA access to employee medical records are contained in 29 CFR 1913.10.

(ii) Whenever OSHA seeks access to personally identifiable employee medical information by presenting to the employer a written access order pursuant to 29 CFR 1913.10(d), the employer shall prominently post a copy of the written access order and its accompanying cover letter for at least fifteen (15) working days.

(f) *Trade secrets.*

(1) Except as provided in paragraph (f)(2) of this section, nothing in this section precludes an employer from deleting from records requested by a health professional, employee, or designated representative any trade secret data which discloses manufacturing processes, or discloses the percentage of a chemical substance in mixture, as long as the health professional, employee, or designated representative is notified that information has been deleted. Whenever deletion of trade secret information substantially impairs evaluation of the place where or the time when exposure to a toxic substance or harmful physical agent occurred, the employer shall provide alternative information which is sufficient to permit the requesting party to identify where and when exposure occurred.

(2) The employer may withhold the specific chemical identity, including the chemical name and other specific identification of a toxic substance from a disclosable record provided that:

(i) The claim that the information withheld is a trade secret can be supported;

(ii) All other available information on the properties and effects of the toxic substance is disclosed;

(iii) The employer informs the requesting party that the specific chemical identity is being withheld as a trade secret; and

(iv) The specific chemical identity is made available to health professionals, employees and designated representatives in accordance with the specific applicable provisions of this paragraph.

(3) Where a treating physician or nurse determines that a medical emergency exists and the specific chemical identity of a toxic substance is necessary for emergency or first-aid treatment, the employer shall immediately disclose the specific chemical identity of a trade secret chemical to the treating physician or nurse, regardless of the existence of a written statement of need or a confidentiality agreement. The employer may require a written statement

of need and confidentiality agreement, in accordance with the provisions of paragraphs (f)(4) and (f)(5), as soon as circumstances permit.

(4) In non-emergency situations, an employer shall, upon request, disclose a specific chemical identity, otherwise permitted to be withheld under paragraph (f)(2) of this section, to a health professional, employee, or designated representative if:

(i) The request is in writing;

(ii) The request describes with reasonable detail one or more of the following occupational health needs for the information:

(A) To assess the hazards of the chemicals to which employees will be exposed;

(B) To conduct or assess sampling of the workplace atmosphere to determine employee exposure levels;

(C) To conduct pre-assignment or periodic medical surveillance of exposed employees;

(D) To provide medical treatment to exposed employees;

(E) To select or assess appropriate personal protective equipment for exposed employees;

(F) To design or assess engineering controls or other protective measures for exposed employees; and

(G) To conduct studies to determine the health effects of exposure.

(iii) The request explains in detail why the disclosure of the specific chemical identity is essential and that, in lieu thereof, the disclosure of the following information would not enable the health professional, employee or designated representative to provide the occupational health services described in paragraph (f)(4)(ii) of this section:

(A) The properties and effects of the chemical;

(B) Measures for controlling workers' exposure to the chemical;

(C) Methods of monitoring and analyzing worker exposure to the chemical; and,

(D) Methods of diagnosing and treating harmful exposures to the chemical;

(iv) The request includes a description of the procedures to be used to maintain the confidentiality of the disclosed information; and,

(v) The health professional, employee, or designated representative and the employer or contractor of the services of the health professional or designated representative agree in a written confidentiality agreement that the health professional, employee or designated representative will not use the trade secret information for any purpose other than the health need(s) asserted and agree not to release the information under any circumstances other than to OSHA, as provided in paragraph (f)(7) of this section, except as authorized by the terms of the agreement or by the employer.

(5) The confidentiality agreement authorized by paragraph (f)(4)(iv) of this section:

(i) May restrict the use of the information to the health purposes indicated in the written statement of need;

(ii) May provide for appropriate legal remedies in the event of a breach of the agreement, including stipulation of a reasonable pre-estimate of likely damages; and,

(iii) May not include requirements for the posting of a penalty bond.

(6) Nothing in this section is meant to preclude the parties from pursuing non-contractual remedies to the extent permitted by law.

(7) If the health professional, employee or designated representative receiving the trade secret information decides that there is a need to disclose it to OSHA, the employer who provided the information shall be informed by the health professional prior to, or at the same time as, such disclosure.

(8) If the employer denies a written request for disclosure of a specific chemical identity, the denial must:

(i) Be provided to the health professional, employee or designated representative within thirty days of the request;

(ii) Be in writing;

(iii) Include evidence to support the claim that the specific chemical identity is a trade secret;

(iv) State the specific reasons why the request is being denied; and,

(v) Explain in detail how alternative information may satisfy the specific medical or occupational health need without revealing the specific chemical identity.

(9) The health professional, employee, or designated representative whose request for information is denied under paragraph (f)(4) of this section may refer the request and the written denial of the request to OSHA for consideration.

(10) When a health professional employee, or designated representative refers a denial to OSHA under paragraph (f)(9) of this section, OSHA shall consider the evidence to determine if:

(i) The employer has supported the claim that the specific chemical identity is a trade secret;

(ii) The health professional employee, or designated representative has supported the claim that there is a medical or occupational health need for the information; and

(iii) The health professional, employee or designated representative has demonstrated adequate means to protect the confidentiality.

(11)

(i) If OSHA determines that the specific chemical identity requested under paragraph (f)(4) of this section is not a *bona fide* trade secret, or that it is a trade secret but the requesting health professional, employee or designated representatives has a legitimate medical or occupational health need for the information, has executed a written confidentiality agreement, and has shown adequate means for complying with the terms of such agreement, the employer will be subject to citation by OSHA.

(ii) If an employer demonstrates to OSHA that the execution of a confidentiality agreement would not provide sufficient protection against the potential harm from the unauthorized disclosure of a trade secret specific chemical identity, the Assistant Secretary may issue such orders or impose such additional limitations or conditions upon the disclosure of the requested chemical information as may be appropriate to assure that the occupational health needs are met without an undue risk of harm to the employer.

(12) Notwithstanding the existence of a trade secret claim, an employer shall, upon request, disclose to the Assistant Secretary any information which this section requires the employer to make available. Where there is a trade secret claim, such claim shall be made no later than at the time the information is provided to the Assistant Secretary so that suitable determinations of trade secret status can be made and the necessary protections can be implemented.

(13) Nothing in this paragraph shall be construed as requiring the disclosure under any circumstances of process or percentage of mixture information which is trade secret.

(g) Employee information.

(1) Upon an employee's first entering into employment, and at least annually thereafter, each employer shall inform current employees covered by this section of the following:

(i) The existence, location, and availability of any records covered by this section;

(ii) The person responsible for maintaining and providing access to records; and

(iii) Each employee's rights of access to these records.

(2) Each employer shall keep a copy of this section and its appendices, and make copies readily available, upon request, to employees. The employer shall also distribute to current employees any informational materials concerning this section which are made available to the employer by the Assistant Secretary of Labor for Occupational Safety and Health.

(h) *Transfer of records.*

(1) Whenever an employer is ceasing to do business, the employer shall transfer all records subject to this section to the successor employer. The successor employer shall receive and maintain these records.

(2) Whenever an employer is ceasing to do business and there is no successor employer to receive and maintain the records subject to this standard, the employer shall notify affected current employees of their rights of access to records at least three (3) months prior to the cessation of the employer's business.

(3) Whenever an employer either is ceasing to do business and there is no successor employer to receive and maintain the records, or intends to dispose of any records required to be preserved for at least thirty (30) years, the employer shall:

(i) Transfer the records to the Director of the National Institute for Occupational Safety and Health (NIOSH) if so required by a specific occupational safety and health standard; or

(ii) Notify the Director of NIOSH in writing of the impending disposal of records at least three (3) months prior to the disposal of the records.

(4) Where an employer regularly disposes of records required to be preserved for at least thirty (30) years, the employer may, with at least (3) months notice, notify the Director of NIOSH on an annual basis of the records intended to be disposed of in the coming year.

(i) *Appendices.* The information contained in appendices A and B to this section is not intended, by itself, to create any additional obligations not otherwise imposed by this section nor detract from any existing obligation.

Appendix A to §1910.1020—Sample Authorization Letter for the Release of Employee Medical Record Information to a Designated Representative (Non-Mandatory)

I, _____ (full name of worker/patient), hereby authorize _____ (individual or organization holding the medical records) to release to _____ (individual or organization authorized to receive the medical information), the following medical information from my personal medical records:

(Describe generally the information desired to be released)

I give my permission for this medical information to be used for the following purpose:

but I do not give permission for any other use or re-disclosure of this information.

Note: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe portions of the medical information in your records which you do not intend to be released as a result of this letter.)

Full name of Employee or Legal Representative

Signature of Employee or Legal Representative

Date of Signature

Appendix B to §1910.1020—Availability of NIOSH Registry of Toxic Effects of Chemical Substances (RTECS) (Non-Mandatory)

The final regulation, 29 CFR 1910.20, applies to all employee exposure and medical records, and analyses thereof, of employees exposed to toxic substances or harmful physical agents (paragraph (b)(2)). The term *toxic substance or harmful physical agent* is defined by paragraph (c)(13) to encompass chemical substances, biological agents, and physical stresses for which there is evidence of harmful health effects. The regulation uses the latest printed edition of the National Institute for Occupational Safety and Health (NIOSH) Registry of Toxic Effects of Chemical Substances (RTECS) as one of the chief sources of information as to whether evidence of harmful health effects exists. If a substance is listed in the latest printed RTECS, the regulation applies to exposure and medical records (and analyses of these records) relevant to employees exposed to the substance.

It is appropriate to note that the final regulation does not require that employers purchase a copy of RTECS, and many employers need not consult RTECS to ascertain whether their employee exposure or medical records are subject to the rule. Employers who do not currently have the latest printed edition of the NIOSH RTECS, however, may desire to obtain a copy. The RTECS is issued in an annual printed edition as mandated by section 20(a)(6) of the Occupational Safety and Health Act (29 U.S.C. 669(a)(6)).

The Introduction to the 1980 printed edition describes the RTECS as follows:

“The 1980 edition of the Registry of Toxic Effects of Chemical Substances, formerly known as the Toxic Substances list, is the ninth revision prepared in compliance with the requirements of Section 20(a)(6) of the Occupational Safety and Health Act of 1970 (Public Law 91–596). The original list was completed on June 28, 1971, and has been updated annually in book format. Beginning in October 1977, quarterly revisions have been provided in microfiche. This edition of the Registry contains 168,096 listings of chemical substances: 45,156 are names of different chemicals with their associated toxicity data and 122,940 are synonyms. This edition includes approximately 5,900 new chemical compounds that did not appear in the 1979 Registry. (p. xi)

“The Registry's purposes are many, and it serves a variety of users. It is a single source document for basic toxicity information and for other data, such as chemical identifiers and information necessary for the preparation of safety directives and hazard evaluations for chemical substances. The various types of toxic effects linked to literature citations provide researchers and occupational health scientists with an introduction to the toxicological literature, making their own review of the toxic hazards of a given substance easier. By presenting data on the lowest reported doses that produce effects by several routes of entry in various species, the Registry furnishes valuable information to those responsible for preparing safety data sheets for chemical substances in the workplace. Chemical and production engineers can use the Registry to identify the hazards which may be associated with chemical intermediates in the development of final products, and thus can more readily select substitutes or alternative processes which may be less hazardous. Some organizations, including health agencies and chemical companies, have included the NIOSH Registry accession numbers with the listing of chemicals in their files to reference toxicity information associated with those chemicals. By including foreign language chemical names, a start has been made toward providing rapid identification of substances produced in other countries. (p. xi)

“In this edition of the Registry, the editors intend to identify “all known toxic substances” which may exist in the environment and to provide pertinent data on the toxic effects from known doses entering an organism by any route described. (p. xi)

“It must be reemphasized that the entry of a substance in the Registry does not automatically mean that it must be avoided. A listing does mean, however, that the substance has the documented potential of being harmful if misused, and care must be exercised to prevent tragic consequences. Thus, the Registry lists many substances that are common in everyday life and are in nearly every household in the United States. One can name a variety of such dangerous substances: prescription and non-prescription drugs; food additives; pesticide concentrates,

sprays, and dusts; fungicides; herbicides; paints; glazes, dyes; bleaches and other household cleaning agents; alkalies; and various solvents and diluents. The list is extensive because chemicals have become an integral part of our existence.”

The RTECS printed edition may be purchased from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402 (202-783-3238).

Some employers may desire to subscribe to the quarterly update to the RTECS which is published in a microfiche edition. An annual subscription to the quarterly microfiche may be purchased from the GPO (Order the “Microfiche Edition, Registry of Toxic Effects of Chemical Substances”). Both the printed edition and the microfiche edition of RTECS are available for review at many university and public libraries throughout the country. The latest RTECS editions may also be examined at the OSHA Technical Data Center, Room N2439—Rear, United States Department of Labor, 200 Constitution Avenue, NW., Washington, DC 20210 (202-523-9700), or at any OSHA Regional or Area Office (*See*, major city telephone directories under United States Government-Labor Department).

[53 FR 38163, Sept. 29, 1988; 53 FR 49981, Dec. 13, 1988, as amended at 54 FR 24333, June 7, 1989; 55 FR 26431, June 28, 1990; 61 FR 9235, Mar. 7, 1996. Redesignated at 61 FR 31430, June 20, 1996, as amended at 71 FR 16673, Apr. 3, 2006]

1910.1025 Lead. CPL 2-2.47

(a) Scope and application.

(1) This section applies to all occupational exposure to lead, except as provided in paragraph (a)(2).

(2) This section does not apply to the construction industry or to agricultural operations covered by 29 CFR Part 1928.

(b) Definitions. "Action level" means employee exposure, without regard to the use of respirators, to an airborne concentration of lead of 30 micrograms per cubic meter of air (30 ug/m(3)) averaged over an 8-hour period.

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

"Director" means the Director, National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health, Education, and Welfare, or designee.

"Lead" means metallic lead, all inorganic lead compounds, and organic lead soaps. Excluded from this definition are all other organic lead compounds.

(c) Permissible exposure limit (PEL).

(1) The employer shall assure that no employee is exposed to lead at concentrations greater than fifty micrograms per cubic meter of air (50 ug/m(3)) averaged over an 8-hour period.

(2) If an employee is exposed to lead for more than 8 hours in any work day, the permissible exposure limit, as a time weighted average (TWA) for that day, shall be reduced according to the following formula:

Maximum permissible limit (in ug/m(3))=400 divided by hours worked in the day.

(3) When respirators are used to supplement engineering and work practice controls to comply with the PEL and all the requirements of paragraph (f) have been met, employee exposure, for the purpose of determining whether the employer has complied with the PEL, may be considered to be at the level provided by the protection factor of the respirator for those periods the respirator is worn. Those periods may be averaged with exposure levels during periods when respirators are not worn to determine the employee's daily TWA exposure.

(d) Exposure monitoring

(1) General.

(i) For the purposes of paragraph (d), employee exposure is that exposure which would occur if the employee were not using a respirator.

(ii) With the exception of monitoring under paragraph (d)(3), the employer shall collect full shift (for at least 7 continuous hours) personal samples including at least one sample for each shift for each job classification in each work area.

(iii) Full shift personal samples shall be representative of the monitored employee's regular, daily exposure to lead.

(2) Initial determination. Each employer who has a workplace or work operation covered by this standard shall determine if any employee may be exposed to lead at or above the action level.

(3) Basis of initial determination.

(i) The employer shall monitor employee exposures and shall base initial determinations on the employee exposure monitoring results and any of the following, relevant considerations:

(A) Any information, observations, or calculations which would indicate employee

exposure to lead;

(B) Any previous measurements of airborne lead; and

(C) Any employee complaints of symptoms which may be attributable to exposure to lead.

(ii) Monitoring for the initial determination may be limited to a representative sample of the exposed employees who the employer reasonably believes are exposed to the greatest airborne concentrations of lead in the workplace.

(iii) Measurements of airborne lead made in the preceding 12 months may be used to satisfy the requirement to monitor under paragraph (d)(3)(i) if the sampling and analytical methods used meet the accuracy and confidence levels of paragraph (d)(9) of this section.

(4) Positive initial determination and initial monitoring.

(i) Where a determination conducted under paragraphs (d) (2) and (3) of this section shows the possibility of any employee exposure at or above the action level, the employer shall conduct monitoring which is representative of the exposure for each employee in the workplace who is exposed to lead.

(ii) Measurements of airborne lead made in the preceding 12 months may be used to satisfy this requirement if the sampling and analytical methods used meet the accuracy and confidence levels of paragraph (d)(9) of this section.

(5) Negative initial determination. Where a determination, conducted under paragraphs (d) (2) and (3) of this section is made that no employee is exposed to airborne concentrations of lead at or above the action level, the employer shall make a written record of such determination. The record shall include at least the information specified in paragraph (d)(3) of this section and shall also include the date of determination, location within the worksite, and the name and social security number of each employee monitored.

(6) Frequency.

(i) If the initial monitoring reveals employee exposure to be below the action level the measurements need not be repeated except as otherwise provided in paragraph (d)(7) of this section.

(ii) If the initial determination or subsequent monitoring reveals employee exposure to be at or above the action level but below the permissible exposure limit the employer shall repeat monitoring in accordance with this paragraph at least every 6 months. The employer shall continue monitoring at the required frequency until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may discontinue

monitoring for that employee except as otherwise provided in paragraph (d)(7) of this section.

(iii) If the initial monitoring reveals that employee exposure is above the permissible exposure limit the employer shall repeat monitoring quarterly. The employer shall continue monitoring at the required frequency until at least two consecutive measurements, taken at least 7 days apart, are below the PEL but at or above the action level at which time the employer shall repeat monitoring for that employee at the frequency specified in paragraph (d)(6)(ii), except as otherwise provided in paragraph (d)(7) of this section.

(7) Additional monitoring. Whenever there has been a production, process, control or personnel change which may result in new or additional exposure to lead, or whenever the employer has any other reason to suspect a change which may result in new or additional exposures to lead, additional monitoring in accordance with this paragraph shall be conducted.

(8) Employee notification.

(i) The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees.

(ii) Whenever the results indicate that the representative employee exposure, without regard to respirators, exceeds the permissible exposure limit, the employer shall include in the written notice a statement that the permissible exposure limit was exceeded and a description of the corrective action taken or to be taken to reduce exposure to or below the permissible exposure limit.

(9) Accuracy of measurement. The employer shall use a method of monitoring and analysis which has an accuracy (to a confidence level of 95%) of not less than plus or minus 20 percent for airborne concentrations of lead equal to or greater than 30 ug/m(3).

(e) Methods of compliance

(1) Engineering and work practice controls.

(i) Where any employee is exposed to lead above the permissible exposure limit for more than 30 days per year, the employer shall implement engineering and work practice controls (including administrative controls) to reduce and maintain employee exposure to lead in accordance with the implementation schedule in Table I below, except to the extent that the employer can demonstrate that such controls are not feasible. Wherever the engineering and work practice controls which can be instituted are not sufficient to reduce employee exposure to or below the permissible exposure limit, the employer shall nonetheless use them to reduce exposures to the lowest feasible level and shall supplement them by the use of respiratory

protection which complies with the requirements of paragraph (f) of this section.

(ii) Where any employee is exposed to lead above the permissible exposure limit, but for 30 days or less per year, the employer shall implement engineering controls to reduce exposures to 200 ug/m(3), but thereafter may implement any combination of engineering, work practice (including administrative controls), and respiratory controls to reduce and maintain employee exposure to lead to or below 50 ug/m(3)

TABLE I

Industry	Compliance dates(1): (50 UG/M(3))
Lead chemicals, secondary copper smeting.	July 19, 1996.
Nonferrous foundries.	July 19, 1996(2).
Brass and bronze ingot manufacture.	6 years(3).

Footnote(1) Calculated by counting from the date the stay on implementation of paragraph (e)(1) was lifted by the U.S. Court of Appeals for the District of Columbia, the number of years specified in the 1978 lead standard and subsequent amendments for compliance with the PEL of 50 ug/m(3) for exposure to airborne concentrations of lead levels for the particular industry.

Footnote(2) Large nonferrous foundries (20 or more employees) are required to achieve the PEL of 50 ug/m(3) by means of engineering and work practice controls. Small nonferrous foundries (fewer than 20 employees) are required to achieve an 8-hour TWA of 75 ug/m(3) by such controls.

Footnote(3) Expressed as the number of years from the date on which the Court lifts the stay on the implementation of paragraph (e)(1) for this industry for employers to achieve a lead in air concentration of 75 ug/m(3). Compliance with paragraph (e) in this industry is determined by a compliance directive that incorporates elements from the settlement agreement between OSHA and representatives of the injury. are required to comply within five years.

(2) Respiratory protection. Where engineering and work practice controls do not reduce employee exposure to or below the 50 ug/m(3) permissible exposure limit, the employer shall supplement these controls with respirators in accordance with paragraph (f).

(3) Compliance program.

(i) Each employer shall establish and implement a written compliance program to reduce exposures to or below the permissible exposure limit, and interim levels if applicable, solely by

means of engineering and work practice controls in accordance with the implementation schedule in paragraph (e)(1).

(ii) Written plans for these compliance programs shall include at least the following:

(A) A description of each operation in which lead is emitted; e.g. machinery used, material processed, controls in place, crew size, employee job responsibilities, operating procedures and maintenance practices;

(B) A description of the specific means that will be employed to achieve compliance, including engineering plans and studies used to determine methods selected for controlling exposure to lead;

(C) A report of the technology considered in meeting the permissible exposure limit;

(D) Air monitoring data which documents the source of lead emissions;

(E) A detailed schedule for implementation of the program, including documentation such as copies of purchase orders for equipment, construction contracts, etc.;

(F) A work practice program which includes items required under paragraphs (g), (h) and (i) of this regulation;

(G) An administrative control schedule required by paragraph (e)(6), if applicable;

(H) Other relevant information.

(iii) Written programs shall be submitted upon request to the Assistant Secretary and the Director, and shall be available at the worksite for examination and copying by the Assistant Secretary, Director, any affected employee or authorized employee representatives.

(iv) Written programs must be revised and updated at least annually to reflect the current status of the program.

(4) Mechanical ventilation.

(i) When ventilation is used to control exposure, measurements which demonstrate the effectiveness of the system in controlling exposure, such as capture velocity, duct velocity, or static pressure shall be made at least every 3 months. Measurements of the system's effectiveness in controlling exposure shall be made within 5 days of any change in production, process, or control which might result in a change in employee exposure to lead.

(ii) Recirculation of air. If air from exhaust ventilation is recirculated into the workplace,

the employer shall assure that (A) the system has a high efficiency filter with reliable back-up filter; and (B) controls to monitor the concentration of lead in the return air and to bypass the recirculation system automatically if it fails are installed, operating, and maintained.

(5) Administrative controls. If administrative controls are used as a means of reducing employees TWA exposure to lead, the employer shall establish and implement a job rotation schedule which includes:

(i) Name or identification number of each affected employee;

(ii) Duration and exposure levels at each job or work station where each affected employee is located; and

(iii) Any other information which may be useful in assessing the reliability of administrative controls to reduce exposure to lead.

(f) Respiratory protection

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that complies with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement engineering or work-practice controls.

(ii) Work operations for which engineering and work-practice controls are not sufficient to reduce employee exposures to or below the permissible exposure limit.

(iii) Periods when an employee requests a respirator.

(2) Respirator program.

(i) The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

(ii) If an employee has breathing difficulty during fit testing or respirator use, the employer must provide the employee with a medical examination in accordance with paragraph (j) (3)(i)(C) of this section to determine whether or not the employee can use a respirator while performing the required duty.

(3) Respirator selection.

(i) Employers must:

(A) Select, and provide to employees, the appropriate respirators specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134.

(B) Provide employees with full facepiece respirators instead of half mask respirators for protection against lead aerosols that cause eye or skin irritation at the use concentrations.

(C) Provide HEPA filters for powered and non-powered air-purifying respirators.

(ii) Employers must provide employees with a powered air-purifying respirator (PAPR) instead of a negative pressure respirator selected according to paragraph (f)(3)(i) of this standard when an employee chooses to use a PAPR and it provides adequate protection to the employee as specified by paragraph (f)(3)(i) of this standard.

(g) Protective work clothing and equipment

(1) Provision and use. If an employee is exposed to lead above the PEL, without regard to the use of respirators or where the possibility of skin or eye irritation exists, the employer shall provide at no cost to the employee and assure that the employee uses appropriate protective work clothing and equipment such as, but not limited to:

(i) Coveralls or similar full-body work clothing;

(ii) Gloves, hats, and shoes or disposable shoe coverlets; and

(iii) Face shields, vented goggles, or other appropriate protective equipment which complies with 1910.133 of this Part.

(2) Cleaning and replacement.

(i) The employer shall provide the protective clothing required in paragraph (g)(1) of this section in a clean and dry condition at least weekly, and daily to employees whose exposure levels without regard to a respirator are over 200 ug/m³ of lead as an 8-hour TWA.

(ii) The employer shall provide for the cleaning, laundering, or disposal of protective clothing and equipment required by paragraph (g)(1) of this section.

(iii) The employer shall repair or replace required protective clothing and equipment as needed to maintain their effectiveness.

(iv) The employer shall assure that all protective clothing is removed at the completion of a work shift only in change rooms provided for that purpose as prescribed in paragraph (i)(2) of this section.

(v) The employer shall assure that contaminated protective clothing which is to be cleaned, laundered, or disposed of, is placed in a closed container in the change-room which prevents dispersion of lead outside the container.

(vi) The employer shall inform in writing any person who cleans or launders protective clothing or equipment of the potentially harmful effects of exposure to lead.

(vii) The employer shall assure that the containers of contaminated protective clothing and equipment required by paragraph (g)(2)(v) are labelled as follows: CAUTION: CLOTHING CONTAMINATED WITH LEAD. DO NOT REMOVE DUST BY BLOWING OR SHAKING. DISPOSE OF LEAD CONTAMINATED WASH WATER IN ACCORDANCE WITH APPLICABLE LOCAL, STATE, OR FEDERAL REGULATIONS.

(viii) The employer shall prohibit the removal of lead from protective clothing or equipment by blowing, shaking, or any other means which disperses lead into the air.

(h) Housekeeping

(1) Surfaces. All surfaces shall be maintained as free as practicable of accumulations of lead.

(2) Cleaning floors.

(i) Floors and other surfaces where lead accumulates may not be cleaned by the use of compressed air.

(ii) Shoveling, dry or wet sweeping, and brushing may be used only where vacuuming or other equally effective methods have been tried and found not to be effective.

(3) Vacuuming. Where vacuuming methods are selected, the vacuums shall be used and emptied in a manner which minimizes the reentry of lead into the workplace.

(i) Hygiene facilities and practices.

(1) The employer shall assure that in areas where employees are exposed to lead above the PEL, without regard to the use of respirators, food or beverage is not present or consumed, tobacco products are not present or used, and cosmetics are not applied, except in change rooms, lunchrooms, and showers required under paragraphs (i)(2) - through (i)(4) of this section.

(2) Change rooms.

(i) The employer shall provide clean change rooms for employees who work in areas where their airborne exposure to lead is above the PEL, without regard to the use of respirators.

(ii) The employer shall assure that change rooms are equipped with separate storage

facilities for protective work clothing and equipment and for street clothes which prevent cross-contamination.

(3) Showers.

(i) The employer shall assure that employees who work in areas where their airborne exposure to lead is above the PEL, without regard to the use of respirators, shower at the end of the work shift.

(ii) The employer shall provide shower facilities in accordance with 1910.141 (d)(3) of this part.

(iii) The employer shall assure that employees who are required to shower pursuant to paragraph (i)(3)(i) do not leave the workplace wearing any clothing or equipment worn during the work shift.

(4) Lunchrooms.

(i) The employer shall provide lunchroom facilities for employees who work in areas where their airborne exposure to lead is above the PEL, without regard to the use of respirators.

(ii) The employer shall assure that lunchroom facilities have a temperature controlled, positive pressure, filtered air supply, and are readily accessible to employees.

(iii) The employer shall assure that employees who work in areas where their airborne exposure to lead is above the PEL without regard to the use of a respirator wash their hands and face prior to eating, drinking, smoking or applying cosmetics.

(iv) The employer shall assure that employees do not enter lunchroom facilities with protective work clothing or equipment unless surface lead dust has been removed by vacuuming, downdraft booth, or other cleaning method.

(5) Lavatories. The employer shall provide an adequate number of lavatory facilities which comply with 1910.141(d) (1) and (2) of this part.

(j) Medical surveillance

(1) General.

(i) The employer shall institute a medical surveillance program for all employees who are or may be exposed above the action level for more than 30 days per year.

(ii) The employer shall assure that all medical examinations and procedures are performed

by or under the supervision of a licensed physician.

(iii) The employer shall provide the required medical surveillance including multiple physician review under paragraph (j)(3)(iii) without cost to employees and at a reasonable time and place.

(2) Biological monitoring

(i) Blood lead and ZPP level sampling and analysis. The employer shall make available biological monitoring in the form of blood sampling and analysis for lead and zinc protoporphyrin levels to each employee covered under paragraph (j)(1)(i) of this section on the following schedule:

(A) At least every 6 months to each employee covered under paragraph (j)(1)(i) of this section;

(B) At least every two months for each employee whose last blood sampling and analysis indicated a blood lead level at or above 40 ug/100 g of whole blood. This frequency shall continue until two consecutive blood samples and analyses indicate a blood lead level below 40 ug/100 g of whole blood; and

(C) At least monthly during the removal period of each employee removed from exposure to lead due to an elevated blood lead level.

(ii) Follow-up blood sampling tests. Whenever the results of a blood lead level test indicate that an employee's blood lead level exceeds the numerical criterion for medical removal under paragraph (k)(1)(i)(A) of this section, the employer shall provide a second (follow-up) blood sampling test within two weeks after the employer receives the results of the first blood sampling test.

(iii) Accuracy of blood lead level sampling and analysis. Blood lead level sampling and analysis provided pursuant to this section shall have an accuracy (to a confidence level of 95 percent) within plus or minus 15 percent or 6 ug/100ml, whichever is greater, and shall be conducted by a laboratory licensed by the Center for Disease Control, United States Department of Health, Education and Welfare (CDC) or which has received a satisfactory grade in blood lead proficiency testing from CDC in the prior twelve months.

(iv) Employee notification. Within five working days after the receipt of biological monitoring results, the employer shall notify in writing each employee whose blood lead level exceeds 40 ug/100 g: (A) of that employee's blood lead level and (B) that the standard requires temporary medical removal with Medical Removal Protection benefits when an employee's blood lead level exceeds the numerical criterion for medical removal under paragraph (k)(1)(i) of

this section.

(3) Medical examinations and consultations

(i) Frequency. The employer shall make available medical examinations and consultations to each employee covered under paragraph (j)(1)(i) of this section on the following schedule:

(A) At least annually for each employee for whom a blood sampling test conducted at any time during the preceding 12 months indicated a blood lead level at or above 40 ug/100 g;

(B) Prior to assignment for each employee being assigned for the first time to an area in which airborne concentrations of lead are at or above the action level;

(C) As soon as possible, upon notification by an employee either that the employee has developed signs or symptoms commonly associated with lead intoxication, that the employee desires medical advice concerning the effects of current or past exposure to lead on the employee's ability to procreate a healthy child, or that the employee has demonstrated difficulty in breathing during a respirator fitting test or during use; and

(D) As medically appropriate for each employee either removed from exposure to lead due to a risk of sustaining material impairment to health, or otherwise limited pursuant to a final medical determination.

(ii) Content. Medical examinations made available pursuant to paragraph (j)(3)(i)(A)-(B) of this section shall include the following elements:

(A) A detailed work history and a medical history, with particular attention to past lead exposure (occupational and non-occupational), personal habits (smoking, hygiene), and past gastrointestinal, hematologic, renal, cardiovascular, reproductive and neurological problems;

(B) A thorough physical examination, with particular attention to teeth, gums, hematologic, gastrointestinal, renal, cardiovascular, and neurological systems. Pulmonary status should be evaluated if respiratory protection will be used;

(C) A blood pressure measurement;

(D) A blood sample and analysis which determines:

(1) Blood lead level;

(2) Hemoglobin and hematocrit determinations, red cell indices, and examination of peripheral smear morphology;

- (3) Zinc protoporphyrin;
- (4) Blood urea nitrogen; and,
- (5) Serum creatinine;

(E) A routine urinalysis with microscopic examination; and

(F) Any laboratory or other test which the examining physician deems necessary by sound medical practice. The content of medical examinations made available pursuant to paragraph (j)(3)(i)(C) - (D) of this section shall be determined by an examining physician and, if requested by an employee, shall include pregnancy testing or laboratory evaluation of male fertility.

(iii) Multiple physician review mechanism.

(A) If the employer selects the initial physician who conducts any medical examination or consultation provided to an employee under this section, the employee may designate a second physician:

(1) To review any findings, determinations or recommendations of the initial physician; and

(2) To conduct such examinations, consultations, and laboratory tests as the second physician deems necessary to facilitate this review.

(B) The employer shall promptly notify an employee of the right to seek a second medical opinion after each occasion that an initial physician conducts a medical examination or consultation pursuant to this section. The employer may condition its participation in, and payment for, the multiple physician review mechanism upon the employee doing the following within fifteen (15) days after receipt of the foregoing notification, or receipt of the initial physician's written opinion, whichever is later:

(1) The employee informing the employer that he or she intends to seek a second medical opinion, and

(2) The employee initiating s to make an appointment with a second physician.

(C) If the findings, determinations or recommendations of the second physician differ from those of the initial physician, then the employer and the employee shall assure that efforts are made for the two physicians to resolve any disagreement.

(D) If the two physicians have been unable to quickly resolve their disagreement, then the employer and the employee through their respective physicians shall designate a third

physician:

(1) To review any findings, determinations or recommendations of the prior physicians; and

(2) To conduct such examinations, consultations, laboratory tests and discussions with the prior physicians as the third physician deems necessary to resolve the disagreement of the prior physicians.

(E) The employer shall act consistent with the findings, determinations and recommendations of the third physician, unless the employer and the employee reach an agreement which is otherwise consistent with the recommendations of at least one of the three physicians.

(iv) Information provided to examining and consulting physicians.

(A) The employer shall provide an initial physician conducting a medical examination or consultation under this section with the following information:

(1) A copy of this regulation for lead including all Appendices;

(2) A description of the affected employee's duties as they relate to the employee's exposure;

(3) The employee's exposure level or anticipated exposure level to lead and to any other toxic substance (if applicable);

(4) A description of any personal protective equipment used or to be used;

(5) Prior blood lead determinations; and

(6) All prior written medical opinions concerning the employee in the employer's possession or control.

(B) The employer shall provide the foregoing information to a second or third physician conducting a medical examination or consultation under this section upon request either by the second or third physician, or by the employee.

(v) Written medical opinions.

(A) The employer shall obtain and furnish the employee with a copy of a written medical opinion from each examining or consulting physician which contains the following information:

(1) The physician's opinion as to whether the employee has any detected medical condition which would place the employee at increased risk of material impairment of the employee's health from exposure to lead;

(2) Any recommended special protective measures to be provided to the employee, or limitations to be placed upon the employee's exposure to lead;

(3) Any recommended limitation upon the employee's use of respirators, including a determination of whether the employee can wear a powered air purifying respirator if a physician determines that the employee cannot wear a negative pressure respirator; and

(4) The results of the blood lead determinations.

(B) The employer shall instruct each examining and consulting physician to:

(1) Not reveal either in the written opinion, or in any other means of communication with the employer, findings, including laboratory results, or diagnoses unrelated to an employee's occupational exposure to lead; and

(2) Advise the employee of any medical condition, occupational or nonoccupational, which dictates further medical examination or treatment.

(vi) Alternate Physician Determination Mechanisms. The employer and an employee or authorized employee representative may agree upon the use of any expeditious alternate physician determination mechanism in lieu of the multiple physician review mechanism provided by this paragraph so long as the alternate mechanism otherwise satisfies the requirements contained in this paragraph.

(4) Chelation.

(i) The employer shall assure that any person whom he retains, employs, supervises or controls does not engage in prophylactic chelation of any employee at any time.

(ii) If therapeutic or diagnostic chelation is to be performed by any person in paragraph (j)(4)(i), the employer shall assure that it be done under the supervision of a licensed physician in a clinical setting with thorough and appropriate medical monitoring and that the employee is notified in writing prior to its occurrence.

(k) Medical Removal Protection

(1) Temporary medical removal and return of an employee

(i) Temporary removal due to elevated blood lead levels

(A) The employer shall remove an employee from work having an exposure to lead at or above the action level on each occasion that a periodic and a follow-up blood sampling test conducted pursuant to this section indicate that the employee's blood lead level is at or above 60 ug/100 g of whole blood; and,

(B) The employer shall remove an employee from work having an exposure to lead at or above the action level on each occasion that the average of the last three blood sampling tests conducted pursuant to this section (or the average of all blood sampling tests conducted over the previous six (6) months, whichever is longer) indicates that the employee's blood lead level is at or above 50 ug/100 g of whole blood; provided, however, that an employee need not be removed if the last blood sampling test indicates a blood lead level at or below 40 ug/100 g of whole blood.

(ii) Temporary removal due to a final medical determination.

(A) The employer shall remove an employee from work having an exposure to lead at or above the action level on each occasion that a final medical determination results in a medical finding, determination, or opinion that the employee has a detected medical condition which places the employee at increased risk of material impairment to health from exposure to lead.

(B) For the purposes of this section, the phrase "final medical determination" shall mean the outcome of the multiple physician review mechanism or alternate medical determination mechanism used pursuant to the medical surveillance provisions of this section.

(C) Where a final medical determination results in any recommended special protective measures for an employee, or limitations on an employee's exposure to lead, the employer shall implement and act consistent with the recommendation.

(iii) Return of the employee to former job status.

(A) The employer shall return an employee to his or her former job status:

(1) For an employee removed due to a blood lead level at or above 60 ug/100 g, or due to an average blood lead level at or above 50 ug/100 g, when two consecutive blood sampling tests indicate that the employee's blood lead level is at or below 40 ug/100 g of whole blood;

(2) For an employee removed due to a final medical determination, when a subsequent final medical determination results in a medical finding, determination, or opinion that the employee no longer has a detected medical condition which places the employee at increased risk of material impairment to health from exposure to lead.

(B) For the purposes of this section, the requirement that an employer return an employee to his or her former job status is not intended to expand upon or restrict any rights an

employee has or would have had, absent temporary medical removal, to a specific job classification or position under the terms of a collective bargaining agreement.

(iv) Removal of other employee special protective measure or limitations. The employer shall remove any limitations placed on an employee or end any special protective measures provided to an employee pursuant to a final medical determination when a subsequent final medical determination indicates that the limitations or special protective measures are no longer necessary.

(v) Employer options pending a final medical determination. Where the multiple physician review mechanism, or alternate medical determination mechanism used pursuant to the medical surveillance provisions of this section, has not yet resulted in a final medical determination with respect to an employee, the employer shall act as follows:

(A) Removal. The employer may remove the employee from exposure to lead, provide special protective measures to the employee, or place limitations upon the employee, consistent with the medical findings, determinations, or recommendations of any of the physicians who have reviewed the employee's health status.

(B) Return. The employer may return the employee to his or her former job status, end any special protective measures provided to the employee, and remove any limitations placed upon the employee, consistent with the medical findings, determinations, or recommendations of any of the physicians who have reviewed the employee's health status, with two exceptions. If (1) the initial removal, special protection, or limitation of the employee resulted from a final medical determination which differed from the findings, determinations, or recommendations of the initial physician or (2) The employee has been on removal status for the preceding eighteen months due to an elevated blood lead level, then the employer shall await a final medical determination.

(2) Medical removal protection benefits

(i) Provision of medical removal protection benefits. The employer shall provide to an employee up to eighteen (18) months of medical removal protection benefits on each occasion that an employee is removed from exposure to lead or otherwise limited pursuant to this section.

(ii) Definition of medical removal protection benefits. For the purposes of this section, the requirement that an employer provide medical removal protection benefits means that the employer shall maintain the earnings, seniority and other employment rights and benefits of an employee as though the employee had not been removed from normal exposure to lead or otherwise limited.

(iii) Follow-up medical surveillance during the period of employee removal or limitation. During the period of time that an employee is removed from normal exposure to lead or otherwise limited, the employer may condition the provision of medical removal protection

benefits upon the employee's participation in follow-up medical surveillance made available pursuant to this section.

(iv) Workers' compensation claims. If a removed employee files a claim for workers' compensation payments for a lead-related disability, then the employer shall continue to provide medical removal protection benefits pending disposition of the claim. To the extent that an award is made to the employee for earnings lost during the period of removal, the employer's medical removal protection obligation shall be reduced by such amount. The employer shall receive no credit for workers' compensation payments received by the employee for treatment related expenses.

(v) Other credits. The employer's obligation to provide medical removal protection benefits to a removed employee shall be reduced to the extent that the employee receives compensation for earnings lost during the period of removal either from a publicly or employer-funded compensation program, or receives income from employment with another employer made possible by virtue of the employee's removal.

(vi) Employees whose blood lead levels do not adequately decline within 18 months of removal. The employer shall take the following measures with respect to any employee removed from exposure to lead due to an elevated blood lead level whose blood lead level has not declined within the past eighteen (18) months of removal so that the employee has been returned to his or her former job status:

(A) The employer shall make available to the employee a medical examination pursuant to this section to obtain a final medical determination with respect to the employee;

(B) The employer shall assure that the final medical determination obtained indicates whether or not the employee may be returned to his or her former job status, and if not, what should be taken to protect the employee's health;

(C) Where the final medical determination has not yet been obtained, or once obtained indicates that the employee may not yet be returned to his or her former job status, the employer shall continue to provide medical removal protection benefits to the employee until either the employee is returned to former job status, or a final medical determination is made that the employee is incapable of ever safely returning to his or her former job status.

(D) Where the employer acts pursuant to a final medical determination which permits the return of the employee to his or her former job status despite what would otherwise be an unacceptable blood lead level, later questions concerning removing the employee again shall be decided by a final medical determination. The employer need not automatically remove such an employee pursuant to the blood lead level removal criteria provided by this section.

(vii) Voluntary Removal or Restriction of An Employee. Where an employer, although not required by this section to do so, removes an employee from exposure to lead or otherwise places

limitations on an employee due to the effects of lead exposure on the employee's medical condition, the employer shall provide medical removal protection benefits to the employee equal to that required by paragraph (k)(2)(i) of this section.

(l) Employee information and training

(1) Training program.

(i) Each employer who has a workplace in which there is a potential exposure to airborne lead at any level shall inform employees of the content of Appendices A and B of this regulation.

(ii) The employer shall train each employee who is subject to exposure to lead at or above the action level, or for whom the possibility of skin or eye irritation exists, in accordance with the requirements of this section. The employer shall institute a training program and ensure employee participation in the program.

(iii) The employer shall provide initial training by 180 days from the effective date for those employees covered by paragraph (l)(1) (ii) on the standard's effective date and prior to the time of initial job assignment for those employees subsequently covered by this paragraph.

(iv) The training program shall be repeated at least annually for each employee.

(v) The employer shall assure that each employee is informed of the following:

(A) The content of this standard and its appendices;

(B) The specific nature of the operations which could result in exposure to lead above the action level;

(C) The purpose, proper selection, fitting, use, and limitations of respirators;

(D) The purpose and a description of the medical surveillance program, and the medical removal protection program including information concerning the adverse health effects associated with excessive exposure to lead (with particular attention to the adverse reproductive effects on both males and females);

(E) The engineering controls and work practices associated with the employee's job assignment;

(F) The contents of any compliance plan in effect; and

(G) Instructions to employees that chelating agents should not routinely be used to remove lead from their bodies and should not be used at all except under the direction of a licensed physician;

(2) Access to information and training materials.

(i) The employer shall make readily available to all affected employees a copy of this standard and its appendices.

(ii) The employer shall provide, upon request, all materials relating to the employee information and training program to the Assistant Secretary and the Director.

(iii) In addition to the information required by paragraph (l)(1)(v), the employer shall include as part of the training program, and shall distribute to employees, any materials pertaining to the Occupational Safety and Health Act, the regulations issued pursuant to that Act, and this lead standard, which are made available to the employer by the Assistant Secretary.

(m) Signs

(1) General.

(i) The employer may use signs required by other statutes, regulations or ordinances in addition to, or in combination with, signs required by this paragraph.

(ii) The employer shall assure that no statement appears on or near any sign required by this paragraph which contradicts or detracts from the meaning of the required sign.

(2) Signs.

(i) The employer shall post the following warning signs in each work area where the PEL is exceeded:

WARNING
LEAD WORK AREA
POISON
NO SMOKING OR EATING

(ii) The employer shall assure that signs required by this paragraph are illuminated and cleaned as necessary so that the legend is readily visible.

(n) Recordkeeping

(1) Exposure monitoring.

(i) The employer shall establish and maintain an accurate record of all monitoring required in paragraph (d) of this section.

(ii) This record shall include:

(A) The date(s), number, duration, location and results of each of the samples taken, including a description of the sampling procedure used to determine representative employee exposure where applicable;

(B) A description of the sampling and analytical methods used and evidence of their accuracy;

(C) The type of respiratory protective devices worn, if any;

(D) Name, social security number, and job classification of the employee monitored and of all other employees whose exposure the measurement is intended to represent; and

(E) The environmental variables that could affect the measurement of employee exposure.

(iii) The employer shall maintain these monitoring records for at least 40 years or for the duration of employment plus 20 years, whichever is longer.

(2) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee subject to medical surveillance as required by paragraph (j) of this section.

(ii) This record shall include:

(A) The name, social security number, and description of the duties of the employee;

(B) A copy of the physician's written opinions;

(C) Results of any airborne exposure monitoring done for that employee and the representative exposure levels supplied to the physician; and

(D) Any employee medical complaints related to exposure to lead.

(iii) The employer shall keep, or assure that the examining physician keeps, the following medical records:

(A) A copy of the medical examination results including medical and work history required under paragraph (j) of this section;

(B) A description of the laboratory procedures and a copy of any standards or guidelines used to interpret the test results or references to that information;

(C) A copy of the results of biological monitoring.

(iv) The employer shall maintain or assure that the physician maintains those medical records for at least 40 years, or for the duration of employment plus 20 years, whichever is longer.

(3) Medical removals.

(i) The employer shall establish and maintain an accurate record for each employee removed from current exposure to lead pursuant to paragraph (k) of this section.

(ii) Each record shall include:

(A) The name and social security number of the employee;

(B) The date on each occasion that the employee was removed from current exposure to lead as well as the corresponding date on which the employee was returned to his or her former job status;

(C) A brief explanation of how each removal was or is being accomplished; and

(D) A statement with respect to each removal indicating whether or not the reason for the removal was an elevated blood lead level.

(iii) The employer shall maintain each medical removal record for at least the duration of an employee's employment.

(4) Availability.

(i) The employer shall make available upon request all records required to be maintained by paragraph (n) of this section to the Assistant Secretary and the Director for examination and copying.

(ii) Environmental monitoring, medical removal, and medical records required by this paragraph shall be provided upon request to employees, designated representatives, and the Assistant Secretary in accordance with 29 CFR 1910.20 (a) - (e) and (2) - (i). Medical removal records shall be provided in the same manner as environmental monitoring records.

(5) Transfer of records.

(i) Whenever the employer ceases to do business, the successor employer shall receive and retain all records required to be maintained by paragraph (n) of this section.

(ii) Whenever the employer ceases to do business and there is no successor employer to

receive and retain the records required to be maintained by this section for the prescribed period, these records shall be transmitted to the Director.

(iii) At the expiration of the retention period for the records required to be maintained by this section, the employer shall notify the Director at least 3 months prior to the disposal of such records and shall transmit those records to the Director if requested within the period.

(iv) The employer shall also comply with any additional requirements involving transfer of records set forth in 29 CFR 1910.20(h).

(o) Observation of monitoring.

(1) Employee observation. The employer shall provide affected employees or their designated representatives an opportunity to observe any monitoring of employee exposure to lead conducted pursuant to paragraph (d) of this section.

(2) Observation procedures.

(i) Whenever observation of the monitoring of employee exposure to lead requires entry into an area where the use of respirators, protective clothing or equipment is required, the employer shall provide the observer with and assure the use of such respirators, clothing and such equipment, and shall require the observer to comply with all other applicable safety and health procedures.

(ii) Without interfering with the monitoring, observers shall be entitled to:

(A) Receive an explanation of the measurement procedures;

(B) Observe all s related to the monitoring of lead performed at the place of exposure;
and

(C) Record the results obtained or receive copies of the results when returned by the laboratory.

(p) Appendices. The information contained in the appendices to this section is not intended by itself, to create any additional obligations not otherwise imposed by this standard nor detract from any existing obligation.

1910.1025 App A Substance data sheet for occupational exposure to lead

APPENDIX A to 1910.1025 - SUBSTANCE DATA SHEET FOR OCCUPATIONAL EXPOSURE TO LEAD

I. SUBSTANCE IDENTIFICATION

A. Substance: Pure lead (Pb) is a heavy metal at room temperature and pressure and is a basic chemical element. It can combine with various other substances to form numerous lead compounds.

B. Compounds Covered by the Standard: The word "lead" when used in this standard means elemental lead, all inorganic lead compounds and a class of organic lead compounds called lead soaps. This standard does not apply to other organic lead compounds.

C. Uses: Exposure to lead occurs in at least 120 different occupations, including primary and secondary lead smelting, lead storage battery manufacturing, lead pigment manufacturing and use, solder manufacturing and use, shipbuilding and ship repairing, auto manufacturing, and printing.

D. Permissible Exposure: The Permissible Exposure Limit (PEL) set by the standard is 50 micrograms of lead per cubic meter of air (50 ug/m³), averaged over an 8-hour workday.

E. Action Level: The standard establishes an action level of 30 micrograms per cubic meter of air (30 ug/m³), time weighted average, based on an 8-hour work-day. The action level initiates several requirements of the standard, such as exposure monitoring, medical surveillance, and training and education.

II. HEALTH HAZARD DATA

A. Ways in which lead enters your body. When absorbed into your body in certain doses lead is a toxic substance. The object of the lead standard is to prevent absorption of harmful quantities of lead. The standard is intended to protect you not only from the immediate toxic effects of lead, but also from the serious toxic effects that may not become apparent until years of exposure have passed.

Lead can be absorbed into your body by inhalation (breathing) and ingestion (eating). Lead (except for certain organic lead compounds not covered by the standard, such as tetraethyl lead) is not absorbed through your skin. When lead is scattered in the air as a dust, fume or mist it can be inhaled and absorbed through your lungs and upper respiratory tract. Inhalation of airborne lead is generally the most important source of occupational lead absorption. You can also absorb lead through your digestive system if lead gets into your mouth and is swallowed. If you handle food, cigarettes, chewing tobacco, or make-up which have lead on them or handle them with hands contaminated with lead, this will contribute to ingestion.

A significant portion of the lead that you inhale or ingest gets into your blood stream. Once in your blood stream, lead is circulated throughout your body and stored in various organs and body tissues. Some of this lead is quickly filtered out of your body and excreted, but some remains in the blood and other tissues. As exposure to lead continues, the amount stored in your body will increase if you are absorbing more lead than your body is excreting. Even though you

may not be aware of any immediate symptoms of disease, this lead stored in your tissues can be slowly causing irreversible damage, first to individual cells, then to your organs and whole body systems.

B. Effects of overexposure to lead

(1) Short term (acute) overexposure. Lead is a potent, systemic poison that serves no known useful function once absorbed by your body. Taken in large enough doses, lead can kill you in a matter of days. A condition affecting the brain called acute encephalopathy may arise which develops quickly to seizures, coma, and death from cardiorespiratory arrest. A short term dose of lead can lead to acute encephalopathy. Short term occupational exposures of this magnitude are highly unusual, but not impossible. Similar forms of encephalopathy may, however, arise from extended, chronic exposure to lower doses of lead. There is no sharp dividing line between rapidly developing acute effects of lead, and chronic effects which take longer to acquire. Lead adversely affects numerous body systems, and causes forms of health impairment and disease which arise after periods of exposure as short as days or as long as several years.

(2) Long-term (chronic) overexposure. Chronic overexposure to lead may result in severe damage to your blood-forming, nervous, urinary and reproductive systems. Some common symptoms of chronic overexposure include loss of appetite, metallic taste in the mouth, anxiety, constipation, nausea, pallor, excessive tiredness, weakness, insomnia, headache, nervous irritability, muscle and joint pain or soreness, fine tremors, numbness, dizziness, hyperactivity and colic. In lead colic there may be severe abdominal pain.

Damage to the central nervous system in general and the brain (encephalopathy) in particular is one of the most severe forms of lead poisoning. The most severe, often fatal, form of encephalopathy may be preceded by vomiting, a feeling of dullness progressing to drowsiness and stupor, poor memory, restlessness, irritability, tremor, and convulsions. It may arise suddenly with the onset of seizures, followed by coma, and death. There is a tendency for muscular weakness to develop at the same time. This weakness may progress to paralysis often observed as a characteristic "wrist drop" or "foot drop" and is a manifestation of a disease to the nervous system called peripheral neuropathy.

Chronic overexposure to lead also results in kidney disease with few, if any, symptoms appearing until extensive and most likely permanent kidney damage has occurred. Routine laboratory tests reveal the presence of this kidney disease only after about two-thirds of kidney function is lost. When overt symptoms of urinary dysfunction arise, it is often too late to correct or prevent worsening conditions, and progression to kidney dialysis or death is possible.

Chronic overexposure to lead impairs the reproductive systems of both men and women. Overexposure to lead may result in decreased sex drive, impotence and sterility in men. Lead can alter the structure of sperm cells raising the risk of birth defects. There is evidence of miscarriage and stillbirth in women whose husbands were exposed to lead or who were exposed to lead themselves. Lead exposure also may result in decreased fertility, and abnormal menstrual cycles

in women. The course of pregnancy may be adversely affected by exposure to lead since lead crosses the placental barrier and poses risks to developing fetuses. Children born of parents either one of whom were exposed to excess lead levels are more likely to have birth defects, mental retardation, behavioral disorders or die during the first year of childhood.

Overexposure to lead also disrupts the blood-forming system resulting in decreased hemoglobin (the substance in the blood that carries oxygen to the cells) and ultimately anemia. Anemia is characterized by weakness, pallor and fatigability as a result of decreased oxygen carrying capacity in the blood.

(3) Health protection goals of the standard. Prevention of adverse health effects for most workers from exposure to lead throughout a working lifetime requires that worker blood lead (PbB) levels be maintained at or below forty micrograms per one hundred grams of whole blood (40 ug/100g). The blood lead levels of workers (both male and female workers) who intend to have children should be maintained below 30 ug/100g to minimize adverse reproductive health effects to the parents and to the developing fetus.

The measurement of your blood lead level is the most useful indicator of the amount of lead being absorbed by your body. Blood lead levels (PbB) are most often reported in units of milligrams (mg) or micrograms (ug) of lead (1 mg=1000 ug) per 100 grams (100g), 100 milliliters (100 ml) or deciliter (dl) of blood. These three units are essentially the same. Sometime PbB's are expressed in the form of mg% or ug%. This is a shorthand notation for 100g, 100 ml, or dl.

PbB measurements show the amount of lead circulating in your blood stream, but do not give any information about the amount of lead stored in your various tissues. PbB measurements merely show current absorption of lead, not the effect that lead is having on your body or the effects that past lead exposure may have already caused. Past research into lead-related diseases, however, has focused heavily on associations between PbBs and various diseases. As a result, your PbB is an important indicator of the likelihood that you will gradually acquire a lead-related health impairment or disease.

Once your blood lead level climbs above 40 ug/100g, your risk of disease increases. There is a wide variability of individual response to lead, thus it is difficult to say that a particular PbB in a given person will cause a particular effect. Studies have associated fatal encephalopathy with PbBs as low as 150 ug/100g. Other studies have shown other forms of diseases in some workers with PbBs well below 80 ug/100g. Your PbB is a crucial indicator of the risks to your health, but one other factor is also extremely important. This factor is the length of time you have had elevated PbBs. The longer you have an elevated PbB, the greater the risk that large quantities of lead are being gradually stored in your organs and tissues (body burden). The greater your overall body burden, the greater the chances of substantial permanent damage.

The best way to prevent all forms of lead-related impairments and diseases-both short term and long term- is to maintain your PbB below 40 ug/100g. The provisions of the standard are designed with this end in mind. Your employer has prime responsibility to assure that the

provisions of the standard are complied with both by the company and by individual workers. You as a worker, however, also have a responsibility to assist your employer in complying with the standard. You can play a key role in protecting your own health by learning about the lead hazards and their control, learning what the standard requires, following the standard where it governs your own actions, and seeing that your employer complies with provisions governing his actions.

(4) Reporting signs and symptoms of health problems. You should immediately notify your employer if you develop signs or symptoms associated with lead poisoning or if you desire medical advice concerning the effects of current or past exposure to lead on your ability to have a healthy child. You should also notify your employer if you have difficulty breathing during a respirator fit test or while wearing a respirator. In each of these cases your employer must make available to you appropriate medical examinations or consultations. These must be provided at no cost to you and at a reasonable time and place.

The standard contains a procedure whereby you can obtain a second opinion by a physician of your choice if the employer selected the initial physician. This procedure, however, was delayed by the Court of Appeals in March of 1979, and will not go into effect until after the Court's decision on the overall validity of the standard.

(Approved by the Office of Management and Budget under control number 1218-0092)

1910.1025 App B Employee standard summary

APPENDIX B to 1910.1025 - EMPLOYEE STANDARD SUMMARY

This appendix summarizes key provisions of the standard that you as a worker should become familiar with.

The appendix discusses the entire standard, but some portions of the standard were temporarily postponed (stayed) by federal court on March 1, 1979. This litigation concerns the validity of the entire lead standard, and a final decision is expected in 1980. Most of the lead standard is currently legally in effect, however. The following discussion in the Appendix notes those few provisions of the standard which have been temporarily stayed.

I. PERMISSIBLE EXPOSURE LIMIT (PEL) - PARAGRAPH (C)

The standards sets a permissible exposure limit (PEL) of fifty micrograms of lead per cubic meter of air (50 ug/m³), averaged over an 8-hour work-day. This is the highest level of lead in air to which you may be permissibly exposed over an 8-hour workday. Since it is an 8-hour average it permits short exposures above the PEL so long as for each 8-hour work day your average exposure does not exceed the PEL.

This standard recognizes that your daily exposure to lead can extend beyond a typical 8-hour

workday as the result of overtime or other alterations in your work schedule. To deal with this, the standard contains a formula which reduces your permissible exposure when you are exposed more than 8 hours. For example, if you are exposed to lead for 10 hours a day, the maximum permitted average exposure would be 40 ug/m³.

II. EXPOSURE MONITORING - PARAGRAPH (D)

If lead is present in the workplace where you work in any quantity, your employer is required to make an initial determination of whether the action level is exceeded for any employee. This initial determination must include instrument monitoring of the air for the presence of lead and must cover the exposure of a representative number of employees who are reasonably believed to have the highest exposure levels. If your employer has conducted appropriate air sampling for lead in the past year he may use these results. If there have been any employee complaints of symptoms which may be attributable to exposure to lead or if there is any other information or observations which would indicate employee exposure to lead, this must also be considered as part of the initial determination. This initial determination must have been completed by March 31, 1979. If this initial determination shows that a reasonable possibility exists that any employee may be exposed, without regard to respirators, over the action level (30 ug/m³) your employer must set up an air monitoring program to determine the exposure level of every employee exposed to lead at your workplace.

In carrying out this air monitoring program, your employer is not required to monitor the exposure of every employee, but he must monitor a representative number of employees and job types. Enough sampling must be done to enable each employee's exposure level to be reasonably represented by at least one full shift (at least 7 hours) air sample. In addition, these air samples must be taken under conditions which represent each employee's regular, daily exposure to lead. All initial exposure monitoring must have been completed by May 30, 1979.

If you are exposed to lead and air sampling is performed, your employer is required to quickly notify you in writing of air monitoring results which represent your exposure. If the results indicate your exposure exceeds the PEL (without regard to your use of respirators), then your employer must also notify you of this in writing, and provide you with a description of the corrective action that will be taken to reduce your exposure.

Your exposure must be rechecked by monitoring every six months if your exposure is over the action level but below the PEL. Air monitoring must be repeated every 3 months if you are exposed over the PEL. Your employer may discontinue monitoring for you if 2 consecutive measurements, taken at least two weeks apart, are below the action level. However, whenever there is a production, process, control, or personnel change at your workplace which may result in new or additional exposure to lead, or whenever there is any other reason to suspect a change which may result in new or additional exposure to lead, your employer must perform additional monitoring.

III. METHODS OF COMPLIANCE - PARAGRAPH (E)

Your employer is required to assure that no employee is exposed to lead in excess of the PEL. The standard establishes a priority of methods to be used to meet the PEL. Due to the temporary ruling by the United States Circuit Court of Appeals, your employer will not be legally required to use the preferred engineering and work practice controls. Until the litigation is completed, your employer may meet the PEL by requiring you to wear respirators. Alternatively, the employer may choose to implement engineering and work practice controls even though they are not legally required. Also, OSHA's previous lead standard is still in effect. This does require your employer to use feasible engineering and administrative controls to reduce employee exposure levels, but only to a level of 200 micrograms of lead per cubic meter of air (200 ug/m³).

IV. RESPIRATORY PROTECTION - PARAGRAPH (F)

Your employer is required to select respirators from the seven types listed in Table II of the Respiratory Protection section of the standard (Sec. 1910.1025 (f)). Any respirator chosen must be approved by the National Institute for Occupational Safety and Health (NIOSH) under the provisions of 42 CFR part 84. This respirator selection table will enable your employer to choose a type of respirator that will give you a proper amount of protection based on your airborne lead exposure. Your employer may select a type of respirator that provides greater protection than that required by the standard; that is, one recommended for a higher concentration of lead than is present in your workplace. For example, a powered air-purifying respirator (PAPR) is much more protective than a typical negative pressure respirator, and may also be more comfortable to wear. A PAPR has a filter, cartridge, or canister to clean the air, and a power source that continuously blows filtered air into your breathing zone. Your employer might make a PAPR available to you to ease the burden of having to wear a respirator for long periods of time. The standard provides that you can obtain a PAPR upon request.

Your employer is required to select respirators from the seven types listed in Table II of the Respiratory Protection section of the standard. Any respirator chosen must be approved by the Mine Safety and Health Administration (MSHA) or the National Institute for Occupational Safety and Health (NIOSH). This respirator selection table will enable your employer to choose a type of respirator which will give you a proper amount of protection based on your airborne lead exposure. Your employer may select a type of respirator that provides greater protection than that required by the standard; that is, one recommended for a higher concentration of lead than is present in your workplace. For example, a powered air purifying respirator (PAPR) is much more protective than a typical negative pressure respirator, and may also be more comfortable to wear. A PAPR has a filter, cartridge or canister to clean the air, and a power source which continuously blows filtered air into your breathing zone. Your employer might make a PAPR available to you to ease the burden of having to wear a respirator for long periods of time. The standard provides that you can obtain a PAPR upon request, but this requirement has been stayed as a part of the pending litigation.

Your employer must also start a Respiratory Protection Program. This program must include

written procedures for the proper selection, use, cleaning, storage, and maintenance of respirators.

Your employer must ensure that your respirator facepiece fits properly. Proper fit of a respirator facepiece is critical to your protection from airborne lead. Obtaining a proper fit on each employee may require your employer to make available several different types of respirator masks. To ensure that your respirator fits properly and that facepiece leakage is minimal, your employer must give you either a qualitative or quantitative fit test as specified in Appendix A of the Respiratory Protection standard located at 29 CFR 1910.134.

You must also receive from your employer proper training in the use of respirators. Your employer is required to teach you how to wear a respirator, to know why it is needed, and to understand its limitations.

Until March 1, 1980, your employer must test the effectiveness of your negative pressure respirator initially and at least every six months thereafter with a "qualitative fit test." In this test, the fit of the facepiece is checked by seeing if you can smell a substance placed outside the respirator. If you can, there is appreciable leakage where the facepiece meets your face.

The standard provides that if your respirator uses filter elements, you must be given an opportunity to change the filter elements whenever an increase in breathing resistance is detected. You also must be permitted to periodically leave your work area to wash your face and respirator facepiece whenever necessary to prevent skin irritation. If you ever have difficulty in breathing during a fit test or while using a respirator, your employer must make a medical examination available to you to determine whether you can safely wear a respirator. The result of this examination may be to give you a positive pressure respirator (which reduces breathing resistance) or to provide alternative means of protection.

V. PROTECTIVE WORK CLOTHING AND EQUIPMENT - PARAGRAPH (G)

If you are exposed to lead above the PEL, or if you are exposed to lead compounds such as lead arsenate or lead azide which can cause skin and eye irritation, your employer must provide you with protective work clothing and equipment appropriate for the hazard. If work clothing is provided, it must be provided in a clean and dry condition at least weekly, and daily if your airborne exposure to lead is greater than 200 ug/m³. Appropriate protective work clothing and equipment can include coveralls or similar full-body work clothing, gloves, hats, shoes or disposable shoe coverlets, and face shields or vented goggles. Your employer is required to provide all such equipment at no cost to you. He is responsible for providing repairs and replacement as necessary, and also is responsible for the cleaning, laundering or disposal of protective clothing and equipment. Contaminated work clothing or equipment must be removed in change rooms and not worn home or you will extend your exposure and expose your family since lead from your clothing can accumulate in your house, car, etc. Contaminated clothing

which is to be cleaned, laundered or disposed of must be placed in closed containers in the change room. At no time may lead be removed from protective clothing or equipment by any means which disperses lead into the workroom air.

VI. HOUSEKEEPING - PARAGRAPH (H)

Your employer must establish a housekeeping program sufficient to maintain all surfaces as free as practicable of accumulations of lead dust. Vacuuming is the preferred method of meeting this requirement, and the use of compressed air to clean floors and other surfaces is absolutely prohibited. Dry or wet sweeping, shoveling, or brushing may not be used except where vacuuming or other equally effective methods have been tried and do not work. Vacuums must be used and emptied in a manner which minimizes the reentry of lead into the workplace.

VII. HYGIENE FACILITIES AND PRACTICES - PARAGRAPH (I)

The standard requires that change rooms, showers, and filtered air lunchrooms be constructed and made available to workers exposed to lead above the PEL. These requirements have temporarily been delayed by the court of appeals in situations where new facilities must be constructed, or where substantial renovations must be made to existing facilities. When the PEL is exceeded and these facilities are available, however, the employer must assure that food and beverage is not present or consumed, tobacco products are not present or used, and cosmetics are not applied, except in these facilities. Change rooms, showers, and lunchrooms, if available, must be used by workers exposed in excess of the PEL. After showering, no clothing or equipment worn during the shift may be worn home, and this includes shoes and underwear. Your own clothing worn during the shift should be carried home and cleaned carefully so that it does not contaminate your home. Lunchrooms may not be entered with protective clothing or equipment unless surface dust has been removed by vacuuming, downdraft booth, or other cleaning method. Finally, workers exposed above the PEL must wash both their hands and faces prior to eating, drinking, smoking or applying cosmetics.

All of the facilities and hygiene practices just discussed are essential to minimize additional sources of lead absorption from inhalation or ingestion of lead that may accumulate on you, your clothes, or your possessions. Strict compliance with these provisions can virtually eliminate several sources of lead exposure which significantly contribute to excessive lead absorption.

VIII. MEDICAL SURVEILLANCE - PARAGRAPH (J)

The medical surveillance program is part of the standard's comprehensive approach to the prevention of lead-related disease. Its purpose is to supplement the main thrust of the standard which is aimed at minimizing airborne concentrations of lead and sources of ingestion. Only medical surveillance can determine if the other provisions of the standard have affectively protected you as an individual. Compliance with the standard's provision will protect most workers from the adverse effects of lead exposure, but may not be satisfactory to protect individual workers (1) who have high body burdens of lead acquired over past years, (2) who have additional uncontrolled sources of non-occupational lead exposure, (3) who exhibit unusual

variations in lead absorption rates, or (4) who have specific non-work related medical conditions which could be aggravated by lead exposure (e.g., renal disease, anemia). In addition, control systems may fail, or hygiene and respirator programs may be inadequate. Periodic medical surveillance of individual workers will help detect those failures. Medical surveillance will also be important to protect your reproductive ability-regardless of whether you are a man or woman.

All medical surveillance required by the standard must be performed by or under the supervision of a licensed physician. The employer must provide required medical surveillance without cost to employees and at a reasonable time and place. The standard's medical surveillance program has two parts-periodic biological monitoring and medical examinations.

Your employer's obligation to offer you medical surveillance is triggered by the results of the air monitoring program. Medical surveillance must be made available to all employees who are exposed in excess of the action level for more than 30 days a year. The initial phase of the medical surveillance program, which includes blood lead level tests and medical examinations, must be completed for all covered employees no later than August 28, 1979. Priority within this first round of medical surveillance must be given to employees whom the employer believes to be at greatest risk from continued exposure (for example, those with the longest prior exposure to lead, or those with the highest current exposure). Thereafter, the employer must periodically make medical surveillance-both biological monitoring and medical examinations-available to all covered employees.

Biological monitoring under the standard consists of blood lead level (PbB) and zinc protoporphyrin tests at least every 6 months after the initial PbB test. A zinc protoporphyrin (ZPP) test is a very useful blood test which measures an effect of lead on your body, but this test has been temporarily stayed by the Court. Thus biological monitoring under the standard is currently limited to PbB testing. If a worker's PbB exceeds 40 ug/100g the monitoring frequency must be increased from every 6 months to at least every 2 months and not reduced until two consecutive PbBs indicate a blood lead level below 40 ug/100g. Each time your PbB is determined to be over 40 ug/100g, your employer must notify you of this in writing within five working days of his receipt of the test results. The employer must also inform you that the standard requires temporary medical removal with economic protection when your PbB exceeds certain criteria. (See Discussion of Medical Removal Protection-Paragraph (k).) During the first year of the standard, this removal criterion is 80 ug/100g. Anytime your PbB exceeds 80 ug/100g your employer must make available to you a prompt follow-up PbB test to ascertain your PbB. If the two tests both exceed 80 ug/100g and you are temporarily removed, then your employer must make successive PbB tests available to you on a monthly basis during the period of your removal.

Medical examinations beyond the initial one must be made available on an annual basis if your blood lead level exceeds 40 ug/100g at any time during the preceding year. The initial examination will provide information to establish a baseline to which subsequent data can be compared. An initial medical examination must also be made available (prior to assignment) for each employee being assigned for the first time to an area where the airborne concentration of

lead equals or exceeds the action level. In addition, a medical examination or consultation must be made available as soon as possible if you notify your employer that you are experiencing signs or symptoms commonly associated with lead poisoning or that you have difficulty breathing while wearing a respirator or during a respirator fit test. You must also be provided a medical examination or consultation if you notify your employer that you desire medical advice concerning the effects of current or past exposure to lead on your ability to procreate a healthy child.

Finally, appropriate follow-up medical examinations or consultations may also be provided for employees who have been temporarily removed from exposure under the medical removal protection provisions of the standard. (See Part IX, below.)

The standard specifies the minimum content of pre-assignment and annual medical examinations. The content of other types of medical examinations and consultations is left up to the sound discretion of the examining physician. Pre-assignment and annual medical examinations must include (1) a detailed work history and medical history, (2) a thorough physical examination, and (3) a series of laboratory tests designed to check your blood chemistry and your kidney function. In addition, at any time upon your request, a laboratory evaluation of male fertility will be made (microscopic examination of a sperm sample), or a pregnancy test will be given.

The standard does not require that you participate in any of the medical procedures, tests, etc. which your employer is required to make available to you. Medical surveillance can, however, play a very important role in protecting your health. You are strongly encouraged, therefore, to participate in a meaningful fashion. The standard contains a multiple physician review mechanism which would give you a chance to have a physician of your choice directly participate in the medical surveillance program. If you were dissatisfied with an examination by a physician chosen by your employer, you could select a second physician to conduct an independent analysis. The two doctors would attempt to resolve any differences of opinion, and select a third physician to resolve any firm * dispute. As a result, generally your employer will choose the physician who conducts medical surveillance under the lead standard-unless you and your employer can agree on the choice of a physician or physicians. Some companies and unions have agreed in advance, for example, to use certain independent medical laboratories or panels of physicians. Any of these arrangements are acceptable so long as required medical surveillance is made available to workers.

The standard requires your employer to provide certain information to a physician to aid in his or her examination of you. This information includes (1) the standard and its appendices, (2) a description of your duties as they relate to lead exposure, (3) your exposure level, (4) a description of personal protective equipment you wear, (5) prior blood lead level results, and (6) prior written medical opinions concerning you that the employer has. After a medical examination or consultation the physician must prepare a written report which must contain (1) the physician's opinion as to whether you have any medical condition which places you at increased risk of material impairment to health from exposure to lead, (2) any recommended

special protective measures to be provided to you, (3) any blood lead level determinations, and (4) any recommended limitation on your use of respirators. This last element must include a determination of whether you can wear a powered air purifying respirator (PAPR) if you are found unable to wear a negative pressure respirator.

The medical surveillance program of the lead standard may at some point in time serve to notify certain workers that they have acquired a disease or other adverse medical condition as a result of occupational lead exposure. If this is true, these workers might have legal rights to compensation from public agencies, their employers, firms that supply hazardous products to their employers, or other persons. Some states have laws, including worker compensation laws, that disallow a worker who learns of a job-related health impairment to sue, unless the worker sues within a short period of time after learning of the impairment. (This period of time may be a matter of months or years.) An attorney can be consulted about these possibilities. It should be stressed that OSHA is in no way trying to either encourage or discourage claims or lawsuits. However, since results of the standard's medical surveillance program can significantly affect the legal remedies of a worker who has acquired a job-related disease or impairment, it is proper for OSHA to make you aware of this.

The medical surveillance section of the standard also contains provisions dealing with chelation. Chelation is the use of certain drugs (administered in pill form or injected into the body) to reduce the amount of lead absorbed in body tissues. Experience accumulated by the medical and scientific communities has largely confirmed the effectiveness of this type of therapy for the treatment of very severe lead poisoning. On the other hand, it has also been established that there can be a long list of extremely harmful side effects associated with the use of chelating agents. The medical community has balanced the advantages and disadvantages resulting from the use of chelating agents in various circumstances and has established when the use of these agents is acceptable. The standard includes these accepted limitations due to a history of abuse of chelation therapy by some lead companies. The most widely used chelating agents are calcium disodium EDTA, (Ca Na₂ EDTA), Calcium Disodium Versenate (Versenate), and d-penicillamine (pencillamine or Cupramine).

The standard prohibits "prophylactic chelation" of any employee by any person the employer retains, supervises or controls. "Prophylactic chelation" is the routine use of chelating or similarly acting drugs to prevent elevated blood levels in workers who are occupationally exposed to lead, or the use of these drugs to routinely lower blood lead levels to predesignated concentrations believed to be 'safe'. It should be emphasized that where an employer takes a worker who has no symptoms of lead poisoning and has chelation carried out by a physician (either inside or outside of a hospital) solely to reduce the worker's blood lead level, that will generally be considered prophylactic chelation. The use of a hospital and a physician does not mean that prophylactic chelation is not being performed. Routine chelation to prevent increased or reduce current blood lead levels is unacceptable whatever the setting.

The standard allows the use of "therapeutic" or "diagnostic" chelation if administered under the supervision of a licensed physician in a clinical setting with thorough and appropriate medical

monitoring. Therapeutic chelation responds to severe lead poisoning where there are marked symptoms. Diagnostic chelation involved giving a patient a dose of the drug then collecting all urine excreted for some period of time as an aid to the diagnosis of lead poisoning.

In cases where the examining physician determines that chelation is appropriate, you must be notified in writing of this fact before such treatment. This will inform you of a potentially harmful treatment, and allow you to obtain a second opinion.

IX. MEDICAL REMOVAL PROTECTION - PARAGRAPH (K)

Excessive lead absorption subjects you to increased risk of disease. Medical removal protection (MRP) is a means of protecting you when, for whatever reasons, other methods, such as engineering controls, work practices, and respirators, have failed to provide the protection you need. MRP involves the temporary removal of a worker from his or her regular job to a place of significantly lower exposure without any loss of earnings, seniority, or other employment rights or benefits. The purpose of this program is to cease further lead absorption and allow your body to naturally excrete lead which has previously been absorbed. Temporary medical removal can result from an elevated blood lead level, or a medical opinion. Up to 18 months of protection is provided as a result of either form of removal. The vast majority of removed workers, however, will return to their former jobs long before this eighteen month period expires. The standard contains special provisions to deal with the extraordinary but possible case where a longterm worker's blood lead level does not adequately decline during eighteen months of removal.

During the first year of the standard, if your blood lead level is 80 ug/100g or above you must be removed from any exposure where your air lead level without a respirator would be 100 ug/m(3) or above. If you are removed from your normal job you may not be returned until your blood lead level declines to at least 60 ug/100g. These criteria for removal and return will change according to the following schedule:

	: Removal blood :lead (ug/100 g)	: Air lead (ug/m(3))	: Return blood lead (ug/100 g)
After Mar. 1, 1980...	:70 and above	: 50 and above	: At or below 50.
After Mar. 1, 1981...	:60 and above	: 30 and above	: At or below 40.
After Mar. 1, 1983...	:50 and above	: 30 and above	: Do.
	:averaged over :six months.....	:	:

You may also be removed from exposure even if your blood lead levels are below these criteria if a final medical determination indicates that you temporarily need reduced lead exposure for medical reasons. If the physician who is implementing your employers medical program makes a final written opinion recommending your removal or other special protective measures, your employer must implement the physician's recommendation. If you are removed in this manner,

you may only be returned when the doctor indicates that it is safe for you to do so.

The standard does not give specific instructions dealing with what an employer must do with a removed worker. Your job assignment upon removal is a matter for you, your employer and your union (if any) to work out consistent with existing procedures for job assignments. Each removal must be accomplished in a manner consistent with existing collective bargaining relationships. Your employer is given broad discretion to implement temporary removals so long as no attempt is made to override existing agreements. Similarly, a removed worker is provided no right to veto an employer's choice which satisfies the standard.

In most cases, employers will likely transfer removed employees to other jobs with sufficiently low lead exposure. Alternatively, a worker's hours may be reduced so that the time weighted average exposure is reduced, or he or she may be temporarily laid off if no other alternative is feasible.

In all of these situation, MRP benefits must be provided during the period of removal-i.e., you continue to receive the same earnings, seniority, and other rights and benefits you would have had if you had not been removed. Earnings includes more than just your base wage; it includes overtime, shift differentials, incentives, and other compensation you would have earned if you had not been removed. During the period of removal you must also be provided with appropriate follow-up medical surveillance. If you were removed because your blood lead level was too high, you must be provided with a monthly blood test. If a medical opinion caused your removal, you must be provided medical tests or examinations that the doctor believes to be appropriate. If you do not participate in this follow up medical surveillance, you may lose your eligibility for MRP benefits.

When you are medically eligible to return to your former job, your employer must return you to your "former job status." This means that you are entitled to the position, wages, benefits, etc., you would have had if you had not been removed. If you would still be in your old job if no removal had occurred that is where you go back. If not, you are returned consistent with whatever job assignment discretion your employer would have had if no removal had occurred. MRP only seeks to maintain your rights, not expand them or diminish them.

If you are removed under MRP and you are also eligible for worker compensation or other compensation for lost wages, your employer's MRP benefits obligation is reduced by the amount that you actually receive from these other sources. This is also true if you obtain other employment during the time you are laid off with MRP benefits.

The standard also covers situations where an employer voluntarily removes a worker from exposure to lead due to the effects of lead on the employee's medical condition, even though the standard does not require removal. In these situations MRP benefits must still be provided as though the standard required removal. Finally, it is important to note that in all cases where removal is required, respirators cannot be used as a substitute. Respirators may be used before removal becomes necessary, but not as an alternative to a transfer to a low exposure job, or to a lay-off with MRP benefits.

X. EMPLOYEE INFORMATION AND TRAINING - PARAGRAPH (1)

Your employer is required to provide an information and training program for all employees exposed to lead above the action level or who may suffer skin or eye irritation from lead. This program must inform these employees of the specific hazards associated with their work environment, protective measures which can be taken, the danger of lead to their bodies (including their reproductive systems), and their rights under the standard. In addition your employer must make readily available to all employees, including those exposed below the action level, a copy of the standard and its appendices and must distribute to all employees any materials provided to the employer by the Occupational Safety and Health Administration (OSHA).

Your employer is required to complete this training program for all employees by August 28, 1979. After this date, all new employees must be trained prior to initial assignment to areas where there is a possibility of exposure over the action level.

This training program must also be provided at least annually thereafter.

XI. SIGNS - PARAGRAPH (M)

The standard requires that the following warning sign be posted in work areas where the exposure to lead exceeds the PEL:

WARNING
LEAD WORK AREA
NO SMOKING OR EATING

This requirement, however, has been stayed by the Court of Appeals.

XII. RECORDKEEPING - PARAGRAPH (N)

Your employer is required to keep all records of exposure monitoring for airborne lead. These records must include the name and job classification of employees measured, details of the sampling and analytic techniques, the results of this sampling, and the type of respiratory protection being worn by the person sampled. Your employer is also required to keep all records of biological monitoring and medical examination results. These must include the names of the employees, the physician's written opinion, and a copy of the results of the examination. All of

the above kinds of records must be kept for 40 years, or for at least 20 years after your termination of employment, whichever is longer.

Recordkeeping is also required if you are temporarily removed from your job under the medical removal protection program. This record must include your name and social security number, the date of your removal and return, how the removal was or is being accomplished, and whether or not the reason for the removal was an elevated blood lead level. Your employer is required to keep each medical removal record only for as long as the duration of an employee's employment.

The standard requires that if you request to see or copy environmental monitoring, blood lead level monitoring, or medical removal records, they must be made available to you or to a representative that you authorize. Your union also has access to these records. Medical records other than PbB's must also be provided upon request to you, to your physician or to any other person whom you may specifically designate. Your union does not have access to your personal medical records unless you authorize their access.

XIII. OBSERVATIONS OF MONITORING - PARAGRAPH (O)

When air monitoring for lead is performed at your workplace as required by this standard, your employer must allow you or someone you designate to act as an observer of the monitoring. Observers are entitled to an explanation of the measurement procedure, and to record the results obtained. Since results will not normally be available at the time of the monitoring, observers are entitled to record or receive the results of the monitoring when returned by the laboratory. Your employer is required to provide the observer with any personal protective devices required to be worn by employees working in the area that is being monitored. The employer must require the observer to wear all such equipment and to comply with all other applicable safety and health procedures.

XIV. FOR ADDITIONAL INFORMATION

A. Copies of the Standard and explanatory materials can be obtained by writing or calling the OSHA Docket Office, U.S. Department of Labor, room N2634, 200 Constitution Avenue, N.W., Washington, DC 20210. Telephone: (202) 219-7894. The following publications are available:

1. The standard and summary of the statement of reasons (preamble), Federal Register, Volume 43, pp. 52952-53014, November 14, 1978.

2. The full statement of reasons (preamble) Federal Register, vol. 43, pp. 54354-54509, November 21, 1978.

3. Partial Administrative Stay and Corrections to the standard, (44 FR 5446-5448) January 26, 1979.

4. Notice of the Partial Judicial Stay (44 FR 14554-14555) March 13, 1979.

5. Corrections to the preamble, Federal Register, vol. 44, pp. 20680-20681, April 6, 1979.

6. Additional correction to the preamble concerning the construction industry, Federal Register, vol. 44, p. 50338, August 28, 1979.

7. Appendices to the standard (Appendices A, B, C), Federal Register, Vol. 44, pp. 60980-60995, October 23, 1979.

8. Corrections to appendices, Federal Register, Vol. 44, 68828, November 30, 1979.

9. Revision to the standard and additional appendix (Appendix D), Federal Register, Vol. 47, pp. 51117-51119, November 12, 1982.

10. Notice of reopening of lead rulemaking for nine remand industry sectors, Federal Register, vol. 53, pp. 11511-11513, April 7, 1988.

11. Statement of reasons, Federal Register, vol. 54, pp. 29142-29275, July 11, 1989.

12. Statement of reasons, Federal Register, vol. 55, pp. 3146-3167, January 30, 1990.

13. Correction to appendix B, Federal Register, vol. 55, pp. 4998-4999, February 13, 1991.

14. Correction to appendices, Federal Register, vol. 56, p. 24686, May 31, 1991.

B. Additional information about the standard, its enforcement, and your employer's compliance can be obtained from the nearest OSHA Area Office listed in your telephone directory under United States Government/Department of Labor.

1910.1025 App C Medical surveillance guidelines

APPENDIX C to 1910.1025 - MEDICAL SURVEILLANCE GUIDELINES

INTRODUCTION

The primary purpose of the Occupational Safety and Health Act of 1970 is to assure, so far as possible, safe and healthful working conditions for every working man and woman. The occupational health standard for inorganic lead(1) was promulgated to protect workers exposed to inorganic lead including metallic lead, all inorganic lead compounds and organic lead soaps.

FOOTNOTE:(1)The term inorganic lead used throughout the medical surveillance appendices is meant to be synonymous with the definition of lead set forth in the standard.

Under this final standard in effect as of March 1, 1979, occupational exposure to inorganic lead is to be limited to 50 ug/m(3) (micrograms per cubic meter) based on an 8 hour time-weighted average (TWA). This level of exposure eventually must be achieved through a combination of engineering, work practice and other administrative controls. Periods of time ranging from 1 to 10 years are provided for different industries to implement these controls. The schedule which is based on individual industry considerations is given in Table 1. Until these controls are in place, respirators must be used to meet the 50 ug/m(3) exposure limit.

The standard also provides for a program of biological monitoring and medical surveillance for all employees exposed to levels of inorganic lead above the action level of 30 ug/m(3) (TWA) for more than 30 days per year.

The purpose of this document is to outline the medical surveillance provisions of the standard for inorganic lead, and to provide further information to the physician regarding the examination and evaluation of workers exposed to inorganic lead.

Section 1 provides a detailed description of the monitoring procedure including the required frequency of blood testing for exposed workers, provisions for medical removal protection (MRP), the recommended right of the employee to a second medical opinion, and notification and recordkeeping requirements of the employer. A discussion of the requirements for respirator use and respirator monitoring and OSHA's position on prophylactic chelation therapy are also included in this section.

Section 2 discusses the toxic effects and clinical manifestations of lead poisoning and effects of lead intoxication on enzymatic pathways in heme synthesis. The adverse effects on both male and female reproductive capacity and on the fetus are also discussed.

Section 3 outlines the recommended medical evaluation of the worker exposed to inorganic lead including details of the medical history, physical examination, and recommended laboratory tests, which are based on the toxic effects of lead as discussed in Section 2.

Section 4 provides detailed information concerning the laboratory tests available for the monitoring of exposed workers. Included also is a discussion of the relative value of each test and the limitations and precautions which are necessary in the interpretation of the laboratory results.

Table 1

	Effective date					
Permissible airborne lead levels by industry ($\mu\text{g}/\text{m}^3$)(1)	Mar. 1979	Mar. 1980	Mar. 1981	Mar. 1982	Mar. 1984	Mar. 1989 (final)
1. Primary lead production	200	200	200	100	100	50
2. Secondary lead production	200	200	200	100	50	50
3. Lead-acid battery manufacturing	200	200	100	100	50	50
4. Nonferrous foundries	200	100	100	100	50	50
5. Lead pigment manufacturing	200	200	200	100	50	50
6. All other industries	200	50	50	50	50	50

(1) Airborne levels to be achieved without reliance or respirator protection through a combination of engineering, work practice and other administrative controls. While these controls are being implemented respirators must be used to meet the 50 $\mu\text{g}/\text{m}^3$ exposure limit.

I. MEDICAL SURVEILLANCE AND MONITORING REQUIREMENTS FOR WORKERS EXPOSED TO INORGANIC LEAD

Under the occupational health standard for inorganic lead, a program of biological monitoring and medical surveillance is to be made available to all employees exposed to lead above the action level of 30 $\mu\text{g}/\text{m}^3$ TWA for more than 30 days each year. This program consists of periodic blood sampling and medical evaluation to be performed on a schedule which is defined by previous laboratory results, worker complaints or concerns, and the clinical assessment of the examining physician.

Under this program, the blood lead level of all employees who are exposed to lead above the action level of 30 $\mu\text{g}/\text{m}^3$ is to be determined at least every six months. The frequency is increased to every two months for employees whose last blood lead level was between 40 $\mu\text{g}/100$ g whole blood and the level requiring employee medical removal to be discussed below. For employees who are removed from exposure to lead due to an elevated blood lead, a new blood lead level must be measured monthly. A zinc protoporphyrin (ZPP) measurement is required on each occasion that a blood lead level measurement is made.

An annual medical examination and consultation performed under the guidelines discussed in Section 3 is to be made available to each employee for whom a blood test conducted at any time

during the preceding 12 months indicated a blood lead level at or above 40 ug/100 g. Also, an examination is to be given to all employees prior to their assignment to an area in which airborne lead concentrations reach or exceed the action level. In addition, a medical examination must be provided as soon as possible after notification by an employee that the employee has developed signs or symptoms commonly associated with lead intoxication, that the employee desires medical advice regarding lead exposure and the ability to procreate a healthy child, or that the employee has demonstrated difficulty in breathing during a respirator fitting test or during respirator use. An examination is also to be made available to each employee removed from exposure to lead due to a risk of sustaining material impairment to health, or otherwise limited or specially protected pursuant to medical recommendations.

Results of biological monitoring or the recommendations of an examining physician may necessitate removal of an employee from further lead exposure pursuant to the standard's medical removal protection (MRP) program. The object of the MRP program is to provide temporary medical removal to workers either with substantially elevated blood lead levels or otherwise at risk of sustaining material health impairment from continued substantial exposure to lead. The following guidelines which are summarized in Table 2 were created under the standard for the temporary removal of an exposed employee and his or her subsequent return to work in an exposure area.

Table 2

Match level to same below	Effective date	Effective date	Effective date	Effective date
Mar. 1, 1979	Mar. 1, 1980	Mar. 1, 1981	Mar. 1, 1982	Mar. 1, 1983 (final)
A. 80 µg/100 g	70 µg/100 g	60 µg/100 g	60 µg/100 g	60 µg/100 g or average of last three
B. 1. Every 6 months	Every 6 months	Every 6 months	Every 6 months	Every 6 months
2. Every 2 months	Every 2 months	Every 2 months	Every 2 months	Every 2 months
3. Every 1 month	Every 1 month	Every 1 month	Every 1 month	Every 1 month
C. 100 µg/m ³ 8 hr TWA	50 µg/m ³ 8 hr TWA	30 µg/m ³ 8 hr TWA	30 µg/m ³ 8 hr TWA	30 µg/m ³ 8 hr TWA
D. 60 µg/100 g	50 µg/100 g	40 µg/100 g	40 µg/100 g	40 µg/100 g

Match level to same below	Effective date
A. 60 µg/100 g	60µg/100 g or average of last three blood samples or all blood samples over previous 6 months (whichever is over a longer time period) is 50 µg/100 g or greater unless last blood sample is 40 µg/100 g or less.
B. 1. Every 6 months	Every 6 months.
2. Every 2 months	Every 2 months.
3. Every 1 month	Every 1 month.
C. 30 µg/m ³ 8 hr TWA	30 µg/m ³ 8 hr TWA.
D. 40 µg/100 g	40 µg/100 g.

A. Blood lead level requiring employee medical removal. (Level must be confirmed with second follow-up blood lead level within two weeks of first report.)

B. Frequency which employees exposed to action level of lead (30 µg/m³ TWA) must have blood lead level checked (ZPP is also required in each occasion that a blood lead is obtained.):

1. Last blood lead level less than 40 µg/100
2. Last blood lead level between 40 µg/100 g and level requiring medical removal (see A above)

3. Employees removed from exposure to lead because of an elevated blood lead level

C. Permissible airborne exposure limit for workers removed from work due to an elevated blood lead level (without regard to respirator protection)

D. Blood lead level confirmed with a second blood analysis, at which employee may return to work. Permissible exposure without regard to respirator protection is listed by industry in Table I

Note: When medical opinion indicates that an employee is at risk of material impairment from exposure to lead, the physician can remove an employee from exposures exceeding the action level (or less) or recommend special protective measures as deemed appropriate and necessary. Medical monitoring during the medical removal period can be more stringent than noted in the table above if the physician so specifies. Return to work or removal of limitations and special protections is permitted when the physician indicates that the worker is no longer at risk of material impairment.

Under the standard's ultimate worker removal criteria, a worker is to be removed from any work having any eight hour TWA exposure to lead of 30 ug/m(3) or more whenever either of the following circumstances apply: (1) a blood lead level of 60 ug/100 g or greater is obtained and confirmed by a second follow-up blood lead level performed within two weeks after the

employer receives the results of the first blood sampling test, or (2) the average of the previous three blood lead determinations or the average of all blood lead determinations conducted during the previous six months, whichever encompasses the longest time period, equals or exceeds 50 ug/100 g, unless the last blood sample indicates a blood lead level at or below 40 ug/100 g in which case the employee need not be removed. Medical removal is to continue until two consecutive blood lead levels are 40 ug/100 g or less.

During the first two years that the ultimate removal criteria are being phased in, the return criteria have been set to assure that a worker's blood lead level has substantially declined during the period of removal. From March 1, 1979 to March 1, 1980, the blood lead level requiring employee medical removal is 80 ug/100 g. Workers found to have a confirmed blood lead at this level or greater need only be removed from work having a daily 8 hour TWA exposure to lead at or above 100 ug/m(3). Workers so removed are to be returned to work when their blood lead levels are at or below 60 ug/100 g of whole blood. From March 1, 1980 to March 1, 1981, the blood lead level requiring medical removal is 70 ug/100 g. During this period workers need only be removed from jobs having a daily 8 hour TWA exposure to lead at or above 50 ug/m(3) and are to be returned to work when a level of 50 ug/100 g is achieved. Beginning March 1, 1981, return depends on a worker's blood lead level declining to 40 ug/100 g of whole blood.

As part of the standard, the employer is required to notify in writing each employee whose blood lead level exceeds 40 ug/100 g. In addition each such employee is to be informed that the standard requires medical removal with MRP benefits, discussed below, when an employee's blood lead level exceeds the above defined limits.

In addition to the above blood lead level criteria, temporary worker removal may also take place as a result of medical determinations and recommendations. Written medical opinions must be prepared after each examination pursuant to the standard. If the examining physician includes a medical finding, determination or opinion that the employee has a medical condition which places the employee at increased risk of material health impairment from exposure to lead, then the employee must be removed from exposure to lead at or above the action level. Alternatively, if the examining physician recommends special protective measures for an employee (e.g., use of a powered air purifying respirator) or recommends limitations on an employee's exposure to lead, then the employer must implement these recommendations. Recommendations may be more stringent than the specific provisions of the standard. The examining physician, therefore, is given broad flexibility to tailor special protective procedures to the needs of individual employees. This flexibility extends to the evaluation and management of pregnant workers and male and female workers who are planning to raise children. Based on the history, physical examination, and laboratory studies, the physician might recommend special protective measures or medical removal for an employee who is pregnant or who is planning to conceive a child when, in the physician's judgment, continued exposure to lead at the current job would pose a significant risk. The return of the employee to his or her former job status, or the removal of special protections or limitations, depends upon the examining physician determining that the employee is no longer at increased risk of material impairment or that special measures are no longer needed.

During the period of any form of special protection or removal, the employer must maintain the worker's earnings, seniority, and other employment rights and benefits (as though the worker had not been removed) for a period of up to 18 months. This economic protection will maximize meaningful worker participation in the medical surveillance program, and is appropriate as part of the employer's overall obligation to provide a safe and healthful workplace. The provisions of MRP benefits during the employee's removal period may, however, be conditioned upon participation in medical surveillance.

On rare occasions, an employee's blood lead level may not acceptably decline within 18 months of removal. This situation will arise only in unusual circumstances, thus the standard relies on an individual medical examination to determine how to protect such an employee. This medical determination is to be based on both laboratory values, including lead levels, zinc protoporphyrin levels, blood counts, and other tests felt to be warranted, as well as the physician's judgment that any symptoms or findings on physical examination are a result of lead toxicity. The medical determination may be that the employee is incapable of ever safely returning to his or her former job status. The medical determination may provide additional removal time past 18 months for some employees or specify special protective measures to be implemented.

The lead standard provides for a multiple physician review in cases where the employee wishes a second opinion concerning potential lead poisoning or toxicity. If an employee wishes a second opinion, he or she can make an appointment with a physician of his or her choice. This second physician will review the findings, recommendations or determinations of the first physician and conduct any examinations, consultations or tests deemed necessary in an attempt to make a final medical determination. If the first and second physicians do not agree in their assessment they must try to resolve their differences. If they cannot reach an agreement then they must designate a third physician to resolve the dispute. This multiple physician review mechanism has been temporarily stayed during the pending litigation, but OSHA recommends that it be used if disputes arise over medical determinations.

The employer must provide examining and consulting physicians with the following specific information: a copy of the lead regulations and all appendices, a description of the employee's duties as related to exposure, the exposure level to lead and any other toxic substances (if applicable), a description of personal protective equipment used, blood lead levels, and all prior written medical opinions regarding the employee in the employer's possession or control. The employer must also obtain from the physician and provide the employee with a written medical opinion containing blood lead levels, the physician's opinion as to whether the employee is at risk of material impairment to health, any recommended protective measures for the employee if further exposure is permitted, as well as any recommended limitations upon an employee's use of respirators.

Employers must instruct each physician not to reveal to the employer in writing or in any other way his or her findings, laboratory results, or diagnoses which are felt to be unrelated to occupational lead exposure. They must also instruct each physician to advise the employee of

any occupationally or non-occupationally related medical condition requiring further treatment or evaluation.

The standard provides for the use of respirators where engineering and other primary controls have not been fully implemented. However, the use of respirator protection shall not be used in lieu of temporary medical removal due to elevated blood lead levels or findings that an employee is at risk of material health impairment. This is based on the numerous inadequacies of respirators including skin rash where the facepiece makes contact with the skin, unacceptable stress to breathing in some workers with underlying cardiopulmonary impairment, difficulty in providing adequate fit, the tendency for respirators to create additional hazards by interfering with vision, hearing, and mobility, and the difficulties of assuring the maximum effectiveness of a complicated work practice program involving respirators. Respirators do, however, serve a useful function where engineering and work practice controls are inadequate by providing supplementary, interim, or short-term protection, provided they are properly selected for the environment in which the employee will be working, properly fitted to the employee, maintained and cleaned periodically, and worn by the employee when required.

In its final standard on occupational exposure to inorganic lead, OSHA has prohibited prophylactic chelation. Diagnostic and therapeutic chelation are permitted only under the supervision of a licensed physician with appropriate medical monitoring in an acceptable clinical setting. The decision to initiate chelation therapy must be made on an individual basis and take into account the severity of symptoms felt to be a result of lead toxicity along with blood lead levels, ZPP levels, and other laboratory tests as appropriate. EDTA and penicillamine which are the primary chelating agents used in the therapy of occupational lead poisoning have significant potential side effects and their use must be justified on the basis of expected benefits to the worker. Unless frank and severe symptoms are present, therapeutic chelation is not recommended given the opportunity to remove a worker from exposure and allow the body to naturally excrete accumulated lead. As a diagnostic aid, the chelation mobilization test using CA-EDTA has limited applicability. According to some investigators, the test can differentiate between lead-induced and other nephropathies. The test may also provide an estimation of the mobile fraction of the total body lead burden.

Employers are required to assure that accurate records are maintained on exposure monitoring, medical surveillance, and medical removal for each employee. Exposure monitoring and medical surveillance records must be kept for 40 years or the duration of employment plus 20 years, whichever is longer, while medical removal records must be maintained for the duration of employment. All records required under the standard must be made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health and the Director of the National Institute for Occupational Safety and Health. Employers must also make environmental and biological monitoring and medical removal records available to affected employees and to former employees or their authorized employee representatives. Employees or their specifically designated representatives have access to their entire medical surveillance records.

In addition, the standard requires that the employer inform all workers exposed to lead at or

above the action level of the provisions of the standard and all its appendices, the purpose and description of medical surveillance and provisions for medical removal protection if temporary removal is required. An understanding of the potential health effects of lead exposure by all exposed employees along with full understanding of their rights under the lead standard is essential for an effective monitoring program.

II. ADVERSE HEALTH EFFECTS OF INORGANIC LEAD

Although the toxicity of lead has been known for 2,000 years, the knowledge of the complex relationship between lead exposure and human response is still being refined. Significant research into the toxic properties of lead continues throughout the world, and it should be anticipated that our understanding of thresholds of effects and margins of safety will be improved in future years. The provisions of the lead standard are founded on two prime medical judgments: first, the prevention of adverse health effects from exposure to lead throughout a working lifetime requires that worker blood lead levels be maintained at or below 40 g/100 g and second, the blood lead levels of workers, male or female, who intend to parent in the near future should be maintained below 30 ug/100 g to minimize adverse reproductive health effects to the parents and developing fetus. The adverse effects of lead on reproduction are being actively researched and OSHA encourages the physician to remain abreast of recent developments in the area to best advise pregnant workers or workers planning to conceive children.

The spectrum of health effects caused by lead exposure can be subdivided into five developmental stages: normal, physiological changes of uncertain significance, pathophysiological changes, overt symptoms (morbidity), and mortality. Within this process there are no sharp distinctions, but rather a continuum of effects. Boundaries between categories overlap due to the wide variation of individual responses and exposures in the working population. OSHA's development of the lead standard focused on pathophysiological changes as well as later stages of disease.

1. Heme Synthesis Inhibition. The earliest demonstrated effect of lead involves its ability to inhibit at least two enzymes of the heme synthesis pathway at very low blood levels. Inhibition of delta aminolevulinic acid dehydrase (ALA-D) which catalyzes the conversion of delta-aminolevulinic acid (ALA) to protoporphyrin is observed at a blood lead level below 20 ug/100 g whole blood. At a blood lead level of 40 ug/100 g, more than 20% of the population would have 70% inhibition of ALA-D. There is an exponential increase in ALA excretion at blood lead levels greater than 40 ug/100 g.

Another enzyme, ferrochelatase, is also inhibited at low blood lead levels. Inhibition of ferrochelatase leads to increased free erythrocyte protoporphyrin (FEP) in the blood which can then bind to zinc to yield zinc protoporphyrin. At a blood lead level of 50 ug/100 g or greater, nearly 100% of the population will have an increase in FEP. There is also an exponential relationship between blood lead levels greater than 40 ug/100 g and the associated ZPP level,

which has led to the development of the ZPP screening test for lead exposure.

While the significance of these effects is subject to debate, it is OSHA's position that these enzyme disturbances are early stages of a disease process which may eventually result in the clinical symptoms of lead poisoning. Whether or not the effects do progress to the later stages of clinical disease, disruption of these enzyme processes over a working lifetime is considered to be a material impairment of health.

One of the eventual results of lead-induced inhibition of enzymes in the heme synthesis pathway is anemia which can be asymptomatic if mild but associated with a wide array of symptoms including dizziness, fatigue, and tachycardia when more severe. Studies have indicated that lead levels as low as 50 ug/100 g can be associated with a definite decreased hemoglobin, although most cases of lead-induced anemia, as well as shortened red-cell survival times, occur at lead levels exceeding 80 ug/100 g. Inhibited hemoglobin synthesis is more common in chronic cases whereas shortened erythrocyte life span is more common in acute cases.

In lead-induced anemias, there is usually a reticulocytosis along with the presence of basophilic stippling, and ringed sideroblasts, although none of the above are pathognomonic for lead-induced anemia.

2. Neurological Effects. Inorganic lead has been found to have toxic effects on both the central and peripheral nervous systems. The earliest stages of lead-induced central nervous system effects first manifest themselves in the form of behavioral disturbances and central nervous system symptoms including irritability, restlessness, insomnia and other sleep disturbances, fatigue, vertigo, headache, poor memory, tremor, depression, and apathy. With more severe exposure, symptoms can progress to drowsiness, stupor, hallucinations, delirium, convulsions and coma.

The most severe and acute form of lead poisoning which usually follows ingestion or inhalation of large amounts of lead is acute encephalopathy which may arise precipitously with the onset of intractable seizures, coma, cardiorespiratory arrest, and death within 48 hours.

While there is disagreement about what exposure levels are needed to produce the earliest symptoms, most experts agree that symptoms definitely can occur at blood lead levels of 60 ug/100 g whole blood and therefore recommend a 40 ug/100 g maximum. The central nervous system effects frequently are not reversible following discontinued exposure or chelation therapy and when improvement does occur, it is almost always only partial.

The peripheral neuropathy resulting from lead exposure characteristically involves only motor function with minimal sensory damage and has a marked predilection for the extensor muscles of the most active extremity. The peripheral neuropathy can occur with varying degrees of severity. The earliest and mildest form which can be detected in workers with blood lead levels as low as 50 ug/100 g is manifested by slowing of motor nerve conduction velocity often

without clinical symptoms. With progression of the neuropathy there is development of painless extensor muscle weakness usually involving the extensor muscles of the fingers and hand in the most active upper extremity, followed in severe cases by wrist drop or, much less commonly, foot drop.

In addition to slowing of nerve conduction, electromyographical studies in patients with blood lead levels greater than 50 ug/100 g have demonstrated a decrease in the number of acting motor unit potentials, an increase in the duration of motor unit potentials, and spontaneous pathological activity including fibrillations and fasciculations. Whether these effects occur at levels of 40 ug/100 g is undetermined.

While the peripheral neuropathies can occasionally be reversed with therapy, again such recovery is not assured particularly in the more severe neuropathies and often improvement is only partial. The lack of reversibility is felt to be due in part to segmental demyelination.

3. Gastrointestinal. Lead may also affect the gastrointestinal system producing abdominal colic or diffuse abdominal pain, constipation, obstipation, diarrhea, anorexia, nausea and vomiting. Lead colic rarely develops at blood lead levels below 80 ug/100 g.

4. Renal. Renal toxicity represents one of the most serious health effects of lead poisoning. In the early stages of disease nuclear inclusion bodies can frequently be identified in proximal renal tubular cells. Renal function remains normal and the changes in this stage are probably reversible. With more advanced disease there is progressive interstitial fibrosis and impaired renal function. Eventually extensive interstitial fibrosis ensues with sclerotic glomeruli and dilated and atrophied proximal tubules; all represent end stage kidney disease. Azotemia can be progressive, eventually resulting in frank uremia necessitating dialysis. There is occasionally associated hypertension and hyperuricemia with or without gout.

Early kidney disease is difficult to detect. The urinalysis is normal in early lead nephropathy and the blood urea nitrogen and serum creatinine increase only when two-thirds of kidney function is lost. Measurement of creatinine clearance can often detect earlier disease as can other methods of measurement of glomerular filtration rate. An abnormal Ca-EDTA mobilization test has been used to differentiate between lead-induced and other nephropathies, but this procedure is not widely accepted. A form of Fanconi syndrome with aminoaciduria, glycosuria, and hyperphosphaturia indicating severe injury to the proximal renal tubules is occasionally seen in children.

5. Reproductive effects. Exposure to lead can have serious effects on reproductive function in both males and females. In male workers exposed to lead there can be a decrease in sexual drive, impotence, decreased ability to produce healthy sperm, and sterility. Malformed sperm (teratospermia), decreased number of sperm (hypospermia), and sperm with decreased motility (asthenospermia) can all occur. Teratospermia has been noted at mean blood lead levels of 53 ug/100 g and hypospermia and asthenospermia at 41 ug/100 g. Furthermore, there appears to be a dose-response relationship for teratospermia in lead exposed workers.

Women exposed to lead may experience menstrual disturbances including dysmenorrhea, menorrhagia and amenorrhea. Following exposure to lead, women have a higher frequency of sterility, premature births, spontaneous miscarriages, and stillbirths.

Germ cells can be affected by lead and cause genetic damage in the egg or sperm cells before conception and result in failure to implant, miscarriage, stillbirth, or birth defects.

Infants of mothers with lead poisoning have a higher mortality during the first year and suffer from lowered birth weights, slower growth, and nervous system disorders.

Lead can pass through the placental barrier and lead levels in the mother's blood are comparable to concentrations of lead in the umbilical cord at birth. Transplacental passage becomes detectable at 12-14 weeks of gestation and increases until birth.

There is little direct data on damage to the fetus from exposure to lead but it is generally assumed that the fetus and newborn would be at least as susceptible to neurological damage as young children. Blood lead levels of 50-60 ug/100 g in children can cause significant neurobehavioral impairments and there is evidence of hyperactivity at blood levels as low as 25 ug/100 g. Given the overall body of literature concerning the adverse health effects of lead in children, OSHA feels that the blood lead level in children should be maintained below 30 ug/100 g with a population mean of 15 ug/100 g. Blood lead levels in the fetus and newborn likewise should not exceed 30 ug/100 g.

Because of lead's ability to pass through the placental barrier and also because of the demonstrated adverse effects of lead on reproductive function in both the male and female as well as the risk of genetic damage of lead on both the ovum and sperm, OSHA recommends a 30 ug/100 g maximum permissible blood lead level in both males and females who wish to bear children.

6. Other toxic effects. Debate and research continue on the effects of lead on the human body. Hypertension has frequently been noted in occupationally exposed individuals although it is difficult to assess whether this is due to lead's adverse effects on the kidney or if some other mechanism is involved. Vascular and electrocardiographic changes have been detected but have not been well characterized. Lead is thought to impair thyroid function and interfere with the pituitary-adrenal axis, but again these effects have not been well defined.

III. MEDICAL EVALUATION

The most important principle in evaluating a worker for any occupational disease including lead poisoning is a high index of suspicion on the part of the examining physician. As discussed in Section 2, lead can affect numerous organ systems and produce a wide array of signs and symptoms, most of which are non-specific and subtle in nature at least in the early stages of disease. Unless serious concern for lead toxicity is present, many of the early clues to diagnosis

may easily be overlooked.

The crucial initial in the medical evaluation is recognizing that a worker's employment can result in exposure to lead. The worker will frequently be able to define exposures to lead and lead containing materials but often will not volunteer this information unless specifically asked. In other situations the worker may not know of any exposures to lead but the suspicion might be raised on the part of the physician because of the industry or occupation of the worker. Potential occupational exposure to lead and its compounds occur in at least 120 occupations, including lead smelting, the manufacture of lead storage batteries, the manufacture of lead pigments and products containing pigments, solder manufacture, shipbuilding and ship repair, auto manufacturing, construction, and painting.

Once the possibility for lead exposure is raised, the focus can then be directed toward eliciting information from the medical history, physical exam, and finally from laboratory data to evaluate the worker for potential lead toxicity.

A complete and detailed work history is important in the initial evaluation. A listing of all previous employment with information on work processes, exposure to fumes or dust, known exposures to lead or other toxic substances, respiratory protection used, and previous medical surveillance should all be included in the worker's record. Where exposure to lead is suspected, information concerning on-the-job personal hygiene, smoking or eating habits in work areas, laundry procedures, and use of any protective clothing or respiratory protection equipment should be noted. A complete work history is essential in the medical evaluation of a worker with suspected lead toxicity, especially when long term effects such as neurotoxicity and nephrotoxicity are considered.

The medical history is also of fundamental importance and should include a listing of all past and current medical conditions, current medications including proprietary drug intake, previous surgeries and hospitalizations, allergies, smoking history, alcohol consumption, and also non-occupational lead exposures such as hobbies (hunting, riflery). Also known childhood exposures should be elicited. Any previous history of hematological, neurological, gastrointestinal, renal, psychological, gynecological, genetic, or reproductive problems should be specifically noted.

A careful and complete review of systems must be performed to assess both recognized complaints and subtle or slowly acquired symptoms which the worker might not appreciate as being significant. The review of symptoms should include the following:

General-weight loss, fatigue, decreased appetite.

Head, Eyes, Ears, Nose, Throat (HEENT)-headaches, visual disturbances or decreased visual acuity, hearing deficits or tinnitus, pigmentation of the oral mucosa, or metallic taste in mouth.

Cardio-pulmonary-shortness of breath, cough, chest pains, palpitations, or orthopnea.

Gastrointestinal-nausea, vomiting, heartburn, abdominal pain, constipation or diarrhea.

Neurologic-irritability, insomnia, weakness (fatigue), dizziness, loss of memory, confusion, hallucinations, incoordination, ataxia, decreased strength in hands or feet, disturbances in gait, difficulty in climbing stairs, or seizures.

Hematologic-pallor, easy fatigability, abnormal blood loss, melena.

Reproductive (male and female and spouse where relevant)-history of infertility, impotence, loss of libido, abnormal menstrual periods, history of miscarriages, stillbirths, or children with birth defects.

Musculo-skeletal-muscle and joint pains.

The physical examination should emphasize the neurological, gastrointestinal, and cardiovascular systems. The worker's weight and blood pressure should be recorded and the oral mucosa checked for pigmentation characteristic of a possible Burtonian or lead line on the gingiva. It should be noted, however, that the lead line may not be present even in severe lead poisoning if good oral hygiene is practiced.

The presence of pallor on skin examination may indicate an anemia, which if severe might also be associated with a tachycardia. If an anemia is suspected, an active search for blood loss should be undertaken including potential blood loss through the gastrointestinal tract.

A complete neurological examination should include an adequate mental status evaluation including a search for behavioral and psychological disturbances, memory testing, evaluation for irritability, insomnia, hallucinations, and mental clouding. Gait and coordination should be examined along with close observation for tremor. A detailed evaluation of peripheral nerve function including careful sensory and motor function testing is warranted. Strength testing particularly of extensor muscle groups of all extremities is of fundamental importance.

Cranial nerve evaluation should also be included in the routine examination.

The abdominal examination should include auscultation for bowel sounds and abdominal bruits and palpation for organomegaly, masses, and diffuse abdominal tenderness.

Cardiovascular examination should evaluate possible early signs of congestive heart failure. Pulmonary status should be addressed particularly if respirator protection is contemplated.

As part of the medical evaluation, the lead standard requires the following laboratory studies:

1. Blood lead level

2. Hemoglobin and hematocrit determinations, red cell indices, and examination of the peripheral blood smear to evaluate red blood cell morphology
3. Blood urea nitrogen
4. Serum creatinine
5. Routine urinalysis with microscopic examination.
6. A zinc protoporphyrin level (This requirement is currently not in effect due to the pending litigation, but is recommended nonetheless).

In addition to the above, the physician is authorized to order any further laboratory or other tests which he or she deems necessary in accordance with sound medical practice. The evaluation must also include pregnancy testing or laboratory evaluation of male fertility if requested by the employee.

Additional tests which are probably not warranted on a routine basis but may be appropriate when blood lead and ZPP levels are equivocal include delta aminolevulinic acid and coproporphyrin concentrations in the urine, and dark-field illumination for detection of basophilic stippling in red blood cells.

If an anemia is detected further studies including a careful examination of the peripheral smear, reticulocyte count, stool for occult blood, serum iron, total iron binding capacity, bilirubin, and, if appropriate, vitamin B12 and folate may be of value in attempting to identify the cause of the anemia.

If a peripheral neuropathy is suspected, nerve conduction studies are warranted both for diagnosis and as a basis to monitor any therapy.

If renal disease is questioned, a 24 hour urine collection for creatinine clearance, protein, and electrolytes may be indicated. Elevated uric acid levels may result from lead-induced renal disease and a serum uric acid level might be performed.

An electrocardiogram and chest x-ray may be obtained as deemed appropriate.

Sophisticated and highly specialized testing should not be done routinely and where indicated should be under the direction of a specialist.

IV. LABORATORY EVALUATION

The blood lead level at present remains the single most important test to monitor lead exposure and is the test used in the medical surveillance program under the lead standard to guide employee medical removal. The ZPP which has several advantages over the blood lead level is, due to the pending litigation, not required under the standard. Because of its relatively recent

development and the lack of extensive data concerning its interpretation, the ZPP currently remains an ancillary test.

This section will discuss the blood lead level and ZPP in detail and will outline their relative advantages and disadvantages. Other blood tests currently available to evaluate lead exposure will also be reviewed.

The blood lead level is a good index of current or recent lead absorption when there is no anemia present and when the worker has not taken any chelating agents. However, blood lead levels along with urinary lead levels do not necessarily indicate the total body burden of lead and are not adequate measures of past exposure. One reason for this is that lead has a high affinity for bone and up to 90% of the body's total lead is deposited there. A very important component of the total lead body burden is lead in soft tissue (liver, kidney, and brain). This fraction of the lead body burden, the biologically active lead, is not entirely reflected by blood lead levels since it is a function of the dynamics of lead absorption, distribution, deposition in bone and excretion. Following discontinuation of exposure to lead, the excess body burden is only slowly mobilized from bone and other relatively stable body stores and excreted. Consequently, a high blood lead level may only represent recent heavy exposure to lead without a significant total body excess and likewise a low blood lead level does not exclude an elevated total body burden of lead.

Also due to its correlation with recent exposures, the blood lead level may vary considerably over short time intervals.

To minimize laboratory error and erroneous results due to contamination, blood specimens must be carefully collected after thorough cleaning of the skin with appropriate methods using lead-free blood containers and analyzed by a reliable laboratory. Under the standard, samples must be analyzed in laboratories which are approved by the Center for Disease Control (CDC) or which have received satisfactory grades in proficiency testing by the CDC in the previous year. Analysis is to be made using atomic absorption spectrophotometry, anodic stripping voltammetry or any method which meets the accuracy requirements set forth by the standard.

The determination of lead in urine is generally considered a less reliable monitoring technique than analysis of whole blood primarily due to individual variability in urinary excretion capacity as well as the technical difficulty of obtaining accurate 24 hour urine collections. In addition, workers with renal insufficiency, whether due to lead or some other cause, may have decreased lead clearance and consequently urine lead levels may underestimate the true lead burden. Therefore, urine lead levels should not be used as a routine test.

The zinc protoporphyrin test, unlike the blood lead determination, measures an adverse metabolic effect of lead and as such is a better indicator of lead toxicity than the level of blood lead itself. The level of ZPP reflects lead absorption over the preceding 3 to 4 months, and therefore is a better indicator of lead body burden. The ZPP requires more time than the blood lead to read significantly elevated levels; the return to normal after discontinuing lead exposure is also slower. Furthermore, the ZPP test is simpler, faster, and less expensive to perform and no

contamination is possible. Many investigators believe it is the most reliable means of monitoring chronic lead absorption.

Zinc protoporphyrin results from the inhibition of the enzyme ferrochelatase which catalyzes the insertion of an iron molecule into the protoporphyrin molecule, which then becomes heme. If iron is not inserted into the molecule then zinc, having a greater affinity for protoporphyrin, takes the place of the iron, forming ZPP.

An elevation in the level of circulating ZPP may occur at blood lead levels as low as 20-30 ug/100 g in some workers. Once the blood lead level has reached 40 ug/100 g there is more marked rise in the ZPP value from its normal range of less than 100 ug/100 ml. Increases in blood lead levels beyond 40 ug/100 g are associated with exponential increases in ZPP.

Whereas blood lead levels fluctuate over short time spans, ZPP levels remain relatively stable. ZPP is measured directly in red blood cells and is present for the cell's entire 120 day life-span. Therefore, the ZPP level in blood reflects the average ZPP production over the previous 3-4 months and consequently the average lead exposure during that time interval.

It is recommended that a hematocrit be determined whenever a confirmed ZPP of 50 ug/100 ml whole blood is obtained to rule out a significant underlying anemia. If the ZPP is in excess of 100 ug/100 ml and not associated with abnormal elevations in blood lead levels, the laboratory should be checked to be sure that blood leads were determined using atomic absorption spectrophotometry anodic stripping voltammetry, or any method which meets the accuracy requirements set forth by the standard by a CDC approved laboratory which is experienced in lead level determinations. Repeat periodic blood lead studies should be obtained in all individuals with elevated ZPP levels to be certain that an associated elevated blood lead level has not been missed due to transient fluctuations in blood leads.

ZPP has a characteristic fluorescence spectrum with a peak at 594 nm which is detectable with a hematofluorimeter. The hematofluorimeter is accurate and portable and can provide on-site, instantaneous results for workers who can be frequently tested via a finger prick.

However, careful attention must be given to calibration and quality control procedures. Limited data on blood lead-ZPP correlations and the ZPP levels which are associated with the adverse health effects discussed in Section 2 are the major limitations of the test. Also it is difficult to correlate ZPP levels with environmental exposure and there is some variation of response with age and sex. Nevertheless, the ZPP promises to be an important diagnostic test for the early detection of lead toxicity and its value will increase as more data is collected regarding its relationship to other manifestations of lead poisoning.

Levels of delta-aminolevulinic acid (ALA) in the urine are also used as a measure of lead exposure. Increasing concentrations of ALA are believed to result from the inhibition of the enzyme delta-aminolevulinic acid dehydrase (ALA-D). Although the test is relatively easy to perform, inexpensive, and rapid, the disadvantages include variability in results, the necessity to

collect a complete 24 hour urine sample which has a specific gravity greater than 1.010, and also the fact that ALA decomposes in the presence of light.

The pattern of porphyrin excretion in the urine can also be helpful in identifying lead intoxication. With lead poisoning, the urine concentrations of coproporphyrins I and II, porphobilinogen and uroporphyrin I rise. The most important increase, however, is that of coproporphyrin III; levels may exceed 5,000 ug/l in the urine in lead poisoned individuals, but its correlation with blood lead levels and ZPP are not as good as those of ALA. Increases in urinary porphyrins are not diagnostic of lead toxicity and may be seen in porphyria, some liver diseases, and in patients with high reticulocyte counts.

Summary. The Occupational Safety and Health Administration's standard for inorganic lead places significant emphasis on the medical surveillance of all workers exposed to levels of inorganic lead above the action level of 30 ug/m(3) TWA. The physician has a fundamental role in this surveillance program, and in the operation of the medical removal protection program.

Even with adequate worker education on the adverse health effects of lead and appropriate training in work practices, personal hygiene and other control measures, the physician has a primary responsibility for evaluating potential lead toxicity in the worker. It is only through a careful and detailed medical and work history, a complete physical examination and appropriate laboratory testing that an accurate assessment can be made. Many of the adverse health effects of lead toxicity are either irreversible or only partially reversible and therefore early detection of disease is very important.

This document outlines the medical monitoring program as defined by the occupational safety and health standard for inorganic lead. It reviews the adverse health effects of lead poisoning and describes the important elements of the history and physical examinations as they relate to these adverse effects. Finally, the appropriate laboratory testing for evaluating lead exposure and toxicity is presented.

It is hoped that this review and discussion will give the physician a better understanding of the OSHA standard with the ultimate goal of protecting the health and well-being of the worker exposed to lead under his or her care.

1910.1025 App D Qualitative fit test protocols [Reserved]
APPENDIX D to 1910.1025 - QUALITATIVE FIT TEST PROTOCOLS [Reserved]

1910.1026 Chromium (VI).

(a) Scope.

(1) This standard applies to occupational exposures to chromium (VI) in all forms and compounds in general industry, except:

(2) Exposures that occur in the application of pesticides regulated by the Environmental Protection Agency or another Federal government agency (e.g., the treatment of wood with preservatives);

(3) Exposures to portland cement; or

(4) Where the employer has objective data demonstrating that a material containing chromium or a specific process, operation, or activity involving chromium cannot release dusts, fumes, or mists of chromium (VI) in concentrations at or above $0.5 \mu\text{g}/\text{m}^3$ as an 8-hour time-weighted average (TWA) under any expected conditions of use.

(b) **Definitions.** For the purposes of this section the following definitions apply:

Action level means a concentration of airborne chromium (VI) of 2.5 micrograms per cubic meter of air ($2.5 \mu\text{g}/\text{m}^3$) calculated as an 8-hour time-weighted average (TWA).

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

Chromium (VI) [hexavalent chromium or Cr(VI)] means chromium with a valence of positive six, in any form and in any compound.

Director means the Director of the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health and Human Services, or designee.

Emergency means any occurrence that results, or is likely to result, in an uncontrolled release of chromium (VI). If an incidental release of chromium (VI) can be controlled at the time of release by employees in the immediate release area, or by maintenance personnel, it is not an emergency.

Employee exposure means the exposure to airborne chromium (VI) that would occur if the employee were not using a respirator.

High-efficiency particulate air [HEPA] filter means a filter that is at least 99.97 percent efficient in removing mono-dispersed particles of 0.3 micrometers in diameter or larger.

Historical monitoring data means data from chromium (VI) monitoring conducted prior to May 30, 2006, obtained during work operations conducted under workplace conditions closely resembling the processes, types of material, control methods, work practices, and environmental conditions in the employer's current operations.

Objective data means information such as air monitoring data from industry-wide surveys or calculations based on the composition or chemical and physical properties of a substance demonstrating the employee exposure to chromium (VI) associated with a particular product or

material or a specific process, operation, or activity. The data must reflect workplace conditions closely resembling the processes, types of material, control methods, work practices, and environmental conditions in the employer's current operations.

Physician or other licensed health care professional [PLHCP] is an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide or be delegated the responsibility to provide some or all of the particular health care services required by paragraph (k) of this section.

Regulated area means an area, demarcated by the employer, where an employee's exposure to airborne concentrations of chromium (VI) exceeds, or can reasonably be expected to exceed, the PEL.

This section means this § 1910.1026 chromium (VI) standard

(c) Permissible exposure limit (PEL). The employer shall ensure that no employee is exposed to an airborne concentration of chromium (VI) in excess of 5 micrograms per cubic meter of air ($5 \mu\text{g}/\text{m}^3$), calculated as an 8-hour time-weighted average (TWA).

(d) Exposure determination.

(1) General. Each employer who has a workplace or work operation covered by this section shall determine the 8-hour TWA exposure for each employee exposed to chromium (VI). This determination shall be made in accordance with either paragraph (d)(2) or paragraph (d)(3) of this section.

(2) Scheduled monitoring option.

(i) The employer shall perform initial monitoring to determine the 8-hour TWA exposure for each employee on the basis of a sufficient number of personal breathing zone air samples to accurately characterize full shift exposure on each shift, for each job classification, in each work area. Where an employer does representative sampling instead of sampling all employees in order to meet this requirement, the employer shall sample the employee(s) expected to have the highest chromium (VI) exposures.

(ii) If initial monitoring indicates that employee exposures are below the action level, the employer may discontinue monitoring for those employees whose exposures are represented by such monitoring.

(iii) If monitoring reveals employee exposures to be at or above the action level, the employer shall perform periodic monitoring at least every six months.

(iv) If monitoring reveals employee exposures to be above the PEL, the employer shall perform periodic monitoring at least every three months.

(v) If periodic monitoring indicates that employee exposures are below the action level, and the result is confirmed by the result of another monitoring taken at least seven days later, the employer may discontinue the monitoring for those employees whose exposures are represented by such monitoring.

(vi) The employer shall perform additional monitoring when there has been any change in the production process, raw materials, equipment, personnel, work practices, or control methods that may result in new or additional exposures to chromium (VI), or when the employer has any reason to believe that new or additional exposures have occurred.

(3) Performance-oriented option. The employer shall determine the 8-hour TWA exposure for each employee on the basis of any combination of air monitoring data, historical monitoring data, or objective data sufficient to accurately characterize employee exposure to chromium (VI).

(4) Employee notification of determination results.

(i) Within 15 work days after making an exposure determination in accordance with paragraph (d)(2) or paragraph (d)(3) of this section, the employer shall individually notify each affected employee in writing of the results of that determination or post the results in an appropriate location accessible to all affected employees.

(ii) Whenever the exposure determination indicates that employee exposure is above the PEL, the employer shall describe in the written notification the corrective action being taken to reduce employee exposure to or below the PEL.

(5) Accuracy of measurement. Where air monitoring is performed to comply with the requirements of this section, the employer shall use a method of monitoring and analysis that can measure chromium (VI) to within an accuracy of plus or minus 25 percent (+/- 25%) and can produce accurate measurements to within a statistical confidence level of 95 percent for airborne concentrations at or above the action level.

(6) Observation of monitoring.

(i) Where air monitoring is performed to comply with the requirements of this section, the employer shall provide affected employees or their designated representatives an opportunity to observe any monitoring of employee exposure to chromium (VI).

(ii) When observation of monitoring requires entry into an area where the use of protective clothing or equipment is required, the employer shall provide the observer with clothing and equipment and shall assure that the observer uses such clothing and equipment and complies with all other applicable safety and health procedures.

(e) Regulated areas.

(1) Establishment. The employer shall establish a regulated area wherever an employee's

exposure to airborne concentrations of chromium (VI) is, or can reasonably be expected to be, in excess of the PEL.

(2) Demarcation. The employer shall ensure that regulated areas are demarcated from the rest of the workplace in a manner that adequately establishes and alerts employees of the boundaries of the regulated area.

(3) Access. The employer shall limit access to regulated areas to:

(i) Persons authorized by the employer and required by work duties to be present in the regulated area;

(ii) Any person entering such an area as a designated representative of employees for the purpose of exercising the right to observe monitoring procedures under paragraph (d) of this section; or

(iii) Any person authorized by the Occupational Safety and Health Act or regulations issued under it to be in a regulated area.

(f) Methods of compliance.

(1) Engineering and work practice controls.

(i) Except as permitted in paragraph (f)(1)(ii) and paragraph (f)(1)(iii) of this section, the employer shall use engineering and work practice controls to reduce and maintain employee exposure to chromium (VI) to or below the PEL unless the employer can demonstrate that such controls are not feasible. Wherever feasible engineering and work practice controls are not sufficient to reduce employee exposure to or below the PEL, the employer shall use them to reduce employee exposure to the lowest levels achievable, and shall supplement them by the use of respiratory protection that complies with the requirements of paragraph (g) of this section.

(ii) Where painting of aircraft or large aircraft parts is performed in the aerospace industry, the employer shall use engineering and work practice controls to reduce and maintain employee exposure to chromium (VI) to or below $25 \mu\text{g}/\text{m}^3$ unless the employer can demonstrate that such controls are not feasible. The employer shall supplement such engineering and work practice controls with the use of respiratory protection that complies with the requirements of paragraph (g) of this section to achieve the PEL.

(iii) Where the employer can demonstrate that a process or task does not result in any employee exposure to chromium (VI) above the PEL for 30 or more days per year (12 consecutive months), the requirement to implement engineering and work practice controls to achieve the PEL does not apply to that process or task.

(2) Prohibition of rotation. The employer shall not rotate employees to different jobs to achieve compliance with the PEL.

(g) Respiratory protection.

(1) General. Where respiratory protection is required by this section, the employer must provide each employee an appropriate respirator that complies with the requirements of this paragraph. Respiratory protection is required during:

(i) Periods necessary to install or implement feasible engineering and work practice controls;

(ii) Work operations, such as maintenance and repair activities, for which engineering and work practice controls are not feasible;

(iii) Work operations for which an employer has implemented all feasible engineering and work practice controls and such controls are not sufficient to reduce exposures to or below the PEL;

(iv) Work operations where employees are exposed above the PEL for fewer than 30 days per year, and the employer has elected not to implement engineering and work practice controls to achieve the PEL; or

(v) Emergencies.

(2) Respiratory protection program. Where respirator use is required by this section, the employer shall institute a respiratory protection program in accordance with 29 CFR 1910.134, which covers each employee required to use a respirator.

(h) Protective work clothing and equipment.

(1) Provision and use. Where a hazard is present or is likely to be present from skin or eye contact with chromium (VI), the employer shall provide appropriate personal protective clothing and equipment at no cost to employees, and shall ensure that employees use such clothing and equipment.

(2) Removal and storage.

(i) The employer shall ensure that employees remove all protective clothing and equipment contaminated with chromium (VI) at the end of the work shift or at the completion of their tasks involving chromium (VI) exposure, whichever comes first.

(ii) The employer shall ensure that no employee removes chromium (VI)-contaminated protective clothing or equipment from the workplace, except for those employees whose job it is to launder, clean, maintain, or dispose of such clothing or equipment.

(iii) When contaminated protective clothing or equipment is removed for laundering, cleaning, maintenance, or disposal, the employer shall ensure that it is stored and transported in sealed, impermeable bags or other closed, impermeable containers.

(iv) Bags or containers of contaminated protective clothing or equipment that are removed from change rooms for laundering, cleaning, maintenance, or disposal shall be labeled in accordance with the requirements of the Hazard Communication Standard, 29 CFR 1910.1200.

(3) Cleaning and replacement.

(i) The employer shall clean, launder, repair and replace all protective clothing and equipment required by this section as needed to maintain its effectiveness.

(ii) The employer shall prohibit the removal of chromium (VI) from protective clothing and equipment by blowing, shaking, or any other means that disperses chromium (VI) into the air or onto an employee's body.

(iii) The employer shall inform any person who launders or cleans protective clothing or equipment contaminated with chromium (VI) of the potentially harmful effects of exposure to chromium (VI) and that the clothing and equipment should be laundered or cleaned in a manner that minimizes skin or eye contact with chromium (VI) and effectively prevents the release of airborne chromium (VI) in excess of the PEL.

(i) Hygiene areas and practices.

(1) General. Where protective clothing and equipment is required, the employer shall provide change rooms in conformance with 29 CFR 1910.141. Where skin contact with chromium (VI) occurs, the employer shall provide washing facilities in conformance with 29 CFR 1910.141. Eating and drinking areas provided by the employer shall also be in conformance with § 1910.141.

(2) Change rooms. The employer shall assure that change rooms are equipped with separate storage facilities for protective clothing and equipment and for street clothes, and that these facilities prevent cross-contamination.

(3) Washing facilities.

(i) The employer shall provide readily accessible washing facilities capable of removing chromium (VI) from the skin, and shall ensure that affected employees use these facilities when necessary.

(ii) The employer shall ensure that employees who have skin contact with chromium (VI) wash their hands and faces at the end of the work shift and prior to eating,

drinking, smoking, chewing tobacco or gum, applying cosmetics, or using the toilet.

(4) Eating and drinking areas.

(i) Whenever the employer allows employees to consume food or beverages at a worksite where chromium (VI) is present, the employer shall ensure that eating and drinking areas and surfaces are maintained as free as practicable of chromium (VI).

(ii) The employer shall ensure that employees do not enter eating and drinking areas with protective work clothing or equipment unless surface chromium (VI) has been removed from the clothing and equipment by methods that do not disperse chromium (VI) into the air or onto an employee's body.

(5) Prohibited activities. The employer shall ensure that employees do not eat, drink, smoke, chew tobacco or gum, or apply cosmetics in regulated areas, or in areas where skin or eye contact with chromium (VI) occurs; or carry the products associated with these activities, or store such products in these areas.

(j) Housekeeping.

(1) General. The employer shall ensure that:

(i) All surfaces are maintained as free as practicable of accumulations of chromium (VI).

(ii) All spills and releases of chromium (VI) containing material are cleaned up promptly.

(2) Cleaning methods.

(i) The employer shall ensure that surfaces contaminated with chromium (VI) are cleaned by HEPA-filter vacuuming or other methods that minimize the likelihood of exposure to chromium (VI).

(ii) Dry shoveling, dry sweeping, and dry brushing may be used only where HEPA-filtered vacuuming or other methods that minimize the likelihood of exposure to chromium (VI) have been tried and found not to be effective.

(iii) The employer shall not allow compressed air to be used to remove chromium (VI) from any surface unless:

(A) The compressed air is used in conjunction with a ventilation system designed to capture the dust cloud created by the compressed air; or

(B) No alternative method is feasible.

(iv) The employer shall ensure that cleaning equipment is handled in a manner that minimizes the reentry of chromium (VI) into the workplace.

(3) Disposal. The employer shall ensure that:

(i) Waste, scrap, debris, and any other materials contaminated with chromium (VI) and consigned for disposal are collected and disposed of in sealed, impermeable bags or other closed, impermeable containers.

(ii) Bags or containers of waste, scrap, debris, and any other materials contaminated with chromium (VI) that are consigned for disposal are labeled in accordance with the requirements of the Hazard Communication Standard, 29 CFR 1910.1200.

(k) Medical surveillance.

(1) General.

(i) The employer shall make medical surveillance available at no cost to the employee, and at a reasonable time and place, for all employees:

(A) Who are or may be occupationally exposed to chromium (VI) at or above the action level for 30 or more days a year;

(B) Experiencing signs or symptoms of the adverse health effects associated with chromium (VI) exposure; or

(C) Exposed in an emergency.

(ii) The employer shall assure that all medical examinations and procedures required by this section are performed by or under the supervision of a PLHCP.

(2) Frequency. The employer shall provide a medical examination:

(i) Within 30 days after initial assignment, unless the employee has received a chromium (VI) related medical examination that meets the requirements of this paragraph within the last twelve months;

(ii) Annually;

(iii) Within 30 days after a PLHCP's written medical opinion recommends an additional examination;

(iv) Whenever an employee shows signs or symptoms of the adverse health effects associated with chromium (VI) exposure;

(v) Within 30 days after exposure during an emergency which results in an uncontrolled release of chromium (VI); or

(vi) At the termination of employment, unless the last examination that satisfied the requirements of paragraph (k) of this section was less than six months prior to the date of termination.

(3) Contents of examination. A medical examination consists of:

(i) A medical and work history, with emphasis on: Past, present, and anticipated future exposure to chromium (VI); any history of respiratory system dysfunction; any history of asthma, dermatitis, skin ulceration, or nasal septum perforation; and smoking status and history;

(ii) A physical examination of the skin and respiratory tract; and

(iii) Any additional tests deemed appropriate by the examining PLHCP.

(4) Information provided to the PLHCP. The employer shall ensure that the examining PLHCP has a copy of this standard, and shall provide the following information:

(i) A description of the affected employee's former, current, and anticipated duties as they relate to the employee's occupational exposure to chromium (VI);

(ii) The employee's former, current, and anticipated levels of occupational exposure to chromium (VI);

(iii) A description of any personal protective equipment used or to be used by the employee, including when and for how long the employee has used that equipment; and

(iv) Information from records of employment-related medical examinations previously provided to the affected employee, currently within the control of the employer.

(5) PLHCP's written medical opinion.

(i) The employer shall obtain a written medical opinion from the PLHCP, within 30 days for each medical examination performed on each employee, which contains:

(A) The PLHCP's opinion as to whether the employee has any detected medical condition(s) that would place the employee at increased risk of material impairment to health from further exposure to chromium (VI);

(B) Any recommended limitations upon the employee's exposure to chromium (VI) or upon the use of personal protective equipment such as respirators;

(C) A statement that the PLHCP has explained to the employee the results of the medical examination, including any medical conditions related to chromium (VI) exposure that require further evaluation or treatment, and any special provisions for use of protective clothing or equipment.

(ii) The PLHCP shall not reveal to the employer specific findings or diagnoses unrelated to occupational exposure to chromium (VI).

(iii) The employer shall provide a copy of the PLHCP's written medical opinion to the examined employee within two weeks after receiving it.

(l) Communication of chromium (VI) hazards to employees.

(1) General. In addition to the requirements of the Hazard Communication Standard, 29 CFR 1910.1200, employers shall comply with the following requirements.

(2) Employee information and training.

(i) The employer shall ensure that each employee can demonstrate knowledge of at least the following:

(A) The contents of this section; and

(B) The purpose and a description of the medical surveillance program required by paragraph (k) of this section.

(ii) The employer shall make a copy of this section readily available without cost to all affected employees.

(m) Recordkeeping.

(1) Air monitoring data.

(i) The employer shall maintain an accurate record of all air monitoring conducted to comply with the requirements of this section.

(ii) This record shall include at least the following information:

(A) The date of measurement for each sample taken;

(B) The operation involving exposure to chromium (VI) that is being

monitored;

(C) Sampling and analytical methods used and evidence of their accuracy;

(D) Number, duration, and the results of samples taken;

(E) Type of personal protective equipment, such as respirators worn; and

(F) Name, social security number, and job classification of all employees represented by the monitoring, indicating which employees were actually monitored.

(iii) The employer shall ensure that exposure records are maintained and made available in accordance with 29 CFR 1910.1020.

(2) Historical monitoring data.

(i) Where the employer has relied on historical monitoring data to determine exposure to chromium (VI), the employer shall establish and maintain an accurate record of the historical monitoring data relied upon.

(ii) The record shall include information that reflects the following conditions:

(A) The data were collected using methods that meet the accuracy requirements of paragraph (d)(5) of this section;

(B) The processes and work practices that were in use when the historical monitoring data were obtained are essentially the same as those to be used during the job for which exposure is being determined;

(C) The characteristics of the chromium (VI) containing material being handled when the historical monitoring data were obtained are the same as those on the job for which exposure is being determined;

(D) Environmental conditions prevailing when the historical monitoring data were obtained are the same as those on the job for which exposure is being determined; and

(E) Other data relevant to the operations, materials, processing, or employee exposures covered by the exception.

(iii) The employer shall ensure that historical exposure records are maintained and made available in accordance with 29 CFR 1910.1020.

(3) Objective data.

(i) The employer shall maintain an accurate record of all objective data relied upon to comply with the requirements of this section.

(ii) This record shall include at least the following information:

(A) The chromium containing material in question;

(B) The source of the objective data;

(C) The testing protocol and results of testing, or analysis of the material for the release of chromium (VI);

(D) A description of the process, operation, or activity and how the data support the determination; and

(E) Other data relevant to the process, operation, activity, material, or employee exposures.

(iii) The employer shall ensure that objective data are maintained and made available in accordance with 29 CFR 1910.1020.

(4) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee covered by medical surveillance under paragraph (k) of this section.

(ii) The record shall include the following information about the employee:

(A) Name and social security number;

(B) A copy of the PLHCP's written opinions;

(C) A copy of the information provided to the PLHCP as required by paragraph (k)(4) of this section.

(iii) The employer shall ensure that medical records are maintained and made available in accordance with 29 CFR 1910.1020.

(n) Dates.

(1) For employers with 20 or more employees, all obligations of this section, except engineering controls required by paragraph (f) of this section, commence November 27, 2006.

(2) For employers with 19 or fewer employees, all obligations of this section, except

engineering controls required by paragraph (f) of this section, commence May 30, 2007.

(3) Except as provided in (n)(4), for all employers, engineering controls required by paragraph (f) of this section shall be implemented no later than May 31, 2010.

(4) In facilities that become parties to the settlement agreement included in Appendix A, engineering controls required by paragraph (f) of this section shall be implemented no later than December 31, 2008.

[71 FR 10374, Feb. 28, 2006; 71 FR 63242, Oct. 30, 2006]

1910.1027 Cadmium.

(a) Scope. This standard applies to all occupational exposures to cadmium and cadmium compounds, in all forms, and in all industries covered by the Occupational Safety and Health Act, except the construction-related industries, which are covered under 29 CFR 1926.63.

(b) Definitions.

Action level (AL) is defined as an airborne concentration of cadmium of 2.5 micrograms per cubic meter of air (2.5 $\mu\text{g}/\text{m}^3$ (Footnote 3)), calculated as an 8-hour time-weighted average (TWA).

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

Authorized person means any person authorized by the employer and required by work duties to be present in regulated areas or any person authorized by the OSH Act or regulations issued under it to be in regulated areas.

Director means the Director of the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health and Human Services, or designee.

Employee exposure and similar language referring to the air cadmium level to which an employee is exposed means the exposure to airborne cadmium that would occur if the employee were not using respiratory protective equipment.

Final medical determination is the written medical opinion of the employee's health status by the examining physician under paragraphs (l)(3)-(12) of this section or, if multiple physician review under paragraph (l)(13) of this section or the alternative physician determination under paragraph (l)(14) of this section is invoked, it is the final, written medical finding,

recommendation or determination that emerges from that process.

High-efficiency particulate air (HEPA) filter means a filter capable of trapping and retaining at least 99.97 percent of mono-dispersed particles of 0.3 micrometers in diameter.

Regulated area means an area demarcated by the employer where an employee's exposure to airborne concentrations of cadmium exceeds, or can reasonably be expected to exceed the permissible exposure limit (PEL).

This section means this cadmium standard.

(c) Permissible Exposure Limit (PEL). The employer shall assure that no employee is exposed to an airborne concentration of cadmium in excess of five micrograms per cubic meter of air (5 $\mu\text{g}/\text{m}^3$ (Footnote 3)), calculated as an eight-hour time-weighted average exposure (TWA).

(d) Exposure monitoring

(1) General.

(i) Each employer who has a workplace or work operation covered by this section shall determine if any employee may be exposed to cadmium at or above the action level.

(ii) Determinations of employee exposure shall be made from breathing zone air samples that reflect the monitored employee's regular, daily 8-hour TWA exposure to cadmium.

(iii) Eight-hour TWA exposures shall be determined for each employee on the basis of one or more personal breathing zone air samples reflecting full shift exposure on each shift, for each job classification, in each work area. Where several employees perform the same job tasks, in the same job classification, on the same shift, in the same work area, and the length, duration, and level of cadmium exposures are similar, an employer may sample a representative fraction of the employees instead of all employees in order to meet this requirement. In representative sampling, the employer shall sample the employee(s) expected to have the highest cadmium exposures.

(2) Specific.

(i) Initial monitoring. Except as provided for in paragraphs (d)(2)(ii) and (d)(2)(iii) of this section, the employer shall monitor employee exposures and shall base initial determinations on the monitoring results.

(ii) Where the employer has monitored after September 14, 1991, under conditions that in all important aspects closely resemble those currently prevailing and where that monitoring satisfies all other requirements of this section, including the accuracy and confidence levels of paragraph (d)(6) of this section, the employer may rely on such earlier monitoring results to satisfy the requirements of paragraph (d)(2)(i) of this section.

(iii) Where the employer has objective data, as defined in paragraph (n)(2) of this section, demonstrating that employee exposure to cadmium will not exceed the action level under the expected conditions of processing, use, or handling, the employer may rely upon such data instead of implementing initial monitoring.

(3) Monitoring Frequency (periodic monitoring).

(i) If the initial monitoring or periodic monitoring reveals employee exposures to be at or above the action level, the employer shall monitor at a frequency and pattern needed to represent the levels of exposure of employees and where exposures are above the PEL to assure the adequacy of respiratory selection and the effectiveness of engineering and work practice controls. However, such exposure monitoring shall be performed at least every six months. The employer, at a minimum, shall continue these semi-annual measurements unless and until the conditions set out in paragraph (d)(3)(ii) of this section are met.

(ii) If the initial monitoring or the periodic monitoring indicates that employee exposures are below the action level and that result is confirmed by the results of another monitoring taken at least seven days later, the employer may discontinue the monitoring for those employees whose exposures are represented by such monitoring.

(4) Additional Monitoring. The employer also shall institute the exposure monitoring required under paragraphs (d)(2)(i) and (d)(3) of this section whenever there has been a change in the raw materials, equipment, personnel, work practices, or finished products that may result in additional employees being exposed to cadmium at or above the action level or in employees already exposed to cadmium at or above the action level being exposed above the PEL, or whenever the employer has any reason to suspect that any other change might result in such further exposure.

(5) Employee Notification of Monitoring Results.

(i) The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to employees.

(ii) Wherever monitoring results indicate that employee exposure exceeds the PEL, the employer shall include in the written notice a statement that the PEL has been exceeded and a description of the corrective action being taken by the employer to reduce employee exposure to or below the PEL.

(6) Accuracy of measurement. The employer shall use a method of monitoring and analysis that has an accuracy of not less than plus or minus 25 percent (25%), with a confidence level of

95 percent, for airborne concentrations of cadmium at or above the action level, the permissible exposure limit (PEL), and the separate engineering control air limit (SECAL).

(e) Regulated areas.

(1) Establishment. The employer shall establish a regulated area wherever an employee's exposure to airborne concentrations of cadmium is, or can reasonably be expected to be in excess of the permissible exposure limit (PEL).

(2) Demarcation. Regulated areas shall be demarcated from the rest of the workplace in any manner that adequately establishes and alerts employees of the boundaries of the regulated area.

(3) Access. Access to regulated areas shall be limited to authorized persons.

(4) Provision of respirators. Each person entering a regulated area shall be supplied with and required to use a respirator, selected in accordance with paragraph (g)(2) of this section.

(5) Prohibited activities. The employer shall assure that employees do not eat, drink, smoke, chew tobacco or gum, or apply cosmetics in regulated areas, carry the products associated with these activities into regulated areas, or store such products in those areas.

(f) Methods of compliance.

(1) Compliance hierarchy.

(i) Except as specified in paragraphs (f)(1) (ii), (iii) and (iv) of this section the employer shall implement engineering and work practice controls to reduce and maintain employee exposure to cadmium at or below the PEL, except to the extent that the employer can demonstrate that such controls are not feasible.

(ii) Except as specified in paragraphs (f)(1) (iii) and (iv) of this section, in industries where a separate engineering control air limit (SECAL) has been specified for particular processes (See Table 1 in this paragraph (f)(1)(ii)), the employer shall implement engineering and work practice controls to reduce and maintain employee exposure at or below the SECAL, except to the extent that the employer can demonstrate that such controls are not feasible.

TABLE 1. - Separate Engineering Control Airborne Limits (SECALs) For Processes In Selected Industries

Industry	Process	SECAL (ug/m(3))
Nickel Cadmium Battery	Plate making, plate preparation....	50
	All other processes.....	15
Zinc/Cadmium Refining *	Cadmium refining, casting, melting,	

Pigment Manufacture	oxide production, sinter plant...	50
	Calcine, crushing, milling, blending	50
	All other processes.....	15
Stabilizers *	Cadmium oxide charging, crushing, drying, blending.....	50
Lead Smelting *	Sinter plant, blast furnace, baghouse, yard area.....	50
Plating *	Mechanical plating.....	15

Footnote(*) Processes in these industries that are not specified in this table must achieve the PEL using engineering controls and work practices as required in f(1)(i)

(iii) The requirement to implement engineering and work practice controls to achieve the PEL or, where applicable, the SECAL does not apply where the employer demonstrates the following:

(A) The employee is only intermittently exposed; and

(B) The employee is not exposed above the PEL on 30 or more days per year (12 consecutive months).

(iv) Wherever engineering and work practice controls are required and are not sufficient to reduce employee exposure to or below the PEL or, where applicable, the SECAL, the employer nonetheless shall implement such controls to reduce exposures to the lowest levels achievable. The employer shall supplement such controls with respiratory protection that complies with the requirements of paragraph (g) of this section and the PEL.

(v) The employer shall not use employee rotation as a method of compliance.

(2) Compliance program.

(i) Where the PEL is exceeded, the employer shall establish and implement a written compliance program to reduce employee exposure to or below the PEL by means of engineering and work practice controls, as required by paragraph (f)(1) of this section. To the extent that engineering and work practice controls cannot reduce exposures to or below the PEL, the employer shall include in the written compliance program the use of appropriate respiratory protection to achieve compliance with the PEL.

(ii) Written compliance programs shall include at least the following:

(A) A description of each operation in which cadmium is emitted; e.g., machinery used, material processed, controls in place, crew size, employee job responsibilities, operating procedures, and maintenance practices;

(B) A description of the specific means that will be employed to achieve compliance,

including engineering plans and studies used to determine methods selected for controlling exposure to cadmium, as well as, where necessary, the use of appropriate respiratory protection to achieve the PEL;

(C) A report of the technology considered in meeting the PEL;

(D) Air monitoring data that document the sources of cadmium emissions;

(E) A detailed schedule for implementation of the program, including documentation such as copies of purchase orders for equipment, construction contracts, etc.;

(F) A work practice program that includes items required under paragraphs (h), (i), and (j) of this section;

(G) A written plan for emergency situations, as specified in paragraph (h) of this section; and

(H) Other relevant information.

(iii) The written compliance programs shall be reviewed and updated at least annually, or more often if necessary, to reflect significant changes in the employer's compliance status.

(iv) Written compliance programs shall be provided upon request for examination and copying to affected employees, designated employee representatives as well as to the Assistant Secretary, and the Director.

(3) Mechanical ventilation.

(i) When ventilation is used to control exposure, measurements that demonstrate the effectiveness of the system in controlling exposure, such as capture velocity, duct velocity, or static pressure shall be made as necessary to maintain its effectiveness.

(ii) Measurements of the system's effectiveness in controlling exposure shall be made as necessary within five working days of any change in production, process, or control that might result in a significant increase in employee exposure to cadmium.

(iii) Recirculation of air. If air from exhaust ventilation is recirculated into the workplace, the system shall have a high efficiency filter and be monitored to assure effectiveness.

(iv) Procedures shall be developed and implemented to minimize employee exposure to cadmium when maintenance of ventilation systems and changing of filters is being conducted.

(g) Respiratory protection.

(1) General. For employees who use respirators required by this section, the employer must

provide each employee an appropriate respirator that comply with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement feasible engineering and work practice controls when employee exposure levels exceed the PEL.

(ii) Maintenance and repair activities, and brief or intermittent operations, for which employee exposures exceed the PEL and engineering and work-practice controls are not feasible or are not required.

(iii) Activities in regulated areas specified in paragraph (e) of this section.

(iv) Work operations for which the employer has implemented all feasible engineering and work-practice controls and such controls are not sufficient to reduce employee exposures to or below the PEL.

(v) Work operations for which an employee is exposed to cadmium at or above the action level, and the employee requests a respirator.

(vi) Work operations for which an employee is exposed to cadmium above the PEL and engineering controls are not required by paragraph (f)(1)(ii) of this section.

(vii) Emergencies.

(2) Respirator program.

(i) The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

(ii) No employees must use a respirator if, based on their most recent medical examination, the examining physician determines that they will be unable to continue to function normally while using a respirator. If the physician determines that the employee must be limited in, or removed from, their current job because of their inability to use a respirator, the limitation or removal must be in accordance with paragraphs (1) (11) and (12) of this section.

(iii) If an employee has breathing difficulty during fit testing or respirator use, the employer must provide the employee with a medical examination in accordance with paragraph (1)(6)(ii) of this section to determine if the employee can use a respirator while performing the required duties.

(3) Respirator selection.

Employers must:

(A) Select, and provide to employees, the appropriate respirators specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134.

(B) Provide employees with full facepiece respirators when they experience eye irritation.

(C) Provide HEPA filters for powered and non-powered air-purifying respirators.

(ii) The employer must provide an employee with a powered air-purifying respirator instead of a negative-pressure respirator when an employee who is entitled to a respirator chooses to use this type of respirator and such a respirator provides adequate protection to the employee.

(h) Emergency situations. The employer shall develop and implement a written plan for dealing with emergency situations involving substantial releases of airborne cadmium. The plan shall include provisions for the use of appropriate respirators and personal protective equipment. In addition, employees not essential to correcting the emergency situation shall be restricted from the area and normal operations halted in that area until the emergency is abated.

(i) Protective work clothing and equipment

(1) Provision and use. If an employee is exposed to airborne cadmium above the PEL or where skin or eye irritation is associated with cadmium exposure at any level, the employer shall provide at no cost to the employee, and assure that the employee uses, appropriate protective work clothing and equipment that prevents contamination of the employee and the employee's garments. Protective work clothing and equipment includes, but is not limited to:

(i) Coveralls or similar full-body work clothing;

(ii) Gloves, head coverings, and boots or foot coverings; and

(iii) Face shields, vented goggles, or other appropriate protective equipment that complies with 29 CFR 1910.133.

(2) Removal and storage.

(i) The employer shall assure that employees remove all protective clothing and equipment contaminated with cadmium at the completion of the work shift and do so only in change rooms provided in accordance with paragraph (j)(1) of this section.

(ii) The employer shall assure that no employee takes cadmium-contaminated protective clothing or equipment from the workplace, except for employees authorized to do so for purposes of laundering, cleaning, maintaining, or disposing of cadmium contaminated protective clothing and equipment at an appropriate location or facility away from the workplace.

(iii) The employer shall assure that contaminated protective clothing and equipment, when removed for laundering, cleaning, maintenance, or disposal, is placed and stored in sealed, impermeable bags or other closed, impermeable containers that are designed to prevent dispersion of cadmium dust.

(iv) The employer shall assure that bags or containers of contaminated protective clothing and equipment that are to be taken out of the change rooms or the workplace for laundering, cleaning, maintenance or disposal shall bear labels in accordance with paragraph (m)(3) of this section.

(3) Cleaning, replacement, and disposal.

(i) The employer shall provide the protective clothing and equipment required by paragraph (i)(1) of this section in a clean and dry condition as often as necessary to maintain its effectiveness, but in any event at least weekly. The employer is responsible for cleaning and laundering the protective clothing and equipment required by this paragraph to maintain its effectiveness and is also responsible for disposing of such clothing and equipment.

(ii) The employer also is responsible for repairing or replacing required protective clothing and equipment as needed to maintain its effectiveness. When rips or tears are detected while an employee is working they shall be immediately mended, or the worksuit shall be immediately replaced.

(iii) The employer shall prohibit the removal of cadmium from protective clothing and equipment by blowing, shaking, or any other means that disperses cadmium into the air.

(iv) The employer shall assure that any laundering of contaminated clothing or cleaning of contaminated equipment in the workplace is done in a manner that prevents the release of airborne cadmium in excess of the permissible exposure limit prescribed in paragraph (c) of this section.

(v) The employer shall inform any person who launders or cleans protective clothing or equipment contaminated with cadmium of the potentially harmful effects of exposure to cadmium and that the clothing and equipment should be laundered or cleaned in a manner to effectively prevent the release of airborne cadmium in excess of the PEL.

(j) Hygiene areas and practices

(1) General. For employees whose airborne exposure to cadmium is above the PEL, the employer shall provide clean change rooms, handwashing facilities, showers, and lunchroom facilities that comply with 29 CFR 1910.141.

(2) Change rooms. The employer shall assure that change rooms are equipped with separate storage facilities for street clothes and for protective clothing and equipment, which are designed

to prevent dispersion of cadmium and contamination of the employee's street clothes.

(3) Showers and handwashing facilities.

(i) The employer shall assure that employees who are exposed to cadmium above the PEL shower during the end of the work shift.

(ii) The employer shall assure that employees whose airborne exposure to cadmium is above the PEL wash their hands and faces prior to eating, drinking, smoking, chewing tobacco or gum, or applying cosmetics.

(4) Lunchroom facilities.

(i) The employer shall assure that the lunchroom facilities are readily accessible to employees, that tables for eating are maintained free of cadmium, and that no employee in a lunchroom facility is exposed at any time to cadmium at or above a concentration of 2.5 $\mu\text{g}/\text{m}$ (Footnote 3).

(ii) The employer shall assure that employees do not enter lunchroom facilities with protective work clothing or equipment unless surface cadmium has been removed from the clothing and equipment by HEPA vacuuming or some other method that removes cadmium dust without dispersing it.

(k) Housekeeping.

(1) All surfaces shall be maintained as free as practicable of accumulations of cadmium.

(2) All spills and sudden releases of material containing cadmium shall be cleaned up as soon as possible.

(3) Surfaces contaminated with cadmium shall, wherever possible, be cleaned by vacuuming or other methods that minimize the likelihood of cadmium becoming airborne.

(4) HEPA-filtered vacuuming equipment or equally effective filtration methods shall be used for vacuuming. The equipment shall be used and emptied in a manner that minimizes the reentry of cadmium into the workplace.

(5) Shoveling, dry or wet sweeping, and brushing may be used only where vacuuming or other methods that minimize the likelihood of cadmium becoming airborne have been tried and found not to be effective.

(6) Compressed air shall not be used to remove cadmium from any surface unless the compressed air is used in conjunction with a ventilation system designed to capture the dust cloud created by the compressed air.

(7) Waste, scrap, debris, bags, containers, personal protective equipment, and clothing contaminated with cadmium and consigned for disposal shall be collected and disposed of in sealed impermeable bags or other closed, impermeable containers. These bags and containers shall be labeled in accordance with paragraph (m)(2) of this section.

(l) Medical surveillance

(1) General

(i) Scope.

(A) Currently exposed-The employer shall institute a medical surveillance program for all employees who are or may be exposed to cadmium at or above the action level unless the employer demonstrates that the employee is not, and will not be, exposed at or above the action level on 30 or more days per year (twelve consecutive months); and,

(B) Previously exposed-The employer shall also institute a medical surveillance program for all employees who prior to the effective date of this section might previously have been exposed to cadmium at or above the action level by the employer, unless the employer demonstrates that the employee did not prior to the effective date of this section work for the employer in jobs with exposure to cadmium for an aggregated total of more than 60 months.

(ii) To determine an employee's fitness for using a respirator, the employer shall provide the limited medical examination specified in paragraph (1)(6) of this section.

(iii) The employer shall assure that all medical examinations and procedures required by this standard are performed by or under the supervision of a licensed physician, who has read and is familiar with the health effects section of appendix A to this section, the regulatory text of this section, the protocol for sample handling and laboratory selection in appendix F to this section, and the questionnaire of appendix D to this section. These examinations and procedures shall be provided without cost to the employee and at a time and place that is reasonable and convenient to employees.

(iv) The employer shall assure that the collecting and handling of biological samples of cadmium in urine (CdU), cadmium in blood (CdB), and beta-2 microglobulin in urine (b2-M) taken from employees under this section is done in a manner that assures their reliability and that analysis of biological samples of cadmium in urine (CdU), cadmium in blood (CdB), and beta-2 microglobulin in urine (b2-M) taken from employees under this section is performed in laboratories with demonstrated proficiency for that particular analyte. (See appendix F to this section.)

(2) Initial examination.

(i) The employer shall provide an initial (preplacement) examination to all employees

covered by the medical surveillance program required in paragraph (l)(1)(i) of this section. The examination shall be provided to those employees within 30 days after initial assignment to a job with exposure to cadmium or no later than 90 days after the effective date of this section, whichever date is later.

(ii) The initial (preplacement) medical examination shall include:

(A) A detailed medical and work history, with emphasis on: Past, present, and anticipated future exposure to cadmium; any history of renal, cardiovascular, respiratory, hematopoietic, reproductive, and/or musculo-skeletal system dysfunction; current usage of medication with potential nephrotoxic side-effects; and smoking history and current status; and

(B) Biological monitoring that includes the following tests:

(1) Cadmium in urine (CdU), standardized to grams of creatinine (g/Cr);

(2) Beta-2 microglobulin in urine (β 2-M), standardized to grams of creatinine (g/Cr), with pH specified, as described in appendix F to this section; and

(3) Cadmium in blood (CdB), standardized to liters of whole blood (lwb).

(iii) Recent Examination: An initial examination is not required to be provided if adequate records show that the employee has been examined in accordance with the requirements of paragraph (l)(2)(ii) of this section within the past 12 months. In that case, such records shall be maintained as part of the employee's medical record and the prior exam shall be treated as if it were an initial examination for the purposes of paragraphs (l)(3) and (4) of this section.

(3) Actions triggered by initial biological monitoring:

(i) If the results of the initial biological monitoring tests show the employee's CdU level to be at or below 3 μ g/g Cr, β 2-M level to be at or below 300 μ g/g Cr and CdB level to be at or below 5 μ g/lwb, then:

(A) For currently exposed employees, who are subject to medical surveillance under paragraph (l)(1)(i)(A) of this section, the employer shall provide the minimum level of periodic medical surveillance in accordance with the requirements in paragraph (l)(4)(i) of this section; and

(B) For previously exposed employees, who are subject to medical surveillance under paragraph (l)(1)(i)(B) of this section, the employer shall provide biological monitoring for CdU, β 2-M, and CdB one year after the initial biological monitoring and then the employer shall comply with the requirements of paragraph (l)(4)(v) of this section.

(ii) For all employees who are subject to medical surveillance under paragraph (l)(1)(i) of

this section, if the results of the initial biological monitoring tests show the level of CdU to exceed 3 µg/g Cr, the level of β2-M to exceed 300 µg/g Cr, or the level of CdB to exceed 5 µg/lwb, the employer shall:

(A) Within two weeks after receipt of biological monitoring results, reassess the employee's occupational exposure to cadmium as follows:

- (1) Reassess the employee's work practices and personal hygiene;
- (2) Reevaluate the employee's respirator use, if any, and the respirator program;
- (3) Review the hygiene facilities;
- (4) Reevaluate the maintenance and effectiveness of the relevant engineering controls;
- (5) Assess the employee's smoking history and status;

(B) Within 30 days after the exposure reassessment, specified in paragraph (1)(3)(ii)(A) of this section, take reasonable steps to correct any deficiencies found in the reassessment that may be responsible for the employee's excess exposure to cadmium; and,

(C) Within 90 days after receipt of biological monitoring results, provide a full medical examination to the employee in accordance with the requirements of paragraph (1)(4)(ii) of this section. After completing the medical examination, the examining physician shall determine in a written medical opinion whether to medically remove the employee. If the physician determines that medical removal is not necessary, then until the employee's CdU level falls to or below 3 µg/g Cr, β2-M level falls to or below 300 µg/g Cr and CdB level falls to or below 5 µg/lwb, the employer shall:

(1) Provide biological monitoring in accordance with paragraph (1)(2)(ii)(B) of this section on a semiannual basis; and

(2) Provide annual medical examinations in accordance with paragraph (1)(4)(ii) of this section.

(iii) For all employees who are subject to medical surveillance under paragraph (1)(1)(i) of this section, if the results of the initial biological monitoring tests show the level of CdU to be in excess of 15 µg/g Cr, or the level of CdB to be in excess of 15 µg/lwb, or the level of β2-M to be in excess of 1,500 µg/g Cr, the employer shall comply with the requirements of paragraphs (1)(3)(ii)(A)-(B) of this section. Within 90 days after receipt of biological monitoring results, the employer shall provide a full medical examination to the employee in accordance with the requirements of paragraph (1)(4)(ii) of this section. After completing the medical examination, the examining physician shall determine in a written medical opinion whether to medically remove the employee. However, if the initial biological monitoring results and the biological

monitoring results obtained during the medical examination both show that: CdU exceeds 15 µg/g Cr; or CdB exceeds 15 µg/lwb; or β2-M exceeds 1500 µg/g Cr, and in addition CdU exceeds 3 µg/g Cr or CdB exceeds 5 µg/liter of whole blood, then the physician shall medically remove the employee from exposure to cadmium at or above the action level. If the second set of biological monitoring results obtained during the medical examination does not show that a mandatory removal trigger level has been exceeded, then the employee is not required to be removed by the mandatory provisions of this paragraph. If the employee is not required to be removed by the mandatory provisions of this paragraph or by the physician's determination, then until the employee's CdU level falls to or below 3 µg/g Cr, β2-M level falls to or below 300 µg/g Cr and CdB level falls to or below 5 µg/lwb, the employer shall:

(A) Periodically reassess the employee's occupational exposure to cadmium;

(B) Provide biological monitoring in accordance with paragraph (1)(2)(ii)(B) of this section on a quarterly basis; and

(C) Provide semiannual medical examinations in accordance with paragraph (1)(4)(ii) of this section.

(iv) For all employees to whom medical surveillance is provided, beginning on January 1, 1999, and in lieu of paragraphs (1)(3)(i)-(iii) of this section:

(A) If the results of the initial biological monitoring tests show the employee's CdU level to be at or below 3 µg/g Cr, β2-M level to be at or below 300 µg/g Cr and CdB level to be at or below 5 µg/lwb, then for currently exposed employees, the employer shall comply with the requirements of paragraph (1)(3)(i)(A) of this section, and for previously exposed employees, the employer shall comply with the requirements of paragraph (1)(3)(i)(B) of this section;

(B) If the results of the initial biological monitoring tests show the level of CdU to exceed 3 µg/g Cr, the level of β2-M to exceed 300 µg/g Cr, or the level of CdB to exceed 5 µg/lwb, the employer shall comply with the requirements of paragraphs (1)(3)(ii)(A)-(C) of this section; and,

(C) If the results of the initial biological monitoring tests show the level of CdU to be in excess of 7 µg/g Cr, or the level of CdB to be in excess of 10 µg/lwb, or the level of β2-M to be in excess of 750 µg/g Cr, the employer shall: Comply with the requirements of paragraphs (1)(3)(ii)(A)-(B) of this section; and, within 90 days after receipt of biological monitoring results, provide a full medical examination to the employee in accordance with the requirements of paragraph (1)(4)(ii) of this section. After completing the medical examination, the examining physician shall determine in a written medical opinion whether to medically remove the employee. However, if the initial biological monitoring results and the biological monitoring results obtained during the medical examination both show that: CdU exceeds 7 µg/g Cr; or CdB exceeds 10 µg/lwb; or β2-M exceeds 750 µg/g Cr, and in addition CdU exceeds 3 µg/g Cr or CdB exceeds 5 µg/liter of whole blood, then the physician shall medically remove the employee

from exposure to cadmium at or above the action level. If the second set of biological monitoring results obtained during the medical examination does not show that a mandatory removal trigger level has been exceeded, then the employee is not required to be removed by the mandatory provisions of this paragraph. If the employee is not required to be removed by the mandatory provisions of this paragraph or by the physician's determination, then until the employee's CdU level falls to or below 3 µg/g Cr, β2-M level falls to or below 300 µg/g Cr and CdB level falls to or below 5 µg/lwb, the employer shall: periodically reassess the employee's occupational exposure to cadmium; provide biological monitoring in accordance with paragraph (1)(2)(ii)(B) of this section on a quarterly basis; and provide semiannual medical examinations in accordance with paragraph (1)(4)(ii) of this section.

(4) Periodic medical surveillance.

(i) For each employee who is covered under paragraph (1)(1)(i)(A) of this section, the employer shall provide at least the minimum level of periodic medical surveillance, which consists of periodic medical examinations and periodic biological monitoring. A periodic medical examination shall be provided within one year after the initial examination required by paragraph (1)(2) of this section and thereafter at least biennially. Biological sampling shall be provided at least annually, either as part of a periodic medical examination or separately as periodic biological monitoring.

(ii) The periodic medical examination shall include:

(A) A detailed medical and work history, or update thereof, with emphasis on: Past, present and anticipated future exposure to cadmium; smoking history and current status; reproductive history; current use of medications with potential nephrotoxic side-effects; any history of renal, cardiovascular, respiratory, hematopoietic, and/or musculo-skeletal system dysfunction; and as part of the medical and work history, for employees who wear respirators, questions 3-11 and 25-32 in Appendix D to this section;

(B) A complete physical examination with emphasis on: Blood pressure, the respiratory system, and the urinary system;

(C) A 14 inch by 17 inch, or a reasonably standard sized posterior-anterior chest X-ray (after the initial X-ray, the frequency of chest X-rays is to be determined by the examining physician);

(D) Pulmonary function tests, including forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV1);

(E) Biological monitoring, as required in paragraph (1)(2)(ii)(B) of this section;

(F) Blood analysis, in addition to the analysis required under paragraph (1)(2)(ii)(B) of this section, including blood urea nitrogen, complete blood count, and serum creatinine;

(G) Urinalysis, in addition to the analysis required under paragraph (l)(2)(ii)(B) of this section, including the determination of albumin, glucose, and total and low molecular weight proteins;

(H) For males over 40 years old, prostate palpation, or other at least as effective diagnostic test(s); and

(I) Any additional tests deemed appropriate by the examining physician.

(iii) Periodic biological monitoring shall be provided in accordance with paragraph (l)(2)(ii)(B) of this section.

(iv) If the results of periodic biological monitoring or the results of biological monitoring performed as part of the periodic medical examination show the level of the employee's CdU, β 2-M, or CdB to be in excess of the levels specified in paragraphs (l)(3)(ii) or (iii); or, beginning on January 1, 1999, in excess of the levels specified in paragraphs (l)(3)(ii) or (iv) of this section, the employer shall take the appropriate actions specified in paragraphs (l)(3)(ii)-(iv) of this section.

(v) For previously exposed employees under paragraph (l)(1)(i)(B) of this section:

(A) If the employee's levels of CdU did not exceed 3 μ g/g Cr, CdB did not exceed 5 μ g/lwb, and β 2-M did not exceed 300 μ g/g Cr in the initial biological monitoring tests, and if the results of the followup biological monitoring required by paragraph (l)(3)(i)(B) of this section one year after the initial examination confirm the previous results, the employer may discontinue all periodic medical surveillance for that employee.

(B) If the initial biological monitoring results for CdU, CdB, or β 2-M were in excess of the levels specified in paragraph (l)(3)(i) of this section, but subsequent biological monitoring results required by paragraph (l)(3)(ii)-(iv) of this section show that the employee's CdU levels no longer exceed 3 μ g/g Cr, CdB levels no longer exceed 5 μ g/lwb, and β 2-M levels no longer exceed 300 μ g/g Cr, the employer shall provide biological monitoring for CdU, CdB, and β 2-M one year after these most recent biological monitoring results. If the results of the followup biological monitoring, specified in this paragraph, confirm the previous results, the employer may discontinue all periodic medical surveillance for that employee.

(C) However, if the results of the follow-up tests specified in paragraph (l)(4)(v)(A) or (B) of this section indicate that the level of the employee's CdU, β 2-M, or CdB exceeds these same levels, the employer is required to provide annual medical examinations in accordance with the provisions of paragraph (l)(4)(ii) of this section until the results of biological monitoring are consistently below these levels or the examining physician determines in a written medical opinion that further medical surveillance is not required to protect the employee's health.

(vi) A routine, biennial medical examination is not required to be provided in accordance with paragraphs (1)(3)(i) and (1)(4) of this section if adequate medical records show that the employee has been examined in accordance with the requirements of paragraph (1)(4)(ii) of this section within the past 12 months. In that case, such records shall be maintained by the employer as part of the employee's medical record, and the next routine, periodic medical examination shall be made available to the employee within two years of the previous examination.

(5) Actions triggered by medical examinations.

(i) If the results of a medical examination carried out in accordance with this section indicate any laboratory or clinical finding consistent with cadmium toxicity that does not require employer action under paragraph (1)(2), (3) or (4) of this section, the employer, within 30 days, shall reassess the employee's occupational exposure to cadmium and take the following corrective action until the physician determines they are no longer necessary:

(A) Periodically reassess: The employee's work practices and personal hygiene; the employee's respirator use, if any; the employee's smoking history and status; the respiratory protection program; the hygiene facilities; and the maintenance and effectiveness of the relevant engineering controls;

(B) Within 30 days after the reassessment, take all reasonable steps to correct the deficiencies found in the reassessment that may be responsible for the employee's excess exposure to cadmium;

(C) Provide semiannual medical reexaminations to evaluate the abnormal clinical sign(s) of cadmium toxicity until the results are normal or the employee is medically removed; and

(D) Where the results of tests for total proteins in urine are abnormal, provide a more detailed medical evaluation of the toxic effects of cadmium on the employee's renal system.

(6) Examination for respirator use.

(i) To determine an employee's fitness for respirator use, the employer shall provide a medical examination that includes the elements specified in paragraph (1)(6)(i)(A)-(D) of this section. This examination shall be provided prior to the employee's being assigned to a job that requires the use of a respirator or no later than 90 days after this section goes into effect, whichever date is later, to any employee without a medical examination within the preceding 12 months that satisfies the requirements of this paragraph.

(A) A detailed medical and work history, or update thereof, with emphasis on: Past exposure to cadmium; smoking history and current status; any history of renal, cardiovascular, respiratory, hematopoietic, and/or musculoskeletal system dysfunction; a description of the job for which the respirator is required; and questions 3-11 and 25-32 in appendix D to this section;

(B) A blood pressure test;
(C) Biological monitoring of the employee's levels of CdU, CdB and β 2-M in accordance with the requirements of paragraph (1)(2)(ii)(B) of this section, unless such results already have been obtained within the previous 12 months; and

(D) Any other test or procedure that the examining physician deems appropriate.

(ii) After reviewing all the information obtained from the medical examination required in paragraph (1)(6)(i) of this section, the physician shall determine whether the employee is fit to wear a respirator.

(iii) Whenever an employee has exhibited difficulty in breathing during a respirator fit test or during use of a respirator, the employer, as soon as possible, shall provide the employee with a periodic medical examination in accordance with paragraph (1)(4)(ii) of this section to determine the employee's fitness to wear a respirator.

(iv) Where the results of the examination required under paragraph (1)(6)(i), (ii), or (iii) of this section are abnormal, medical limitation or prohibition of respirator use shall be considered. If the employee is allowed to wear a respirator, the employee's ability to continue to do so shall be periodically evaluated by a physician.

(7) Emergency examinations.

(i) In addition to the medical surveillance required in paragraphs (1)(2)-(6) of this section, the employer shall provide a medical examination as soon as possible to any employee who may have been acutely exposed to cadmium because of an emergency.

(ii) The examination shall include the requirements of paragraph (1)(4)(ii) of this section, with emphasis on the respiratory system, other organ systems considered appropriate by the examining physician, and symptoms of acute overexposure, as identified in paragraphs II (B)(1)-(2) and IV of appendix A to this section.

(8) Termination of employment examination.

(i) At termination of employment, the employer shall provide a medical examination in accordance with paragraph (1)(4)(ii) of this section, including a chest X-ray, to any employee to whom at any prior time the employer was required to provide medical surveillance under paragraphs (1)(1)(i) or (1)(7) of this section. However, if the last examination satisfied the requirements of paragraph (1)(4)(ii) of this section and was less than six months prior to the date of termination, no further examination is required unless otherwise specified in paragraphs (1)(3) or (1)(5) of this section;

(ii) However, for employees covered by paragraph (1)(1)(i)(B) of this section, if the

employer has discontinued all periodic medical surveillance under paragraph (1)(4)(v) of this section, no termination of employment medical examination is required.

(9) Information provided to the physician. The employer shall provide the following information to the examining physician:

(i) A copy of this standard and appendices;

(ii) A description of the affected employee's former, current, and anticipated duties as they relate to the employee's occupational exposure to cadmium;

(iii) The employee's former, current, and anticipated future levels of occupational exposure to cadmium;

(iv) A description of any personal protective equipment, including respirators, used or to be used by the employee, including when and for how long the employee has used that equipment; and

(v) relevant results of previous biological monitoring and medical examinations.

(10) Physician's written medical opinion.

(i) The employer shall promptly obtain a written, medical opinion from the examining physician for each medical examination performed on each employee. This written opinion shall contain:

(A) The physician's diagnosis for the employee;

(B) The physician's opinion as to whether the employee has any detected medical condition(s) that would place the employee at increased risk of material impairment to health from further exposure to cadmium, including any indications of potential cadmium toxicity;

(C) The results of any biological or other testing or related evaluations that directly assess the employee's absorption of cadmium;

(D) Any recommended removal from, or limitation on the activities or duties of the employee or on the employee's use of personal protective equipment, such as respirators;

(E) A statement that the physician has clearly and carefully explained to the employee the results of the medical examination, including all biological monitoring results and any medical conditions related to cadmium exposure that require further evaluation or treatment, and any limitation on the employee's diet or use of medications.

(ii) The employer promptly shall obtain a copy of the results of any biological monitoring provided by an employer to an employee independently of a medical examination under

paragraphs (1)(2) and (1)(4) of this section, and, in lieu of a written medical opinion, an explanation sheet explaining those results.

(iii) The employer shall instruct the physician not to reveal orally or in the written medical opinion given to the employer specific findings or diagnoses unrelated to occupational exposure to cadmium.

(11) Medical Removal Protection (MRP)

(i) General.

(A) The employer shall temporarily remove an employee from work where there is excess exposure to cadmium on each occasion that medical removal is required under paragraph (1)(3), (1)(4), or (1)(6) of this section and on each occasion that a physician determines in a written medical opinion that the employee should be removed from such exposure. The physician's determination may be based on biological monitoring results, inability to wear a respirator, evidence of illness, other signs or symptoms of cadmium-related dysfunction or disease, or any other reason deemed medically sufficient by the physician.

(B) The employer shall medically remove an employee in accordance with paragraph (1)(11) of this section regardless of whether at the time of removal a job is available into which the removed employee may be transferred.

(C) Whenever an employee is medically removed under paragraph (1)(11) of this section, the employer shall transfer the removed employee to a job where the exposure to cadmium is within the permissible levels specified in that paragraph as soon as one becomes available.

(D) For any employee who is medically removed under the provisions of paragraph (1)(11)(i) of this section, the employer shall provide follow-up biological monitoring in accordance with (1)(2)(ii)(B) of this section at least every three months and follow-up medical examinations semi-annually at least every six months until in a written medical opinion the examining physician determines that either the employee may be returned to his/her former job status as specified under paragraph (1)(11)(iv)-(v) of this section or the employee must be permanently removed from excess cadmium exposure.

(E) The employer may not return an employee who has been medically removed for any reason to his/her former job status until a physician determines in a written medical opinion that continued medical removal is no longer necessary to protect the employee's health.

(ii) Where an employee is found unfit to wear a respirator under paragraph (1)(6)(ii) of this section, the employer shall remove the employee from work where exposure to cadmium is above the PEL.

(iii) Where removal is based on any reason other than the employee's inability to wear a

respirator, the employer shall remove the employee from work where exposure to cadmium is at or above the action level.

(iv) Except as specified in paragraph (l)(11)(v) of this section, no employee who was removed because his/her level of CdU, CdB and/or β 2-M exceeded the medical removal trigger levels in paragraph (l)(3) or (l)(4) of this section may be returned to work with exposure to cadmium at or above the action level until the employee's levels of CdU fall to or below 3 μ g/g Cr, CdB falls to or below 5 μ g/lwb, and β 2-M falls to or below 300 μ g/g Cr.

(v) However, when in the examining physician's opinion continued exposure to cadmium will not pose an increased risk to the employee's health and there are special circumstances that make continued medical removal an inappropriate remedy, the physician shall fully discuss these matters with the employee, and then in a written determination may return a worker to his/her former job status despite what would otherwise be unacceptably high biological monitoring results. Thereafter, the returned employee shall continue to be provided with medical surveillance as if he/she were still on medical removal until the employee's levels of CdU fall to or below 3 μ g/g Cr, CdB falls to or below 5 μ g/lwb, and β 2-M falls to or below 300 μ g/g Cr.

(vi) Where an employer, although not required by paragraph (l)(11)(i)-(iii) of this section to do so, removes an employee from exposure to cadmium or otherwise places limitations on an employee due to the effects of cadmium exposure on the employee's medical condition, the employer shall provide the same medical removal protection benefits to that employee under paragraph (l)(12) of this section as would have been provided had the removal been required under paragraph (l)(11)(i)-(iii) of this section.

(12) Medical Removal Protection Benefits (MRPB).

(i) The employer shall provide MRPB for up to a maximum of 18 months to an employee each time and while the employee is temporarily medically removed under paragraph (l)(11) of this section.

(ii) For purposes of this section, the requirement that the employer provide MRPB means that the employer shall maintain the total normal earnings, seniority, and all other employee rights and benefits of the removed employee, including the employee's right to his/her former job status, as if the employee had not been removed from the employee's job or otherwise medically limited.

(iii) Where, after 18 months on medical removal because of elevated biological monitoring results, the employee's monitoring results have not declined to a low enough level to permit the employee to be returned to his/her former job status:

(A) The employer shall make available to the employee a medical examination pursuant to this section in order to obtain a final medical determination as to whether the employee may be returned to his/her former job status or must be permanently removed from excess cadmium

exposure; and

(B) The employer shall assure that the final medical determination indicates whether the employee may be returned to his/her former job status and what s, if any, should be taken to protect the employee's health.

(iv) The employer may condition the provision of MRPB upon the employee's participation in medical surveillance provided in accordance with this section.

(13) Multiple physician review.

(i) If the employer selects the initial physician to conduct any medical examination or consultation provided to an employee under this section, the employee may designate a second physician to:

(A) Review any findings, determinations, or recommendations of the initial physician; and

(ii) The employer shall promptly notify an employee of the right to seek a second medical opinion after each occasion that an initial physician provided by the employer conducts a medical examination or consultation pursuant to this section. The employer may condition its participation in, and payment for, multiple physician review upon the employee doing the following within fifteen (15) days after receipt of this notice, or receipt of the initial physician's written opinion, whichever is later:

(A) Informing the employer that he or she intends to seek a medical opinion; and

(B) Initiating s to make an appointment with a second physician.

(iii) If the findings, determinations, or recommendations of the second physician differ from those of the initial physician, then the employer and the employee shall assure that efforts are made for the two physicians to resolve any disagreement.

(iv) If the two physicians have been unable to quickly resolve their disagreement, then the employer and the employee, through their respective physicians, shall designate a third physician to:

(A) Review any findings, determinations, or recommendations of the other two physicians; and

(B) Conduct such examinations, consultations, laboratory tests, and discussions with the other two physicians as the third physician deems necessary to resolve the disagreement among them.

(v) The employer shall act consistently with the findings, determinations, and recommendations of the third physician, unless the employer and the employee reach an agreement that is consistent with the recommendations of at least one of the other two physicians.

(14) Alternate physician determination. The employer and an employee or designated employee representative may agree upon the use of any alternate form of physician determination in lieu of the multiple physician review provided by paragraph (l)(13) of this section, so long as the alternative is expeditious and at least as protective of the employee.

(15) Information the employer must provide the employee.

(i) The employer shall provide a copy of the physician's written medical opinion to the examined employee within two weeks after receipt thereof.

(ii) The employer shall provide the employee with a copy of the employee's biological monitoring results and an explanation sheet explaining the results within two weeks after receipt thereof.

(iii) Within 30 days after a request by an employee, the employer shall provide the employee with the information the employer is required to provide the examining physician under paragraph (l)(9) of this section.

(16) Reporting. In addition to other medical events that are required to be reported on the OSHA Form No. 200, the employer shall report any abnormal condition or disorder caused by occupational exposure to cadmium associated with employment as specified in Chapter (V)(E) of the Reporting Guidelines for Occupational Injuries and Illnesses.

(m) Communication of cadmium hazards to employees

(1) General. In communications concerning cadmium hazards, employers shall comply with the requirements of OSHA's Hazard Communication Standard, 29 CFR 1910.1200, including but not limited to the requirements concerning warning signs and labels, material safety data sheets (MSDS), and employee information and training. In addition, employers shall comply with the following requirements:

(2) Warning signs.

(i) Warning signs shall be provided and displayed in regulated areas. In addition, warning signs shall be posted at all approaches to regulated areas so that an employee may read the signs and take necessary protective s before entering the area.

(ii) Warning signs required by paragraph (m)(2)(i) of this section shall bear the following information:

DANGER
CADMIUM
CANCER HAZARD
CAN CAUSE LUNG AND KIDNEY DISEASE
AUTHORIZED PERSONNEL ONLY
RESPIRATORS REQUIRED IN THIS AREA

(iii) The employer shall assure that signs required by this paragraph are illuminated, cleaned, and maintained as necessary so that the legend is readily visible.

(3) Warning labels.

(i) Shipping and storage containers containing cadmium, cadmium compounds, or cadmium contaminated clothing, equipment, waste, scrap, or debris shall bear appropriate warning labels, as specified in paragraph (m)(3)(ii) of this section.

(ii) The warning labels shall include at least the following information:

DANGER
CONTAINS CADMIUM
CANCER HAZARD
AVOID CREATING DUST
CAN CAUSE LUNG AND KIDNEY DISEASE

(iii) Where feasible, installed cadmium products shall have a visible label or other indication that cadmium is present.

(4) Employee information and training.

(i) The employer shall train each employee who is potentially exposed to cadmium in accordance with the requirements of this section. The employer shall institute a training program, ensure employee participation in the program, and maintain a record of the contents of such program.

(ii) Training shall be provided prior to or at the time of initial assignment to a job involving potential exposure to cadmium and at least annually thereafter.

(iii) The employer shall make the training program understandable to the employee and shall assure that each employee is informed of the following:

(A) The health hazards associated with cadmium exposure, with special attention to the information incorporated in appendix A to this section:

(B) The quantity, location, manner of use, release, and storage of cadmium in the workplace and the specific nature of operations that could result in exposure to cadmium, especially exposures above the PEL;

(C) The engineering controls and work practices associated with the employee's job assignment;

(D) The measures employees can take to protect themselves from exposure to cadmium, including modification of such habits as smoking and personal hygiene, and specific procedures the employer has implemented to protect employees from exposure to cadmium such as appropriate work practices, emergency procedures, and the provision of personal protective equipment;

(E) The purpose, proper selection, fitting, proper use, and limitations of respirators and protective clothing;

(F) The purpose and a description of the medical surveillance program required by paragraph (I) of this section;

(G) The contents of this section and its appendices; and

(H) The employee's rights of access to records under 1910.20(e) and (g).

(iv) Additional access to information and training program and materials.

(A) The employer shall make a copy of this section and its appendices readily available without cost to all affected employees and shall provide a copy if requested.

(B) The employer shall provide to the Assistant Secretary or the Director, upon request, all materials relating to the employee information and the training program.

(n) Recordkeeping

(1) Exposure monitoring.

(i) The employer shall establish and keep an accurate record of all air monitoring for cadmium in the workplace.

(ii) This record shall include at least the following information:

(A) The monitoring date, duration, and results in terms of an 8-hour TWA of each sample taken;

(B) The name, social security number, and job classification of the employees

monitored and of all other employees whose exposures the monitoring is intended to represent;

(C) A description of the sampling and analytical methods used and evidence of their accuracy;

(D) The type of respiratory protective device, if any, worn by the monitored employee;

(E) A notation of any other conditions that might have affected the monitoring results.

(iii) The employer shall maintain this record for at least thirty (30) years, in accordance with 29 CFR 1910.20.

(2) Objective data for exemption from requirement for initial monitoring. (i) For purposes of this section, objective data are information demonstrating that a particular product or material containing cadmium or a specific process, operation, or activity involving cadmium cannot release dust or fumes in concentrations at or above the action level even under the worst-case release conditions. Objective data can be obtained from an industry-wide study or from laboratory product test results from manufacturers of cadmium-containing products or materials. The data the employer uses from an industry-wide survey must be obtained under workplace conditions closely resembling the processes, types of material, control methods, work practices and environmental conditions in the employer's current operations.

(ii) The employer shall establish and maintain a record of the objective data for at least 30 years.

(3) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee covered by medical surveillance under paragraph (1)(1)(i) of this section.

(ii) The record shall include at least the following information about the employee:

(A) Name, social security number, and description of the duties;

(B) A copy of the physician's written opinions and an explanation sheet for biological monitoring results;

(C) A copy of the medical history, and the results of any physical examination and all test results that are required to be provided by this section, including biological tests, X-rays, pulmonary function tests, etc., or that have been obtained to further evaluate any condition that might be related to cadmium exposure;

(D) The employee's medical symptoms that might be related to exposure to cadmium;
and

(E) A copy of the information provided to the physician as required by paragraph (l)(9)(ii)-(v) of this section.

(iii) The employer shall assure that this record is maintained for the duration of employment plus thirty (30) years, in accordance with 29 CFR 1910.20.

(4) Training. The employer shall certify that employees have been trained by preparing a certification record which includes the identity of the person trained, the signature of the employer or the person who conducted the training, and the date the training was completed. The certification records shall be prepared at the completion of training and shall be maintained on file for one (1) year beyond the date of training of that employee.

(5) Availability.

(i) Except as otherwise provided for in this section, access to all records required to be maintained by paragraphs (n)(1)-(4) of this section shall be in accordance with the provisions of 29 CFR 1910.20.

(ii) Within 15 days after a request, the employer shall make an employee's medical records required to be kept by paragraph (n)(3) of this section available for examination and copying to the subject employee, to designated representatives, to anyone having the specific written consent of the subject employee, and after the employee's death or incapacitation, to the employee's family members.

(6) Transfer of records. Whenever an employer ceases to do business and there is no successor employer to receive and retain records for the prescribed period or the employer intends to dispose of any records required to be preserved for at least 30 years, the employer shall comply with the requirements concerning transfer of records set forth in 29 CFR 1910.20 (h).

(o) Observation of monitoring

(1) Employee observation. The employer shall provide affected employees or their designated representatives an opportunity to observe any monitoring of employee exposure to cadmium.

(2) Observation procedures. When observation of monitoring requires entry into an area where the use of protective clothing or equipment is required, the employer shall provide the observer with that clothing and equipment and shall assure that the observer uses such clothing and equipment and complies with all other applicable safety and health procedures.

(p) Dates

(1) Effective date. This section shall become effective December 14, 1992.

(2) Start-up dates. All obligations of this section commence on the effective date except as follows:

(i) Exposure monitoring. Except for small businesses (nineteen (19) or fewer employees), initial monitoring required by paragraph (d)(2) of this section shall be completed as soon as possible and in any event no later than 60 days after the effective date of this standard. For small businesses, initial monitoring required by paragraph (d)(2) of this section shall be completed as soon as possible and in any event no later than 120 days after the effective date of this standard.

(ii) Regulated areas. Except for small business, defined under paragraph (p)(2)(i) of this section, regulated areas required to be established by paragraph (e) of this section shall be set up as soon as possible after the results of exposure monitoring are known and in any event no later than 90 days after the effective date of this section. For small businesses, regulated areas required to be established by paragraph (e) of this section shall be set up as soon as possible after the results of exposure monitoring are known and in any event no later than 150 days after the effective date of this section.

(iii) Respiratory protection. Except for small businesses, defined under paragraph (p)(2)(i) of this section, respiratory protection required by paragraph (g) of this section shall be provided as soon as possible and in any event no later than 90 days after the effective date of this section. For small businesses, respiratory protection required by paragraph (g) of this section shall be provided as soon as possible and in any event no later than 150 days after the effective date of this section.

(iv) Compliance program. Written compliance programs required by paragraph (f)(2) of this section shall be completed and available for inspection and copying as soon as possible and in any event no later than 1 year after the effective date of this section.

(v) Methods of compliance. The engineering controls required by paragraph (f)(1) of this section shall be implemented as soon as possible and in any event no later than two (2) years after the effective date of this section. Work practice controls shall be implemented as soon as possible. Work practice controls that are directly related to engineering controls to be implemented in accordance with the compliance plan shall be implemented as soon as possible after such engineering controls are implemented.

(vi) Hygiene and lunchroom facilities.

(A) Handwashing facilities, permanent or temporary, shall be provided in accordance with 29 CFR 1910.141 (d)(1) and (2) as soon as possible and in any event no later than 60 days after the effective date of this section.

(B) Change rooms, showers, and lunchroom facilities shall be completed as soon as possible and in any event no later than 1 year after the effective date of this section.

(vii) Employee information and training. Except for small businesses, defined under paragraph (p)(2)(i) of this section, employee information and training required by paragraph (m)(4) of this section shall be provided as soon as possible and in any event no later than 90 days after the effective date of this standard. For small businesses, employee information and training required by paragraph (m)(4) of this standard shall be provided as soon as possible and in any event no later than 180 days after the effective date of this standard.

(viii) Medical surveillance. Except for small businesses, defined under paragraph (p)(2)(i) of this section, initial medical examinations required by paragraph (l) of this section shall be provided as soon as possible and in any event no later than 90 days after the effective date of this standard. For small businesses, initial medical examinations required by paragraph (l) of this section shall be provided as soon as possible and in any event no later than 180 days after the effective date of this standard.

(q) Appendices.

Except where portions of appendices A, B, D, E, and F to this section are expressly incorporated in requirements of this section, these appendices are purely informational and are not intended to create any additional obligations not otherwise imposed or to detract from any existing obligations.

1910.1027 Appendix A Substance Safety Data Sheet - Cadmium

I. Substance Identification

A. Substance: Cadmium.

B. 8-Hour, Time-weighted-average, Permissible Exposure Limit (TWA PEL):

1. TWA PEL: Five micrograms of cadmium per cubic meter of air 5 ug/m³, time-weighted average (TWA) for an 8-hour workday.

C. Appearance: Cadmium metal-soft, blue-white, malleable, lustrous metal or grayish-white powder. Some cadmium compounds may also appear as a brown, yellow, or red powdery substance.

II. Health Hazard Data

A. Routes of Exposure. Cadmium can cause local skin or eye irritation. Cadmium can affect your health if you inhale it or if you swallow it.

B. Effects of Overexposure.

1. Short-term (acute) exposure: Cadmium is much more dangerous by inhalation than by ingestion. High exposures to cadmium that may be immediately dangerous to life or health occur in jobs where workers handle large quantities of cadmium dust or fume; heat cadmium-

containing compounds or cadmium-coated surfaces; weld with cadmium solders or cut cadmium-containing materials such as bolts.

2. Severe exposure may occur before symptoms appear. Early symptoms may include mild irritation of the upper respiratory tract, a sensation of constriction of the throat, a metallic taste and/or a cough. A period of 1-10 hours may precede the onset of rapidly progressing shortness of breath, chest pain, and flu-like symptoms with weakness, fever, headache, chills, sweating and muscular pain. Acute pulmonary edema usually develops within 24 hours and reaches a maximum by three days. If death from asphyxia does not occur, symptoms may resolve within a week.

3. Long-term (chronic) exposure. Repeated or long-term exposure to cadmium, even at relatively low concentrations, may result in kidney damage and an increased risk of cancer of the lung and of the prostate.

C. Emergency First Aid Procedures.

1. Eye exposure: Direct contact may cause redness or pain. Wash eyes immediately with large amounts of water, lifting the upper and lower eyelids. Get medical attention immediately.

2. Skin exposure: Direct contact may result in irritation. Remove contaminated clothing and shoes immediately. Wash affected area with soap or mild detergent and large amounts of water. Get medical attention immediately.

3. Ingestion: Ingestion may result in vomiting, abdominal pain, nausea, diarrhea, headache and sore throat. Treatment for symptoms must be administered by medical personnel. Under no circumstances should the employer allow any person whom he retains, employs, supervises or controls to engage in therapeutic chelation. Such treatment is likely to translocate cadmium from pulmonary or other tissue to renal tissue. Get medical attention immediately.

4. Inhalation: If large amounts of cadmium are inhaled, the exposed person must be moved to fresh air at once. If breathing has stopped, perform cardiopulmonary resuscitation. Administer oxygen if available. Keep the affected person warm and at rest. Get medical attention immediately.

5. Rescue: Move the affected person from the hazardous exposure. If the exposed person has been overcome, attempt rescue only after notifying at least one other person of the emergency and putting into effect established emergency procedures. Do not become a casualty yourself. Understand your emergency rescue procedures and know the location of the emergency equipment before the need arises.

III. Employee Information

A. Protective Clothing and Equipment.

1. Respirators: You may be required to wear a respirator for non-routine activities; in emergencies; while your employer is in the process of reducing cadmium exposures through

engineering controls; and where engineering controls are not feasible. If respirators are worn in the future, they must have a joint Mine Safety and Health Administration (MSHA) and National Institute for Occupational Safety and Health (NIOSH) label of approval. Cadmium does not have a detectable odor except at levels well above the permissible exposure limits. If you can smell cadmium while wearing a respirator, proceed immediately to fresh air. If you experience difficulty breathing while wearing a respirator, tell your employer.

2. Protective Clothing: You may be required to wear impermeable clothing, gloves, foot gear, a face shield, or other appropriate protective clothing to prevent skin contact with cadmium. Where protective clothing is required, your employer must provide clean garments to you as necessary to assure that the clothing protects you adequately. The employer must replace or repair protective clothing that has become torn or otherwise damaged.

3. Eye Protection: You may be required to wear splash-proof or dust resistant goggles to prevent eye contact with cadmium.

B. Employer Requirements.

1. Medical: If you are exposed to cadmium at or above the action level, your employer is required to provide a medical examination, laboratory tests and a medical history according to the medical surveillance provisions under paragraph (I) of this standard. (See summary chart and tables in this Appendix A.) These tests shall be provided without cost to you. In addition, if you are accidentally exposed to cadmium under conditions known or suspected to constitute toxic exposure to cadmium, your employer is required to make special tests available to you.

2. Access to Records: All medical records are kept strictly confidential. You or your representative are entitled to see the records of measurements of your exposure to cadmium. Your medical examination records can be furnished to your personal physician or designated representative upon request by you to your employer.

3. Observation of Monitoring: Your employer is required to perform measurements that are representative of your exposure to cadmium and you or your designated representative are entitled to observe the monitoring procedure. You are entitled to observe the steps taken in the measurement procedure, and to record the results obtained. When the monitoring procedure is taking place in an area where respirators or personal protective clothing and equipment are required to be worn, you or your representative must also be provided with, and must wear the protective clothing and equipment.

C. Employee Requirements. You will not be able to smoke, eat, drink, chew gum or tobacco, or apply cosmetics while working with cadmium in regulated areas. You will also not be able to carry or store tobacco products, gum, food, drinks or cosmetics in regulated areas because these products easily become contaminated with cadmium from the workplace and can therefore create another source of unnecessary cadmium exposure.

Some workers will have to change out of work clothes and shower at the end of the day, as part of their workday, in order to wash cadmium from skin and hair. Handwashing and cadmium-free

eating facilities shall be provided by the employer and proper hygiene should always be performed before eating. It is also recommended that you do not smoke or use tobacco products, because among other things, they naturally contain cadmium. For further information, read the labeling on such products.

IV. Physician Information

A. Introduction.

The medical surveillance provisions of paragraph (l) generally are aimed at accomplishing three main interrelated purposes: First, identifying employees at higher risk of adverse health effects from excess, chronic exposure to cadmium; second, preventing cadmium-induced disease; and third, detecting and minimizing existing cadmium-induced disease. The core of medical surveillance in this standard is the early and periodic monitoring of the employee's biological indicators of: (a) recent exposure to cadmium; (b) cadmium body burden; and (c) potential and actual kidney damage associated with exposure to cadmium.

The main adverse health effects associated with cadmium overexposure are lung cancer and kidney dysfunction. It is not yet known how to adequately biologically monitor human beings to specifically prevent cadmium-induced lung cancer. By contrast, the kidney can be monitored to provide prevention and early detection of cadmium-induced kidney damage. Since, for non-carcinogenic effects, the kidney is considered the primary target organ of chronic exposure to cadmium, the medical surveillance provisions of this standard effectively focus on cadmium-induced kidney disease. Within that focus, the aim, where possible, is to prevent the onset of such disease and, where necessary, to minimize such disease as may already exist. The by-products of successful prevention of kidney disease are anticipated to be the reduction and prevention of other cadmium-induced diseases.

B. Health Effects.

The major health effects associated with cadmium overexposure are described below.

1. **Kidney.** The most prevalent non-malignant disease observed among workers chronically exposed to cadmium is kidney dysfunction. Initially, such dysfunction is manifested as proteinuria. The proteinuria associated with cadmium exposure is most commonly characterized by excretion of low-molecular weight proteins (15,000 to 40,000 MW) accompanied by loss of electrolytes, uric acid, calcium, amino acids, and phosphate. The compounds commonly excreted include: beta-2-microglobulin (B(2)-M), retinol binding protein (RBP), immunoglobulin light chains, and lysozyme. Excretion of low molecular weight proteins are characteristic of damage to the proximal tubules of the kidney (Iwao et al., 1980).

It has also been observed that exposure to cadmium may lead to urinary excretion of high-molecular weight proteins such as albumin, immunoglobulin G, and glycoproteins (Ex. 29). Excretion of high-molecular weight proteins is typically indicative of damage to the glomeruli of the kidney. Bernard et al., (1979) suggest that damage to the glomeruli and damage to the

proximal tubules of the kidney may both be linked to cadmium exposure but they may occur independently of each other.

Several studies indicate that the onset of low-molecular weight proteinuria is a sign of irreversible kidney damage (Friberg et al., 1974; Roels et al., 1982; Piscator 1984; Elinder et al., 1985; Smith et al., 1986). Above specific levels of B(2)-M associated with cadmium exposure it is unlikely that B(2)-M levels return to normal even when cadmium exposure is eliminated by removal of the individual from the cadmium work environment (Friberg, Ex. 29, 1990).

Some studies indicate that such proteinuria may be progressive; levels of B(2)-M observed in the urine increase with time even after cadmium exposure has ceased. See, for example, Elinder et al., 1985. Such observations, however, are not universal, and it has been suggested that studies in which proteinuria has not been observed to progress may not have tracked patients for a sufficiently long time interval (Jarup, Ex. 8-661).

When cadmium exposure continues after the onset of proteinuria, chronic nephrotoxicity may occur (Friberg, Ex. 29). Uremia results from the inability of the glomerulus to adequately filter blood. This leads to severe disturbance of electrolyte concentrations and may lead to various clinical complications including kidney stones (L-140-50).

After prolonged exposure to cadmium, glomerular proteinuria, glucosuria, aminoaciduria, phosphaturia, and hypercalciuria may develop (Exs. 8-86, 4-28, 14-18). Phosphate, calcium, glucose, and amino acids are essential to life, and under normal conditions, their excretion should be regulated by the kidney. Once low molecular weight proteinuria has developed, these elements dissipate from the human body. Loss of glomerular function may also occur, manifested by decreased glomerular filtration rate and increased serum creatinine. Severe cadmium-induced renal damage may eventually develop into chronic renal failure and uremia (Ex. 55).

Studies in which animals are chronically exposed to cadmium confirm the renal effects observed in humans (Friberg et al., 1986). Animal studies also confirm problems with calcium metabolism and related skeletal effects which have been observed among humans exposed to cadmium in addition to the renal effects. Other effects commonly reported in chronic animal studies include anemia, changes in liver morphology, immunosuppression and hypertension. Some of these effects may be associated with co-factors. Hypertension, for example, appears to be associated with diet as well as cadmium exposure. Animals injected with cadmium have also shown testicular necrosis (Ex. 8-86B).

2. Biological Markers

It is universally recognized that the best measures of cadmium exposures and its effects are measurements of cadmium in biological fluids, especially urine and blood. Of the two, CdU is conventionally used to determine body burden of cadmium in workers without kidney disease. CdB is conventionally used to monitor for recent exposure to cadmium. In addition, levels of CdU and CdB historically have been used to predict the percent of the population likely to

develop kidney disease (Thun et al., Ex. L-140-50; WHO, Ex. 8-674; ACGIH, Exs. 8-667, 140-50).

The third biological parameter upon which OSHA relies for medical surveillance is Beta-2-microglobulin in urine (B(2)-M), a low molecular weight protein. Excess B(2)-M has been widely accepted by physicians and scientists as a reliable indicator of functional damage to the proximal tubule of the kidney (Exs. 8-447, 144-3-C, 4-47, L-140-45, 19-43-A).

Excess B(2)-M is found when the proximal tubules can no longer reabsorb this protein in a normal manner. This failure of the proximal tubules is an early stage of a kind of kidney disease that commonly occurs among workers with excessive cadmium exposure. Used in conjunction with biological test results indicating abnormal levels of CdU and CdB, the finding of excess B(2)-M can establish for an examining physician that any existing kidney disease is probably cadmium-related (Trs. 6/6/90, pp. 82-86, 122, 134). The upper limits of normal levels for cadmium in urine and cadmium in blood are 3 ug Cd/gram creatinine in urine and 5 ug Cd/liter whole blood, respectively. These levels were derived from broad-based population studies.

Three issues confront the physicians in the use of B(2)-M as a marker of kidney dysfunction and material impairment. First, there are a few other causes of elevated levels of B(2)-M not related to cadmium exposures, some of which may be rather common diseases and some of which are serious diseases (e.g., myeloma or transient flu, Exs. 29 and 8-086). These can be medically evaluated as alternative causes (Friberg, Ex. 29). Also, there are other factors that can cause B(2)-M to degrade so that low levels would result in workers with tubular dysfunction. For example, regarding the degradation of B(2)-M, workers with acidic urine (pH > 6) might have B(2)-M levels that are within the "normal" range when in fact kidney dysfunction has occurred (Ex. L-140-1) and the low molecular weight proteins are degraded in acid urine. Thus, it is very important that the pH of urine be measured, that urine samples be buffered as necessary (See Appendix F.), and that urine samples be handled correctly, i.e., measure the pH of freshly voided urine samples, then if necessary, buffer to pH > 6 (or above for shipping purposes), measure pH again and then, perhaps, freeze the sample for storage and shipping. (See also Appendix F.) Second, there is debate over the pathological significance of proteinuria, however, most world experts believe that B(2)-M levels greater than 300 ug/g Cr are abnormal (Elinder, Ex. 55, Friberg, Ex. 29). Such levels signify kidney dysfunction that constitutes material impairment of health. Finally, detection of B(2)-M at low levels has often been considered difficult, however, many laboratories have the capability of detecting excess B(2)-M using simple kits, such as the Phadebas Delphia test, that are accurate to levels of 100 ug B(2)-M/g Cr U (Ex. L-140-1).

Specific recommendations for ways to measure B(2)-M and proper handling of urine samples to prevent degradation of B(2)-M have been addressed by OSHA in Appendix F, in the section on laboratory standardization. All biological samples must be analyzed in a laboratory that is proficient in the analysis of that particular analyte, under paragraph (l)(1)(iv). (See Appendix F). Specifically, under paragraph (l)(1)(iv), the employer is to assure that the collecting and handling of biological samples of cadmium in urine (CdU), cadmium in blood (CdB), and beta-2 microglobulin in urine (B(2)-M) taken from employees is collected in a manner that assures reliability. The employer must also assure that analysis of biological samples of cadmium in

urine (CdU), cadmium in blood (CdB), and beta-2 microglobulin in urine (B(2)-M) taken from employees is performed in laboratories with demonstrated proficiency for that particular analyte. (See Appendix F.)

3. Lung and Prostrate Cancer

The primary sites for cadmium-associated cancer appear to be the lung and the prostate (L-140-50). Evidence for an association between cancer and cadmium exposure derives from both epidemiological studies and animal experiments. Mortality from prostate cancer associated with cadmium is slightly elevated in several industrial cohorts, but the number of cases is small and there is not clear dose-response relationship. More substantive evidence exists for lung cancer.

The major epidemiological study of lung cancer was conducted by Thun et al., (Ex. 4-68). Adequate data on cadmium exposures were available to allow evaluation of dose-response relationships between cadmium exposure and lung cancer. A statistically significant excess of lung cancer attributed to cadmium exposure was observed in this study even when confounding variables such as co-exposure to arsenic and smoking habits were taken into consideration (Ex. L-140-50).

The primary evidence for quantifying a link between lung cancer and cadmium exposure from animal studies derives from two rat bioassay studies; one by Takenaka et al., (1983), which is a study of cadmium chloride and a second study by Oldiges and Glaser (1990) of four cadmium compounds.

Based on the above cited studies, the U.S. Environmental Protection Agency (EPA) classified cadmium as "B1", a probable human carcinogen, in 1985 (Ex. 4-4). The International Agency for Research on Cancer (IARC) in 1987 also recommended that cadmium be listed as "2A", a probable human carcinogen (Ex. 4-15). The American Conference of Governmental Industrial Hygienists (ACGIH) has recently recommended that cadmium be labeled as a carcinogen. Since 1984, NIOSH has concluded that cadmium is possibly a human carcinogen and has recommended that exposures be controlled to the lowest level feasible.

4. Non-carcinogenic Effects

Acute pneumonitis occurs 10 to 24 hours after initial acute inhalation of high levels of cadmium fumes with symptoms such as fever and chest pain (Exs. 30, 8-86B). In extreme exposure cases pulmonary edema may develop and cause death several days after exposure. Little actual exposure measurement data is available on the level of airborne cadmium exposure that causes such immediate adverse lung effects, nonetheless, it is reasonable to believe a cadmium concentration of approximately 1 mg/m³ over an eight hour period is "immediately dangerous" (55 FR 4052, ANSI; Ex. 8-86B).

In addition to acute lung effects and chronic renal effects, long term exposure to cadmium may cause other severe effects on the respiratory system. Reduced pulmonary function and chronic lung disease indicative of emphysema have been observed in workers who have had prolonged exposure to cadmium dust or fumes (Exs. 4-29, 4-22, 4-42, 4-50, 4-63). In a study of workers

conducted by Kazantzis et al., a statistically significant excess of worker deaths due to chronic bronchitis was found, which in his opinion was directly related to high cadmium exposures of 1 mg/m³ or more (Tr. 6/8/90, pp. 156-157).

Cadmium need not be respirable to constitute a hazard. Inspirable cadmium particles that are too large to be respirable but small enough to enter the tracheobronchial region of the lung can lead to bronchoconstriction, chronic pulmonary disease, and cancer of that portion of the lung. All of these diseases have been associated with occupational exposure to cadmium (Ex. 8-86B). Particles that are constrained by their size to the extra-thoracic regions of the respiratory system such as the nose and maxillary sinuses can be swallowed through mucociliary clearance and be absorbed into the body (ACGIH, Ex. 8-692). The impaction of these particles in the upper airways can lead to anosmia, or loss of sense of smell, which is an early indication of overexposure among workers exposed to heavy metals. This condition is commonly reported among cadmium-exposed workers (Ex. 8-86-B).

C. Medical Surveillance

In general, the main provisions of the medical surveillance section of the standard, under paragraphs (l)(1)-(17) of the regulatory text, are as follows:

1. Workers exposed above the action level are covered;
2. Workers with intermittent exposures are not covered;
3. Past workers who are covered receive biological monitoring for at least one year;
4. Initial examinations include a medical questionnaire and biological monitoring of cadmium in blood (CdB), cadmium in urine (CdU), and Beta-2-microglobulin in urine (B(2)-M);
5. Biological monitoring of these three analytes is performed at least annually; full medical examinations are performed biennially;
6. Until five years from the effective date of the standard, medical removal is required when CdU is greater than 15 ug/gram creatinine (g Cr), or CdB is greater than 15 ug/liter whole blood (lwb), or B(2)-M is greater than 1500 ug/g Cr, and CdB is greater than 5 ug/lwb or CdU is greater than 3 ug/g Cr;
7. Beginning five years after the standard is in effect, medical removal triggers will be reduced;
8. Medical removal protection benefits are to be provided for up to 18 months;
9. Limited initial medical examinations are required for respirator usage;
10. Major provisions are fully described under section (l) of the regulatory text; they are outlined here as follows:

A. Eligibility

- B. Biological monitoring
- C. Actions triggered by levels of CdU, CdB, and B(2)-M (See Summary Charts and Tables in Attachment 1.)
- D. Periodic medical surveillance
- E. Actions triggered by periodic medical surveillance (See appendix A Summary Chart and Tables in Attachment 1.)
- F. Respirator usage
- G. Emergency medical examinations
- H. Termination examination
- I. Information to physician
- J. Physician's medical opinion
- K. Medical removal protection
- L. Medical removal protection benefits
- M. Multiple physician review
- N. Alternate physician review
- O. Information employer gives to employee
- P. Recordkeeping
- Q. Reporting on OSHA form 200

11. The above mentioned summary of the medical surveillance provisions, the summary chart, and tables for the actions triggered at different levels of CdU, CdB and B(2)-M (in Appendix A Attachment-1) are included only for the purpose of facilitating understanding of the provisions of paragraphs (1)(3) of the final cadmium standard. The summary of the provisions, the summary chart, and the tables do not add to or reduce the requirements in paragraph (1)(3).

D. Recommendations to Physicians

1. It is strongly recommended that patients with tubular proteinuria are counseled on: the hazards of smoking; avoidance of nephrotoxins and certain prescriptions and over-the-counter medications that may exacerbate kidney symptoms; how to control diabetes and/or blood pressure; proper hydration, diet, and exercise (Ex. 19-2). A list of prominent or common nephrotoxins is attached. (See Appendix A Attachment-2.)

2. DO NOT CHELATE; KNOW WHICH DRUGS ARE NEPHROTOXINS OR ARE ASSOCIATED WITH NEPHRITIS.

3. The gravity of cadmium-induced renal damage is compounded by the fact there is no medical treatment to prevent or reduce the accumulation of cadmium in the kidney (Ex. 8-619). Dr. Friberg, a leading world expert on cadmium toxicity, indicated in 1992, that there is no form of chelating agent that could be used without substantial risk. He stated that tubular proteinuria has to be treated in the same way as other kidney disorders (Ex. 29).

4. After the results of a workers' biological monitoring or medical examination are received the employer is required to provide an information sheet to the patient, briefly explaining the significance of the results. (See Attachment 3 of this Appendix A.)

5. For additional information the physician is referred to the following additional resources:

a. The physician can always obtain a copy of the preamble, with its full discussion of the health effects, from OSHA's Computerized Information System (OCIS).

b. The Docket Officer maintains a record of the rulemaking. The Cadmium Docket (H-057A), is located at 200 Constitution Ave. N.W., Room N-2625, Washington, D.C. 20210; telephone: 202-219-7894.

c. The following articles and exhibits in particular from that docket (H-057A):

Exhibit number	Author and paper title
8-447	Lauwerys et. al., Guide for physicians, "Health Maintenance of Workers Exposed to Cadmium," published by the Cadmium Council.
4-67	Takenaka, S., H. Oldiges, H. Konig, D. Hochrainer, G. Oberdorster. "Carcinogenicity of Cadmium Chloride Aerosols in Wistar Rats". JNCI 70:367 373, 1983. (32)
4-68	Thun, M.J., T.M. Schnoor, A.B. Smith, W.E. Halperin, R.A. Lemen. "Mortality Among a Cohort of U.S. Cadmium Production Workers - An Update." JNCI 74(2):325-33, 1985. (8)
4-25	Elinder, C.G., Kjellstrom, T., Hogstedt, C., et al., "Cancer Mortality of Cadmium Workers." Brit. J. Ind. Med. 42:651-655, 1985. (14)
4-26	Ellis, K.J. et al., "Critical Concentrations of Cadmium in Human Renal Cortex: Dose Effect Studies to Cadmium Smelter Workers." J. Toxicol. Environ. Health 7:691-703, 1981. (76)
4-27	Ellis, K.J., S.H. Cohn and T.J. Smith. "Cadmium Inhalation Exposure Estimates: Their Significance with Respect to Kidney and Liver Cadmium Burden." J. Toxicol. Environ. Health 15:173-187, 1985.
4-28	Falck, F.Y., Jr., Fine, L.J., Smith, R.G., McClatchey, K.D., Annesley, T., England, B., and Schork, A.M. "Occupational Cadmium Exposure and Renal Status." Am J.Ind.Med. 4:541, 1983. (64)

8-86A	Friberg, L., C.G. Elinder, et al., "Cadmium and Health a Toxicological and Epidemiological Appraisal Volume I Exposure, Dose, and Metabolism." CRC Press, Inc., Boca Raton, FL, 1986. (Available from the OSHA Technical Data Center)
8-86B	Friberg, L., C.G. Elinder, et al. "Cadmium and Health: A Toxicological and Epidemiological Appraisal Volume II Effects and Response." CRC Press, Inc., Boca Raton, FL, 1986. (Available from the OSHA Technical Data Center)
L-140-45	Elinder, C.G., "Cancer Morality of Cadmium Workers", Brit. J. Ind. Med., 42, 651-655, 1985.
L-140-50	Thun, M., Elinder, C.G., Friberg, L, "Scientific Basis for an Occupational Standard for Cadmium, Am. J. Ind. Med., 20; 629-642, 1991.

V. Information Sheet

The information sheet (Appendix A Attachment-3.) or an equally explanatory one should be provided to you after any biological monitoring results are reviewed by the physician, or where applicable, after any medical examination.

Appendix A

Attachment 1: Appendix A Summary Chart and Tables A and B of Actions Triggered by Biological Monitoring

Appendix A - Summary Chart: Section (1)(3) Medical Surveillance

Categorizing Biological Monitoring Results

(A) Biological monitoring results categories are set forth in Appendix A Table A for the periods ending December 31, 1998 and for the period beginning January 1, 1999.

(B) The results of the biological monitoring for the initial medical exam and the subsequent exams shall determine an employee's biological monitoring result category.

Actions Triggered by Biological Monitoring

(A)(i) The actions triggered by biological monitoring for an employee are set forth in Appendix A Table B.

(ii) The biological monitoring results for each employee under section (1)(3) shall determine the actions required for that employee. That is, for any employee in biological monitoring category C, the employer will perform all of the actions for which there is an X in column C of Appendix A Table B.

(iii) An employee is assigned the alphabetical category ("A" being the lowest) depending upon the test results of the three biological markers.

(iv) An employee is assigned category A if monitoring results for all three biological markers fall at or below the levels indicated in the table listed for category A.

(v) An employee is assigned category B if any monitoring result for any of the three biological markers fall within the range of levels indicated in the table listed for category B, providing no result exceeds the levels listed for category B.

(vi) An employee is assigned category C if any monitoring result for any of the three biological markers are above the levels listed for category C.

(B) The user of Appendix A Tables A and B should know that these tables are provided only to facilitate understanding of the relevant provisions of paragraph (l)(3) of this section. Appendix A Tables A and B are not meant to add to or subtract from the requirements of those provisions.

Appendix A - Table A

Categorization of Biological Monitoring Results

APPLICABLE THROUGH 1998 ONLY

Biological Marker	Monitoring result categorie		
	A	B	C
Cadmium in urine (CdU) (ug/g creatinine).....	< = 3	>3 and < = 15	>15
B(2)-microglobulin (B(2)-M) (ug/g creatinine).....	< = 300	>300 and < = 1500	>1500(1)
Cadmium in blood (CdB) (ug/liter whole blood).....	< = 5	>5 and < = 15	>15

Footnote(1) If an employee's B(2)-M levels are above 1,500 ug/g creatinine, in order for mandatory medical removal to be required (See Appendix A Table B.), either the employee's CdU level must also be >3 ug/g creatinine or CdB level must also be >5 ug/liter whole blood.

APPLICABLE BEGINNING JANUARY 1, 1999

Biological Marker	Monitoring result categorie		
	A	B	C
Cadmium in urine (CdU) (ug/g creatinine).....	< = 3	>3 and < = 7	>7
B(2)-microglobulin (B(2)-M) (ug/g creatinine).....	< = 300	>300 and < = 750	>750(1)
Cadmium in blood (CdB) (ug/liter whole blood).....	< = 5	>5 and < = 10	>10

Footnote(1) If an employee's B(2)-M levels are above 750 ug/g

creatinine, in order for mandatory medical removal to be required (See Appendix A Table B.), either the employee's CdU level must also be >3 ug/g creatinine or CdB level must also be >5 ug/liter whole blood.

Appendix A - Table B - Actions Determined by Biological Monitoring

This table presents the actions required based on the monitoring result in Appendix A Table A. Each item is a separate requirement in citing non-compliance. For example, a medical examination within 90 days for an employee in category B is separate from the requirement to administer a periodic medical examination for category B employees on an annual basis.

Required Actions	Monitoring result category		
	A(1)	B(1)	C(1)
(1) Biological Monitoring:			
(a) Annual.....	X		
(b) Semiannual.....		X	
(c) Quarterly.....			X
(2) Medical Examination:			
(a) Biennial.....	X		
(b) Annual.....		X	
(c) Semiannual.....			X
(d) Within 90 Days.....		X	X
(3) Assess within two weeks:			
(a) Excess cadmium exposure.....		X	X
(b) Work practices.....		X	X
(c) Personal hygiene.....		X	X
(d) Respirator usage.....		X	X
(e) Smoking history.....		X	X
(f) Hygiene facilities.....		X	X
(g) Engineering controls.....		X	X
(h) Correct within 30 days.....		X	X
(i) Periodically Assess Exposures...			X
(4) Discretionary Medical Removal.....		X	X
(5) Mandatory Medical Removal.....			X(2)

Footnote(1) For all employees covered by medical surveillance exclusively because of exposures prior to the effective date of this standard, if they are in Category A, the employer shall follow the requirements of paragraphs (1)(3)(i)(B) and (1)(4)(v)(A). If they are in Category B or C, the employer shall follow the requirements of paragraphs (1)(4)(v)(B)-(C).

Footnote(2) See footnote Appendix A Table A.

Appendix A - Attachment - 2: List of Medications

A list of the more common medications that a physician, and the employee, may wish to review is likely to include some of the following: (1) anticonvulsants: paramethadione, phenytoin, trimethadone; (2) antihypertensive drugs: captopril, methyldopa; (3) antimicrobials:

aminoglycosides, amphotericin B, cephalosporins, ethambutol; (4) antineoplastic agents: cisplatin, methotrexate, mitomycin-C, nitrosoureas, radiation; (5) sulfonamide diuretics: acetazolamide, chlorthalidone, furosemide, thiazides; (6) halogenated alkanes, hydrocarbons, and solvents that may occur in some settings: carbon tetrachloride, ethylene glycol, toluene; iodinated radiographic contrast media; nonsteroidal anti-inflammatory drugs; and, (7) other miscellaneous compounds: acetaminophen, allopurinol, amphetamines, azathioprine, cimetidine, cyclosporine, lithium, methoxyflurane, methysergide, D-penicillamine, phenacetin, phenendione. A list of drugs associated with acute interstitial nephritis includes: (1) antimicrobial drugs: cephalosporins, chloramphenicol, colistin, erythromycin, ethambutol, isoniazid, paraaminosalicylic acid, penicillins, polymyxin B, rifampin, sulfonamides, tetracyclines, and vancomycin; (2) other miscellaneous drugs: allopurinol, antipyrine, azathioprine, captopril, cimetidine, clofibrate, methyldopa, phenindione, phenylpropanolamine, phenytoin, probenecid, sulfapyrazone, sulfonamide diuretics, triamterene; and, (3) metals: bismuth, gold.

This list has been derived from commonly available medical textbooks (e.g., Ex. 14-18). The list has been included merely to facilitate the physician's, employer's, and employee's understanding. The list does not represent an official OSHA opinion or policy regarding the use of these medications for particular employees. The use of such medications should be under physician discretion.

Appendix A - Attachment 3

Biological Monitoring and Medical Examination Results

Employee _____
Testing Date _____
Cadmium in Urine _____ ug/g Cr
Cadmium in Blood _____ ug/lwb
Beta-2-microglobulin in Urine _____ ug/g Cr
Normal Levels: < = 3 ug/g Cr, < = 5 ug/lwb, < = 300 ug/g Cr
Physical Examination Results: N/A _____
Satisfactory _____
Unsatisfactory _____
(see physician again)
Physician's Review of Pulmonary Function
Test: N/A _____ Normal _____ Abnormal _____
Next biological monitoring or medical examination scheduled for

The biological monitoring program has been designed for three main purposes: 1) to identify employees at risk of adverse health effects from excess, chronic exposure to cadmium; 2) to prevent cadmium-induced disease(s); and 3) to detect and minimize existing cadmium-induced disease(s).

The levels of cadmium in the urine and blood provide an estimate of the total amount of cadmium in the body. The amount of a specific protein in the urine (beta-2-microglobulin) indicates changes in kidney function. All three tests must be evaluated together. A single mildly elevated result may not be important if testing at a later time indicates that the results are normal and the workplace has been evaluated to decrease possible sources of cadmium exposure. The

levels of cadmium or beta-2-microglobulin may change over a period of days to months and the time needed for those changes to occur is different for each worker.

If the results for biological monitoring are above specific "high levels" [cadmium urine greater than 10 micrograms per gram of creatinine (ug/g Cr), cadmium blood greater than 10 micrograms per liter of whole blood (ug/lwb), or beta-2-microglobulin greater than 1000 micrograms per gram of creatinine (ug/g Cr)], the worker has a much greater chance of developing other kidney diseases.

One way to measure for kidney function is by measuring beta-2-microglobulin in the urine. Beta-2-microglobulin is a protein which is normally found in the blood as it is being filtered in the kidney, and the kidney reabsorbs or returns almost all of the beta-2-microglobulin to the blood. A very small amount (less than 300 ug/g Cr in the urine) of beta-2-microglobulin is not reabsorbed into the blood, but is released in the urine. If cadmium damages the kidney, the amount of beta-2-microglobulin in the urine increases because the kidney cells are unable to reabsorb the beta-2-microglobulin normally. An increase in the amount of beta-2-microglobulin in the urine is a very early sign of kidney dysfunction. A small increase in beta-2-microglobulin in the urine will serve as an early warning sign that the worker may be absorbing cadmium from the air, cigarettes contaminated in the workplace, or eating in areas that are cadmium contaminated.

Even if cadmium causes permanent changes in the kidney's ability to reabsorb beta-2-microglobulin, and the beta-2-microglobulin is above the "high levels", the loss of kidney function may not lead to any serious health problems. Also, renal function naturally declines as people age. The risk for changes in kidney function for workers who have biological monitoring results between the "normal values" and the "high levels" is not well known. Some people are more cadmium-tolerant, while others are more cadmium-susceptible.

For anyone with even a slight increase of beta-2-microglobulin, cadmium in the urine, or cadmium in the blood, it is very important to protect the kidney from further damage. Kidney damage can come from other sources than excess cadmium-exposure so it is also recommended that if a worker's levels are "high" he/she should receive counseling about drinking more water; avoiding cadmium-tainted tobacco and certain medications (nephrotoxins, acetaminophen); controlling diet, vitamin intake, blood pressure and diabetes; etc.

1910.1027 Appendix B to Substances Technical Guidelines for Cadmium

I. CADMIUM METAL

A. Physical and Chemical Data.

1. Substance Identification.

Chemical name: Cadmium.

Formula: Cd.

Molecular Weight: 112.4.

Chemical Abstracts Service (CAS) Registry No.: 7740-43-9.
Other Identifiers: RETCS EU9800000; EPA D006; DOT 2570 53.
Synonyms: Colloidal Cadmium: Kadmium (German): CI77180.

2. Physical data.

Boiling point: (760 mm Hg): 765 degrees C.

Melting point: 321 degrees C.

Specific Gravity: (H₂O at 20 deg. C): 8.64.

Solubility: Insoluble in water; soluble in dilute nitric acid and in sulfuric acid.

Appearance: Soft, blue-white, malleable, lustrous metal or grayish-white powder.

B. Fire, Explosion and Reactivity Data.

1. Fire.

Fire and Explosion Hazards: The finely divided metal is pyrophoric, that is the dust is a severe fire hazard and moderate explosion hazard when exposed to heat or flame. Burning material reacts violently with extinguishing agents such as water, foam, carbon dioxide, and halons.

Flash point: Flammable (dust).

Extinguishing media: Dry sand, dry dolomite, dry graphite, or sodium chloride.

2. Reactivity.

Conditions contributing to instability: Stable when kept in sealed containers under normal temperatures and pressure, but dust may ignite upon contact with air. Metal tarnishes in moist air.

Incompatibilities: Ammonium nitrate, fused: Reacts violently or explosively with cadmium dust below 20 degrees C. Hydrozoic acid: Violent explosion occurs after 30 minutes. Acids: reacts violently, forms hydrogen gas. Oxidizing agents or metals: strong reaction with cadmium dust. Nitryl fluoride at slightly elevated temperature: glowing or white incandescence occurs. Selenium: reacts exothermically. Ammonia: corrosive reaction. Sulfur dioxide: corrosive reaction. Fire extinguishing agents (water, foam, carbon dioxide, and halons): reacts violently. Tellurium: incandescent reaction in hydrogen atmosphere.

Hazardous decomposition products: The heated metal rapidly forms highly toxic, brownish fumes of oxides of cadmium.

C. Spill, Leak and Disposal Procedures.

1. Steps to be taken if the materials is released or spilled

Do not touch spilled material. Stop leak if you can do it without risk. Do not get water inside container. For large spills, dike spill for later disposal. Keep unnecessary people away. Isolate hazard area and deny entry. The Superfund Amendments and Reauthorization Act of 1986 Section 304 requires that a release equal to or greater than the reportable quantity for this substance (1 pound) must be immediately reported to the local emergency planning committee, the state emergency response commission, and the National Response Center (800) 424-8802; in Washington, D.C. metropolitan area (202) 426-2675.

II. CADMIUM OXIDE

A. Physical and Chemical Data

1. Substance identification

Chemical name: Cadmium Oxide.

Formula: CdO.

Molecular Weight: 128.4.

CAS No.: 1306-19-0.

Other Identifiers: RTECS EV1929500.

Synonyms: Kadmu tlenek (Polish).

2. Physical data.

Boiling point (760 mm Hg): 950 degrees C decomposes.

Melting point: 1500 deg. C.

Specific Gravity: (H₂O = 1 at 200 deg. C): 7.0.

Solubility: Insoluble in water; soluble in acids and alkalines.

Appearance: Red or brown crystals.

B. Fire, Explosion and Reactivity Data.

1. Fire.

Fire and Explosion Hazards: Negligible fire hazard when exposed to heat or flame.

Flash point: Nonflammable.

Extinguishing media: Dry chemical, carbon dioxide, water spray or foam.

2. Reactivity.

Conditions contributing to instability: Stable under normal temperatures and pressures.

Incompatibilities: Magnesium may reduce CdO(2) explosively on heating.

Hazardous decomposition products: Toxic fumes of cadmium.

C. Spill Leak and Disposal Procedures

1. Steps to be taken if the material is released or spilled

Do not touch spilled material. Stop leak if you can do it without risk. For small spills, take up with sand or other absorbent material and place into containers for later disposal. For small dry spills, use a clean shovel to place material into clean, dry container and then cover. Move containers from spill area. For larger spills, dike far ahead of spill for later disposal. Keep unnecessary people away. Isolate hazard area and deny entry. The Superfund Amendments and Reauthorization Act of 1986 Section 304 requires that a release equal to or greater than the reportable quantity for this substance (1 pound) must be immediately reported to the local emergency planning committee, the state emergency response commission, and the National Response Center (800) 424-8802; in Washington, D.C. metropolitan area (202) 426-2675.

III. CADMIUM SULFIDE

A. Physical and Chemical Data

1. Substance Identification.

Chemical name: Cadmium sulfide.

Formula: CdS.

Molecular weight: 144.5.

CAS No. 1306-23-6.

Other Identifiers: RTECS EV3150000.

Synonyms: Aurora yellow; Cadmium Golden 366; Cadmium Lemon Yellow 527; Cadmium Orange; Cadmium Primrose 819; Cadmium Sulphide; Cadmium Yellow; Cadmium Yellow 000; Cadmium Yellow Conc. Deep; Cadmium Yellow Conc. Golden; Cadmium Yellow Conc. Lemon; Cadmium Yellow Conc. Primrose; Cadmium Yellow Oz. Dark; Cadmium Yellow Primrose 47-1400; Cadmium Yellow 10G Conc.; Cadmium Yellow 892; Cadmopur Golden Yellow N; Cadmopur Yellow: Capsebon; C.I. 77199; C.I. Pigment Orange 20; CI Pigment Yellow 37; Ferro Lemon Yellow; Ferro Orange Yellow; Ferro Yellow; Greenockite; NCI-C02711.

2. Physical data.

Boiling point (760 mm. Hg): sublimes in N(2) at 980 deg. C.

Melting point: 1750 degrees C (100 atm).

Specific Gravity: (H(2)O= 1 at 20 deg. C): 4.82.

Solubility: Slightly soluble in water; soluble in acid.

Appearance: Light yellow or yellow-orange crystals.

B. Fire, Explosion and Reactivity Data.

1. Fire.

Fire and Explosion Hazards: Negligible fire hazard when exposed to heat or flame.

Flash point: Nonflammable.

Extinguishing media: Dry chemical, carbon dioxide, water spray or foam.

2. Reactivity.

Conditions contributing to instability: Generally non-reactive under normal conditions. Reacts with acids to form toxic hydrogen sulfide gas.

Incompatibilities: Reacts vigorously with iodine monochloride.

Hazardous decomposition products: Toxic fumes of cadmium and sulfur oxides.

C. Spill Leak and Disposal Procedures.

1. Steps to be taken if the material is released or spilled.

Do not touch spilled material. Stop leak if you can do it without risk. For small, dry spills, with a clean shovel place material into clean, dry container and cover. Move containers from spill area. For larger spills, dike far ahead of spill for later disposal. Keep unnecessary people away. Isolate hazard and deny entry.

IV. CADMIUM CHLORIDE

A. Physical and Chemical Data.

1. Substance Identification.

Chemical name: Cadmium chloride.

Formula: CdCl₂.

Molecular weight: 183.3.

CAS No. 10108-64-2.

Other Identifiers: RTECS EY0175000.

Synonyms: Caddy; Cadmium dichloride; NA 2570 (DOT); UI-CAD; dichlorocadmium.

2. Physical data.

Boiling point (760 mm Hg): 960 degrees C.

Melting point: 568 degrees C.

Specific Gravity: (H₂O = 1 at 20 deg. C): 4.05.

Solubility: Soluble in water (140 g/100 cc); soluble in acetone.

Appearance: small, white crystals.

B. Fire, Explosion and Reactivity Data.

1. Fire.

Fire and Explosion Hazards: Negligible fire and negligible explosion hazard in dust form when exposed to heat or flame.

Flash point: Nonflammable.

Extinguishing media: Dry chemical, carbon dioxide, water spray or foam.

2. Reactivity.

Conditions contributing to instability:

Generally stable under normal temperatures and pressures.

Incompatibilities: Bromine trifluoride rapidly attacks cadmium chloride. A mixture of potassium and cadmium chloride may produce a strong explosion on impact.

Hazardous decomposition products:

Thermal decomposition may release toxic fumes of hydrogen chloride, chloride, chlorine or oxides of cadmium.

C. Spill Leak and Disposal Procedures.

1. Steps to be taken if the materials is released or spilled.

Do not touch spilled material. Stop leak if you can do it without risk. For small, dry spills, with a clean shovel place material into clean, dry container and cover. Move containers from spill area. For larger spills, dike far ahead of spill for later disposal. Keep unnecessary people away. Isolate hazard and deny entry. The Superfund Amendments and Reauthorization Act of 1986 Section 304 requires that a release equal to or greater than the reportable quantity for this

substance (100 pounds) must be immediately reported to the local emergency planning committee, the state emergency response commission, and the National Response Center (800) 424-8802; in Washington, D.C. Metropolitan area (202) 426-2675.

Appendix C to 1910.1027 - Qualitative and Quantitative Fit Testing Procedures [Reserved]

Appendix D to 1910.1027 -Occupational Health History Interview With Reference to Cadmium Exposure

Directions

(To be read by employee and signed prior to the interview)

Please answer the questions you will be asked as completely and carefully as you can. These questions are asked of everyone who works with cadmium. You will also be asked to give blood and urine samples. The doctor will give your employer a written opinion on whether you are physically capable of working with cadmium. Legally, the doctor cannot share personal information you may tell him/her with your employer. The following information is considered strictly confidential. The results of the tests will go to you, your doctor and your employer. You will also receive an information sheet explaining the results of any biological monitoring or physical examinations performed.

If you are just being hired, the results of this interview and examination will be used to:

- (1) Establish your health status and see if working with cadmium might be expected to cause unusual problems,
- (2) Determine your health status today and see if there are changes over time,
- (3) See if you can wear a respirator safely.

If you are not a new hire:

OSHA says that everyone who works with cadmium can have periodic medical examinations performed by a doctor. The reasons for this are:

- (a) If there are changes in your health, either because of cadmium or some other reason, to find them early,
- (b) to prevent kidney damage.

Please sign below.

I have read these directions and understand them:

Employee signature

Date _____

Thank you for answering these questions.
(Suggested Format)

Name _____

Age _____

Social Security # _____

Company _____

Job _____

Type of Preplacement Exam:

Periodic

Termination

Initial

Other

Blood Pressure _____

Pulse Rate _____

1. How long have you worked at the job listed above?

Not yet hired

Number of months

Number of years

2. JOB DUTIES ETC.

3. Have you ever been told by a doctor that you had bronchitis?

Yes

No

If yes, how long ago?

Number of months

Number of years

4. Have you ever been told by a doctor that you had emphysema?

Yes

No

If yes, how long ago?

Number of years

Number of months

5. Have you ever been told by a doctor that you had other lung problems?

Yes

No

If yes, please describe type of lung problems and when you had these problems.

6. In the past year, have you had a cough?

Yes

No

If yes, did you cough up sputum?

- Yes
- No

If yes, how long did the cough with sputum production last?

- Less than 3 months
- 3 months or longer

If yes, for how many years have you had episodes of cough with sputum production lasting this long?

- Less than one
- 1
- 2
- Longer than 2

7. Have you ever smoked cigarettes?

- Yes
- No

8. Do you now smoke cigarettes?

- Yes
- No

9. If you smoke or have smoked cigarettes, for how many years have you smoked, or did you smoke?

- Less than 1 year
- Number of years

What is or was the greatest number of packs per day that you have smoked?

- Number of packs

If you quit smoking cigarettes, how many years ago did you quit?

- Less than 1 year
- Number of years

How many packs a day do you now smoke?

- Number of packs per day

10. Have you ever been told by a doctor that you had a kidney or urinary tract disease or disorder?

- Yes
- No

11. Have you ever had any of these disorders?

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Kidney stones..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Protein in urine..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blood in urine..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty urinating..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other kidney/Urinary disorders..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please describe problems, age, treatment, and follow up for any kidney or urinary problems you have had:

12. Have you ever been told by a doctor or other health care provider who took your blood pressure that your blood pressure was high?

- Yes
- No

13. Have you ever been advised to take any blood pressure medication?
 Yes
 No

14. Are you presently taking any blood pressure medication?
 Yes
 No

15. Are you presently taking any other medication?
 Yes
 No

16. Please list any blood pressure or other medications and describe how long you have been taking each one:

Medicine	How Long Taken

17. Have you ever been told by a doctor that you have diabetes? (sugar in your blood or urine)
 Yes
 No

If yes, do you presently see a doctor about your diabetes?
 Yes
 No

If yes, how do you control your blood sugar?
 Diet alone
 Diet plus oral medicine
 Diet plus insulin (injection)

18. Have you ever been told by a doctor that you had:

Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A low blood count?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

19. Do you presently feel that you tire or run out of energy sooner than normal or sooner than other people your age?
 Yes
 No

If yes, for how long have you felt that you tire easily?
 Less than 1 year
 Number of years

20. Have you given blood within the last year?

- Yes
- No

If yes, how many times?

- Number of times

How long ago was the last time you gave blood?

- Less than 1 month
- Number of months

21. Within the last year have you had any injuries with heavy bleeding?

- Yes
- No

If yes, how long ago?

- Less than 1 month
- Number of months

Describe: _____

22. Have you recently had any surgery?

- Yes
- No

If yes, please describe: _____

23. Have you seen any blood lately in your stool or after a bowel movement?

- Yes
- No

24. Have you ever had a test for blood in your stool?

- Yes
- No

If yes, did the test show any blood in the stool?

- Yes
- No

What further evaluation and treatment were done? _____

The following questions pertain to the ability to wear a respirator. Additional information for the physician can be found in The Respiratory Protective Devices Manual.

25. Have you ever been told by a doctor that you have asthma?

- Yes
- No

If yes, are you presently taking any medication for asthma? Mark all that apply.

- Shots
- Pills

Inhaler

26. Have you ever had a heart attack?

- Yes
 No

If yes, how long ago?

- Number of years
 Number of months

27. Have you ever had pains in your chest?

- Yes
 No

If yes, when did it usually happen?

- While resting
 While working
 While exercising
 Activity didn't matter

28. Have you ever had a thyroid problem?

- Yes
 No

29. Have you ever had a seizure or fits?

- Yes
 No

30. Have you ever had a stroke (cerebrovascular accident)?

- Yes
 No

31. Have you ever had a ruptured eardrum or a serious hearing problem?

- Yes
 No

32. Do you now have a claustrophobia, meaning fear of crowded or closed in spaces or any psychological problems that would make it hard for you to wear a respirator?

- Yes
 No

The following questions pertain to reproductive history.

33. Have you or your partner had a problem conceiving a child?

- Yes
 No

If yes, specify:

- Self
 Present mate
 Previous mate

34. Have you or your partner consulted a physician for a fertility or other reproductive problem?

- Yes
 No

If yes, specify who consulted the physician:

- Self
- Spouse/partner
- Self and partner

If yes, specify diagnosis made: _____

35. Have you or your partner ever conceived a child resulting in a miscarriage, still birth or deformed offspring?

- Yes
- No

If yes, specify:

- Miscarriage
- Still birth
- Deformed offspring

If outcome was a deformed offspring, please specify type:

36. Was this outcome a result of a pregnancy of:

- Yours with present partner
- Yours with a previous partner

37. Did the timing of any abnormal pregnancy outcome coincide with present employment?

- Yes
- No

List dates of occurrences: _____

38. What is the occupation of your spouse or partner?

For Women Only

39. Do you have menstrual periods?

- Yes
- No

Have you had menstrual irregularities?

- Yes
- No

If yes, specify type: _____

If yes, what was the approximated date this problem began? _____

Approximate date problem stopped? _____

For Men Only

40. Have you ever been diagnosed by a physician as having prostate gland problem(s)?

Yes

No

If yes, please describe type of problem(s) and what was done to evaluate and treat the problem(s) : _____

Appendix E to 1910.1027 Cadmium in Workplace Atmospheres

Method Number: ID-189

Matrix: Air

OSHA Permissible Exposure Limits: 5 ug/m(3) (TWA), 2.5 ug/m(3) (Action Level TWA)

Collection Procedure: A known volume of air is drawn through a 37-mm diameter filter cassette containing a 0.8-um mixed cellulose ester membrane filter (MCEF).

Recommended Air Volume: 960 L

Recommended Sampling Rate: 2.0 L/min

Analytical Procedure: Air filter samples are digested with nitric acid. After digestion, a small amount of hydrochloric acid is added. The samples are then diluted to volume with deionized water and analyzed by either flame atomic absorption spectroscopy (AAS) or flameless atomic absorption spectroscopy using a heated graphite furnace atomizer (AAS-HGA).

Detection Limits:

Qualitative: 0.2 ug/m(3) for a 200 L sample by Flame AAS, 0.007 ug/m(3) for a 60 L sample by AAS-HGA

Quantitative: 0.70 ug/m(3) for a 200 L sample by Flame AAS, 0.025 ug/m(3) for a 60 L sample by AAS-HGA

Precision and Accuracy: (Flame AAS Analysis and AAS-HGA Analysis):

Validation Level: 2.5 to 10 ug/m(3) for a 400 L air vol. 1.25 to 5.0 ug/m(3) for a 60 L air vol.

CV(1)(pooled): 0.010, 0.043

Analytical Bias: +4.0%, -5.8%

Overall Analytical Error: + or - 6.0%, + or - 14.2%

Method Classification: Validated

Date: June, 1992

Inorganic Service Branch II, OSHA Salt Lake Technical Center, Salt Lake City, Utah

Commercial manufacturers and products mentioned in this method are for descriptive use only and do not constitute endorsements by USDOL-OSHA. Similar products from other sources can be substituted.

1. Introduction

1.1. Scope

This method describes the collection of airborne elemental cadmium and cadmium compounds on 0.8-um mixed cellulose ester membrane filters and their subsequent analysis by either flame atomic absorption spectroscopy (AAS) or flameless atomic absorption spectroscopy using a heated graphite furnace atomizer (AAS-HGA). It is applicable for both TWA and Action Level TWA Permissible Exposure Level (PEL) measurements. The two atomic absorption analytical techniques included in the method do not differentiate between cadmium fume and cadmium dust samples. They also do not differentiate between elemental cadmium and its compounds.

1.2. Principle

Airborne elemental cadmium and cadmium compounds are collected on a 0.8-um mixed cellulose ester membrane filter (MCEF). The air filter samples are digested with concentrated nitric acid to destroy the organic matrix and dissolve the cadmium analytes. After digestion, a small amount of concentrated hydrochloric acid is added to help dissolve other metals which may be present. The samples are diluted to volume with deionized water and then aspirated into the oxidizing air/acetylene flame of an atomic absorption spectrophotometer for analysis of elemental cadmium. If the concentration of cadmium in a sample solution is too low for quantitation by this flame AAS analytical technique, and the sample is to be averaged with other samples for TWA calculations, aliquots of the sample and a matrix modifier are later injected onto a L'vov platform in a pyrolytically-coated graphite tube of a Zeeman atomic absorption spectrophotometer/graphite furnace assembly for analysis of elemental cadmium. The matrix modifier is added to stabilize the cadmium metal and minimize sodium chloride as an interference during the high temperature charring step of the analysis (5.1., 5.2.).

1.3. History

Previously, two OSHA sampling and analytical methods for cadmium were used concurrently (5.3., 5.4.). Both of these methods also required 0.8-um mixed cellulose ester membrane filters for the collection of air samples. These cadmium air filter samples were analyzed by either flame atomic absorption spectroscopy (5.3.) or inductively coupled plasma/atomic emission spectroscopy (ICP-AES) (5.4.). Neither of these two analytical methods have adequate sensitivity for measuring workplace exposure to airborne cadmium at the new lower TWA and Action Level TWA PEL levels when consecutive samples are taken on one employee and the sample results need to be averaged with other samples to determine a single TWA.

The inclusion of two atomic absorption analytical techniques in the new sampling and analysis method for airborne cadmium permits quantitation of sample results over a broad range of exposure levels and sampling periods. The flame AAS analytical technique included in this method is similar to the previous procedure given in the General Metals Method ID-121 (5.3.) with some modifications. The sensitivity of the AAS-HGA analytical technique included in this method is adequate to measure exposure levels at 1/10 the Action Level TWA, or lower, when less than full-shift samples need to be averaged together.

1.4. Properties (5.5.)

Elemental cadmium is a silver-white, blue-tinged, lustrous metal which is easily cut with a knife. It is slowly oxidized by moist air to form cadmium oxide. It is insoluble in water, but reacts readily with dilute nitric acid. Some of the physical properties and other descriptive information of elemental cadmium are given below:

CAS No -----	7440-43-9
Atomic Number -----	48
Atomic Symbol -----	Cd
Atomic Weight -----	112.41
Melting Point -----	321 Deg. C
Boiling Point -----	765 Deg. C
Density -----	8.65 g/mL (25 Deg. C)

The properties of specific cadmium compounds are described in reference 5.5.

1.5. Method Performance

A synopsis of method performance is presented below. Further information can be found in Section 4.

1.5.1. The qualitative and quantitative detection limits for the flame AAS analytical technique are 0.04 ug (0.004 ug/mL) and 0.14 ug (0.014 ug/mL) cadmium, respectively, for a 10 mL solution volume. These correspond, respectively, to 0.2 ug/m(3) and 0.70 ug/m(3) for a 200 L air volume.

1.5.2. The qualitative and quantitative detection limits for the AAS-HGA analytical technique are 0.44 ng (0.044 ng/mL) and 1.5 ng (0.15 ng/mL) cadmium, respectively, for a 10 mL solution volume. These correspond, respectively, to 0.007 ug/m(3) and 0.025 ug/m(3) for a 60 L air volume.

1.5.3. The average recovery by the flame AAS analytical technique of 17 spiked MCEF samples containing cadmium in the range of 0.5 to 2.0 times the TWA target concentration of 5 ug/m(3) (assuming a 400 L air volume) was 104.0% with a pooled coefficient of variation (CV(1)) of 0.010. The flame analytical technique exhibited a positive bias of +4.0% for the validated concentration range. The overall analytical error (OAE) for the flame AAS analytical technique was + or - 6.0%.

1.5.4. The average recovery by the AAS-HGA analytical technique of 18 spiked MCEF samples containing cadmium in the range of 0.5 to 2.0 times the Action Level TWA target concentration of 2.5 ug/m(3) (assuming a 60 L air volume) was 94.2% with a pooled coefficient of variation (CV(1)) of 0.043. The AAS-HGA analytical technique exhibited a negative bias of -5.8% for the validated concentration range. The overall analytical error (OAE) for the AAS-HGA analytical technique was + or - 14.2%.

1.5.5. Sensitivity in flame atomic absorption is defined as the characteristic concentration of an element required to produce a signal of 1% absorbance (0.0044 absorbance units). Sensitivity values are listed for each element by the atomic absorption spectrophotometer manufacturer and have proved to be a very valuable diagnostic tool to determine if instrumental parameters are

optimized and if the instrument is performing up to specification. The sensitivity of the spectrophotometer used in the validation of the flame AAS analytical technique agreed with the manufacturer specifications (5.6.); the 2 ug/mL cadmium standard gave an absorbance reading of 0.350 abs. units.

1.5.6. Sensitivity in graphite furnace atomic absorption is defined in terms of the characteristic mass, the number of picograms required to give an integrated absorbance value of 0.0044 absorbance-second (5.7.). Data suggests that under Stabilized Temperature Platform Furnace (STPF) conditions (see Section 1.6.2.), characteristic mass values are transferable between properly functioning instruments to an accuracy of about 20% (5.2.). The characteristic mass for STPF analysis of cadmium with Zeeman background correction listed by the manufacturer of the instrument used in the validation of the AAS-HGA analytical technique was 0.35 pg. The experimental characteristic mass value observed during the determination of the working range and detection limits of the AAS-HGA analytical technique was 0.41 pg.

1.6. Interferences

1.6.1. High concentrations of silicate interfere in determining cadmium by flame AAS (5.6.). However, silicates are not significantly soluble in the acid matrix used to prepare the samples.

1.6.2. Interferences, such as background absorption, are reduced to a minimum in the AAS-HGA analytical technique by taking full advantage of the Stabilized Temperature Platform Furnace (STPF) concept. STPF includes all of the following parameters (5.2.):

- a. Integrated Absorbance,
- b. Fast Instrument Electronics and Sampling Frequency,
- c. Background Correction,
- d. Maximum Power Heating,
- e. Atomization off the L'vov platform in a pyrolytically coated graphite tube,
- f. Gas Stop during Atomization,
- g. Use of Matrix Modifiers.

1.7. Toxicology (5.14.)

Information listed within this section is synopsis of current knowledge of the physiological effects of cadmium and is not intended to be used as the basis for OSHA policy. IARC classifies cadmium and certain of its compounds as Group 2A carcinogens (probably carcinogenic to humans). Cadmium fume is intensely irritating to the respiratory tract. Workplace exposure to cadmium can cause both chronic and acute effects. Acute effects include tracheobronchitis, pneumonitis, and pulmonary edema. Chronic effects include anemia, rhinitis/anosmia, pulmonary emphysema, proteinuria and lung cancer. The primary target organs for chronic disease are the kidneys (non-carcinogenic) and the lungs (carcinogenic).

2. Sampling

2.1. Apparatus

2.1.1. Filter cassette unit for air sampling: A 37-mm diameter mixed cellulose ester membrane filter with a pore size of 0.8-um contained in a 37-mm polystyrene two- or three-piece cassette filter holder (part no. MAWP 037 A0, Millipore Corp., Bedford, MA). The filter is supported with a cellulose backup pad. The cassette is sealed prior to use with a shrinkable gel band.

2.1.2. A calibrated personal sampling pump whose flow is determined to an accuracy of + or - 5% at the recommended flow rate with the filter cassette unit in line.

2.2. Procedure

2.2.1. Attach the prepared cassette to the calibrated sampling pump (the backup pad should face the pump) using flexible tubing. Place the sampling device on the employee such that air is sampled from the breathing zone.

2.2.2. Collect air samples at a flow rate of 2.0 L/min. If the filter does not become overloaded, a full-shift (at least seven hours) sample is strongly recommended for TWA and Action Level TWA measurements with a maximum air volume of 960 L. If overloading occurs, collect consecutive air samples for shorter sampling periods to cover the full workshift.

2.2.3. Replace the end plugs into the filter cassettes immediately after sampling. Record the sampling conditions.

2.2.4. Securely wrap each sample filter cassette end-to-end with an OSHA Form 21 sample seal.

2.2.5. Submit at least one blank sample with each set of air samples. The blank sample should be handled the same as the other samples except that no air is drawn through it.

2.2.6. Ship the samples to the laboratory for analysis as soon as possible in a suitable container designed to prevent damage in transit.

3. Analysis

3.1. Safety Precautions

3.1.1. Wear safety glasses, protective clothing and gloves at all times.

3.1.2. Handle acid solutions with care. Handle all cadmium samples and solutions with extra care (see Sect. 1.7.). Avoid their direct contact with work area surfaces, eyes, skin and clothes. Flush acid solutions which contact the skin or eyes with copious amounts of water.

3.1.3. Perform all acid digestions and acid dilutions in an exhaust hood while wearing a face shield. To avoid exposure to acid vapors, do not remove beakers containing concentrated acid solutions from the exhaust hood until they have returned to room temperature and have been diluted or emptied.

3.1.4. Exercise care when using laboratory glassware. Do not use chipped pipets, volumetric flasks, beakers or any glassware with sharp edges exposed in order to avoid the possibility of cuts or abrasions.

3.1.5. Never pipet by mouth.

3.1.6. Refer to the instrument instruction manuals and SOPs (5.8., 5.9.) for proper and safe operation of the atomic absorption spectrophotometer, graphite furnace atomizer and associated equipment.

3.1.7. Because metallic elements and other toxic substances are vaporized during AAS flame or graphite furnace atomizer operation, it is imperative that an exhaust vent be used. Always ensure that the exhaust system is operating properly during instrument use.

3.2. Apparatus for Sample and Standard Preparation

3.2.1. Hot plate, capable of reaching 150 deg. C, installed in an exhaust hood.

3.2.2. Phillips beakers, 125 mL.

3.2.3. Bottles, narrow-mouth, polyethylene or glass with leakproof caps: used for storage of standards and matrix modifier.

3.2.4. Volumetric flasks, volumetric pipets, beakers and other associated general laboratory glassware.

3.2.5. Forceps and other associated general laboratory equipment.

3.3. Apparatus for Flame AAS Analysis

3.3.1. Atomic absorption spectrophotometer consisting of a(an):

Nebulizer and burner head. Pressure regulating devices capable of maintaining constant oxidant and

fuel pressures. Optical system capable of isolating the desired wavelength of radiation

(228.8 nm). Adjustable slit. Light measuring and amplifying device. Display, strip chart, or computer interface for indicating the amount of

absorbed radiation. Cadmium hollow cathode lamp or electrodeless discharge lamp (EDL) and power supply.

3.3.2. Oxidant: compressed air, filtered to remove water, oil and other foreign substances.

3.3.3. Fuel: standard commercially available tanks of acetylene dissolved in acetone; tanks should be equipped with flash arresters.

CAUTION: Do not use grades of acetylene containing solvents other than acetone because they may damage the PVC tubing used in some instruments.

3.3.4. Pressure-reducing valves: two gauge, two-stage pressure regulators to maintain fuel and oxidant pressures somewhat higher than the controlled operating pressures of the instrument.

3.3.5. Exhaust vent installed directly above the spectrophotometer burner head.

3.4. Apparatus for AAS-HGA Analysis

3.4.1. Atomic absorption spectrophotometer consisting of a(an):

Heated graphite furnace atomizer (HGA) with argon purge system.

Pressure-regulating devices capable of maintaining constant argon purge pressure.

Optical system capable of isolating the desired wavelength of radiation (228.8 nm).

Adjustable slit.

Light measuring and amplifying device.

Display, strip chart, or computer interface for indicating the amount of absorbed radiation (as integrated absorbance, peak area).

Background corrector: Zeeman or deuterium arc. The Zeeman background corrector is recommended.

Cadmium hollow cathode lamp or electrodeless discharge lamp (EDL) and power supply.

Autosampler capable of accurately injecting 5 to 20 μ L sample aliquots onto the L'vov Platform in a graphite tube.

3.4.2. Pyrolytically-coated graphite tubes containing solid, pyrolytic L'vov platforms.

3.4.3. Polyethylene sample cups, 2.0 to 2.5 mL, for use with the autosampler.

3.4.4. Inert purge gas for graphite furnace atomizer: compressed gas cylinder of purified argon.

3.4.5. Two gauge, two-stage pressure regulator for the argon gas cylinder.

3.4.6. Cooling water supply for graphite furnace atomizer.

3.4.7. Exhaust vent installed directly above the graphite furnace atomizer.

3.5. Reagents

All reagents should be ACS analytical reagent grade or better.

3.5.1. Deionized water with a specific conductance of less than 10 μ S.

3.5.2. Concentrated nitric acid, HNO₃.

3.5.3. Concentrated hydrochloric acid, HCl.

3.5.4. Ammonium phosphate, monobasic, NH₄H₂PO₄.

3.5.5. Magnesium nitrate, Mg(NO₃)₂·6H₂O.

3.5.6. Diluting solution (4% HNO₃, 0.4% HCl): Add 40 mL HNO₃ and 4 mL HCl carefully to approximately 500 mL deionized water and dilute to 1 L with deionized water.

3.5.7. Cadmium standard stock solution, 1,000 ug/mL: Use a commercially available certified 1,000 ug/mL cadmium standard or, alternatively, dissolve 1.0000 g of cadmium metal in a minimum volume of 1:1 HCl and dilute to 1 L with 4% HNO(3). Observe expiration dates of commercial standards. Properly dispose of commercial standards with no expiration dates or prepared standards one year after their receipt or preparation date.

3.5.8. Matrix modifier for AAS-HGA analysis: Dissolve 1.0 g NH(4)H(2)PO(4) and 0.15 g Mg(NO(3))(2).6H(2)O in approximately 200 mL deionized water. Add 1 mL HNO(3) and dilute to 500 mL with deionized water.

3.5.9. Nitric Acid, 1:1 HNO(3)/DI H(2)O mixture: Carefully add a measured volume of concentrated HNO(3) to an equal volume of DI H(2)O.

3.5.10. Nitric acid, 10% v/v: Carefully add 100 mL of concentrated HNO(3) to 500 mL of DI H(2)O and dilute to 1 L.

3.6. Glassware Preparation

3.6.1. Clean Phillips beakers by refluxing with 1:1 nitric acid on a hot plate in a fume hood. Thoroughly rinse with deionized water and invert the beakers to allow them to drain dry.

3.6.2. Rinse volumetric flasks and all other glassware with 10% nitric acid and deionized water prior to use.

3.7. Standard Preparation for Flame AAS Analysis

3.7.1. Dilute stock solutions: Prepare 1, 5, 10 and 100 ug/mL cadmium standard stock solutions by making appropriate serial dilutions of 1,000 ug/mL cadmium standard stock solution with the diluting solution described in Section 3.5.6.

3.7.2. Working standards: Prepare cadmium working standards in the range of 0.02 to 2.0 ug/mL by making appropriate serial dilutions of the dilute stock solutions with the same diluting solution. A suggested method of preparation of the working standards is given below.

Working Standard (ug/mL)	Std Solution (ug/mL)	Aliquot (mL)	Final Vol. (mL)
0.02.....	1	10	500
0.05.....	5	5	500
0.1.....	10	5	500
0.2.....	10	10	500
0.5.....	10	25	500
1.....	100	5	500
2.....	100	10	500

Store the working standards in 500-mL, narrow-mouth polyethylene or glass bottles with leak proof caps. Prepare every twelve months.

3.8. Standard Preparation for AAS-HGA Analysis

3.8.1. Dilute stock solutions: Prepare 10, 100 and 1,000 ng/mL cadmium standard stock solutions by making appropriate ten-fold serial dilutions of the 1,000 ug/mL cadmium standard stock solution with the diluting solution described in Section 3.5.6.

3.8.2. Working standards: Prepare cadmium working standards in the range of 0.2 to 20 ng/mL by making appropriate serial dilutions of the dilute stock solutions with the same diluting solution. A suggested method of preparation of the working standards is given below.

Working Standard (ng/mL)	Std Solution (ng/mL)	Aliquot (mL)	Final Vol (mL)
0.2.....	10	2	100
0.5.....	10	5	100
1.....	10	10	100
2.....	100	2	100
5.....	100	5	100
10.....	100	10	100
20.....	1,000	2	100

Store the working standards in narrow-mouth polyethylene or glass bottles with leakproof caps. Prepare monthly.

3.9. Sample Preparation

3.9.1. Carefully transfer each sample filter with forceps from its filter cassette unit to a clean, separate 125-mL Phillips beaker along with any loose dust found in the cassette. Label each Phillips beaker with the appropriate sample number.

3.9.2. Digest the sample by adding 5 mL of concentrated nitric acid (HNO₃) to each Phillips beaker containing an air filter sample. Place the Phillips beakers on a hot plate in an exhaust hood and heat the samples until approximately 0.5 mL remains. The sample solution in each Phillips beaker should become clear. If it is not clear, digest the sample with another portion of concentrated nitric acid.

3.9.3. After completing the HNO₃ digestion and cooling the samples, add 40 uL (2 drops) of concentrated HCl to each air sample solution and then swirl the contents. Carefully add about 5 mL of deionized water by pouring it down the inside of each beaker.

3.9.4. Quantitatively transfer each cooled air sample solution from each Phillips beaker to a clean 10-mL volumetric flask. Dilute each flask to volume with deionized water and mix well.

3.10. Flame AAS Analysis

Analyze all of the air samples for their cadmium content by flame atomic absorption spectroscopy (AAS) according to the instructions given below.

3.10.1. Set up the atomic absorption spectrophotometer for the air/acetylene flame analysis of cadmium according to the SOP (5.8.) or the manufacturer's operational instructions. For the source lamp, use the cadmium hollow cathode or electrodeless discharge lamp operated at the manufacturer's recommended rating for continuous operation. Allow the lamp to warm up 10 to 20 min or until the energy output stabilizes. Optimize conditions such as lamp position, burner head alignment, fuel and oxidant flow rates, etc. See the SOP or specific instrument manuals for details. Instrumental parameters for the Perkin-Elmer Model 603 used in the validation of this method are given in Attachment 1.

3.10.2. Aspirate and measure the absorbance of a standard solution of cadmium. The standard concentration should be within the linear range. For the instrumentation used in the validation of this method a 2 ug/mL cadmium standard gives a net absorbance reading of about 0.350 abs. units (see Section 1.5.5.) when the instrument and the source lamp are performing to manufacturer specifications.

3.10.3. To increase instrument response, scale expand the absorbance reading of the aspirated 2 ug/mL working standard approximately four times. Increase the integration time to at least 3 seconds to reduce signal noise.

3.10.4. Autozero the instrument while aspirating a deionized water blank. Monitor the variation in the baseline absorbance reading (baseline noise) for a few minutes to insure that the instrument, source lamp and associated equipment are in good operating condition.

3.10.5. Aspirate the working standards and samples directly into the flame and record their absorbance readings. Aspirate the deionized water blank immediately after every standard or sample to correct for and monitor any baseline drift and noise. Record the baseline absorbance reading of each deionized water blank. Label each standard and sample reading and its accompanying baseline reading.

3.10.6. It is recommended that the entire series of working standards be analyzed at the beginning and end of the analysis of a set of samples to establish a concentration-response curve, ensure that the standard readings agree with each other and are reproducible. Also, analyze a working standard after every five or six samples to monitor the performance of the spectrophotometer. Standard readings should agree within + or - 10 to 15% of the readings obtained at the beginning of the analysis.

3.10.7. Bracket the sample readings with standards during the analysis. If the absorbance reading of a sample is above the absorbance reading of the highest working standard, dilute the sample with diluting solution and reanalyze. Use the appropriate dilution factor in the calculations.

3.10.8. Repeat the analysis of approximately 10% of the samples for a check of precision.

3.10.9. If possible, analyze quality control samples from an independent source as a check on analytical recovery and precision.

3.10.10. Record the final instrument settings at the end of the analysis. Date and label the output.

3.11. AAS-HGA Analysis

Initially analyze all of the air samples for their cadmium content by flame atomic absorption spectroscopy (AAS) according to the instructions given in Section 3.10. If the concentration of cadmium in a sample solution is less than three times the quantitative detection limit [0.04 ug/mL (40 ng/mL) for the instrumentation used in the validation] and the sample results are to be averaged with other samples for TWA calculations, proceed with the AAS-HGA analysis of the sample as described below.

3.11.1. Set up the atomic absorption spectrophotometer and HGA for flameless atomic absorption analysis of cadmium according to the SOP (5.9.) or the manufacturer's operational instructions and allow the instrument to stabilize. The graphite furnace atomizer is equipped with a pyrolytically coated graphite tube containing a pyrolytic platform. For the source lamp, use a cadmium hollow cathode or electrodeless discharge lamp operated at the manufacturer's recommended setting for graphite furnace operation. The Zeeman background corrector and EDL are recommended for use with the L'vov platform. Instrumental parameters for the Perkin-Elmer Model 5100 spectrophotometer and Zeeman HGA-600 graphite furnace used in the validation of this method are given in Attachment 2.

3.11.2. Optimize the energy reading of the spectrophotometer at 228.8 nm by adjusting the lamp position and the wavelength according to the manufacturer's instructions.

3.11.3. Set up the autosampler to inject a 5-uL aliquot of the working standard, sample or reagent blank solution onto the L'vov platform along with a 10-uL overlay of the matrix modifier.

3.11.4. Analyze the reagent blank (diluting solution, Section 3.5.6.) and then autozero the instrument before starting the analysis of a set of samples. It is recommended that the reagent blank be analyzed several times during the analysis to assure the integrated absorbance (peak area) reading remains at or near zero.

3.11.5. Analyze a working standard approximately midway in the linear portion of the working standard range two or three times to check for reproducibility and sensitivity (see sections 1.5.5. and 1.5.6.) before starting the analysis of samples. Calculate the experimental characteristic mass value from the average integrated absorbance reading and injection volume of the analyzed working standard. Compare this value to the manufacturer's suggested value as a check of proper instrument operation.

3.11.6. Analyze the reagent blank, working standard, and sample solutions. Record and label the peak area (abs-sec) readings and the peak and background peak profiles on the printer/plotter.

3.11.7. It is recommended the entire series of working standards be analyzed at the beginning and end of the analysis of a set of samples. Establish a concentration-response curve and ensure

standard readings agree with each other and are reproducible. Also, analyze a working standard after every five or six samples to monitor the performance of the system. Standard readings should agree within + or - 15% of the readings obtained at the beginning of the analysis.

3.11.8. Bracket the sample readings with standards during the analysis. If the peak area reading of a sample is above the peak area reading of the highest working standard, dilute the sample with the diluting solution and reanalyze. Use the appropriate dilution factor in the calculations.

3.11.9. Repeat the analysis of approximately 10% of the samples for a check of precision.

3.11.10. If possible, analyze quality control samples from an independent source as a check of analytical recovery and precision.

3.11.11. Record the final instrument settings at the end of the analysis. Date and label the output.

3.12. Calculations

Note: Standards used for HGA analysis are in ng/mL. Total amounts of cadmium from calculations will be in ng (not ug) unless a prior conversion is made.

3.12.1. Correct for baseline drift and noise in flame AAS analysis by subtracting each baseline absorbance reading from its corresponding working standard or sample absorbance reading to obtain the net absorbance reading for each standard and sample.

3.12.2. Use a least squares regression program to plot a concentration- response curve of net absorbance reading (or peak area for HGA analysis) versus concentration (ug/mL or ng/mL) of cadmium in each working standard.

3.12.3. Determine the concentration (ug/mL or ng/mL) of cadmium in each sample from the resulting concentration-response curve. If the concentration of cadmium in a sample solution is less than three times the quantitative detection limit [0.04 ug/mL (40 ng/mL) for the instrumentation used in the validation of the method] and if consecutive samples were taken on one employee and the sample results are to be averaged with other samples to determine a single TWA, reanalyze the sample by AAS-HGA as described in Section 3.11. and report the AAS-HGA analytical results.

3.12.4. Calculate the total amount (ug or ng) of cadmium in each sample from the sample solution volume (mL):

$$W = (C)(\text{sample vol, mL})(DF)$$

Where:

W = Total cadmium in sample

C = Calculated concentration of cadmium

DF = Dilution Factor (if applicable)

3.12.5. Make a blank correction for each air sample by subtracting the total amount of cadmium in the corresponding blank sample from the total amount of cadmium in the sample.

3.12.6. Calculate the concentration of cadmium in an air sample (mg/m³) or ug/m³) by using one of the following equations:

$$\text{mg/m}^3 = W(\text{bc}) / (\text{Air vol sampled, L})$$

or

$$\text{ug/m}^3 = (W(\text{bc}))(1,000 \text{ ng/ug}) / (\text{Air vol sampled, L})$$

Where:

W(bc) = blank corrected total ug cadmium in the sample.
(1 ug = 1,000 ng)

4. Backup Data

4.1. Introduction

4.1.1. The purpose of this evaluation is to determine the analytical method recovery, working standard range, and qualitative and quantitative detection limits of the two atomic absorption analytical techniques included in this method. The evaluation consisted of the following experiments:

1. An analysis of 24 samples (six samples each at 0.1, 0.5, 1 and 2 times the TWA-PEL) for the analytical method recovery study of the flame AAS analytical technique.
2. An analysis of 18 samples (six samples each at 0.5, 1 and 2 times the Action Level TWA-PEL) for the analytical method recovery study of the AAS-HGA analytical technique.
3. Multiple analyses of the reagent blank and a series of standard solutions to determine the working standard range and the qualitative and quantitative detection limits for both atomic absorption analytical techniques.

4.1.2. The analytical method recovery results at all test levels were calculated from concentration-response curves and statistically examined for outliers at the 99% confidence level. Possible outliers were determined using the Treatment of Outliers test (5.10.). In addition, the sample results of the two analytical techniques, at 0.5, 1.0 and 2.0 times their target concentrations, were tested for homogeneity of variances also at the 99% confidence level. Homogeneity of the coefficients of variation was determined using the Bartlett's test (5.11.). The overall analytical error (OAE) at the 95% confidence level was calculated using the equation (5.12.):

$$\text{OAE} = + \text{ or } - [|\text{Bias}| + (1.96)(\text{CV}(1)(\text{pooled}))(100\%)]$$

4.1.3. A derivation of the International Union of Pure and Applied Chemistry (IUPAC) detection limit equation (5.13.) was used to determine the qualitative and quantitative detection limits for both atomic absorption analytical techniques:

$$C(\text{ld}) = k(\text{sd})/m \quad (\text{Equation 1})$$

Where:

C(ld) = the smallest reliable detectable concentration an analytical

instrument can determine at a given confidence level.
k = 3 for the Qualitative Detection Limit at the 99.86% Confidence Level
= 10 for the Quantitative Detection Limit at the 99.99% Confidence Level.
sd = standard deviation of the reagent blank (Rbl) readings.
m = analytical sensitivity or slope as calculated by linear regression.

4.1.4. Collection efficiencies of metallic fume and dust atmospheres on 0.8-um mixed cellulose ester membrane filters are well documented and have been shown to be excellent (5.11.). Since elemental cadmium and the cadmium component of cadmium compounds are nonvolatile, stability studies of cadmium spiked MCEF samples were not performed.

4.2. Equipment

4.2.1. A Perkin-Elmer (PE) Model 603 spectrophotometer equipped with a manual gas control system, a stainless steel nebulizer, a burner mixing chamber, a flow spoiler and a 10 cm. (one-slot) burner head was used in the experimental validation of the flame AAS analytical technique. A PE cadmium hollow cathode lamp, operated at the manufacturer's recommended current setting for continuous operation (4 mA), was used as the source lamp. Instrument parameters are listed in Attachment 1.

4.2.2. A PE Model 5100 spectrophotometer, Zeeman HGA-600 graphite furnace atomizer and AS-60 HGA autosampler were used in the experimental validation of the AAS-HGA analytical technique. The spectrophotometer was equipped with a PE Series 7700 professional computer and Model PR-310 printer. A PE System 2 cadmium electrodeless discharge lamp, operated at the manufacturer's recommended current setting for modulated operation (170 mA), was used as the source lamp. Instrument parameters are listed in Attachment 2.

4.3. Reagents

4.3.1 J.T. Baker Chem. Co. (Analyzed grade) concentrated nitric acid, 69.0-71.0%, and concentrated hydrochloric acid, 36.5-38.0%, were used to prepare the samples and standards.

4.3.2. Ammonium phosphate, monobasic, $\text{NH}_4\text{H}_2\text{PO}_4$ and magnesium nitrate, $\text{Mg}(\text{NO}_3)_2 \cdot 6\text{H}_2\text{O}$, both manufactured by the Mallinckrodt Chem. Co., were used to prepare the matrix modifier for AAS-HGA analysis.

4.4. Standard Preparation for Flame AAS Analysis

4.4.1. Dilute stock solutions: Prepared 0.01, 0.1, 1, 10 and 100 ug/mL cadmium standard stock solutions by making appropriate serial dilutions of a commercially available 1,000 ug/mL cadmium standard stock solution (RICCA Chemical Co., Lot # A102) with the diluting solution (4% HNO_3 , 0.4% HCl).

4.4.2. Analyzed Standards: Prepared cadmium standards in the range of 0.001 to 2.0 ug/mL by pipetting 2 to 10 mL of the appropriate dilute cadmium stock solution into a 100-mL volumetric flask and diluting to volume with the diluting solution. (See Section 3.7.2.)

4.5. Standard Preparation for AAS-HGA Analysis

4.5.1. Dilute stock solutions: Prepared 1, 10, 100 and 1,000 ng/mL cadmium standard stock solutions by making appropriate serial dilutions of a commercially available 1,000 ug/mL cadmium standard stock solution (J.T. Baker Chemical Co., Instra-analyzed, Lot # D22642) with the diluting solution (4% HNO₃, 0.4% HCl).

4.5.2. Analyzed Standards: Prepared cadmium standards in the range of 0.1 to 40 ng/mL by pipetting 2 to 10 mL of the appropriate dilute cadmium stock solution into a 100-mL volumetric flask and diluting to volume with the diluting solution. (See Section 3.8.2.)

4.6. Detection Limits and Standard Working Range for Flame AAS Analysis

4.6.1. Analyzed the reagent blank solution and the entire series of cadmium standards in the range of 0.001 to 2.0 ug/mL three to six times according to the instructions given in Section 3.10. The diluting solution (4% HNO₃, 0.4% HCl) was used as the reagent blank. The integration time on the PE 603 spectrophotometer was set to 3.0 seconds and a four-fold expansion of the absorbance reading of the 2.0 ug/mL cadmium standard was made prior to analysis. The 2.0 ug/mL standard gave a net absorbance reading of 0.350 abs. units prior to expansion in agreement with the manufacturer's specifications (5.6.).

4.6.2. The net absorbance readings of the reagent blank and the low concentration Cd standards from 0.001 to 0.1 ug/mL and the statistical analysis of the results are shown in Table I. The standard deviation, sd, of the six net absorbance readings of the reagent blank is 1.05 abs. units. The slope, m, as calculated by a linear regression plot of the net absorbance readings (shown in Table II) of the 0.02 to 1.0 ug/mL cadmium standards versus their concentration is 772.7 abs. units/(ug/mL).

4.6.3. If these values for sd and the slope, m, are used in Eqn. 1 (Sect. 4.1.3.), the qualitative and quantitative detection limits as determined by the IUPAC Method are:

$$\begin{aligned} C(1d) &= (3)(1.05 \text{ abs. units})/(772.7 \text{ abs. units}/(\text{ug/mL})) \\ &= 0.0041 \text{ ug/mL for the qualitative detection limit.} \\ C(1d) &= (10)(1.05 \text{ abs. units})/(772.7 \text{ abs. units}/(\text{ug/mL})) \\ &= 0.014 \text{ ug/mL for the quantitative detection limit.} \end{aligned}$$

The qualitative and quantitative detection limits for the flame AAS analytical technique are 0.041 ug and 0.14 ug cadmium, respectively, for a 10 mL solution volume. These correspond, respectively, to 0.2 ug/m³ and 0.70 ug/m³ for a 200 L air volume.

4.6.4. The recommended Cd standard working range for flame AAS analysis is 0.02 to 2.0 ug/mL. The net absorbance readings of the reagent blank and the recommended working range standards and the statistical analysis of the results are shown in Table II. The standard of lowest concentration in the working range, 0.02 ug/mL, is slightly greater than the calculated

quantitative detection limit, 0.014 ug/mL. The standard of highest concentration in the working range, 2.0 ug/mL, is at the upper end of the linear working range suggested by the manufacturer (5.6.). Although the standard net absorbance readings are not strictly linear at concentrations above 0.5 ug/mL, the deviation from linearity is only about 10% at the upper end of the recommended standard working range. The deviation from linearity is probably caused by the four-fold expansion of the signal suggested in the method. As shown in Table II, the precision of the standard net absorbance readings are excellent throughout the recommended working range; the relative standard deviations of the readings range from 0.009 to 0.064.

4.7. Detection Limits and Standard Working Range for AAS-HGA Analysis

4.7.1. Analyzed the reagent blank solution and the entire series of cadmium standards in the range of 0.1 to 40 ng/mL according to the instructions given in Section 3.11. The diluting solution (4% HNO₃, 0.4% HCl) was used as the reagent blank. A fresh aliquot of the reagent blank and of each standard was used for every analysis. The experimental characteristic mass value was 0.41 pg, calculated from the average peak area (abs-sec) reading of the 5 ng/mL standard which is approximately midway in the linear portion of the working standard range. This agreed within 20% with the characteristic mass value, 0.35 pg, listed by the manufacturer of the instrument (5.2.).

4.7.2. The peak area (abs-sec) readings of the reagent blank and the low concentration Cd standards from 0.1 to 2.0 ng/mL and statistical analysis of the results are shown in Table III. Five of the reagent blank peak area readings were zero and the sixth reading was 1 and was an outlier. The near lack of a blank signal does not satisfy a strict interpretation of the IUPAC method for determining the detection limits. Therefore, the standard deviation of the six peak area readings of the 0.2 ng/mL cadmium standard, 0.75 abs-sec, was used to calculate the detection limits by the IUPAC method. The slope, *m*, as calculated by a linear regression plot of the peak area (abs-sec) readings (shown in Table IV) of the 0.2 to 10 ng/mL cadmium standards versus their concentration is 51.5 abs-sec/(ng/mL).

4.7.3. If 0.75 abs-sec (sd) and 51.5 abs-sec/(ng/mL) (*m*) are used in Eqn. 1 (Sect. 4.1.3.), the qualitative and quantitative detection limits as determined by the IUPAC method are:

$$C(1d) = (3)(0.75 \text{ abs-sec}) / (51.5 \text{ abs-sec}/(\text{ng/mL})) \\ = 0.044 \text{ ng/mL for the qualitative detection limit.}$$

$$C(1d) = (10)(0.75 \text{ abs-sec}) / (51.5 \text{ abs-sec}/(\text{ng/mL})) \\ = 0.15 \text{ ng/mL for the quantitative detection limit.}$$

The qualitative and quantitative detection limits for the AAS-HGA analytical technique are 0.44 ng and 1.5 ng cadmium, respectively, for a 10 mL solution volume. These correspond, respectively, to 0.007 ug/m³ and 0.025 ug/m³ for a 60 L air volume.

4.7.4. The peak area (abs-sec) readings of the Cd standards from 0.2 to 40 ng/mL and the statistical analysis of the results are given in Table IV. The recommended standard working range for AAS-HGA analysis is 0.2 to 20 ng/mL. The standard of lowest concentration in the recommended working range is slightly greater than the calculated quantitative detection limit,

0.15 ng/mL. The deviation from linearity of the peak area readings of the 20 ng/mL standard, the highest concentration standard in the recommended working range, is approximately 10%. The deviations from linearity of the peak area readings of the 30 and 40 ng/mL standards are significantly greater than 10%. As shown in Table IV, the precision of the peak area readings are satisfactory throughout the recommended working range; the relative standard deviations of the readings range from 0.025 to 0.083.

4.8. Analytical Method Recovery for Flame AAS Analysis

4.8.1. Four sets of spiked MCEF samples were prepared by injecting 20 uL of 10, 50, 100 and 200 ug/mL dilute cadmium stock solutions on 37 mm diameter filters (part no. AAWP 037 00, Millipore Corp., Bedford, MA) with a calibrated micropipet. The dilute stock solutions were prepared by making appropriate serial dilutions of a commercially available 1,000 ug/mL cadmium standard stock solution (RICCA Chemical Co., Lot # A102) with the diluting solution (4% HNO₃, 0.4% HCl). Each set contained six samples and a sample blank. The amount of cadmium in the prepared sets were equivalent to 0.1, 0.5, 1.0 and 2.0 times the TWA PEL target concentration of 5 ug/m³ for a 400 L air volume.

4.8.2. The air-dried spiked filters were digested and analyzed for their cadmium content by flame atomic absorption spectroscopy (AAS) following the procedure described in Section 3. The 0.02 to 2.0 ug/mL cadmium standards (the suggested working range) were used in the analysis of the spiked filters.

4.8.3. The results of the analysis are given in Table V. One result at 0.5 times the TWA PEL target concentration was an outlier and was excluded from statistical analysis. Experimental justification for rejecting it is that the outlier value was probably due to a spiking error. The coefficients of variation for the three test levels at 0.5 to 2.0 times the TWA PEL target concentration passed the Bartlett's test and were pooled.

4.8.4. The average recovery of the six spiked filter samples at 0.1 times the TWA PEL target concentration was 118.2% with a coefficient of variation (CV(1)) of 0.128. The average recovery of the spiked filter samples in the range of 0.5 to 2.0 times the TWA target concentration was 104.0% with a pooled coefficient of variation (CV(1)) of 0.010. Consequently, the analytical bias found in these spiked sample results over the tested concentration range was + 4.0% and the OAE was + or - 6.0%.

4.9. Analytical Method Recovery for AAS-HGA Analysis

4.9.1. Three sets of spiked MCEF samples were prepared by injecting 15 uL of 5, 10 and 20 ug/mL dilute cadmium stock solutions on 37 mm diameter filters (part no. AAWP 037 00, Millipore Corp., Bedford, MA) with a calibrated micropipet. The dilute stock solutions were prepared by making appropriate serial dilutions of a commercially available certified 1,000 ug/mL cadmium standard stock solution (Fisher Chemical Co., Lot # 913438-24) with the diluting solution (4% HNO₃, 0.4% HCl). Each set contained six samples and a sample blank. The amount of cadmium in the prepared sets were equivalent to 0.5, 1 and 2 times the Action Level TWA target concentration of 2.5 ug/m³ for a 60 L air volume.

4.9.2. The air-dried spiked filters were digested and analyzed for their cadmium content by flameless atomic absorption spectroscopy using a heated graphite furnace atomizer following the procedure described in Section 3. A five-fold dilution of the spiked filter samples at 2 times the Action Level TWA was made prior to their analysis. The 0.05 to 20 ng/mL cadmium standards were used in the analysis of the spiked filters.

4.9.3. The results of the analysis are given in Table VI. There were no outliers. The coefficients of variation for the three test levels at 0.5 to 2.0 times the Action Level TWA PEL passed the Bartlett's test and were pooled. The average recovery of the spiked filter samples was 94.2% with a pooled coefficient of variation (CV(1)) of 0.043. Consequently, the analytical bias was - 5.8% and the OAE was + or - 14.2%.

4.10. Conclusions

The experiments performed in this evaluation show the two atomic absorption analytical techniques included in this method to be precise and accurate and have sufficient sensitivity to measure airborne cadmium over a broad range of exposure levels and sampling periods.

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TABLE I. -- CD DETECTION LIMIT STUDY
[Flame AAS Analysis]

STD (ug/mL)	Absorbance reading at 228.8 nm		Statistical analysis
Reagent blank.....	5	2	n = 6
	4	3	mean = 3.50
	4	3	std dev = 1.05
			CV = 0.30
0.001.....	6	6	n = 6
	2	4	mean = 5.00
	6	6	std dev = 1.67
			CV = 0.335
0.002.....	5	7	n = 6
	7	3	mean = 5.50
	7	4	std dev = 1.76
			CV = 0.320
0.005.....	7	7	n = 6
	8	8	mean = 7.33
	8	6	std dev = 0.817
			CV = 0.111
0.010.....	10	9	n = 6

	10	13	mean = 10.3
	10	10	std dev = 1.37
			CV = 0.133
0.020.....	20	23	n = 6
	20	22	mean = 20.8
	20	20	std dev = 1.33
			CV = 0.064
0.050.....	42	42	n = 6
	42	42	mean = 42.5
	42	45	std dev = 1.22
			CV = 0.029
0.10.....		84	n = 3
		80	mean = 82.3
		83	std dev = 2.08
			CV = 0.025

TABLE II. -- CD STANDARD WORKING RANGE STUDY
[Flame AAS Analysis]

STD (ug/mL)	Absorbance reading at 228.8 nm		Statistical analysis
Reagent blank.....	5	2	n = 6
	4	3	mean = 3.50
	4	3	std dev = 1.05
			CV = 0.30
0.020.....	20	23	n = 6
	20	22	mean = 20.8
	20	20	std dev = 1.33
			CV = 0.064
0.050.....	42	42	n = 6
	42	42	mean = 42.5
	42	45	std dev = 1.22
			CV = 0.029
0.10.....		84	n = 3
		80	mean = 82.3
		83	std dev = 2.08
			CV = 0.025
0.20.....		161	n = 3
		161	mean = 160.0
		158	std dev = 1.73
			CV = 0.011
0.50.....		391	n = 3
		389	mean = 391.0
		393	std dev = 2.00
			CV = 0.005
1.00.....		760	n = 3
		748	mean = 753.3
		752	std dev = 6.11
			CV = 0.008
2.00.....		1416	n = 3
		1426	mean = 1414.3
		1401	std dev = 12.6

Table III. -- CD DETECTION LIMIT STUDY
(AAS-HGA Analysis)

STD (ng/mL)	Peak area readings X 10(3) at 228.8 nm		Statistical analysis
Reagent blank...	0	0	n = 6
	0	1	mean = 0.167
	0	0	std dev = 0.41
			CV = 2.45
0.1.....	8	6	n = 6
	5	7	mean = 7.7
	13	7	std dev = 2.8
			CV = 0.366
0.2.....	11	13	n = 6
	11	12	mean = 11.8
	12	12	std dev = 0.75
			CV = 0.064
0.5.....	28	33	n = 6
	26	28	mean = 28.8
	28	30	std dev = 2.4
			CV = 0.083
1.0.....	52	55	n = 6
	56	58	mean = 54.8
	54	54	std dev = 2.0
			CV = 0.037
2.0.....	101	112	n = 6
	110	110	mean = 108.8
	110	110	std dev = 3.9
			CV = 0.036

Table IV. -- CD STANDARD WORKING RANGE STUDY
(AAS-HGA Analysis)

STD (ng/mL)	Peak area readings X 10(3) at 228.8 nm		Statistical analysis
0.2.....	11	13	n = 6
	11	12	mean = 11.8
	12	12	std dev = 0.75
			CV = 0.064
0.5.....	28	33	n = 6
	26	28	mean = 28.8

	28	30	std dev = 2.4
			CV = 0.083
1.0.....	52	55	n = 6
	56	58	mean = 54.8
	54	54	std dev = 2.0
			CV = 0.037
2.0.....	101	112	n = 6
	110	110	mean = 108.8
	110	110	std dev = 3.9
			CV = 0.036
5.0.....	247	265	n = 6
	268	275	mean = 265.5
	259	279	std dev = 11.5
			CV = 0.044
10.0.....	495	520	n = 6
	523	513	mean = 516.7
	516	533	std dev = 12.7
			CV = 0.025
20.0.....	950	953	n = 6
	951	958	mean = 941.8
	949	890	std dev = 25.6
			CV = 0.027
30.0.....	1269	1291	n = 6
	1303	1307	mean = 1293
	1295	1290	std dev = 13.3
			CV = 0.010
40.0.....	1505	1567	n = 6
	1535	1567	mean = 1552
	1566	1572	std dev = 26.6
			CV = 0.017

TABLE V. -- ANALYTICAL METHOD RECOVERY
(Flame AAS Analysis)

Test Level	0.5X	Percent rec.	ug taken	1.0X	Percent rec.	ug taken	2.0X	Percent rec.
ug taken	ug found			ug found			ug found	
1.00	1.0715	107.2	2.00	2.0688	103.4	4.00	4.1504	103.8
1.00	1.0842	108.4	2.00	2.0174	100.9	4.00	4.1108	102.8
1.00	1.0842	108.4	2.00	2.0431	102.2	4.00	4.0581	101.5
1.00	(*)1.0081	(*)100.8	2.00	2.0431	102.2	4.00	4.0844	102.1
1.00	1.0715	107.2	2.00	2.0174	100.9	4.00	4.1504	103.8
1.00	1.0842	108.4	2.00	2.0045	100.2	4.00	4.1899	104.7
n =	5			6			6	
mean =	107.9			101.6			103.1	
std dev =	0.657			1.174			1.199	
CV(1) =	0.006			0.011			0.012	
	CV(1)(pooled) = 0.010							

Footnote(*) Rejected as an outlier - this value did not pass the outlier T-test at the 99% confidence level.

Test Level	0.1X	Percent Rec.
ug taken	ug found	
0.200	0.2509	125.5
0.200	0.2509	125.5
0.200	0.2761	138.1
0.200	0.2258	112.9
0.200	0.2258	112.9
0.200	0.1881	94.1
n = ...		6
mean = ...		118.2
std dev = ...		15.1
CV(1) = ...		0.128

TABLE VI. -- ANALYTICAL METHOD RECOVERY
(AAS-HGA Analysis)

Test Level	0.5X	Percent rec.	ng taken	1.0X	Percent rec.	ng taken	2.0X	Percent rec.
ng taken	ng found			ng found			ng found	
75	71.23	95.0	150	138.00	92.0	300	258.43	86.1
75	71.47	95.3	150	138.29	92.2	300	258.46	86.2
75	70.02	93.4	150	136.30	90.9	300	280.55	93.5
75	77.34	103.1	150	146.62	97.7	300	288.34	96.1
75	78.32	104.4	150	145.17	96.8	300	261.74	87.2
75	71.96	95.9	150	144.88	96.6	300	277.22	92.4
n =		6			6			6
mean =		97.9			94.4			90.3
std dev =		4.66			2.98			4.30
CV(1) =		0.048			0.03			0.048
		CV(1)(pooled) = 0.043						

Attachment 1

Instrumental Parameters for Flame AAS Analysis

Atomic Absorption Spectrophotometer

(Perkin-Elmer Model 603)

Flame: Air/Acetylene -- lean, blue
Oxidant Flow: 55
Fuel Flow: 32
Wavelength: 228.8 nm
Slit: 4 (0.7 nm)
Range: UV
Signal: Concentration (4 exp)
Integration Time: 3 sec

Attachment 2

Instrumental Parameters for HGA Analysis

Atomic Absorption Spectrophotometer
(Perkin-Elmer Model 5100)

Signal Type: Zeeman AA
Slitwidth: 0.7 nm
Wavelength: 228.8 nm
Measurement: Peak Area
Integration Time: 6.0 sec
BOC Time: 5 sec
BOC = Background Offset Correction

ZEEMAN GRAPHITE FURNACE
(PERKIN-ELMER MODEL HGA-600)

Step	Ramp time (sec)	Hold time (sec)	Temp. (Deg. C)	Argon flow (mL/min)	Read (sec)
(1)Predry.....	5	10	90	300	-----
(2)Dry.....	30	10	140	300	-----
(3)Char.....	10	20	900	300	-----
(4)Cool Down...	1	8	30	300	-----
(5)Atomize.....	0	5	1600	0	-1
(6)Burnout.....	1	8	2500	300	-----

Appendix F to 1910.1027: Nonmandatory Protocol for Biological Monitoring

1.0 Introduction

Under the final OSHA cadmium rule (29 CFR 1910), monitoring of biological specimens and several periodic medical examinations are required for eligible employees. These medical examinations are to be conducted regularly, and medical monitoring is to include the periodic analysis of cadmium in blood (CDB), cadmium in urine (CDU) and beta-2-microglobulin in urine (B(2)MU). As CDU and B(2)MU are to be normalized to the concentration of creatinine in urine (CRTU), then CRTU must be analyzed in conjunction with CDU and B(2)MU analyses.

The purpose of this protocol is to provide procedures for establishing and maintaining the quality of the results obtained from the analyses of CDB, CDU and B(2)MU by commercial laboratories. Laboratories conforming to the provisions of this nonmandatory protocol shall be known as "participating laboratories." The biological monitoring data from these laboratories will be evaluated by physicians responsible for biological monitoring to determine the conditions under which employees may continue to work in locations exhibiting airborne-cadmium concentrations at or above defined actions levels (see paragraphs (1)(3) and (1)(4) of the final rule). These results also may be used to support a decision to remove workers from such locations.

Under the medical monitoring program for cadmium, blood and urine samples must be collected at defined intervals from workers by physicians responsible for medical monitoring; these samples are sent to commercial laboratories that perform the required analyses and report results of these analyses to the responsible physicians. To ensure the accuracy and reliability of these laboratory analyses, the laboratories to which samples are submitted should participate in an ongoing and efficacious proficiency testing program. Availability of proficiency testing programs may vary with the analyses performed.

To test proficiency in the analysis of CDB, CDU and B(2)MU, a laboratory should participate either in the interlaboratory comparison program operated by the Centre de Toxicologie du Quebec (CTQ) or an equivalent program. (Currently, no laboratory in the U.S. performs proficiency testing on CDB, CDU or B(2)MU.) Under this program, CTQ sends participating laboratories 18 samples of each analyte (CDB, CDU and/or B(2)MU) annually for analysis. Participating laboratories must return the results of these analyses to CTQ within four to five weeks after receiving the samples.

The CTQ program pools analytical results from many participating laboratories to derive consensus mean values for each of the samples distributed. Results reported by each laboratory then are compared against these consensus means for the analyzed samples to determine the relative performance of each laboratory. The proficiency of a participating laboratory is a function of the extent of agreement between results submitted by the participating laboratory and the consensus values for the set of samples analyzed.

Proficiency testing for CRTU analysis (which should be performed with CDU and B(2)MU analyses to evaluate the results properly) also is recommended. In the U.S., only the College of American Pathologists (CAP) currently conducts CRTU proficiency testing; participating laboratories should be accredited for CRTU analysis by the CAP.

Results of the proficiency evaluations will be forwarded to the participating laboratory by the proficiency-testing laboratory, as well as to physicians designated by the participating laboratory to receive this information. In addition, the participating laboratory should, on request, submit the results of their internal Quality Assurance/Quality Control (QA/QC) program for each analytic procedure (i.e., CDB, CDU and/or B(2)MU) to physicians designated to receive the proficiency results. For participating laboratories offering CDU and/or B(2)MU analyses, QA/QC documentation also should be provided for CRTU analysis. (Laboratories should

provide QA/QC information regarding CRTU analysis directly to the requesting physician if they perform the analysis in-house; if CRTU analysis is performed by another laboratory under contract, this information should be provided to the physician by the contract laboratory.)

QA/QC information, along with the actual biological specimen measurements, should be provided to the responsible physician using standard formats. These physicians then may collate the QA/QC information with proficiency test results to compare the relative performance of laboratories, as well as to facilitate evaluation of the worker monitoring data. This information supports decisions made by the physician with regard to the biological monitoring program, and for mandating medical removal.

This protocol describes procedures that may be used by the responsible physicians to identify laboratories most likely to be proficient in the analysis of samples used in the biological monitoring of cadmium; also provided are procedures for record keeping and reporting by laboratories participating in proficiency testing programs, and recommendations to assist these physicians in interpreting analytical results determined by participating laboratories. As the collection and handling of samples affects the quality of the data, recommendations are made for these tasks. Specifications for analytical methods to be used in the medical monitoring program are included in this protocol as well.

In conclusion, this document is intended as a supplement to characterize and maintain the quality of medical monitoring data collected under the final cadmium rule promulgated by OSHA (29 CFR 1910). OSHA has been granted authority under the Occupational Safety and Health Act of 1970 to protect workers from the effects of exposure to hazardous substances in the work place and to mandate adequate monitoring of workers to determine when adverse health effects may be occurring. This nonmandatory protocol is intended to provide guidelines and recommendations to improve the accuracy and reliability of the procedures used to analyze the biological samples collected as part of the medical monitoring program for cadmium.

2.0 Definitions

When the terms below appear in this protocol, use the following definitions.

Accuracy: A measure of the bias of a data set. Bias is a systematic error that is either inherent in a method or caused by some artifact or idiosyncrasy of the measurement system. Bias is characterized by a consistent deviation (positive or negative) in the results from an accepted reference value.

Arithmetic Mean: The sum of measurements in a set divided by the number of measurements in a set.

Blind Samples: A quality control procedure in which the concentration of analyte in the samples should be unknown to the analyst at the time that the analysis is performed.

Coefficient of Variation: The ratio of the standard deviation of a set of measurements to the mean (arithmetic or geometric) of the measurements.

Compliance Samples: Samples from exposed workers sent to a participating laboratory for analysis.

Control Charts: Graphic representations of the results for quality control samples being analyzed by a participating laboratory.

Control Limits: Statistical limits which define when an analytic procedure exceeds acceptable parameters; control limits provide a method of assessing the accuracy of analysts, laboratories, and discrete analytic runs.

Control Samples: Quality control samples.

F/T: The measured amount of an analyte divided by the theoretical value (defined below) for that analyte in the sample analyzed; this ratio is a measure of the recovery for a quality control sample.

Geometric Mean: The natural antilog of the mean of a set of natural log-transformed data.

Geometric Standard Deviation: The antilog of the standard deviation of a set of natural log-transformed data.

Limit of Detection: Using a predefined level of confidence, this is the lowest measured value at which some of the measured material is likely to have come from the sample.

Mean: A central tendency of a set of data; in this protocol, this mean is defined as the arithmetic mean (see definition of arithmetic mean above) unless stated otherwise.

Performance: A measure of the overall quality of data reported by a laboratory.

Pools: Groups of quality-control samples to be established for each target value (defined below) of an analyte. For the protocol provided in attachment 3, for example, the theoretical value of the quality control samples of the pool must be within a range defined as plus or minus (+ or -) 50% of the target value. Within each analyte pool, there must be quality control samples of at least 4 theoretical values.

Precision: The extent of agreement between repeated, independent measurements of the same quantity of an analyte.

Proficiency: The ability to satisfy a specified level of analyte performance.

Proficiency Samples: Specimens, the values of which are unknown to anyone at a participating laboratory, and which are submitted by a participating laboratory for proficiency testing.

Quality or Data Quality: A measure of the confidence in the measurement value.

Quality Control (QC) Samples: Specimens, the value of which is unknown to the analyst, but is known to the appropriate QA/QC personnel of a participating laboratory; when used as part of a laboratory QA/QC program, the theoretical values of these samples should not be known to the

analyst until the analyses are complete. QC samples are to be run in sets consisting of one QC sample from each pool (see definition of "pools" above).

Sensitivity: For the purposes of this protocol, the limit of detection.

Standard Deviation: A measure of the distribution or spread of a data set about the mean; the standard deviation is equal to the positive square root of the variance, and is expressed in the same units as the original measurements in the data set.

Standards: Samples with values known by the analyst and used to calibrate equipment and to check calibration throughout an analytic run. In a laboratory QA/QC program, the values of the standards must exceed the values obtained for compliance samples such that the lowest standard value is near the limit of detection and the highest standard is higher than the highest compliance sample or QC sample. Standards of at least three different values are to be used for calibration, and should be constructed from at least 2 different sources.

Target Value: Those values of CDB, CDU or B(2)MU which trigger some action as prescribed in the medical surveillance section of the regulatory text of the final cadmium rule. For CDB, the target values are 5, 10, and 15 ug/l. For CDU, the target values are 3, 7, and 15 ug/g CRTU. For B(2)MU, the target values are 300, 750, and 1500 ug/g CRTU. (Note that target values may vary as a function of time.)

Theoretical Value (or Theoretical Amount): The reported concentration of a quality-control sample (or calibration standard) derived from prior characterizations of the sample.

Value or Measurement Value: The numerical result of a measurement.

Variance: A measure of the distribution or spread of a data set about the mean; the variance is the sum of the squares of the differences between the mean and each discrete measurement divided by one less than the number of measurements in the data set.

3.0 Protocol

This protocol provides procedures for characterizing and maintaining the quality of analytic results derived for the medical monitoring program mandated for workers under the final cadmium rule.

3.1 Overview

The goal of this protocol is to assure that medical monitoring data are of sufficient quality to facilitate proper interpretation. The data quality objectives (DQOs) defined for the medical monitoring program are summarized in Table 1. Based on available information, the DQOs presented in Table 1 should be achievable by the majority of laboratories offering the required analyses commercially; OSHA recommends that only laboratories meeting these DQOs be used for the analysis of biological samples collected for monitoring cadmium exposure.

TABLE 1 - RECOMMENDED DATA QUALITY OBJECTIVES (DQOs) FOR THE
CADMIUM MEDICAL MONITORING PROGRAM

Analyte/Concentration Pool	Limit of Detection	Precision (CV)	Accuracy
Cadmium in Blood	0.5 ug/l .	.....	+ or - 1 ug/l or 15% of the mean
Less than or = to 2 ug/l	.....	40%	
Greater than 2 ug/l ....	.....	20%	
Cadmium in Urine	0.5 ug/g creatinine	.....	+ or - 1 ug/l or 15% of the mean
Less than or = to 2 ug/l creatinine .....	.....	40%	
Greater than 2 ug/l creatinine .....	.....	20%	
B-2-Microglobulin in Urine	100 ug/g creatinine	.....	+ or - 15% of the mean
100 ug/g creatinine ....	.....	5%	

To satisfy the DQOs presented in Table 1, OSHA provides the following guidelines:

1. Procedures for the collection and handling of blood and urine are specified (Section 3.4.1 of this protocol);
2. Preferred analytic methods for the analysis of CDB, CDU and B(2)MU are defined (and a method for the determination of CRTU also is specified since CDU and B(2)MU results are to be normalized to the level of CRTU).
3. Procedures are described for identifying laboratories likely to provide the required analyses in an accurate and reliable manner;
4. These guidelines (Sections 3.2.1 to 3.2.3, and Section 3.3) include recommendations regarding internal QA/QC programs for participating laboratories, as well as levels of proficiency through participation in an interlaboratory proficiency program;
5. Procedures for QA/QC record keeping (Section 3.3.2), and for reporting QC/QA results are described (Section 3.3.3); and,
6. Procedures for interpreting medical monitoring results are specified (Section 3.4.3).

Methods recommended for the biological monitoring of eligible workers are:

1. The method of Stoeppler and Brandt (1980) for CDB determinations (limit of detection: 0.5 ug/l);
2. The method of Pruszkowska et al. (1983) for CDU determinations (limit of detection: 0.5 ug/l of urine); and,
3. The Pharmacia Delphia test kit (Pharmacia 1990) for the determination of B(2)MU (limit of detection: 100 ug/l urine).

Because both CDU and B(2)MU should be reported in ug/g CRTU, an independent determination of CRTU is recommended. Thus, both the OSHA Salt Lake City Technical Center (OSLTC) method (OSHA, no date) and the Jaffe method (Du Pont, no date) for the determination of CRTU are specified under this protocol (i.e., either of these 2 methods may be used). Note that although detection limits are not reported for either of these CRTU methods, the range of measurements expected for CRTU (0.9-1.7 ug/l) are well above the likely limit of detection for either of these methods (Harrison, 1987).

Laboratories using alternate methods should submit sufficient data to the responsible physicians demonstrating that the alternate method is capable of satisfying the defined data quality objectives of the program. Such laboratories also should submit a QA/QC plan that documents the performance of the alternate method in a manner entirely equivalent to the QA/QC plans proposed in Section 3.3.1.

3.2 Duties of the Responsible Physician

The responsible physician will evaluate biological monitoring results provided by participating laboratories to determine whether such laboratories are proficient and have satisfied the QA/QC recommendations. In determining which laboratories to employ for this purpose, these physicians should review proficiency and QA/QC data submitted to them by the participating laboratories.

Participating laboratories should demonstrate proficiency for each analyte (CDU, CDB and B(2)MU) sampled under the biological monitoring program. Participating laboratories involved in analyzing CDU and B(2)MU also should demonstrate proficiency for CRTU analysis, or provide evidence of a contract with a laboratory proficient in CRTU analysis.

3.2.1 Recommendations for Selecting Among Existing Laboratories

OSHA recommends that existing laboratories providing commercial analyses for CDB, CDU and/or B(2)MU for the medical monitoring program satisfy the following criteria:

1. Should have performed commercial analyses for the appropriate analyte (CDB, CDU and/or B(2)MU) on a regular basis over the last 2 years;
2. Should provide the responsible physician with an internal QA/QC plan;
3. If performing CDU or B(2)MU analyses, the participating laboratory should be accredited by the CAP for CRTU analysis, and should be enrolled in the corresponding CAP survey (note that alternate credentials may be acceptable, but acceptability is to be determined by the responsible physician); and,
4. Should have enrolled in the CTQ interlaboratory comparison program for the appropriate analyte (CDB, CDU and/or B(2)MU).

Participating laboratories should submit appropriate documentation demonstrating compliance with the above criteria to the responsible physician. To demonstrate compliance with the first of

the above criteria, participating laboratories should submit the following documentation for each analyte they plan to analyze (note that each document should cover a period of at least 8 consecutive quarters, and that the period designated by the term "regular analyses" is at least once a quarter):

1. Copies of laboratory reports providing results from regular analyses of the appropriate analyte (CDB, CDU and/or B(2)MU);
2. Copies of 1 or more signed and executed contracts for the provision of regular analyses of the appropriate analyte (CDB, CDU and/or B(2)MU); or,
3. Copies of invoices sent to 1 or more clients requesting payment for the provision of regular analyses of the appropriate analyte (CDB, CDU and/or B(2)MU). Whatever the form of documentation submitted, the specific analytic procedures conducted should be identified directly. The forms that are copied for submission to the responsible physician also should identify the laboratory which provided these analyses.

To demonstrate compliance with the second of the above criteria, a laboratory should submit to the responsible physician an internal QA/QC plan detailing the standard operating procedures to be adopted for satisfying the recommended QA/QC procedures for the analysis of each specific analyte (CDB, CDU and/or B(2)MU). Procedures for internal QA/QC programs are detailed in Section 3.3.1 below.

To satisfy the third of the above criteria, laboratories analyzing for CDU or B(2)MU also should submit a QA/QC plan for creatinine analysis (CRTU); the QA/QC plan and characterization analyses for CRTU must come from the laboratory performing the CRTU analysis, even if the CRTU analysis is being performed by a contract laboratory.

Laboratories enrolling in the CTQ program (to satisfy the last of the above criteria) must remit, with the enrollment application, an initial fee of approximately \$100 per analyte. (Note that this fee is only an estimate, and is subject to revision without notice.) Laboratories should indicate on the application that they agree to have proficiency test results sent by the CTQ directly to the physicians designated by participating laboratories.

Once a laboratory's application is processed by the CTQ, the laboratory will be assigned a code number which will be provided to the laboratory on the initial confirmation form, along with identification of the specific analytes for which the laboratory is participating. Confirmation of participation will be sent by the CTQ to physicians designated by the applicant laboratory.

3.2.2 Recommended Review of Laboratories Selected to Perform Analyses

Six months after being selected initially to perform analyte determinations, the status of participating laboratories should be reviewed by the responsible physicians. Such reviews should then be repeated every 6 months or whenever additional proficiency or QA/QC documentation is received (whichever occurs first).

As soon as the responsible physician has received the CTQ results from the first 3 rounds of proficiency testing (i.e., 3 sets of 3 samples each for CDB, CDU and/or B(2)MU) for a participating laboratory, the status of the laboratory's continued participation should be reviewed. Over the same initial 6-month period, participating laboratories also should provide responsible physicians the results of their internal QA/QC monitoring program used to assess performance for each analyte (CDB, CDU and/or B(2)MU) for which the laboratory performs determinations. This information should be submitted using appropriate forms and documentation.

The status of each participating laboratory should be determined for each analyte (i.e., whether the laboratory satisfies minimum proficiency guidelines based on the proficiency samples sent by the CTQ and the results of the laboratory's internal QA/QC program). To maintain competency for analysis of CDB, CDU and/or B(2)MU during the first review, the laboratory should satisfy performance requirements for at least 2 of the 3 proficiency samples provided in each of the 3 rounds completed over the 6-month period. Proficiency should be maintained for the analyte(s) for which the laboratory conducts determinations.

To continue participation for CDU and/or B(2)MU analyses, laboratories also should either maintain accreditation for CRTU analysis in the CAP program and participate in the CAP surveys, or they should contract the CDU and B(2)MU analyses to a laboratory which satisfies these requirements (or which can provide documentation of accreditation/participation in an equivalent program).

The performance requirement for CDB analysis is defined as an analytical result within + or - 1 ug/l blood or 15% of the consensus mean (whichever is greater). For samples exhibiting a consensus mean less than 1 ug/l, the performance requirement is defined as a concentration between the detection limit of the analysis and a maximum of 2 ug/l. The purpose for redefining the acceptable interval for low CDB values is to encourage proper reporting of the actual values obtained during measurement; laboratories, therefore, will not be penalized (in terms of a narrow range of acceptability) for reporting measured concentrations smaller than 1 ug/l.

The performance requirement for CDU analysis is defined as an analytical result within + or - 1 ug/l urine or 15% of the consensus mean (whichever is greater). For samples exhibiting a consensus mean less than 1 ug/l urine, the performance requirement is defined as a concentration between the detection limit of the analysis and a maximum of 2 ug/l urine. Laboratories also should demonstrate proficiency in creatinine analysis as defined by the CAP. Note that reporting CDU results, other than for the CTQ proficiency samples (i.e., compliance samples), should be accompanied with results of analyses for CRTU, and these 2 sets of results should be combined to provide a measure of CDU in units of ug/g CRTU.

The performance requirement for B(2)MU is defined as analytical results within + or - 15% of the consensus mean. Note that reporting B(2)MU results, other than for CTQ proficiency samples (i.e., compliance samples), should be accompanied with results of analyses for CRTU, and these 2 sets of results should be combined to provide a measure of B(2)MU in units of ug/g CRTU.

There are no recommended performance checks for CRTU analyses. As stated previously, laboratories performing CRTU analysis in support of CDU or B(2)MU analyses should be accredited by the CAP, and participating in the CAP's survey for CRTU.

Following the first review, the status of each participating laboratory should be reevaluated at regular intervals (i.e., corresponding to receipt of results from each succeeding round of proficiency testing and submission of reports from a participating laboratory's internal QA/QC program).

After a year of collecting proficiency test results, the following proficiency criterion should be added to the set of criteria used to determine the participating laboratory's status (for analyzing CDB, CDU and/or B(2)MU): A participating laboratory should not fail performance requirements for more than 4 samples from the 6 most recent consecutive rounds used to assess proficiency for CDB, CDU and/or B(2)MU separately (i.e., a total of 18 discrete proficiency samples for each analyte). Note that this requirement does not replace, but supplements, the recommendation that a laboratory should satisfy the performance criteria for at least 2 of the 3 samples tested for each round of the program.

3.2.3 Recommendations for Selecting Among Newly-Formed Laboratories (or Laboratories that Previously Failed to Meet the Protocol Guidelines)

OSHA recommends that laboratories that have not previously provided commercial analyses of CDB, CDU and/or B(2)MU (or have done so for a period less than 2 years), or which have provided these analyses for 2 or more years but have not conformed previously with these protocol guidelines, should satisfy the following provisions for each analyte for which determinations are to be made prior to being selected to analyze biological samples under the medical monitoring program:

1. Submit to the responsible physician an internal QA/QC plan detailing the standard operating procedures to be adopted for satisfying the QA/QC guidelines (guidelines for internal QA/QC programs are detailed in Section 3.3.1);
2. Submit to the responsible physician the results of the initial characterization analyses for each analyte for which determinations are to be made;
3. Submit to the responsible physician the results, for the initial 6-month period, of the internal QA/QC program for each analyte for which determinations are to be made (if no commercial analyses have been conducted previously, a minimum of 2 mock standardization trials for each analyte should be completed per month for a 6-month period);
4. Enroll in the CTQ program for the appropriate analyte for which determinations are to be made, and arrange to have the CTQ program submit the initial confirmation of participation and proficiency test results directly to the designated physicians. Note that the designated physician should receive results from 3 completed rounds from the CTQ program before approving a laboratory for participation in the biological monitoring program;

5. Laboratories seeking participation for CDU and/or B(2)MU analyses should submit to the responsible physician documentation of accreditation by the CAP for CRTU analyses performed in conjunction with CDU and/or B(2)MU determinations (if CRTU analyses are conducted by a contract laboratory, this laboratory should submit proof of CAP accreditation to the responsible physician); and,

6. Documentation should be submitted on an appropriate form.

To participate in CDB, CDU and/or B(2)MU analyses, the laboratory should satisfy the above criteria for a minimum of 2 of the 3 proficiency samples provided in each of the 3 rounds of the CTQ program over a 6-month period; this procedure should be completed for each appropriate analyte. Proficiency should be maintained for each analyte to continue participation. Note that laboratories seeking participation for CDU or B(2)MU also should address the performance requirements for CRTU, which involves providing evidence of accreditation by the CAP and participation in the CAP surveys (or an equivalent program).

The performance requirement for CDB analysis is defined as an analytical result within + or - 1 ug/l or 15% of the consensus mean (whichever is greater). For samples exhibiting a consensus mean less than 1 ug/l, the performance requirement is defined as a concentration between the detection limit of the analysis and a maximum of 2 ug/l. The purpose of redefining the acceptable interval for low CDB values is to encourage proper reporting of the actual values obtained during measurement; laboratories, therefore, will not be penalized (in terms of a narrow range of acceptability) for reporting measured concentrations less than 1 ug/l.

The performance requirement for CDU analysis is defined as an analytical result within + or - 1 ug/l urine or 15% of the consensus mean (whichever is greater). For samples exhibiting a consensus mean less than 1 ug/l urine, the performance requirement is defined as a concentration that falls between the detection limit of the analysis and a maximum of 2 ug/l urine. Performance requirements for the companion CRTU analysis (defined by the CAP) also should be met. Note that reporting CDU results, other than for CTQ proficiency testing should be accompanied with results of CRTU analyses, and these 2 sets of results should be combined to provide a measure of CDU in units of ug/g CRTU.

The performance requirement for B(2)MU is defined as an analytical result within + or - 15% of the consensus mean. Note that reporting B(2)MU results, other than for CTQ proficiency testing should be accompanied with results of CRTU analysis, these 2 sets of results should be combined to provide a measure of B(2)MU in units of ug/g CRTU.

Once a new laboratory has been approved by the responsible physician for conducting analyte determinations, the status of this approval should be reviewed periodically by the responsible physician as per the criteria presented under Section 3.2.2.

Laboratories which have failed previously to gain approval of the responsible physician for conducting determinations of 1 or more analytes due to lack of compliance with the criteria defined above for existing laboratories (Section 3.2.1), may obtain approval by satisfying the criteria for newly-formed laboratories defined under this section; for these laboratories, the

second of the above criteria may be satisfied by submitting a new set of characterization analyses for each analyte for which determinations are to be made.

Reevaluation of these laboratories is discretionary on the part of the responsible physician. Reevaluation, which normally takes about 6 months, may be expedited if the laboratory can achieve 100% compliance with the proficiency test criteria using the 6 samples of each analyte submitted to the CTQ program during the first 2 rounds of proficiency testing.

For laboratories seeking reevaluation for CDU or B(2)MU analysis, the guidelines for CRTU analyses also should be satisfied, including accreditation for CRTU analysis by the CAP, and participation in the CAP survey program (or accreditation/participation in an equivalent program).

3.2.4 Future Modifications to the Protocol Guidelines

As participating laboratories gain experience with analyses for CDB, CDU and B(2)MU, it is anticipated that the performance achievable by the majority of laboratories should improve until it approaches that reported by the research groups which developed each method. OSHA, therefore, may choose to recommend stricter performance guidelines in the future as the overall performance of participating laboratories improves.

3.3 Guidelines for Record Keeping and Reporting

To comply with these guidelines, participating laboratories should satisfy the above-stated performance and proficiency recommendations, as well as the following internal QA/QC, record keeping, and reporting provisions.

If a participating laboratory fails to meet the provisions of these guidelines, it is recommended that the responsible physician disapprove further analyses of biological samples by that laboratory until it demonstrates compliance with these guidelines. On disapproval, biological samples should be sent to a laboratory that can demonstrate compliance with these guidelines, at least until the former laboratory is reevaluated by the responsible physician and found to be in compliance.

The following record keeping and reporting procedures should be practiced by participating laboratories.

3.3.1 Internal Quality Assurance/Quality Control Procedures

Laboratories participating in the cadmium monitoring program should develop and maintain an internal quality assurance/quality control (QA/QC) program that incorporates procedures for establishing and maintaining control for each of the analytic procedures (determinations of CDB, CDU and/or B(2)MU) for which the laboratory is seeking participation. For laboratories analyzing CDU and/or B(2)MU, a QA/QC program for CRTU also should be established.

Written documentation of QA/QC procedures should be described in a formal QA/QC plan; this plan should contain the following information: Sample acceptance and handling procedures (i.e.,

chain-of-custody); sample preparation procedures; instrument parameters; calibration procedures; and, calculations. Documentation of QA/QC procedures should be sufficient to identify analytical problems, define criteria under which analysis of compliance samples will be suspended, and describe procedures for corrective actions.

3.3.1.1 QA/QC procedures for establishing control of CDB and CDU analyses

The QA/QC program for CDB and CDU should address, at a minimum, procedures involved in calibration, establishment of control limits, internal QC analyses and maintaining control, and corrective-action protocols. Participating laboratory should develop and maintain procedures to assure that analyses of compliance samples are within control limits, and that these procedures are documented thoroughly in a QA/QC plan.

A nonmandatory QA/QC protocol is presented in Attachment 1. This attachment is illustrative of the procedures that should be addressed in a proper QA/QC program.

Calibration. Before any analytic runs are conducted, the analytic instrument should be calibrated. Calibration should be performed at the beginning of each day on which QC and/or compliance samples are run. Once calibration is established, QC or compliance samples may be run. Regardless of the type of samples run, about every fifth sample should serve as a standard to assure that calibration is being maintained.

Calibration is being maintained if the standard is within + or - 15% of its theoretical value. If a standard is more than + or - 15% of its theoretical value, the run has exceeded control limits due to calibration error; the entire set of samples then should be reanalyzed after recalibrating or the results should be recalculated based on a statistical curve derived from that set of standards.

It is essential that the value of the highest standard analyzed be higher than the highest sample analyzed; it may be necessary, therefore, to run a high standard at the end of the run, which has been selected based on results obtained over the course of the run (i.e., higher than any standard analyzed to that point).

Standards should be kept fresh; as samples age, they should be compared with new standards and replaced if necessary.

Internal Quality Control Analyses. Internal QC samples should be determined interspersed with analyses of compliance samples. At a minimum, these samples should be run at a rate of 5% of the compliance samples or at least one set of QC samples per analysis of compliance samples, whichever is greater. If only 2 samples are run, they should contain different levels of cadmium.

Internal QC samples may be obtained as commercially-available reference materials and/or they may be internally prepared. Internally-prepared samples should be well characterized and traced, or compared to a reference material for which a consensus value is available.

Levels of cadmium contained in QC samples should not be known to the analyst prior to reporting the results of the analysis.

Internal QC results should be plotted or charted in a manner which describes sample recovery and laboratory control limits.

Internal Control Limits. The laboratory protocol for evaluating internal QC analyses per control limits should be clearly defined. Limits may be based on statistical methods (e.g., as 2 unbiased standard deviation from the laboratory mean recovery), or on proficiency testing limits (e.g., + or - 1 ug or 15% of the mean, whichever is greater). Statistical limits that exceed + or - 40% should be reevaluated to determine the source error in the analysis.

When laboratory limits are exceeded, analytic work should terminate until the source of error is determined and corrected; compliance samples affected by the error should be reanalyzed. In addition, the laboratory protocol should address any unusual trends that develop which may be biasing the results. Numerous, consecutive results above or below laboratory mean recoveries, or outside laboratory statistical limits, indicate that problems may have developed.

Corrective Actions. The QA/QC plan should document in detail specific actions taken if control limits are exceeded or unusual trends develop. Corrective actions should be noted on an appropriate form, accompanied by supporting documentation.

In addition to these actions, laboratories should include whatever additional actions are necessary to assure that accurate data are reported to the responsible physicians.

Reference Materials. The following reference materials may be available:

Cadmium in Blood (CDB)

1. Centre de Toxicologie du Quebec, Le Centre Hospitalier de l'Universite Laval, 2705 boul. Laurier, Quebec, Que., Canada G1V 4G2. (Prepared 6 times per year at 1-15 ug Cd/l.)
2. H. Marchandise, Community Bureau of Reference-BCR, Directorate General XII, Commission of the European Communities, 200, rue de la Loi, B-1049, Brussels, Belgium. (Prepared as BI CBM-1 at 5.37 ug Cd/l, and BI CBM-2 at 12.38 ug Cd/l.)
3. Kaulson Laboratories Inc., 691 Bloomfield Ave., Caldwell, NJ 07006; tel: (201) 226-9494, FAX (201) 226-3244. (Prepared as #0141 [As, Cd, Hg, Pb] at 2 levels.)

Cadmium in Urine (CDU)

1. Centre de Toxicologie du Quebec, Le Centre Hospitalier de l'Universite Laval, 2705 boul. Laurier, Quebec, Que., Canada G1V 4G2. (Prepared 6 times per year.)
2. National Institute of Standards and Technology (NIST), Dept. of Commerce, Gaithersburg, MD; tel: (301) 975-6776. (Prepared as SRM 2670 freeze-dried urine [metals]; set includes normal and elevated levels of metals; cadmium is certified for elevated level of 88.0 ug/l in reconstituted urine.)
3. Kaulson Laboratories Inc., 691 Bloomfield Ave., Caldwell, NJ 07006; tel: (201) 226-9494, FAX (201) 226-3244. (Prepared as #0140 [As, Cd, Hg, Pb] at 2 levels.)

3.3.1.2 QA/QC procedures for establishing control of B(2)MU

A written, detailed QA/QC plan for B(2)MU analysis should be developed.

The QA/QC plan should contain a protocol similar to those protocols developed for the CDB/CDU analyses. Differences in analyses may warrant some differences in the QA/QC protocol, but procedures to ensure analytical integrity should be developed and followed.

Examples of performance summaries that can be provided include measurements of accuracy (i.e., the means of measured values versus target values for the control samples) and precision (i.e., based on duplicate analyses). It is recommended that the accuracy and precision measurements be compared to those reported as achievable by the Pharmacia Delphia kit (Pharmacia 1990) to determine if and when unsatisfactory analyses have arisen. If the measurement error of 1 or more of the control samples is more than 15%, the run exceeds control limits. Similarly, this decision is warranted when the average CV for duplicate samples is greater than 5%.

3.3.2 Procedures for Record Keeping

To satisfy reporting requirements for commercial analyses of CDB, CDU and/or B(2)MU performed for the medical monitoring program mandated under the cadmium rule, participating laboratories should maintain the following documentation for each analyte:

1. For each analytic instrument on which analyte determinations are made, records relating to the most recent calibration and QC sample analyses;
2. For these instruments, a tabulated record for each analyte of those determinations found to be within and outside of control limits over the past 2 years;
3. Results for the previous 2 years of the QC sample analyses conducted under the internal QA/QC program (this information should be: Provided for each analyte for which determinations are made and for each analytic instrument used for this purpose, sufficient to demonstrate that internal QA/QC programs are being executed properly, and consistent with data sent to responsible physicians).
4. Duplicate copies of monitoring results for each analyte sent to clients during the previous 5 years, as well as associated information; supporting material such as chain-of-custody forms also should be retained; and,
5. Proficiency test results and related materials received while participating in the CTQ interlaboratory program over the past 2 years; results also should be tabulated to provide a serial record of relative error (derived per Section 3.3.3 below).

3.3.3 Reporting Procedures

Participating laboratories should maintain these documents: QA/QC program plans; QA/QC status reports; CTQ proficiency program reports; and, analytical data reports. The information

that should be included in these reports is summarized in Table 2; a copy of each report should be sent to the responsible physician.

TABLE 2 - REPORTING PROCEDURES FOR LABORATORIES PARTICIPATING IN THE CADMIUM MEDICAL MONITORING PROGRAM

Report	Frequency Time Frame)	Contents
1 QA/QC Program Plan	Once (initially)	A detailed description of the QA/QC protocol to be established by the laboratory to maintain control of analyte determinations.
2 QA/QC Status Report	Every 2 months	Results of the QC samples incorporated into regular runs for each instrument (over the period since the last report).
3 Proficiency Report	Attached to every data report	Results from the last full year of proficiency samples submitted to the CTQ program. Results of the 100 most recent QC samples incorporated into regular runs for each instrument.
4 Analytical Data Report	For all reports of data results	Date the sample was received. Date the sample was analyzed. Appropriate chain-of-custody information. Types of analyses performed. Results of the requested analyses. Copy of the most current proficiency report.

As noted in Section 3.3.1, a QA/QC program plan should be developed that documents internal QA/QC procedures (defined under Section 3.3.1) to be implemented by the participating laboratory for each analyte; this plan should provide a list identifying each instrument used in making analyte determinations.

A QA/QC status report should be written bimonthly for each analyte. In this report, the results of the QC program during the reporting period should be reported for each analyte in the following manner: The number (N) of QC samples analyzed during the period; a table of the target levels defined for each sample and the corresponding measured values; the mean of F/T value (as defined below) for the set of QC samples run during the period; and, use of the mean + or - 2 unbiased standard deviation (as defined below) for the set of QC samples run during the period as a measure of precision.

As noted in Section 2, an F/T value for a QC sample is the ratio of the measured concentration of analyte to the established (i.e., reference) concentration of analyte for that QC sample. The equation below describes the derivation of the mean for F/T values, the mean, (with N being the total number of samples analyzed):

$$\bar{X} = \frac{\sum (F/T)}{N}$$

The standard deviation, unbiased standard deviation, for these measurements is derived using the following equation (note that 2 unbiased standard deviation is twice this value):

$$\hat{\sigma} = \left[\frac{\sum (F/T - \bar{X})^2}{N-1} \right]^{\frac{1}{2}}$$

The nonmandatory QA/QC protocol (see Attachment 1) indicates that QC samples should be divided into several discrete pools, and a separate estimate of precision for each pool then should be derived. Several precision estimates should be provided for concentrations which differ in average value. These precision measures may be used to document improvements in performance with regard to the combined pool.

Participating laboratories should use the CTQ proficiency program for each analyte. Results of the this program will be sent by CTQ directly to physicians designated by the participating laboratories. Proficiency results from the CTQ program are used to establish the accuracy of results from each participating laboratory, and should be provided to responsible physicians for use in trend analysis. A proficiency report consisting of these proficiency results should accompany data reports as an attachment.

For each analyte, the proficiency report should include the results from the 6 previous proficiency rounds in the following format:

1. Number (N) of samples analyzed;
2. Mean of the target levels, $(1/N) \sum T(i)$, with $T(i)$ being a consensus mean for the sample;
3. Mean of the measurements, $(1/N) \sum M(i)$, with $M(i)$ being a sample measurement;
4. A measure of error defined by:

$$(1/N) \sum (T(i) - M(i))^2$$

Analytical data reports should be submitted to responsible physicians directly. For each sample, report the following information: The date the sample was received; the date the sample was analyzed; appropriate chain-of-custody information; the type(s) of analyses performed; and, the results of the analyses. This information should be reported on a form similar to the form provided or an appropriate form. The most recent proficiency program report should accompany the analytical data reports (as an attachment).

Confidence intervals for the analytical results should be reported as $X \pm 2$ unbiased standard deviation, with X being the measured value and 2 unbiased standard deviation the standard deviation calculated as described above.

For CDU or B(2)MU results, which are combined with CRTU measurements for proper reporting, the 95% confidence limits are derived from the limits for CDU or B(2)MU, (p), and the limits for CRTU, (q), as follows:

$$\frac{X}{Y} \pm \text{or} - \left(\frac{1}{Y(2)} \right) \left(Y(2) \times p(2) + X(2) \times q(2) \right)^{1/2}$$

For these calculations, $X \pm p$ is the measurement and confidence limits for CDU or B(2)MU, and $Y \pm q$ is the measurement and confidence limit for CRTU.

Participating laboratories should notify responsible physicians as soon as they receive information indicating a change in their accreditation status with the CTQ or the CAP. These physicians should not be expected to wait until formal notice of a status change has been received from the CTQ or the CAP.

3.4 Instructions to Physicians

Physicians responsible for the medical monitoring of cadmium-exposed workers must collect the biological samples from workers; they then should select laboratories to perform the required analyses, and should interpret the analytic results.

3.4.1 Sample Collection and Holding Procedures

Blood Samples. The following procedures are recommended for the collection, shipment and storage of blood samples for CDB analysis to reduce analytical variability; these recommendations were obtained primarily through personal communications with J.P. Weber of the CTQ (1991), and from reports by the Centers for Disease Control (CDC, 1986) and Stoeppler and Brandt (1980).

To the extent possible, blood samples should be collected from workers at the same time of day. Workers should shower or thoroughly wash their hands and arms before blood samples are drawn. The following materials are needed for blood sample collection: Alcohol wipes; sterile gauze sponges; band-aids; 20 gauge, 1.5 - in. stainless steel needles (sterile); preprinted labels; tourniquets; vacutainer holders; 3 - ml "metal free" vacutainer tubes (i.e., dark-blue caps), with EDTA as an anti-coagulant; and, styrofoam vacutainer shipping containers.

Whole blood samples are taken by venipuncture. Each blue-capped tube should be labeled or coded for the worker and company before the sample is drawn. (Blue-capped tubes are recommended instead of red-capped tubes because the latter may consist of red coloring pigment containing cadmium, which could contaminate the samples.) Immediately after sampling, the vacutainer tubes must be thoroughly mixed by inverting the tubes at least 10 times manually or

mechanically using a Vortex device (for 15 sec). Samples should be refrigerated immediately or stored on ice until they can be packed for shipment to the participating laboratory for analysis.

The CDC recommends that blood samples be shipped with a "cool pak" to keep the samples cold during shipment. However, the CTQ routinely ships and receives blood samples for cadmium analysis that have not been kept cool during shipment. The CTQ has found no deterioration of cadmium in biological fluids that were shipped via parcel post without a cooling agent, even though these deliveries often take 2 weeks to reach their destination.

Urine Samples. The following are recommended procedures for the collection, shipment and storage of urine for CDU and B(2)MU analyses, and were obtained primarily through personal communications with J.P. Weber of the CTQ (1991), and from reports by the CDC (1986) and Stoeppler and Brandt (1980).

Single "spot" samples are recommended. As B2M can degrade in the bladder, workers should first empty their bladder and then drink a large glass of water at the start of the visit. Urine samples then should be collected within 1 hour. Separate samples should be collected for CDU and B(2)MU using the following materials: Sterile urine collection cups (250 ml); small sealable plastic bags; preprinted labels; 15-ml polypropylene or polyethylene screw-cap tubes; lab gloves ("metal free"); and, preservatives (as indicated).

The sealed collection cup should be kept in the plastic bag until collection time. The workers should wash their hands with soap and water before receiving the collection cup. The collection cup should not be opened until just before voiding and the cup should be sealed immediately after filling. It is important that the inside of the container and cap are not touched by, or come into contact with, the body, clothing or other surfaces.

For CDU analyzes, the cup is swirled gently to resuspend any solids, and the 15-ml tube is filled with 10-12 ml urine. The CDC recommends the addition of 100 ul concentrated HNO₃ as a preservative before sealing the tube and then freezing the sample. The CTQ recommends minimal handling and does not acidify their interlaboratory urine reference materials prior to shipment, nor do they freeze the sample for shipment. At the CTQ, if the urine sample has much sediment, the sample is acidified in the lab to free any cadmium in the precipitate.

For B2M, the urine sample should be collected directly into a polyethylene bottle previously washed with dilute nitric acid. The pH of the urine should be measured and adjusted to 8.0 with 0.1 N NaOH immediately following collection. Samples should be frozen and stored at -20 deg. C until testing is performed. The B2M in the samples should be stable for 2 days when stored at 2-8 deg. C, and for at least 2 months at -20 deg. C. Repeated freezing and thawing should be avoided to prevent denaturing the B2M (Pharmacia 1990).

3.4.2 Recommendations for Evaluating Laboratories

Using standard error data and the results of proficiency testing obtained from CTQ, responsible physicians can make an informed choice of which laboratory to select to analyze biological samples. In general, laboratories with small standard errors and little disparity between target

and measured values tend to make precise and accurate sample determinations. Estimates of precision provided to the physicians with each set of monitoring results can be compared to previously-reported proficiency and precision estimates. The latest precision estimates should be at least as small as the standard error reported previously by the laboratory. Moreover, there should be no indication that precision is deteriorating (i.e., increasing values for the precision estimates). If precision is deteriorating, physicians may decide to use another laboratory for these analyses. QA/QC information provided by the participating laboratories to physicians can, therefore, assist physicians in evaluating laboratory performance.

3.4.3 Use and Interpretation of Results

When the responsible physician has received the CDB, CDU and/or B(2)MU results, these results must be compared to the action levels discussed in the final rule for cadmium. The comparison of the sample results to action levels is straightforward. The measured value reported from the laboratory can be compared directly to the action levels; if the reported value exceeds an action level, the required actions must be initiated.

4.0 BACKGROUND

Cadmium is a naturally-occurring environmental contaminant to which humans are continually exposed in food, water, and air. The average daily intake of cadmium by the U.S. population is estimated to be 10-20 ug/day. Most of this intake is via ingestion, for which absorption is estimated at 4-7% (Kowal et al. 1979). An additional nonoccupational source of cadmium is smoking tobacco; smoking a pack of cigarettes a day adds an additional 2-4 ug cadmium to the daily intake, assuming absorption via inhalation of 25-35% (Nordberg and Nordberg 1988; Friberg and Elinder 1988; Travis and Haddock 1980).

Exposure to cadmium fumes and dusts in an occupational setting where air concentrations are 20-50 ug/m³ results in an additional daily intake of several hundred micrograms (Friberg and Elinder 1988, p. 563). In such a setting, occupational exposure to cadmium occurs primarily via inhalation, although additional exposure may occur through the ingestion of material via contaminated hands if workers eat or smoke without first washing. Some of the particles that are inhaled initially may be ingested when the material is deposited in the upper respiratory tract, where it may be cleared by mucociliary transport and subsequently swallowed.

Cadmium introduced into the body through inhalation or ingestion is transported by the albumin fraction of the blood plasma to the liver, where it accumulates and is stored principally as a bound form complexed with the protein metallothionein. Metallothionein-bound cadmium is the main form of cadmium subsequently transported to the kidney; it is these 2 organs, the liver and kidney, in which the majority of the cadmium body burden accumulates. As much as one half of the total body burden of cadmium may be found in the kidneys (Nordberg and Nordberg 1988).

Once cadmium has entered the body, elimination is slow; about 0.02% of the body burden is excreted per day via urinary/fecal elimination. The whole-body half-life of cadmium is 10-35 years, decreasing slightly with increasing age (Travis and Haddock 1980).

The continual accumulation of cadmium is the basis for its chronic noncarcinogenic toxicity. This accumulation makes the kidney the target organ in which cadmium toxicity usually is first observed (Piscator 1964). Renal damage may occur when cadmium levels in the kidney cortex approach 200 ug/g wet tissue-weight (Travis and Haddock 1980).

The kinetics and internal distribution of cadmium in the body are complex, and depend on whether occupational exposure to cadmium is ongoing or has terminated. In general, cadmium in blood is related principally to recent cadmium exposure, while cadmium in urine reflects cumulative exposure (i.e., total body burden)(Lauwerys et al. 1976; Friberg and Elinder 1988).

4.1 Health Effects

Studies of workers in a variety of industries indicate that chronic exposure to cadmium may be linked to several adverse health effects including kidney dysfunction, reduced pulmonary function, chronic lung disease and cancer (Federal Register 1990). The primary sites for cadmium-associated cancer appear to be the lung and the prostate.

Cancer. Evidence for an association between cancer and cadmium exposure comes from both epidemiological studies and animal experiments. Pott (1965) found a statistically significant elevation in the incidence of prostate cancer among a cohort of cadmium workers. Other epidemiology studies also report an elevated incidence of prostate cancer; however, the increases observed in these other studies were not statistically significant (Meridian Research, Inc. 1989).

One study (Thun et al. 1985) contains sufficiently quantitative estimates of cadmium exposure to allow evaluation of dose-response relationships between cadmium exposure and lung cancer. A statistically significant excess of lung cancer attributed to cadmium exposure was found in this study, even after accounting for confounding variables such as coexposure to arsenic and smoking habits (Meridian Research, Inc. 1989).

Evidence for quantifying a link between lung cancer and cadmium exposure comes from a single study (Takenaka et al. 1983). In this study, dose-response relationships developed from animal data were extrapolated to humans using a variety of models. OSHA chose the multistage risk model for estimating the risk of cancer for humans using these animal data. Animal injection studies also suggest an association between cadmium exposure and cancer, particularly observations of an increased incidence of tumors at sites remote from the point of injection. The International Agency for Research on Cancer (IARC) (Supplement 7, 1987) indicates that this, and related, evidence is sufficient to classify cadmium as an animal carcinogen. However, the results of these injection studies cannot be used to quantify risks attendant to human occupational exposures due to differences in routes of exposure (Meridian Research, Inc. 1989).

Based on the above-cited studies, the U.S. Environmental Protection Agency (EPA) classifies cadmium as "B1," a probable human carcinogen (USEPA 1985). IARC in 1987 recommended that cadmium be listed as a probable human carcinogen.

Kidney Dysfunction. The most prevalent nonmalignant effect observed among workers chronically exposed to cadmium is kidney dysfunction. Initially, such dysfunction is manifested

by proteinuria (Meridian Research, Inc. 1989; Roth Associates, Inc. 1989). Proteinuria associated with cadmium exposure is most commonly characterized by excretion of low-molecular weight proteins (15,000-40,000 MW), accompanied by loss of electrolytes, uric acid, calcium, amino acids, and phosphate. Proteins commonly excreted include B-2-microglobulin (B2M), retinol binding protein (RBP), immunoglobulin light chains, and lysozyme. Excretion of low molecular weight proteins is characteristic of damage to the proximal tubules of the kidney (Iwao et al. 1980).

Exposure to cadmium also may lead to urinary excretion of high- molecular weight proteins such as albumin, immunoglobulin G, and glycoproteins (Meridian Research, Inc. 1989; Roth Associates, Inc. 1989). Excretion of high-molecular weight proteins is indicative of damage to the glomeruli of the kidney. Bernard et al. (1979) suggest that cadmium-associated damage to the glomeruli and damage to the proximal tubules of the kidney develop independently of each other, but may occur in the same individual.

Several studies indicate that the onset of low-molecular weight proteinuria is a sign of irreversible kidney damage (Friberg et al. 1974; Roels et al. 1982; Piscator 1984; Elinder et al. 1985; Smith et al. 1986). For many workers, once sufficiently elevated levels of B2M are observed in association with cadmium exposure, such levels do not appear to return to normal even when cadmium exposure is eliminated by removal of the worker from the cadmium-contaminated work environment (Friberg, exhibit 29, 1990).

Some studies indicate that cadmium-induced proteinuria may be progressive; levels of B(2)MU increase even after cadmium exposure has ceased (Elinder et al. 1985). Other researchers have reached similar conclusions (Frieburg testimony, OSHA docket exhibit 29, Elinder testimony, OSHA docket exhibit 55, and OSHA docket exhibits 8-86B). Such observations are not universal, however (Smith et al. 1986; Tsuchiya 1976). Studies in which proteinuria has not been observed, however, may have initiated the reassessment too early (Meridian Research, Inc. 1989; Roth Associates, Inc. 1989; Roels 1989).

A quantitative assessment of the risks of developing kidney dysfunction as a result of cadmium exposure was performed using the data from Ellis et al. (1984) and Falck et al. (1983). Meridian Research, Inc. (1989) and Roth Associates, Inc. (1989) employed several mathematical models to evaluate the data from the 2 studies, and the results indicate that cumulative cadmium exposure levels between 5 and 100 ug-years/m³ correspond with a one-in-a-thousand probability of developing kidney dysfunction.

When cadmium exposure continues past the onset of early kidney damage (manifested as proteinuria), chronic nephrotoxicity may occur (Meridian Research, Inc. 1989; Roth Associates, Inc. 1989). Uremia, which is the loss of the glomerulus' ability to adequately filter blood, may result. This condition leads to severe disturbance of electrolyte concentrations, which may result in various clinical complications including atherosclerosis, hypertension, pericarditis, anemia, hemorrhagic tendencies, deficient cellular immunity, bone changes, and other problems. Progression of the disease may require dialysis or a kidney transplant.

Studies in which animals are chronically exposed to cadmium confirm the renal effects observed in humans (Friberg et al. 1986). Animal studies also confirm cadmium-related problems with calcium metabolism and associated skeletal effects, which also have been observed among humans. Other effects commonly reported in chronic animal studies include anemia, changes in liver morphology, immunosuppression and hypertension. Some of these effects may be associated with cofactors; hypertension, for example, appears to be associated with diet, as well as with cadmium exposure. Animals injected with cadmium also have shown testicular necrosis.

4.2 Objectives for Medical Monitoring

In keeping with the observation that renal disease tends to be the earliest clinical manifestation of cadmium toxicity, the final cadmium standard mandates that eligible workers must be medically monitored to prevent this condition (as well as cadmium-induced cancer). The objectives of medical-monitoring, therefore, are to: Identify workers at significant risk of adverse health effects from excess, chronic exposure to cadmium; prevent future cases of cadmium-induced disease; detect and minimize existing cadmium-induced disease; and, identify workers most in need of medical intervention.

The overall goal of the medical monitoring program is to protect workers who may be exposed continuously to cadmium over a 45-year occupational lifespan. Consistent with this goal, the medical monitoring program should assure that:

1. Current exposure levels remain sufficiently low to prevent the accumulation of cadmium body burdens sufficient to cause disease in the future by monitoring CDB as an indicator of recent cadmium exposure;
2. Cumulative body burdens, especially among workers with undefined historical exposures, remain below levels potentially capable of leading to damage and disease by assessing CDU as an indicator of cumulative exposure to cadmium; and,
3. Health effects are not occurring among exposed workers by determining B(2)MU as an early indicator of the onset of cadmium-induced kidney disease.

4.3 Indicators of Cadmium Exposure and Disease

Cadmium is present in whole blood bound to albumin, in erythrocytes, and as a metallothionein-cadmium complex. The metallothionein-cadmium complex that represents the primary transport mechanism for cadmium delivery to the kidney. CDB concentrations in the general, nonexposed population average 1 ug Cd/l whole blood, with smokers exhibiting higher levels (see Section 5.1.6). Data presented in Section 5.1.6 shows that 95% of the general population not occupationally exposed to cadmium have CDB levels less than 5 ug Cd/l.

If total body burdens of cadmium remain low, CDB concentrations indicate recent exposure (i.e., daily intake). This conclusion is based on data showing that cigarette smokers exhibit CDB concentrations of 2-7 ug/l depending on the number of cigarettes smoked per day (Nordberg and Nordberg 1988), while CDB levels for those who quit smoking return to general population values (approximately 1 ug/l) within several weeks (Lauwerys et al. 1976). Based on these

observations, Lauwerys et al. (1976) concluded that CDB has a biological half-life of a few weeks to less than 3 months. As indicated in Section 3.1.6, the upper 95th percentile for CDB levels observed among those who are not occupationally exposed to cadmium is 5 ug/l, which suggests that the absolute upper limit to the range reported for smokers by Nordberg and Nordberg may have been affected by an extreme value (i.e., beyond 2 σ above the mean).

Among occupationally-exposed workers, the occupational history of exposure to cadmium must be evaluated to interpret CDB levels. New workers, or workers with low exposures to cadmium, exhibit CDB levels that are representative of recent exposures, similar to the general population. However, for workers with a history of chronic exposure to cadmium, who have accumulated significant stores of cadmium in the kidneys/liver, part of the CDB concentrations appear to indicate body burden. If such workers are removed from cadmium exposure, their CDB levels remain elevated, possibly for years, reflecting prior long-term accumulation of cadmium in body tissues. This condition tends to occur, however, only beyond some threshold exposure value, and possibly indicates the capacity of body tissues to accumulate cadmium which cannot be excreted readily (Friberg and Elinder 1988; Nordberg and Nordberg 1988).

CDU is widely used as an indicator of cadmium body burdens (Nordberg and Nordberg 1988). CDU is the major route of elimination and, when CDU is measured, it is commonly expressed either as ug Cd/l urine (unadjusted), ug Cd/l urine (adjusted for specific gravity), or ug Cd/g CRTU (see Section 5.2.1). The metabolic model for CDU is less complicated than CDB, since CDU is dependent in large part on the body (i.e., kidney) burden of cadmium. However, a small proportion of CDU still be attributed to recent cadmium exposure, particularly if exposure to high airborne concentrations of cadmium occurred. Note that CDU is subject to larger interindividual and day-to-day variations than CDB, so repeated measurements are recommended for CDU evaluations.

CDU is bound principally to metallothionein, regardless of whether the cadmium originates from metallothionein in plasma or from the cadmium pool accumulated in the renal tubules. Therefore, measurement of metallothionein in urine may provide information similar to CDU, while avoiding the contamination problems that may occur during collection and handling urine for cadmium analysis (Nordberg and Nordberg 1988). However, a commercial method for the determination of metallothionein at the sensitivity levels required under the final cadmium rule is not currently available; therefore, analysis of CDU is recommended.

Among the general population not occupationally exposed to cadmium, CDU levels average less than 1 ug/l (see Section 5.2.7). Normalized for creatinine (CRTU), the average CDU concentration of the general population is less than 1 ug/g CRTU. As cadmium accumulates over the lifespan, CDU increases with age. Also, cigarette smokers may eventually accumulate twice the cadmium body burden of nonsmokers, CDU is slightly higher in smokers than in nonsmokers, even several years after smoking cessation (Nordberg and Nordberg 1988). Despite variations due to age and smoking habits, 95% of those not occupationally exposed to cadmium exhibit levels of CDU less than 3 ug/g CRTU (based on the data presented in Section 5.2.7).

About 0.02% of the cadmium body burden is excreted daily in urine. When the critical cadmium concentration (about 200 ppm) in the kidney is reached, or if there is sufficient cadmium-induced kidney dysfunction, dramatic increases in CDU are observed (Nordberg and Nordberg 1988). Above 200 ppm, therefore, CDU concentrations cease to be an indicator of cadmium body burden, and are instead an index of kidney failure.

Proteinuria is an index of kidney dysfunction, and is defined by OSHA to be a material impairment. Several small proteins may be monitored as markers for proteinuria. Below levels indicative of proteinuria, these small proteins may be early indicators of increased risk of cadmium-induced renal tubular disease. Analytes useful for monitoring cadmium-induced renal tubular damage include:

1. B-2-Microglobulin (B2M), currently the most widely used assay for detecting kidney dysfunction, is the best characterized analyte available (Iwao et al. 1980; Chia et al. 1989);
2. Retinol Binding Protein (RBP) is more stable than B2M in acidic urine (i.e., B2M breakdown occurs if urinary pH is less than 5.5; such breakdown may result in false [i.e., low] B2M values [Bernard and Lauwerys, 1990]);
3. N-Acetyl-B-Glucosaminidase (NAG) is the analyte of an assay that is simple, inexpensive, reliable, and correlates with cadmium levels under 10 ug/g CRTU, but the assay is less sensitive than RBP or B2M (Kawada et al. 1989);
4. Metallothionein (MT) correlates with cadmium and B2M levels, and may be a better predictor of cadmium exposure than CDU and B2M (Kawada et al. 1989);
5. Tamm-Horsfall Glycoprotein (THG) increases slightly with elevated cadmium levels, but this elevation is small compared to increases in urinary albumin, RBP, or B2M (Bernard and Lauwerys 1990);
6. Albumin (ALB), determined by the biuret method, is not sufficiently sensitive to serve as an early indicator of the onset of renal disease (Piscator 1962);
7. Albumin (ALB), determined by the Amido Black method, is sensitive and reproducible, but involves a time-consuming procedure (Piscator 1962);
8. Glycosaminoglycan (GAG) increases among cadmium workers, but the significance of this effect is unknown because no relationship has been found between elevated GAG and other indices of tubular damage (Bernard and Lauwerys 1990);
9. Trehalase seems to increase earlier than B2M during cadmium exposure, but the procedure for analysis is complicated and unreliable (Iwata et al. 1988); and,
10. Kallikrein is observed at lower concentrations among cadmium- exposed workers than among normal controls (Roels et al. 1990).

Of the above analytes, B2M appears to be the most widely used and best characterized analyte to evaluate the presence/absence, as well as the extent of, cadmium-induced renal tubular damage (Kawada, Koyama, and Suzuki 1989; Shaikh and Smith 1984; Nogawa 1984). However, it is important that samples be collected and handled so as to minimize B2M degradation under acidic urine conditions.

The threshold value of B(2)MU commonly used to indicate the presence of kidney damage 300 ug/g CRTU (Kjellstrom et al. 1977a; Buchet et al. 1980; and Kowal and Zirkes 1983). This value represents the upper 95th or 97.5th percentile level of urinary excretion observed among those without tubular dysfunction (Elinder, exbt L-140-45, OSHA docket H057A). In agreement with these conclusions, the data presented in Section 5.3.7 of this protocol generally indicate that the level of 300 ug/g CRTU appears to define the boundary for kidney dysfunction. It is not clear, however, that this level represents the upper 95th percentile of values observed among those who fail to demonstrate proteinuria effects.

Although elevated B(2)MU levels appear to be a fairly specific indicator of disease associated with cadmium exposure, other conditions that may lead to elevated B(2)MU levels include high fevers from influenza, extensive physical exercise, renal disease unrelated to cadmium exposure, lymphomas, and AIDS (Iwao et al. 1980; Schardun and van Epps 1987). Elevated B2M levels observed in association with high fevers from influenza or from extensive physical exercise are transient, and will return to normal levels once the fever has abated or metabolic rates return to baseline values following exercise. The other conditions linked to elevated B2M levels can be diagnosed as part of a properly-designed medical examination. Consequently, monitoring B2M, when accompanied by regular medical examinations and CDB and CDU determinations (as indicators of present and past cadmium exposure), may serve as a specific, early indicator of cadmium-induced kidney damage.

4.4 Criteria for Medical Monitoring of Cadmium Workers

Medical monitoring mandated by the final cadmium rule includes a combination of regular medical examinations and periodic monitoring of 3 analytes: CDB, CDU and B(2)MU. As indicated above, CDB is monitored as an indicator of current cadmium exposure, while CDU serves as an indicator of the cadmium body burden; B(2)MU is assessed as an early marker of irreversible kidney damage and disease.

The final cadmium rule defines a series of action levels that have been developed for each of the 3 analytes to be monitored. These action levels serve to guide the responsible physician through a decision-making process. For each action level that is exceeded, a specific response is mandated. The sequence of action levels, and the attendant actions, are described in detail in the final cadmium rule.

Other criteria used in the medical decision-making process relate to tests performed during the medical examination (including a determination of the ability of a worker to wear a respirator). These criteria, however, are not affected by the results of the analyte determinations addressed in the above paragraphs and, consequently, will not be considered further in these guidelines.

4.5 Defining to Quality and Proficiency of the Analyte Determinations

As noted above in Sections 2 and 3, the quality of a measurement should be defined along with its value to properly interpret the results. Generally, it is necessary to know the accuracy and the precision of a measurement before it can be properly evaluated. The precision of the data from a specific laboratory indicates the extent to which the repeated measurements of the same sample vary within that laboratory. The accuracy of the data provides an indication of the extent to which these results deviate from average results determined from many laboratories performing the same measurement (i.e., in the absence of an independent determination of the true value of a measurement). Note that terms are defined operationally relative to the manner in which they will be used in this protocol. Formal definitions for the terms in italics used in this section can be found in the list of definitions (Section 2).

Another data quality criterion required to properly evaluate measurement results is the limit of detection of that measurement. For measurements to be useful, the range of the measurement which is of interest for biological monitoring purposes must lie entirely above the limit of detection defined for that measurement.

The overall quality of a laboratory's results is termed the performance of that laboratory. The degree to which a laboratory satisfies a minimum performance level is referred to as the proficiency of the laboratory. A successful medical monitoring program, therefore, should include procedures developed for monitoring and recording laboratory performance; these procedures can be used to identify the most proficient laboratories.

5.0 Overview of Medical Monitoring Tests for CDB, CDU, B(2)MU and CRTU

To evaluate whether available methods for assessing CDB, CDU, B(2)MU and CRTU are adequate for determining the parameters defined by the proposed action levels, it is necessary to review procedures available for sample collection, preparation and analysis. A variety of techniques for these purposes have been used historically for the determination of cadmium in biological matrices (including CDB and CDU), and for the determination of specific proteins in biological matrices (including B(2)MU). However, only the most recent techniques are capable of satisfying the required accuracy, precision and sensitivity (i.e., limit of detection) for monitoring at the levels mandated in the final cadmium rule, while still facilitating automated analysis and rapid processing.

5.1 Measuring Cadmium in Blood (CDB)

Analysis of biological samples for cadmium requires strict analytical discipline regarding collection and handling of samples. In addition to occupational settings, where cadmium contamination would be apparent, cadmium is a ubiquitous environmental contaminant, and much care should be exercised to ensure that samples are not contaminated during collection, preparation or analysis. Many common chemical reagents are contaminated with cadmium at concentrations that will interfere with cadmium analysis; because of the widespread use of cadmium compounds as colored pigments in plastics and coatings, the analyst should continually

monitor each manufacturer's chemical reagents and collection containers to prevent contamination of samples.

Guarding against cadmium contamination of biological samples is particularly important when analyzing blood samples because cadmium concentrations in blood samples from nonexposed populations are generally less than 2 ug/l (2 ng/ml), while occupationally-exposed workers can be at medical risk to cadmium toxicity if blood concentrations exceed 5 ug/l (ACGIH 1991 and 1992). This narrow margin between exposed and unexposed samples requires that exceptional care be used in performing analytic determinations for biological monitoring for occupational cadmium exposure.

Methods for quantifying cadmium in blood have improved over the last 40 years primarily because of improvements in analytical instrumentation. Also, due to improvements in analytical techniques, there is less need to perform extensive multi-step sample preparations prior to analysis. Complex sample preparation was previously required to enhance method sensitivity (for cadmium), and to reduce interference by other metals or components of the sample.

5.1.1 Analytical Techniques Used to Monitor Cadmium in Biological Matrices

TABLE 3 - COMPARISON OF ANALYTICAL PROCEDURES/INSTRUMENTATION FOR DETERMINATION OF CADMIUM IN BIOLOGICAL SAMPLES

Analytical procedure	Limit of detection [ng/(g or ml)]	Specified biological matrix	Reference	Comments
Flame Atomic Absorption Spectroscopy (FAAS).	> or = 1.0	Any Matrix	Perkin-Elmer (1982)...	Not sensitive enough for biomonitoring without extensive sample digestion metal chelation and organic solvent extraction.
Graphite Furnace Atomic Absorption Spectroscopy (GFAAS).	0.04	Urine ...	Pruszkowska et al (1983)	Methods of choice for routine cadmium analysis.
Inductively-Coupled Argon Plasma Atomic Emission Spectroscopy (ICAP AES).	> or = 0.20	Blood ...	Stoeppler and Brandt (1980)..... NIOSH (1984A)....	Requires extensive sample preparation and concentration of metal with chelating resin. Advantage is simultaneous analyses for as many as 10 metals from 1 sample.
Neutron Activation Gamma Spectroscopy	2.0	Any matrix	Ellis et al. (1983).....	Only available in vivo method for direct determination of cadmium body tissue burdens;

(NA).				expensive; absolute determination of cadmium in reference materials.
Isotope Dilution Mass Spectroscopy (IDMS).	< 1.0	Any matrix	Michiels and DeBievre (1986).....	Suitable for absolute determination of cadmium in reference materials; expensive.
Differential Pulse Anodic Stripping Voltammetry (DPASV).	< 1.0	Any matrix	Stoeppler and Brandt (1980).....	Suitable for absolute determination of cadmium in reference materials; efficient method to check accuracy of analytical method.

A number of analytical techniques have been used for determining cadmium concentrations in biological materials. A summary of the characteristics of the most widely employed techniques is presented in Table 3. The technique most suitable for medical monitoring for cadmium is atomic absorption spectroscopy (AAS).

To obtain a measurement using AAS, a light source (i.e., hollow cathode or electrode-free discharge lamp) containing the element of interest as the cathode, is energized and the lamp emits a spectrum that is unique for that element. This light source is focused through a sample cell, and a selected wavelength is monitored by a monochromator and photodetector cell. Any ground state atoms in the sample that match those of the lamp element and are in the path of the emitted light may absorb some of the light and decrease the amount of light that reaches the photodetector cell. The amount of light absorbed at each characteristic wavelength is proportional to the number of ground state atoms of the corresponding element that are in the pathway of the light between the source and detector.

To determine the amount of a specific metallic element in a sample using AAS, the sample is dissolved in a solvent and aspirated into a high-temperature flame as an aerosol. At high temperatures, the solvent is rapidly evaporated or decomposed and the solute is initially solidified; the majority of the sample elements then are transformed into an atomic vapor. Next, a light beam is focused above the flame and the amount of metal in the sample can be determined by measuring the degree of absorbance of the atoms of the target element released by the flame at a characteristic wavelength.

A more refined atomic absorption technique, flameless AAS, substitutes an electrothermal, graphite furnace for the flame. An aliquot (10-100 ul) of the sample is pipetted into the cold furnace, which is then heated rapidly to generate an atomic vapor of the element.

AAS is a sensitive and specific method for the elemental analysis of metals; its main drawback is nonspecific background absorption and scattering of the light beam by particles of the sample as it decomposes at high temperatures; nonspecific absorbance reduces the sensitivity of the analytical method. The problem of nonspecific absorbance and scattering can be reduced by extensive sample pretreatment, such as ashing and/or acid digestion of the sample to reduce its organic content.

Current AAS instruments employ background correction devices to adjust electronically for background absorption and scattering. A common method to correct for background effects is to use a deuterium arc lamp as a second light source. A continuum light source, such as the deuterium lamp, emits a broad spectrum of wavelengths instead of specific wavelengths characteristic of a particular element, as with the hollow cathode tube. With this system, light from the primary source and the continuum source are passed alternately through the sample cell. The target element effectively absorbs light only from the primary source (which is much brighter than the continuum source at the characteristic wavelengths), while the background matrix absorbs and scatters light from both sources equally. Therefore, when the ratio of the two beams is measured electronically, the effect of nonspecific background absorption and scattering is eliminated. A less common, but more sophisticated, background correction system is based on the Zeeman effect, which uses a magnetically-activated light polarizer to compensate electronically for nonspecific absorption and scattering.

Atomic emission spectroscopy with inductively-coupled argon plasma (AES-ICAP) is widely used to analyze for metals. With this instrument, the sample is aspirated into an extremely hot argon plasma flame, which excites the metal atoms; emission spectra specific for the sample element then are generated. The quanta of emitted light passing through a monochromator are amplified by photomultiplier tubes and measured by a photodetector to determine the amount of metal in the sample. An advantage of AES-ICAP over AAS is that multi-elemental analyses of a sample can be performed by simultaneously measuring specific elemental emission energies. However, AES-ICAP lacks the sensitivity of AAS, exhibiting a limit of detection which is higher than the limit of detection for graphite-furnace AAS (Table 3).

Neutron activation (NA) analysis and isotope dilution mass spectrometry (IDMS) are 2 additional, but highly specialized, methods that have been used for cadmium determinations. These methods are expensive because they require elaborate and sophisticated instrumentation.

NA analysis has the distinct advantage over other analytical methods of being able to determine cadmium body burdens in specific organs (e.g., liver, kidney) in vivo (Ellis et al. 1983). Neutron bombardment of the target transforms cadmium-113 to cadmium-114, which promptly decays (< 10(-14) sec) to its ground state, emitting gamma rays that are measured using large gamma detectors; appropriate shielding and instrumentation are required when using this method.

IDMS analysis, a definitive but laborious method, is based on the change in the ratio of 2 isotopes of cadmium (cadmium 111 and 112) that occurs when a known amount of the element (with an artificially altered ratio of the same isotopes [i.e., a cadmium 111 "spike"]) is added to a weighed aliquot of the sample (Michiels and De Bievre 1986).

5.1.2 Methods Developed for CDB Determinations

A variety of methods have been used for preparing and analyzing CDB samples; most of these methods rely on one of the analytical techniques described above. Among the earliest reports, Princi (1947) and Smith et al. (1955) employed a colorimetric procedure to analyze for CDB and CDU. Samples were dried and digested through several cycles with concentrated mineral acids (HNO₃ and H₂SO₄) and hydrogen peroxide (H₂O₂). The digest was neutralized, and

the cadmium was complexed with diphenylthiocarbazone and extracted with chloroform. The dithizone-cadmium complex then was quantified using a spectrometer.

Colorimetric procedures for cadmium analyses were replaced by methods based on atomic absorption spectroscopy (AAS) in the early 1960s, but many of the complex sample preparation procedures were retained. Kjellstrom (1979) reports that in Japanese, American and Swedish laboratories during the early 1970s, blood samples were wet ashed with mineral acids or ashed at high temperature and wetted with nitric acid. The cadmium in the digest was complexed with metal chelators including diethyl dithiocarbamate (DDTC), ammonium pyrrolidine dithiocarbamate (APDC) or diphenylthiocarbazone (dithizone) in ammonia-citrate buffer and extracted with methyl isobutyl ketone (MIBK). The resulting solution then was analyzed by flame AAS or graphite-furnace AAS for cadmium determinations using deuterium-lamp background correction.

In the late 1970s, researchers began developing simpler preparation procedures. Roels et al. (1978) and Roberts and Clark (1986) developed simplified digestion procedures. Using the Roberts and Clark method, a 0.5 ml aliquot of blood is collected and transferred to a digestion tube containing 1 ml concentrated HNO₃. The blood is then digested at 110 deg. C for 4 hours. The sample is reduced in volume by continued heating, and 0.5 ml 30% H₂O₂ is added as the sample dries. The residue is dissolved in 5 ml dilute (1%) HNO₃, and 20 ul of sample is then analyzed by graphite-furnace AAS with deuterium-background correction.

The current trend in the preparation of blood samples is to dilute the sample and add matrix modifiers to reduce background interference, rather than digesting the sample to reduce organic content. The method of Stoeppler and Brandt (1980), and the abbreviated procedure published in the American Public Health Association's (APHA) Methods for Biological Monitoring (1988), are straightforward and are nearly identical. For the APHA method, a small aliquot (50-300 ul) of whole blood that has been stabilized with ethylenediaminetetraacetate (EDTA) is added to 1.0 ml 1M HNO₃, vigorously shaken and centrifuged. Aliquots (10-25 ul) of the supernatant then are then analyzed by graphite-furnace AAS with appropriate background correction.

Using the method of Stoeppler and Brandt (1980), aliquots (50-200 ul) of whole blood that have been stabilized with EDTA are pipetted into clean polystyrene tubes and mixed with 150-600 ul of 1M HNO₃. After vigorous shaking, the solution is centrifuged and a 10-25 ul aliquot of the supernatant then is analyzed by graphite-furnace AAS with appropriate background correction.

Claeys-Thoreau (1982) and DeBenzo et al. (1990) diluted blood samples at a ratio of 1:10 with a matrix modifier (0.2% Triton X-100, a wetting agent) for direct determinations of CDB. DeBenzo et al. also demonstrated that aqueous standards of cadmium, instead of spiked, whole-blood samples, could be used to establish calibration curves if standards and samples are treated with additional small volumes of matrix modifiers (i.e., 1% HNO₃, 0.2% ammonium hydrogenphosphate and 1 mg/ml magnesium salts.)

These direct dilution procedures for CDB analysis are simple and rapid. Laboratories can process more than 100 samples a day using a dedicated graphite-furnace AAS, an auto-sampler, and either a Zeeman- or a deuterium-background correction system. Several authors emphasize using

optimum settings for graphite-furnace temperatures during the drying, charring, and atomization processes associated with the flameless AAS method, and the need to run frequent QC samples when performing automated analysis.

5.1.3 Sample Collection and Handling

Sample collection procedures are addressed primarily to identify ways to minimize the degree of variability that may be introduced by sample collection during medical monitoring. It is unclear at this point the extent to which collection procedures contribute to variability among CDB samples. Sources of variation that may result from sampling procedures include time-of-day effects and introduction of external contamination during the collection process. To minimize these sources, strict adherence to a sample collection protocol is recommended. Such a protocol must include provisions for thorough cleaning of the site from which blood will be extracted; also, every effort should be made to collect samples near the same time of day. It is also important to recognize that under the recent OSHA blood-borne pathogens standard (29 CFR 1910.1030), blood samples and certain body fluids must be handled and treated as if they are infectious.

5.1.4 Best Achievable Performance

The best achievable performance using a particular method for CDB determinations is assumed to be equivalent to the performance reported by research laboratories in which the method was developed.

For their method, Roberts and Clark (1986) demonstrated a limit of detection of 0.4 ug Cd/l in whole blood, with a linear response curve from 0.4 to 16.0 ug Cd/l. They report a coefficient of variation (CV) of 6.7% at 8.0 ug/l.

The APHA (1988) reports a range of 1.0-25 ug/l, with a CV of 7.3% (concentration not stated). Insufficient documentation was available to critique this method.

Stoeppler and Brandt (1980) achieved a detection limit of 0.2 ug Cd/l whole blood, with a linear range of 0.4-12.0 ug Cd/l, and a CV of 15-30%, for samples at < 1.0 ug/l. Improved precision (CV of 3.8%) was reported for CDB concentrations at 9.3 ug/l.

5.1.5 General Method Performance

For any particular method, the performance expected from commercial laboratories may be somewhat lower than that reported by the research laboratory in which the method was developed. With participation in appropriate proficiency programs and use of a proper in-house QA/QC program incorporating provisions for regular corrective actions, the performance of commercial laboratories is expected to approach that reported by research laboratories. Also, the results reported for existing proficiency programs serve as a gauge of the likely level of performance that currently can be expected from commercial laboratories offering these analyses.

Weber (1988) reports on the results of the proficiency program run by the Centre de Toxicologie du Quebec (CTQ). As indicated previously, participants in that program receive 18 blood samples per year having cadmium concentrations ranging from 0.2-20 ug/l. Currently, 76 laboratories are participating in this program. The program is established for several analytes in addition to cadmium, and not all of these laboratories participate in the cadmium proficiency-testing program.

Under the CTQ program, cadmium results from individual laboratories are compared against the consensus mean derived for each sample. Results indicate that after receiving 60 samples (i.e., after participation for approximately three years), 60% of the laboratories in the program are able to report results that fall within + or - ug/l or 15% of the mean, whichever is greater. (For this procedure, the 15% criterion was applied to concentrations exceeding 7 ug/l.) On any single sample of the last 20 samples, the percentage of laboratories falling within the specified range is between 55 and 80%.

The CTQ also evaluates the performance of participating laboratories against a less severe standard: + or - ug/l or 15% of the mean, whichever is greater (Weber 1988); 90% of participating laboratories are able to satisfy this standard after approximately 3 years in the program. (The 15% criterion is used for concentrations in excess of 13 ug/l.) On any single sample of the last 15 samples, the percentage of laboratories falling within the specified range is between 80 and 95% (except for a single test for which only 60% of the laboratories achieved the desired performance).

Based on the data presented in Weber (1988), the CV for analysis of CDB is nearly constant at 20% for cadmium concentrations exceeding 5 ug/l, and increases for cadmium concentrations below 5 ug/l. At 2 ug/l, the reported CV rises to approximately 40%. At 1 ug/l, the reported CV is approximately 60%.

Participating laboratories also tend to overestimate concentrations for samples exhibiting concentrations less than 2 ug/l (see Figure 11 of Weber 1988). This problem is due in part to the proficiency evaluation criterion that allows reporting a minimum + or - 2.0 ug/l for evaluated CDB samples. There is currently little economic or regulatory incentive for laboratories participating in the CTQ program to achieve greater accuracy for CDB samples containing cadmium at concentrations less than 2.0 ug/l, even if the laboratory has the experience and competency to distinguish among lower concentrations in the samples obtained from the CTQ.

The collective experience of international agencies and investigators demonstrate the need for a vigorous QC program to ensure that CDB values reported by participating laboratories are indeed reasonably accurate. As Friberg (1988) stated:

"Information about the quality of published data has often been lacking. This is of concern as assessment of metals in trace concentrations in biological media are fraught with difficulties from the collection, handling, and storage of samples to the chemical analyses. This has been proven over and over again from the results of interlaboratory testing and quality control exercises. Large variations in results were reported even from 'experienced' laboratories."

The UNEP/WHO global study of cadmium biological monitoring set a limit for CDB accuracy using the maximum allowable deviation method at $Y = X + \text{or} - (0.1 X + 1)$ for a targeted concentration of 10 ug Cd/l (Friberg and Vahter 1983). The performance of participating laboratories over a concentration range of 1.5-12 ug/l was reported by Lind et al. (1987). Of the 3 QC runs conducted during 1982 and 1983, 1 or 2 of the 6 laboratories failed each run. For the years 1983 and 1985, between zero and 2 laboratories failed each of the consecutive QC runs.

In another study (Vahter and Friberg 1988), QC samples consisting of both external (unknown) and internal (stated) concentrations were distributed to laboratories participating in the epidemiology research. In this study, the maximum acceptable deviation between the regression analysis of reported results and reference values was set at $Y = X + \text{or} - (0.05 X + 0.2)$ for a concentration range of 0.3-5.0 ug Cd/l. It is reported that only 2 of 5 laboratories had acceptable data after the first QC set, and only 1 of 5 laboratories had acceptable data after the second QC set. By the fourth QC set, however, all 5 laboratories were judged proficient.

The need for high quality CDB monitoring is apparent when the toxicological and biological characteristics of this metal are considered; an increase in CDB from 2 to 4 ug/l could cause a doubling of the cadmium accumulation in the kidney, a critical target tissue for selective cadmium accumulation (Nordberg and Nordberg 1988).

Historically, the CDC's internal QC program for CDB cadmium monitoring program has found achievable accuracy to be + or - 10% of the true value at CDB concentrations ≥ 5.0 ug/l (Paschal 1990). Data on the performance of laboratories participating in this program currently are not available.

5.1.6 Observed CDB Concentrations

As stated in Section 4.3, CDB concentrations are representative of ongoing levels of exposure to cadmium. Among those who have been exposed chronically to cadmium for extended periods, however, CDB may contain a component attributable to the general cadmium body burden.

5.1.6.1 CDB concentrations among unexposed samples

Numerous studies have been conducted examining CDB concentrations in the general population, and in control groups used for comparison with cadmium-exposed workers. A number of reports have been published that present erroneously high values of CDB (Nordberg and Nordberg 1988). This problem was due to contamination of samples during sampling and analysis, and to errors in analysis. Early AAS methods were not sufficiently sensitive to accurately estimate CDB concentrations.

Table 4 presents results of recent studies reporting CDB levels for the general U.S. population not exposed occupationally to cadmium. Other surveys of tissue cadmium using U.S. samples and conducted as part of a cooperative effort among Japan, Sweden and the U.S., did not collect CDB data because standard analytical methodologies were unavailable, and because of analytic problems (Kjellstrom 1979; SWRI 1978).

TABLE 4. -- BLOOD CADMIUM CONCENTRATIONS OF U.S. POPULATION

NOT OCCUPATIONALLY EXPOSED TO CADMIUM(a)

Study No.	No. in study (n)	Sex	Age	Smoking habits (b)	Arithmetic mean (+/-S.D.) (c)	Absolute range or (95% CI) (d)
1	80	M	4 to 69	NS, S	1.13	0.35-3.3
	88	F	4 to 69	NS, S	1.03	0.21-3.3
	115	M/F	4 to 69	NS,	0.95	0.21-3.3
2	31	M/F	4 to 69	S	1.54	0.4-3.3
	10	M	Adults.	(?)	2.0+/-2.1	(0.5-5.0)
3	24	M	Adults.	NS		
	20	M	Adults.	S		
	64	F	Adults.	NS		
	39	F	Adults.	S		
4	32	M	Adults.	S, NS		
5	35	M	Adults.	(?)	2.1+/-2.1	(0.5-7.3)

TABLE 4. -- BLOOD CADMIUM CONCENTRATIONS OF U.S. POPULATION NOT OCCUPATIONALLY EXPOSED TO CADMIUM(a)

[Continued]

Study No.	Geometric mean (+/- GSD) (c)	Lower 95th percentile of distribution (f)	Upper 95th percentile of distribution (f)	Reference
1	0.98+/-1.71	0.4	2.4	Kowal et al. (1979).
	0.91+/-1.63	0.4	2.0	
	0.85+/-1.59	0.4	1.8	
	1.37+/-1.65	0.6	3.2	
2		(g)(0)	(g)(5.8)	Ellis et al. (1983)
3	0.6+/-1.87	0.2	1.8	Frieberg and Vahter (1983).
	1.2+/-2.13	0.3	4.4	
	0.5+/-1.85	0.2	1.4	
	0.8+/-2.22	0.2	3.1	
4	1.2+/-2.0	0.4	3.9	Thun et al.

5	(g)(0)	(g)(5.6)	(1989). Mueller et al. (1989)
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Footnote(a) Concentrations reported in ug Cd/l blood unless otherwise stated.

Footnote(b) NS - never smoked; S - current cigarette smoker.

Footnote(c) S.D. - Arithmetic Standard Deviation.

Footnote(d) C.I. - Confidence interval.

Footnote(e) GSD - Geometric Standard Deviation.

Footnote(f) Based on an assumed lognormal distribution.

Footnote(g) Based on an assumed normal distribution.

Arithmetic and/or geometric means and standard deviations are provided in Table 4 for measurements among the populations defined in each study listed. The range of reported measurements and/or the 95% upper and lower confidence intervals for the means are presented when this information was reported in a study. For studies reporting either an arithmetic or geometric standard deviation along with a mean, the lower and upper 95th percentile for the distribution also were derived and reported in the table.

The data provided in table 4 from Kowal et al. (1979) are from studies conducted between 1974 and 1976 evaluating CDB levels for the general population in Chicago, and are considered to be representative of the U.S. population. These studies indicate that the average CDB concentration among those not occupationally exposed to cadmium is approximately 1 ug/l.

In several other studies presented in Table 4, measurements are reported separately for males and females, and for smokers and nonsmokers. The data in this table indicate that similar CDB levels are observed among males and females in the general population, but that smokers tend to exhibit higher CDB levels than nonsmokers. Based on the Kowal et al. (1979) study, smokers not occupationally exposed to cadmium exhibit an average CDB level of 1.4 ug/l.

In general, nonsmokers tend to exhibit levels ranging to 2 ug/l, while levels observed among smokers range to 5 ug/l. Based on the data presented in Table 4, 95% of those not occupationally exposed to cadmium exhibit CDB levels less than 5 ug/l.

5.1.6.2 CDB concentrations among exposed workers

Table 5 is a summary of results from studies reporting CDB levels among workers exposed to cadmium in the work place. As in Table 4, arithmetic and/or geometric means and standard deviations are provided if reported in the listed studies. The absolute range, or the 95% confidence interval around the mean, of the data in each study are provided when reported. In addition, the lower and upper 95th percentile of the distribution are presented for each study in which a mean and corresponding standard deviation were reported. Table 5 also provides estimates of the duration, and level, of exposure to cadmium in the work place if these data were reported in the listed studies. The data presented in Table 5 suggest that CDB levels are dose related. Sukuri et al. (1983) show that higher CDB levels are observed among workers experiencing higher work place exposure. This trend appears to be true of every the studies listed in the table.

CDB levels reported in table 5 are higher among those showing signs of cadmium-related kidney damage than those showing no such damage. Lauwerys et al. (1976) report CDB levels among workers with kidney lesions that generally are above the levels reported for workers without kidney lesions. Ellis et al. (1983) report a similar observation comparing workers with and without renal dysfunction, although they found more overlap between the 2 groups than Lauwerys et al.

TABLE 5. - BLOOD CADMIUM IN WORKERS EXPOSED TO CADMIUM IN THE WORKPLACE

Study number	Work environment (worker population monitored)	Number in study	Employment in years (mean)	Mean concentration of cadmium in air (ug/m(3))
1	Ni-Cd battery plant and Cd production plant: (Workers without kidney lesions).....	96	3-40	< than = to 90
	(Workers with kidney lesions).....	25	.....	.....
2	Ni-Cd battery plant: (Smokers)	7	(5)	10.1
	(Nonsmokers)...	8	(9)	7.0
3	Cadmium alloy plant: (High exposure group).....	7	(10.6)	[1,000-5 yrs; 40-5 yrs]
	(Low exposure group).....	9	(7.3)	
4	Retrospective study of workers with renal problems: (Before removal).....	19	15-41	
	(After removal).....	.....	(27.2)	.....
	(After removal).....	.....	(g)(4.2)	.....

5	Cadmium production plant:			
	(Workers without renal dysfunction).	33	1-34	.....
	(Workers with renal dysfunction).	18	10-34	.....
6	Cd-Cu alloy plant.....	75	Up to 39	.....
7	Cadmium recovery operation - Current (19) and former (26) workers.	45	(19.0)	.....
8	Cadmium recovery operation	40	.....	.....

TABLE 5. - BLOOD CADMIUM IN WORKERS EXPOSED TO CADMIUM
IN THE WORKPLACE

[Continued]

Study number	Work environment (worker population monitored)	Concentrations of Cadmium in Blood(a)		
		Arithmetic mean (+/- S.D.)(b)	Absolute range or (95% C.I.)(c)	Geometric mean (GSD)(d)
1	Ni-Cd battery plant and Cd production plant:			
	(Workers without kidney lesions).....	21.4 +/- 1.9	.....	.....
	(Workers with kidney lesions).....	38.8 +/- 3.8	.....	.....
2	Ni-Cd battery plant:			

	(Smokers)	22.7	7.3 - 67.2	
	(Nonsmokers)...	7.0	4.9 - 10.5	
3	Cadmium alloy plant:			
	(High exposure group).....	20.8 +/- 7.1	.....	.....
	(Low exposure group).....	7.1 +/- 1.1	.....	.....
4	Retrospective study of workers with renal problems:			
	(Before removal).....	39.9 +/- 3.7	11 - 179	.....
	(After removal).....	14.1 +/- 5.6	5.7 - 27.4	.....
5	Cadmium production plant:			
	(Workers without renal dysfunction).	15 +/- 5.7	7 - 31	.....
	(Workers with renal dysfunction).	24 +/- 8.5	10 - 34	.....
6	Cd-Cu alloy plant.....	.....	.....	8.8 +/- 1.1
7	Cadmium recovery operation - Current (19) and former (26) workers.	.....	.....	7.9 +/- 2.0
8	Cadmium recovery operation	10.2 +/- 5.3	2.2 - 18.8	.....

TABLE 5. - BLOOD CADMIUM IN WORKERS EXPOSED TO CADMIUM
IN THE WORKPLACE

[Continued]

Work environment	Concentrations of Cadmium in Blood(a)
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Study number	(worker population monitored)	Lower 95th percentile of range(c) () (f)	Upper 95th percentile of range(c) () (f)	Reference
1	Ni-Cd battery plant and Cd production plant: (Workers without kidney lesions)..... (Workers with kidney lesions).....	(18) (32)	(25) (45)	Lauwerys et al. 1976.
2	Ni-Cd battery plant: (Smokers) (Nonsmokers)...			Adamsson et al. (1979).
3	Cadmium alloy plant: (High exposure group)..... (Low exposure group).....	(7.3) (5.1)	(34) (9.1)	Sukuri et al. 1982.
4	Retrospective study of workers with renal problems: (Before removal)..... (After removal).....	(34) (4.4)	(46) (24)	Roels et al. 1982.
5	Cadmium production plant: (Workers without renal dysfunction). (Workers with renal dysfunction).	(5.4) (9.3)	(25) (39)	Ellis et al. 1983.
6	Cd-Cu alloy plant.....	7.5	10	Mason et al.

7	.....	Cadmium recovery operation - Current (19) and former (26) workers.	2.5	25	1988. Thun et al. 1989.
8	.....	Cadmium recovery operation	(1.3)	(19)	Mueller et al. 1989.

Footnote(a) Concentrations reported in ug Cd/I blood unless otherwise stated.

Footnote(b) S.D. - Standard Deviation.

Footnote(c) C.I. - Confidence Interval.

Footnote(d) GSD - Geometric Standard Deviation.

Footnote(e) Based on assumed lognormal distribution.

Footnote(f) Based on assumed normal distribution.

Footnote(g) Years following removal.

The data in table 5 also indicate that CDB levels are higher among those experiencing current occupational exposure than those who have been removed from such exposure. Roels et al. (1982) indicate that CDB levels observed among workers experiencing ongoing exposure in the work place are almost entirely above levels observed among workers removed from such exposure. This finding suggests that CDB levels decrease once cadmium exposure has ceased.

A comparison of the data presented in tables 4 and 5 indicates that CDB levels observed among cadmium-exposed workers is significantly higher than levels observed among the unexposed groups. With the exception of 2 studies presented in table 5 (1 of which includes former workers in the sample group tested), the lower 95th percentile for CDB levels among exposed workers are greater than 5 ug/l, which is the value of the upper 95th percentile for CDB levels observed among those who are not occupationally exposed. Therefore, a CDB level of 5 ug/l represents a threshold above which significant work place exposure to cadmium may be occurring.

5.1.7 Conclusions and Recommendations for CDB

Based on the above evaluation, the following recommendations are made for a CDB proficiency program.

5.1.7.1 Recommended method

The method of Stoepler and Brandt (1980) should be adopted for analyzing CDB. This method was selected over other methods for its straightforward sample-preparation procedures, and because limitations of the method were described adequately. It also is the method used by a plurality of laboratories currently participating in the CTQ proficiency program. In a recent CTQ interlaboratory comparison report (CTQ 1991), analysis of the methods used by laboratories to measure CDB indicates that 46% (11 of 24) of the participating laboratories used the Stoepler and Brandt methodology (HNO(3) deproteinization of blood followed by analysis of the supernatant by GF-AAS). Other CDB methods employed by participating laboratories identified

in the CTQ report include dilution of blood (29%), acid digestion (12%) and miscellaneous methods (12%).

Laboratories may adopt alternate methods, but it is the responsibility of the laboratory to demonstrate that the alternate methods meet the data quality objectives defined for the Stoeppler and Brandt method (see Section 5.1.7.2 below).

5.1.7.2 Data quality objectives

Based on the above evaluation, the following data quality objectives (DQOs) should facilitate interpretation of analytical results.

Limit of Detection. 0.5 ug/l should be achievable using the Stoeppler and Brandt method. Stoeppler and Brandt (1980) report a limit of detection equivalent to $< \text{ or } = 0.2 \text{ ug/l}$ in whole blood using 25 ul aliquots of deproteinized, diluted blood samples.

Accuracy. Initially, some of the laboratories performing CDB measurements may be expected to satisfy criteria similar to the less severe criteria specified by the CTQ program, i.e., measurements within 2 ug/l or 15% (whichever is greater) of the target value. About 60% of the laboratories enrolled in the CTQ program could meet this criterion on the first proficiency test (Weber 1988).

Currently, approximately 12 laboratories in the CTQ program are achieving an accuracy for CDB analysis within the more severe constraints of $+ \text{ or } - 1 \text{ ug/l}$ or 15% (whichever is greater). Later, as laboratories gain experience, they should achieve the level of accuracy exhibited by these 12 laboratories. The experience in the CTQ program has shown that, even without incentives, laboratories benefit from the feedback of the program; after they have analyzed 40-50 control samples from the program, performance improves to the point where about 60% of the laboratories can meet the stricter criterion of $+ \text{ or } - 1 \text{ ug/l}$ or 15% (Weber 1988). Thus, this stricter target accuracy is a reasonable DQO.

Precision. Although Stoeppler and Brandt (1980) suggest that a coefficient of variation (CV) near 1.3% (for a 10 ug/l concentration) is achievable for within-run reproducibility, it is recognized that other factors affecting within- and between-run comparability will increase the achievable CV. Stoeppler and Brandt (1980) observed CVs that were as high as 30% for low concentrations (0.4 ug/l), and CVs of less than 5% for higher concentrations.

For internal QC samples (see Section 3.3.1), laboratories should attain an overall precision near 25%. For CDB samples with concentrations less than 2 ug/l, a target precision of 40% is reasonable, while precisions of 20% should be achievable for concentrations greater than 2 ug/l. Although these values are more strict than values observed in the CTQ interlaboratory program reported by Webber (1988), they are within the achievable limits reported by Stoeppler and Brandt (1980).

5.1.7.3 Quality assurance/quality control

Commercial laboratories providing measurement of CDB should adopt an internal QA/QC program that incorporates the following components: Strict adherence to the selected method, including all calibration requirements; regular incorporation of QC samples during actual runs; a protocol for corrective actions, and documentation of these actions; and, participation in an interlaboratory proficiency program. Note that the nonmandatory QA/QC program presented in Attachment 1 is based on the Stoeppler and Brandt method for CDB analysis. Should an alternate method be adopted, the laboratory should develop a QA/QC program satisfying the provisions of Section 3.3.1.

5.2 Measuring Cadmium in Urine (CDU)

As in the case of CDB measurement, proper determination of CDU requires strict analytical discipline regarding collection and handling of samples. Because cadmium is both ubiquitous in the environment and employed widely in coloring agents for industrial products that may be used during sample collection, preparation and analysis, care should be exercised to ensure that samples are not contaminated during the sampling procedure.

Methods for CDU determination share many of the same features as those employed for the determination of CDB. Thus, changes and improvements to methods for measuring CDU over the past 40 years parallel those used to monitor CDB. The direction of development has largely been toward the simplification of sample preparation techniques made possible because of improvements in analytic techniques.

5.2.1 Units of CDU Measurement

Procedures adopted for reporting CDU concentrations are not uniform. In fact, the situation for reporting CDU is more complicated than for CDB, where concentrations are normalized against a unit volume of whole blood.

Concentrations of solutes in urine vary with several biological factors (including the time since last voiding and the volume of liquid consumed over the last few hours); as a result, solute concentrations should be normalized against another characteristic of urine that represents changes in solute concentrations. The 2 most common techniques are either to standardize solute concentrations against the concentration of creatinine, or to standardize solute concentrations against the specific gravity of the urine. Thus, CDU concentrations have been reported in the literature as "uncorrected" concentrations of cadmium per volume of urine (i.e., ug Cd/l urine), "corrected" concentrations of cadmium per volume of urine at a standard specific gravity (i.e., ug Cd/l urine at a specific gravity of 1.020), or "corrected" mass concentration per unit mass of creatinine (i.e., ug Cd/g creatinine). (CDU concentrations [whether uncorrected or corrected for specific gravity, or normalized to creatinine] occasionally are reported in nanomoles [i.e., nmoles] of cadmium per unit mass or volume. In this protocol, these values are converted to ug of cadmium per unit mass or volume using $89 \text{ nmoles of cadmium} = 10 \text{ ug.}$)

While it is agreed generally that urine values of analytes should be normalized for reporting purposes, some debate exists over what correction method should be used. The medical community has long favored normalization based on creatinine concentration, a common urinary

constituent. Creatinine is a normal product of tissue catabolism, is excreted at a uniform rate, and the total amount excreted per day is constant on a day-to-day basis (NIOSH 1984b). While this correction method is accepted widely in Europe, and within some occupational health circles, Kowals (1983) argues that the use of specific gravity (i.e., total solids per unit volume) is more straightforward and practical (than creatinine) in adjusting CDU values for populations that vary by age or gender.

Kowals (1983) found that urinary creatinine (CRTU) is lower in females than males, and also varies with age. Creatinine excretion is highest in younger males (20-30 years old), decreases at middle age (50-60 years), and may rise slightly in later years. Thus, cadmium concentrations may be underestimated for some workers with high CRTU levels.

Within a single void urine collection, urine concentration of any analyte will be affected by recent consumption of large volumes of liquids, and by heavy physical labor in hot environments. The absolute amount of analyte excreted may be identical, but concentrations will vary widely so that urine must be corrected for specific gravity (i.e., to normalize concentrations to the quantity of total solute) using a fixed value (e.g., 1.020 or 1.024). However, since heavy-metal exposure may increase urinary protein excretion, there is a tendency to underestimate cadmium concentrations in samples with high specific gravities when specific-gravity corrections are applied.

Despite some shortcomings, reporting solute concentrations as a function of creatinine concentration is accepted generally; OSHA therefore recommends that CDU levels be reported as the mass of cadmium per unit mass of creatinine (ug/g CRTU).

Reporting CDU as ug/g CRTU requires an additional analytical process beyond the analysis of cadmium: Samples must be analyzed independently for creatinine so that results may be reported as the ratio of cadmium to creatinine concentrations found in the urine sample. Consequently, the overall quality of the analysis depends on the combined performance by a laboratory on these 2 determinations. The analysis used for CDU determinations is addressed below in terms of ug Cd/l, with analysis of creatinine addressed separately. Techniques for assessing creatinine are discussed in Section 5.4.

Techniques for deriving cadmium as a ratio of CRTU, and the confidence limits for independent measurements of cadmium and CRTU, are provided in Section 3.3.3.

5.2.2 Analytical Techniques Used to Monitor CDU

Analytical techniques used for CDU determinations are similar to those employed for CDB determinations; these techniques are summarized in Table 3. As with CDB monitoring, the technique most suitable for CDU determinations is atomic absorption spectroscopy (AAS). AAS methods used for CDU determinations typically employ a graphite furnace, with background correction made using either the deuterium-lamp or Zeeman techniques; Section 5.1.1 provides a detailed description of AAS methods.

5.2.3 Methods Developed for CDU Determinations

Princi (1947), Smith et al. (1955), Smith and Kench (1957), and Tsuchiya (1967) used calorimetric procedures similar to those described in the CDB section above to estimate CDU concentrations. In these methods, urine (50 ml) is reduced to dryness by heating in a sand bath and digested (wet ashed) with mineral acids. Cadmium then is complexed with dithiazone, extracted with chloroform and quantified by spectrophotometry. These early studies typically report reagent blank values equivalent to 0.3 ug Cd/l, and CDU concentrations among nonexposed control groups at maximum levels of 10 ug Cd/l -- erroneously high values when compared to more recent surveys of cadmium concentrations in the general population.

By the mid-1970s, most analytical procedures for CDU analysis used either wet ashing (mineral acid) or high temperatures (>400 deg. C) to digest the organic matrix of urine, followed by cadmium chelation with APDC or DDTC solutions and extraction with MIBK. The resulting aliquots were analyzed by flame or graphite-furnace AAS (Kjellstrom 1979).

Improvements in control over temperature parameters with electrothermal heating devices used in conjunction with flameless AAS techniques, and optimization of temperature programs for controlling the drying, charring, and atomization processes in sample analyses, led to improved analytical detection of diluted urine samples without the need for sample digestion or ashing. Roels et al. (1978) successfully used a simple sample preparation, dilution of 1.0 ml aliquots of urine with 0.1 N HNO₃, to achieve accurate low-level determinations of CDU.

In the method described by Pruszkowska et al. (1983), which has become the preferred method for CDU analysis, urine samples were diluted at a ratio of 1:5 with water; diammonium hydrogenphosphate in dilute HNO₃ was used as a matrix modifier. The matrix modifier allows for a higher charring temperature without loss of cadmium through volatilization during preatomization. This procedure also employs a stabilized temperature platform in a graphite furnace, while nonspecific background absorption is corrected using the Zeeman technique. This method allows for an absolute detection limit of approximately 0.04 ug Cd/l urine.

5.2.4 Sample Collection and Handling

Sample collection procedures for CDU may contribute to variability observed among CDU measurements. Sources of variation attendant to sampling include time-of-day, the interval since ingestion of liquids, and the introduction of external contamination during the collection process. Therefore, to minimize contributions from these variables, strict adherence to a sample-collection protocol is recommended. This protocol should include provisions for normalizing the conditions under which urine is collected. Every effort also should be made to collect samples during the same time of day.

Collection of urine samples from an industrial work force for biological monitoring purposes usually is performed using "spot" (i.e., single-void) urine with the pH of the sample determined immediately. Logistic and sample-integrity problems arise when efforts are made to collect urine over long periods (e.g., 24 hrs). Unless single-void urines are used, there are numerous opportunities for measurement error because of poor control over sample collection, storage and environmental contamination.

To minimize the interval during which sample urine resides in the bladder, the following adaptation to the "spot" collection procedure is recommended: The bladder should first be emptied, and then a large glass of water should be consumed; the sample may be collected within an hour after the water is consumed.

5.2.5 Best Achievable Performance

Performance using a particular method for CDU determinations is assumed to be equivalent to the performance reported by the research laboratories in which the method was developed. Pruszkowska et al. (1983) report a detection limit of 0.04 ug/l CDU, with a CV of < 4% between 0-5 ug/l. The CDC reports a minimum CDU detection limit of 0.07 ug/l using a modified method based on Pruszkowska et al. (1983). No CV is stated in this protocol; the protocol contains only rejection criteria for internal QC parameters used during accuracy determinations with known standards (Attachment 8 of exhibit 106 of OSHA docket H057A). Stoeppler and Brandt (1980) report a CDU detection limit of 0.2 ug/l for their methodology.

5.2.6 General Method Performance

For any particular method, the expected initial performance from commercial laboratories may be somewhat lower than that reported by the research laboratory in which the method was developed. With participation in appropriate proficiency programs, and use of a proper in-house QA/QC program incorporating provisions for regular corrective actions, the performance of commercial laboratories may be expected to improve and approach that reported by a research laboratories. The results reported for existing proficiency programs serve to specify the initial level of performance that likely can be expected from commercial laboratories offering analysis using a particular method.

Weber (1988) reports on the results of the CTQ proficiency program, which includes CDU results for laboratories participating in the program. Results indicate that after receiving 60 samples (i.e., after participating in the program for approximately 3 years), approximately 80% of the participating laboratories report CDU results ranging between + or - 2 ug/l or 15% of the consensus mean, whichever is greater. On any single sample of the last 15 samples, the proportion of laboratories falling within the specified range is between 75 and 95%, except for a single test for which only 60% of the laboratories reported acceptable results. For each of the last 15 samples, approximately 60% of the laboratories reported results within + or - 1 ug or 15% of the mean, whichever is greater. The range of concentrations included in this set of samples was not reported.

Another report from the CTQ (1991) summarizes preliminary CDU results from their 1991 interlaboratory program. According to the report, for 3 CDU samples with values of 9.0, 16.8, 31.5 ug/l, acceptable results (target of + or - 2 ug/l or 15% of the consensus mean, whichever is greater) were achieved by only 44-52% of the 34 laboratories participating in the CDU program. The overall CVs for these 3 CDU samples among the 34 participating laboratories were 31%, 25%, and 49%, respectively. The reason for this poor performance has not been determined.

A more recent report from the CTQ (Weber, private communication) indicates that 36% of the laboratories in the program have been able to achieve the target of + or - 1 ug/l or 15% for more than 75% of the samples analyzed over the last 5 years, while 45% of participating laboratories achieved a target of + or - 2 ug/l or 15% for more than 75% of the samples analyzed over the same period.

Note that results reported in the interlaboratory programs are in terms of ug Cd/l of urine, unadjusted for creatinine. The performance indicated, therefore, is a measure of the performance of the cadmium portion of the analyses, and does not include variation that may be introduced during the analysis of CRTU.

5.2.7 Observed CDU Concentrations

Prior to the onset of renal dysfunction, CDU concentrations provide a general indication of the exposure history (i.e., body burden)(see Section 4.3). Once renal dysfunction occurs, CDU levels appear to increase and are no longer indicative solely of cadmium body burden (Friberg and Elinder 1988).

5.2.7.1 Range of CDU Concentrations Observed Among Unexposed Samples

Surveys of CDU concentrations in the general population were first reported from cooperative studies among industrial countries (i.e., Japan, U.S. and Sweden) conducted in the mid-1970s. In summarizing these data, Kjellstrom (1979) reported that CDU concentrations among Dallas, Texas men (age range: < 9-59 years; smokers and nonsmokers) varied from 0.11-1.12 ug/l (uncorrected for creatinine or specific gravity). These CDU concentrations are intermediate between population values found in Sweden (range: 0.11-0.80 ug/l) and Japan (range: 0.14-2.32 ug/l).

Kowal and Zirkes (1983) reported CDU concentrations for almost 1,000 samples collected during 1978-79 from the general U.S. adult population (i.e., nine states; both genders; ages 20-74 years). They report that CDU concentrations are lognormally distributed; low levels predominated, but a small proportion of the population exhibited high levels. These investigators transformed the CDU concentrations values, and reported the same data 3 different ways: ug/l urine (unadjusted), ug/l (specific gravity adjusted to 1.020), and ug/g CRTU. These data are summarized in Tables 6 and 7.

Based on further statistical examination of these data, including the lifestyle characteristics of this group, Kowal (1988) suggested increased cadmium absorption (i.e., body burden) was correlated with low dietary intakes of calcium and iron, as well as cigarette smoking.

CDU levels presented in Table 6 are adjusted for age and gender. Results suggest that CDU levels may be slightly different among men and women (i.e., higher among men when values are unadjusted, but lower among men when the values are adjusted, for specific gravity or CRTU). Mean differences among men and women are small compared to the standard deviations, and therefore may not be significant. Levels of CDU also appear to increase with age. The data in

Table 6 suggest as well that reporting CDU levels adjusted for specific gravity or as a function of CRTU results in reduced variability.

TABLE 6 - URINE CADMIUM CONCENTRATIONS IN THE U.S. ADULT POPULATION:
NORMAL AND CONCENTRATION-ADJUSTED VALUES BY AGE AND SEX(1)

	Geometric means (and geometric standard deviations)		
	Unadjusted (ug/l)	SG-adjusted(2) (ug/l at 1.020)	Creatine-adjusted (ug/g)
SEX:			
Male (n=484)	0.55 (2.9)	0.73 (2.6)	0.55 (2.7)
Female (n=498)	0.49 (3.0)	0.86 (2.7)	0.78 (2.7)
Age:			
20-29 (n=222)	0.32 (3.0)	0.43 (2.7)	0.32 (2.7)
30-39 (n=141)	0.46 (3.2)	0.70 (2.8)	0.54 (2.7)
40-49 (n=142)	0.50 (3.0)	0.81 (2.6)	0.70 (2.7)
50-59 (n=117)	0.61 (2.9)	0.99 (2.4)	0.90 (2.3)
60-69 (n=272)	0.76 (2.6)	1.16 (2.3)	1.03 (2.3)

Footnote(1) From Kowal and Zirkes, 1983.

Footnote(2) SC-adjusted is adjusted for specific gravity.

TABLE 7 - URINE CADMIUM CONCENTRATIONS IN THE U.S. ADULT POPULATION:
CUMULATIVE FREQUENCY DISTRIBUTION OF URINARY CADMIUM (N=982)(1)

Range of Concentrations	Unadjusted (ug/l) percent	SG-adjusted (ug/l at 1.020) percent	Creatine-adjusted (ug/g) percent
<0.5	43.9	28.0	35.8
0.6 - 1.0	71.7	56.4	65.6
1.1 - 1.5	84.4	74.9	81.4
1.6 - 2.0	91.3	84.7	88.9
2.1 - 3.0	97.3	94.4	95.8
3.1 - 4.0	98.8	97.4	97.2
4.1 - 5.0	99.4	98.2	97.9
5.1 - 10.0	99.6	99.4	99.3
10.0 - 20.0	99.8	99.6	99.6

Footnote(1) Source: Kowal and Zirkes (1983)

The data in the Table 6 indicate the geometric mean of CDU levels observed among the general population is 0.52 ug Cd/l urine (unadjusted), with a geometric standard deviation of 3.0. Normalized for creatinine, the geometric mean for the population is 0.66 ug/g CRTU, with a geometric standard deviation of 2.7. Table 7 provides the distributions of CDU concentrations for the general population studied by Kowal and Zirkes. The data in this table indicate that 95%

of the CDU levels observed among those not occupationally exposed to cadmium are below 3 ug/g CRTU.

5.2.7.2 Range of CDU concentrations observed among exposed workers

Table 8 is a summary of results from available studies of CDU concentrations observed among cadmium-exposed workers. In this table, arithmetic and/or geometric means and standard deviations are provided if reported in these studies. The absolute range for the data in each study, or the 95% confidence interval around the mean of each study, also are provided when reported. The lower and upper 95th percentile of the distribution are presented for each study in which a mean and corresponding standard deviation were reported. Table 8 also provides estimates of the years of exposure, and the levels of exposure, to cadmium in the work place if reported in these studies. Concentrations reported in this table are in ug/g CRTU, unless otherwise stated.

TABLE 8. - URINE CADMIUM CONCENTRATIONS IN WORKERS EXPOSED TO CADMIUM IN THE WORKPLACE

Study number	Work environment (worker population monitored)	Number in study (n)	Employment in years (mean)	Mean concentration of cadmium in air (ug/m(3))
1	Ni-Cd battery plant and Cd production plant: (Workers without kidney lesions)..... (Workers with kidney lesions).....	..... 96 25	3-40	< than = to 90
2	Ni-Cd battery plant..... (Smokers) (Nonsmokers)...	..... 7 8	..... (5) (9)	..... 10.1 7.0
3	Cadmium salts production facility.	148	(15.4)	.....
4	Retrospective study of workers with renal problems:	19	15-41	.....

	(Before removal).....	.....	(27.2)	.....
	(After removal).....	.....	(4.2)(g)	.....
5	Cadmium production plant:	.....	.....	.....
	(Workers without renal dysfunction).	33	1-34	.....
	(Workers with renal dysfunction).	18	10-34	.....
6	Cd-Cu alloy plant.....	75	Up to 39	Note h
7	Cadmium recovery operation.	45	(19)	87
8	Pigment manufacturing plant.	29	(12.8)	0.18-3.0
9	Pigment manufacturing plant.	26	(12.1)	< than = to 3.0

TABLE 8. - URINE CADMIUM CONCENTRATIONS IN WORKERS EXPOSED TO CADMIUM IN THE WORKPLACE

[Continued]

Study number	Work environment (worker population monitored)	Concentrations of Cadmium in Urine(a)		
		Arithmetic mean (+/- S.D.)(b)	Absolute range or (95% C.I.)(c)	Geometric mean (GSD)(d)
1	Ni-Cd battery plant and Cd production plant: (Workers without	.....	.....	.....

	kidney lesions).....	16.3 +/- 16.7	.....	.....
	(Workers with kidney lesions).....	48.2 +/- 42.6	.....	.....
2	Ni-Cd battery plant.....	.....	.....	.....
	(Smokers)	5.5	1.0 - 14.7	.....
	(Nonsmokers)...	3.6	0.5 - 9.3	.....
3	Cadmium salts production facility.	15.8	2 - 150	.....
4	Retrospective study of workers with renal problems:	.....	.....	.....
	(Before removal).....	39.4 +/- 28.1	10.8 - 117	.....
	(After removal).....	16.4 +/- 9.0	80 - 42.3	.....
5	Cadmium production plant:	.....	.....	.....
	(Workers without renal dysfunction).	9.4 +/- 6.9	2 - 27	.....
	(Workers with renal dysfunction).	22.8 +/- 12.7	8 - 55	.....
6	Cd-Cu alloy plant.....	6.9 +/- 9.4	.....	.....
7	Cadmium recovery operation.	9.3 +/- 6.9	.....	.....
8	Pigment manufacturing plant.	.....	0.2 - 9.5	1.1
9	Pigment manufacturing plant.	.....	.....	1.25 +/- 2.45

TABLE 8. - URINE CADMIUM CONCENTRATIONS IN WORKERS EXPOSED TO CADMIUM IN THE WORKPLACE

[Continued]

Study number	Work environment (worker population monitored)	Concentrations of Cadmium in Urine(a)		
		Lower 95th percentile of range(c) () (f)	Upper 95th percentile of range(c) () (f)	Reference
1	Ni-Cd battery plant and Cd production plant: (Workers without kidney lesions)..... (Workers with kidney lesions).....	..... (0) (0)	..... (44) (120)	Lauwerys et al. 1976.
2	Ni-Cd battery plant..... (Smokers) (Nonsmokers)....	..... ..... .....	..... ..... .....	Adamsson et al. (1979).
3	Cadmium salts production facility.	.....	.....	Butchet et al. 1980.
4	Retrospective study of workers with renal problems: (Before removal)..... (After removal).....	..... (0) (1.0)	..... (88) (32)	Roels et al. 1982.
5	Cadmium production plant: (Workers without renal dysfunction). (Workers with renal dysfunction).	..... (0) (1)	..... (21) (45)	Ellis et al. 1983.

6	.....	Cd-Cu alloy plant.....	(0)	(23)	Mason et al. 1988.
7	.....	Cadmium recovery operation.	(0)	(21)	Thun et al. 1989.
8	.....	Pigment manufacturing plant.	.....	.....	Mueller et al. 1989.
9	.....	Pigment manufacturing plant.	0.3	6	Kawada et al. 1990.

Footnote(a) Concentrations reported in ug/g Cr.

Footnote(b) S.D. - Standard Deviation.

Footnote(c) C.I. - Confidence Interval.

Footnote(d) GSD - Geometric Standard Deviation.

Footnote(e) Based on assumed lognormal distribution.

Footnote(f) Based on assumed normal distribution.

Footnote(g) Years following removal.

Footnote(h) Equivalent to 50 for 20-22 yrs.

Data in Table 8 from Lauwerys et al. (1976) and Ellis et al. (1983) indicate that CDU concentrations are higher among those exhibiting kidney lesions or dysfunction than among those lacking these symptoms. Data from the study by Roels et al. (1982) indicate that CDU levels decrease among workers removed from occupational exposure to cadmium in comparison to workers experiencing ongoing exposure. In both cases, however, the distinction between the 2 groups is not as clear as with CDB; there is more overlap in CDU levels observed among each of the paired populations than is true for corresponding CDB levels. As with CDB levels, the data in Table 8 suggest increased CDU concentrations among workers who experienced increased overall exposure.

Although a few occupationally-exposed workers in the studies presented in Table 8 exhibit CDU levels below 3 ug/g CRTU, most of those workers exposed to cadmium levels in excess of the PEL defined in the final cadmium rule exhibit CDU levels above 3 ug/g CRTU; this level represents the upper 95th percentile of the CDU distribution observed among those who are not occupationally exposed to cadmium (Table 7).

The mean CDU levels reported in Table 8 among occupationally-exposed groups studied (except 2) exceed 3 ug/g CRTU. Correspondingly, the level of exposure reported in these studies (with 1 exception) are significantly higher than what workers will experience under the final cadmium rule. The 2 exceptions are from the studies by Mueller et al. (1989) and Kawada et al. (1990); these studies indicate that workers exposed to cadmium during pigment manufacture do not exhibit CDU levels as high as those levels observed among workers exposed to cadmium in other occupations. Exposure levels, however, were lower in the pigment manufacturing plants studied. Significantly, workers removed from occupational cadmium exposure for an average of

4 years still exhibited CDU levels in excess of 3 ug/g CRTU (Roels et al. 1982). In the single-exception study with a reported level of cadmium exposure lower than levels proposed in the final rule (i.e., the study of a pigment manufacturing plant by Kawada et al. 1990), most of the workers exhibited CDU levels less than 3 ug/g CRTU (i.e., the mean value was only 1.3 ug/g CRTU). CDU levels among workers with such limited cadmium exposure are expected to be significantly lower than levels of other studies reported in Table 8.

Based on the above data, a CDU level of 3 ug/g CRTU appears to represent a threshold above which significant work place exposure to cadmium occurs over the work span of those being monitored. Note that this threshold is not as distinct as the corresponding threshold described for CDB. In general, the variability associated with CDU measurements among exposed workers appears to be higher than the variability associated with CDB measurements among similar workers.

5.2.8 Conclusions and Recommendations for CDU

The above evaluation supports the following recommendations for a CDU proficiency program. These recommendations address only sampling and analysis procedures for CDU determinations specifically, which are to be reported as an unadjusted ug Cd/l urine. Normalizing this result to creatinine requires a second analysis for CRTU so that the ratio of the 2 measurements can be obtained. Creatinine analysis is addressed in Section 5.4. Formal procedures for combining the 2 measurements to derive a value and a confidence limit for CDU in ug/g CRTU are provided in Section 3.3.3.

5.2.8.1 Recommended Method

The method of Pruszkowska et al. (1983) should be adopted for CDU analysis. This method is recommended because it is simple, straightforward and reliable (i.e., small variations in experimental conditions do not affect the analytical results).

A synopsis of the methods used by laboratories to determine CDU under the interlaboratory program administered by the CTQ (1991) indicates that more than 78% (24 of 31) of the participating laboratories use a dilution method to prepare urine samples for CDU analysis. Laboratories may adopt alternate methods, but it is the responsibility of the laboratory to demonstrate that the alternate methods provide results of comparable quality to the Pruszkowska method.

5.2.8.2 Data Quality Objectives

The following data quality objectives should facilitate interpretation of analytical results, and are achievable based on the above evaluation.

Limit of Detection. A level of 0.5 ug/l (i.e., corresponding to a detection limit of 0.5 ug/g CRTU, assuming 1 g CRT/l urine) should be achievable. Pruszkowska et al. (1983) achieved a limit of detection of 0.04 ug/l for CDU based on the slope the curve for their working standards (0.35 pg Cd/0.0044, A signal=1% absorbance using GF-AAS).

The CDC reports a minimum detection limit for CDU of 0.07 ug/l using a modified Pruszkowska method. This limit of detection was defined as 3 times the standard deviation calculated from 10 repeated measurements of a "low level" CDU test sample (Attachment 8 of exhibit 106 of OSHA docket H057A).

Stoeppler and Brandt (1980) report a limit of detection for CDU of 0.2 ug/l using an aqueous dilution (1:2) of the urine samples.

Accuracy. A recent report from the CTQ (Weber, private communication) indicates that 36% of the laboratories in the program achieve the target of + or - 1 ug/l or 15% for more than 75% of the samples analyzed over the last 5 years, while 45% of participating laboratories achieve a target of + or - 2 ug/l or 15% for more than 75% of the samples analyzed over the same period. With time and a strong incentive for improvement, it is expected that the proportion of laboratories successfully achieving the stricter level of accuracy should increase. It should be noted, however, these indices of performance do not include variations resulting from the ancillary measurement of CRTU (which is recommended for the proper recording of results). The low cadmium levels expected to be measured indicate that the analysis of creatinine will contribute relatively little to the overall variability observed among creatinine-normalized CDU levels (see Section 5.4). The initial target value for reporting CDU under this program, therefore, is set at + or - 1 ug/g CRTU or 15% (whichever is greater).

Precision. For internal QC samples (which are recommended as part of an internal QA/QC program, Section 3.3.1), laboratories should attain an overall precision of 25%. For CDB samples with concentrations less than 2 ug/l, a target precision of 40% is acceptable, while precisions of 20% should be achievable for CDU concentrations greater than 2 ug/l. Although these values are more stringent than those observed in the CTQ interlaboratory program reported by Webber (1988), they are well within limits expected to be achievable for the method as reported by Stoeppler and Brandt (1980).

5.2.8.3 Quality Assurance/Quality Control

Commercial laboratories providing CDU determinations should adopt an internal QA/QC program that incorporates the following components: Strict adherence to the selected method, including calibration requirements; regular incorporation of QC samples during actual runs; a protocol for corrective actions, and documentation of such actions; and, participation in an interlaboratory proficiency program. Note that the nonmandatory program presented in Attachment 1 as an example of an acceptable QA/QC program, is based on using the Pruszkowska method for CDU analysis. Should an alternate method be adopted by a laboratory, the laboratory should develop a QA/QC program equivalent to the nonmandatory program, and which satisfies the provisions of Section 3.3.1.

5.3 Monitoring B-2-Microglobulin in Urine (B(2)MU)

As indicated in Section 4.3, B(2)MU appears to be the best of several small proteins that may be monitored as early indicators of cadmium- induced renal damage. Several analytic techniques are available for measuring B2M.

5.3.1 Units of B(2)MU Measurement

Procedures adopted for reporting B(2)MU levels are not uniform. In these guidelines, OSHA recommends that B(2)MU levels be reported as ug/g CRTU, similar to reporting CDU concentrations. Reporting B(2)MU normalized to the concentration of CRTU requires an additional analytical process beyond the analysis of B2M: Independent analysis for creatinine so that results may be reported as a ratio of the B2M and creatinine concentrations found in the urine sample. Consequently, the overall quality of the analysis depends on the combined performance on these 2 analyses. The analysis used for B(2)MU determinations is described in terms of ug B2M/l urine, with analysis of creatinine addressed separately. Techniques used to measure creatinine are provided in Section 5.4. Note that Section 3.3.3 provides techniques for deriving the value of B2M as function of CRTU, and the confidence limits for independent measurements of B2M and CRTU.

5.3.2 Analytical Techniques Used to Monitor B(2)MU

One of the earliest tests used to measure B(2)MU was the radial immunodiffusion technique. This technique is a simple and specific method for identification and quantitation of a number of proteins found in human serum and other body fluids when the protein is not readily differentiated by standard electrophoretic procedures. A quantitative relationship exists between the concentration of a protein deposited in a well that is cut into a thin agarose layer containing the corresponding monospecific antiserum, and the distance that the resultant complex diffuses. The wells are filled with an unknown serum and the standard (or control), and incubated in a moist environment at room temperature. After the optimal point of diffusion has been reached, the diameters of the resulting precipitation rings are measured. The diameter of a ring is related to the concentration of the constituent substance. For B(2)MU determinations required in the medical monitoring program, this method requires a process that may be insufficient to concentrate the protein to levels that are required for detection.

Radioimmunoassay (RIA) techniques are used widely in immunologic assays to measure the concentration of antigen or antibody in body-fluid samples. RIA procedures are based on competitive-binding techniques. If antigen concentration is being measured, the principle underlying the procedure is that radioactive-labeled antigen competes with the sample's unlabeled antigen for binding sites on a known amount of immobile antibody. When these 3 components are present in the system, an equilibrium exists. This equilibrium is followed by a separation of the free and bound forms of the antigen. Either free or bound radioactive-labeled antigen can be assessed to determine the amount of antigen in the sample. The analysis is performed by measuring the level of radiation emitted either by the bound complex following removal of the solution containing the free antigen, or by the isolated solution containing the residual-free antigen. The main advantage of the RIA method is the extreme sensitivity of detection for emitted radiation and the corresponding ability to detect trace amounts of antigen. Additionally, large numbers of tests can be performed rapidly.

The enzyme-linked immunosorbent assay (ELISA) techniques are similar to RIA techniques except that nonradioactive labels are employed. This technique is safe, specific and rapid, and is

nearly as sensitive as RIA techniques. An enzyme-labeled antigen is used in the immunologic assay; the labeled antigen detects the presence and quantity of unlabeled antigen in the sample. In a representative ELISA test, a plastic plate is coated with antibody (e.g., antibody to B2M). The antibody reacts with antigen (B2M) in the urine and forms an antigen-antibody complex on the plate. A second anti-B2M antibody (i.e., labeled with an enzyme) is added to the mixture and forms an antibody-antigen-antibody complex. Enzyme activity is measured spectrophotometrically after the addition of a specific chromogenic substrate which is activated by the bound enzyme. The results of a typical test are calculated by comparing the spectrophotometric reading of a serum sample to that of a control or reference serum. In general, these procedures are faster and require less laboratory work than other methods.

In a fluorescent ELISA technique (such as the one employed in the Pharmacia Delphia test for B2M), the labeled enzyme is bound to a strong fluorescent dye. In the Pharmacia Delphia test, an antigen bound to a fluorescent dye competes with unlabeled antigen in the sample for a predetermined amount of specific, immobile antibody. Once equilibrium is reached, the immobile phase is removed from the labeled antigen in the sample solution and washed; an enhancement solution then is added that liberates the fluorescent dye from the bound antigen-antibody complex. The enhancement solution also contains a chelate that complexes with the fluorescent dye in solution; this complex increases the fluorescent properties of the dye so that it is easier to detect.

To determine the quantity of B2M in a sample using the Pharmacia Delphia test, the intensity of the fluorescence of the enhancement solution is measured. This intensity is proportional to the concentration of labeled antigen that bound to the immobile antibody phase during the initial competition with unlabeled antigen from the sample. Consequently, the intensity of the fluorescence is an inverse function of the concentration of antigen (B2M) in the original sample. The relationship between the fluorescence level and the B2M concentration in the sample is determined using a series of graded standards, and extrapolating these standards to find the concentration of the unknown sample.

5.3.3 Methods Developed for B(2)MU Determinations

B(2)MU usually is measured by radioimmunoassay (RIA) or enzyme-linked immunosorbent assay (ELISA); however, other methods (including gel electrophoresis, radial immunodiffusion, and nephelometric assays) also have been described (Scharzun and van Epps 1987). RIA and ELISA methods are preferred because they are sensitive at concentrations as low as micrograms per liter, require no concentration processes, are highly reliable and use only a small sample volume.

Based on a survey of the literature, the ELISA technique is recommended for monitoring B(2)MU. While RIAs provide greater sensitivity (typically about 1 ug/l, Evrin et al. 1971), they depend on the use of radioisotopes; use of radioisotopes requires adherence to rules and regulations established by the Atomic Energy Commission, and necessitates an expensive radioactivity counter for testing. Radioisotopes also have a relatively short half-life, which corresponds to a reduced shelf life, thereby increasing the cost and complexity of testing. In

contrast, ELISA testing can be performed on routine laboratory spectrophotometers, do not necessitate adherence to additional rules and regulations governing the handling of radioactive substances, and the test kits have long shelf lives. Further, the range of sensitivity commonly achieved by the recommended ELISA test (i.e., the Pharmacia Delphia test) is approximately 100 ug/l (Pharmacia 1990), which is sufficient for monitoring B(2)MU levels resulting from cadmium exposure. Based on the studies listed in Table 9 (Section 5.3.7), the average range of B2M concentrations among the general, nonexposed population falls between 60 and 300 ug/g CRTU. The upper 95th percentile of distributions, derived from studies in Table 9 which reported standard deviations, range between 180 and 1,140 ug/g CRTU. Also, the Pharmacia Delphia test currently is the most widely used test for assessing B(2)MU.

5.3.4 Sample Collection and Handling

As with CDB or CDU, sample collection procedures are addressed primarily to identify ways to minimize the degree of variability introduced by sample collection during medical monitoring. It is unclear the extent to which sample collection contributes to B(2)MU variability. Sources of variation include time-of-day effects, the interval since consuming liquids and the quantity of liquids consumed, and the introduction of external contamination during the collection process. A special problem unique to B2M sampling is the sensitivity of this protein to degradation under acid conditions commonly found in the bladder. To minimize this problem, strict adherence to a sampling protocol is recommended. The protocol should include provisions for normalizing the conditions under which the urine is collected. Clearly, it is important to minimize the interval urine spends in the bladder. It also is recommended that every effort be made to collect samples during the same time of day.

Collection of urine samples for biological monitoring usually is performed using "spot" (i.e., single-void) urine. Logistics and sample integrity become problems when efforts are made to collect urine over extended periods (e.g., 24 hrs). Unless single-void urines are used, numerous opportunities exist for measurement error because of poor control over sample collection, storage and environmental contamination.

To minimize the interval that sample urine resides in the bladder, the following adaption to the "spot" collection procedure is recommended: The bladder should be emptied and then a large glass of water should be consumed; the sample then should be collected within an hour after the water is consumed.

5.3.5 Best Achievable Performance

The best achievable performance is assumed to be equivalent to the performance reported by the manufacturers of the Pharmacia Delphia test kits (Pharmacia 1990). According to the insert that comes with these kits, QC results should be within + or - 2 SDs of the mean for each control sample tested; a CV of less than or equal to 5.2% should be maintained. The total CV reported for test kits is less than or equal to 7.2%.

5.3.6 General Method Performance

Unlike analyses for CDB and CDU, the Pharmacia Delphia test is standardized in a commercial kit that controls for many sources of variation. In the absence of data to the contrary, it is assumed that the achievable performance reported by the manufacturer of this test kit will serve as an achievable performance objective. The CTQ proficiency testing program for B(2)MU analysis is expected to use the performance parameters defined by the test kit manufacturer as the basis of the B(2)MU proficiency testing program.

Note that results reported for the test kit are expressed in terms of ug B2M/l of urine, and have not been adjusted for creatinine. The indicated performance, therefore, is a measure of the performance of the B2M portion of the analyses only, and does not include variation that may have been introduced during the analysis of creatinine.

5.3.7 Observed B(2)MU Concentrations

As indicated in Section 4.3, the concentration of B(2)MU may serve as an early indicator of the onset of kidney damage associated with cadmium exposure.

5.3.7.1 Range of B(2)MU Concentrations Among Unexposed Samples

Most of the studies listed in Table 9 report B(2)MU levels for those who were not occupationally exposed to cadmium. Studies noted in the second column of this table (which contain the footnote "d") reported B(2)MU concentrations among cadmium-exposed workers who, nonetheless, showed no signs of proteinuria. These latter studies are included in this table because, as indicated in Section 4.3, monitoring B(2)MU is intended to provide advanced warning of the onset of kidney dysfunction associated with cadmium exposure, rather than to distinguish relative exposure. This table, therefore, indicates the range of B(2)MU levels observed among those who had no symptoms of renal dysfunction (including cadmium-exposed workers with none of these symptoms).

Table 9 - B-2-Microglobulin Concentrations Observed in Urine Among Those not Occupationally Exposed to Cadmium

Study No.	No. in study	Geometric mean	Geometric standard deviation	Lower 95th percentile of distribution(a)	Upper 95th percentile of distribution(a)	Reference
1....	133 m(b)	115 ug/g(c)	4.03...	12.....	1,140 ug/g(c)..	ishizaki et al. 1989.
2....	161 f(b)	146 ug/g(c)	3.11...	23.....	940 ug/g(c)..	ishizaki et al. 1989.
3....	10.....	84 ug/g....	.....	.....	.....	Ellis et al. 1983.
4....	203....	76 ug/l....	.....	.....	.....	Stewart and Hughes

5....	9.....	103 ug/g...	.....	.....	.....	1981. Chia et al.
6....	47(d)..	86 ug/L....	1.9....	30 ug/l..	250 ug/L.	1989. Kjell- strom et al.
7....	1,000(e)	68.1 ug/gr Cr(f)....	3.1 m & f.	< 10 u/gr Cr(h)..	320 ug/gr Cr (h)..	1977. Kowal 1983.
8....	87.....	71 ug/g(i).	.....	7(h).....	200(h)...	Buchet et al. 1980.
9....	10.....	0.073 mg/24h	.....	.....	.....	Evrin et al. 1971.
10...	59.....	156 ug/g...	1.1(j).	130.....	180.....	Mason et al. 1988.
11...	8.....	118 ug/g...	.....	.....	.....	Iwao et al. 1980.
12...	34.....	79 ug/g....	.....	.....	.....	Wibowo et al. 1982.
13...	41 m...	.....	.....	.....	400 ug/gr Cr(k)	Falck et al. 1983.
14...	35(n)..	67.....	.....	.....	.....	Roels et al. 1991.
15...	31(d)..	63.....	.....	.....	.....	Roels et al. 1991.
16...	36(d)..	77(i).....	.....	.....	.....	Miksche et al. 1981.
17...	18(n)..	130.....	.....	.....	.....	Kawada et al. 1989.
18...	32(p)..	122.....	.....	.....	.....	Kawada et al. 1989.
19...	18(d)..	295.....	1.4....	170.....	510.....	Thun et al. 1989.

Footnote(a) Based on an assumed lognormal distribution

Footnote(b) m = males, f = females

Footnote(c) Aged general population from non-polluted area; 47.9% population aged 50-69; 52.1% > than or = to 70 years of age; values reported in study

Footnote(d) Exposed workers without proteinuria

Footnote(e) 492 females, 484 males

Footnote(f) Creatinine-adjusted; males = 68.1 ug/g Cr, females = 64.3 ug/g Cr

Footnote(h) Reported in the study

Footnote(i) Arithmetic mean

Footnote(j) Geometric standard error
Footnote(k) Upper 95% tolerance limits: for Falck this is based on the 24 hour urine sample
Footnote(n) Controls
Footnote(p) Exposed synthetic resin and pigment workers without proteinuria; Cadmium in urine levels up to 10 ug/g Cr

To the extent possible, the studies listed in Table 9 provide geometric means and geometric standard deviations for measurements among the groups defined in each study. For studies reporting a geometric standard deviation along with a mean, the lower and upper 95th percentile for these distributions were derived and reported in the table.

The data provided from 15 of the 19 studies listed in Table 9 indicate that the geometric mean concentration of B2M observed among those who were not occupationally exposed to cadmium is 70-170 ug/g CRTU. Data from the 4 remaining studies indicate that exposed workers who exhibit no signs of proteinuria show mean B(2)MU levels of 60-300 ug/g CRTU. B(2)MU values in the study by Thun et al. (1989), however, appear high in comparison to the other 3 studies.

If this study is removed, B(2)MU levels for those who are not occupationally exposed to cadmium are similar to B(2)MU levels found among cadmium-exposed workers who exhibit no signs of kidney dysfunction. Although the mean is high in the study by Thun et al., the range of measurements reported in this study is within the ranges reported for the other studies.

Determining a reasonable upper limit from the range of B2M concentrations observed among those who do not exhibit signs of proteinuria is problematic. Elevated B(2)MU levels are among the signs used to define the onset of kidney dysfunction. Without access to the raw data from the studies listed in Table 9, it is necessary to rely on reported standard deviations to estimate an upper limit for normal B(2)MU concentrations (i.e., the upper 95th percentile for the distributions measured). For the 8 studies reporting a geometric standard deviation, the upper 95th percentiles for the distributions are 180-1140 ug/g CRTU. These values are in general agreement with the upper 95th percentile for the distribution (i.e., 631 ug/g CRTU) reported by Buchet et al. (1980). These upper limits also appear to be in general agreement with B(2)MU values (i.e., 100-690 ug/g CRTU) reported as the normal upper limit by Iwao et al. (1980), Kawada et al. (1989), Wibowo et al. (1982), and Schardun and van Epps (1987). These values must be compared to levels reported among those exhibiting kidney dysfunction to define a threshold level for kidney dysfunction related to cadmium exposure.

5.3.7.2 Range of B(2)MU Concentrations Among Exposed Workers

Table 10 presents results from studies reporting B(2)MU determinations among those occupationally exposed to cadmium in the work place; in some of these studies, kidney dysfunction was observed among exposed workers, while other studies did not make an effort to distinguish among exposed workers based on kidney dysfunction. As with Table 9, this table provides geometric means and geometric standard deviations for the groups defined in each study if available. For studies reporting a geometric standard deviation along with a mean, the lower and upper 95th percentiles for the distributions are derived and reported in the table.

Table 10. - B(2)-Microglobulin Concentrations Observed in Urine

Among Occupationally-Exposed Workers

Study number	N	Concentration of B(2)-microglobulin in urine				Reference
		Geometric mean (ug/g) (a)	Geom. Std. Dev.	L 95% of range(b)	U 95% of range(b)	
1.....	1,424	160	6.19	8.1	3,300	Ishizaki et al. 1989.
2.....	1,754	260	6.50	12	5,600	Ishizaki et al. 1989.
3.....	33	210	.....	.....	.....	Ellis et al. 1983.
4.....	65	210	.....	.....	.....	Chia et al. 1989.
5.....	(c)44	5,700	6.49	(d)300	(d)98,000	Kjellstrom et al. 1977.
6.....	148	(e)180	.....	(f)110	(f)280	Buchet et al. 1980.
7.....	37	160	3.90	17	1,500	Kenzaburo et al. 1979.
8.....	(c)45	3,300	8.70	(d)310	(d)89,000	Mason et al. 1988.
9.....	(c)10	6,100	5.99	(f)650	(f)57,000	Falck et al. 1983.
10.....	(c)11	3,900	2.96	(d)710	(d)15,000	Elinder et al. 1985.
11.....	(c)12	300	.....	.....	.....	Roels et al. 1991.
12.....	(g)8	7,400	.....	.....	.....	Roels et al. 1991.
13.....	(c)23	(h)1,800	.....	.....	.....	Roels et al. 1989.
14.....	10	690	.....	.....	.....	Iwao et al. 1980.
15.....	34	71	.....	.....	.....	Wibowo et al. 1982.
16.....	(c)15	4,700	6.49	(d)590	(d)93,000	Thun

Footnote(a) Unless otherwise stated.

Footnote(b) Based on an assumed lognormal distribution.

Footnote(c) Among workers diagnosed as having renal dysfunction; for Elinder this means B(2) levels greater than 300 micrograms per gram creatinine (ug/gr Cr); for Roels, 1991, range = 31-35, 170 ugB(2)/gr Cr and geometric mean = 63 among healthy workers; for Mason B(2)>300 ug/gr Cr.

Footnote(d) Based on a detailed review of the data by OSHA.

Footnote(e) Arithmetic mean.

Footnote(f) Reported in the study.

Footnote(g) Retired workers.

Footnote(h) 1,800 ugB(2)/gr Cr for first survey; second survey = 1,600; third survey = 2,600; fourth survey = 2,600; fifth survey = 2,600.

The data provided in Table 10 indicate that the mean B(2)MU concentration observed among workers experiencing occupational exposure to cadmium (but with undefined levels of proteinuria) is 160-7400 ug/g CRTU. One of these studies reports geometric means lower than this range (i.e., as low as 71 ug/g CRTU); an explanation for this wide spread in average concentrations is not available.

Seven of the studies listed in Table 10 report a range of B(2)MU levels among those diagnosed as having renal dysfunction. As indicated in this table, renal dysfunction (proteinuria) is defined in several of these studies by B(2)MU levels in excess of 300 ug/g CRTU (see footnote "c" of Table 10); therefore, the range of B(2)MU levels observed in these studies is a function of the operational definition used to identify those with renal dysfunction. Nevertheless, a B(2)MU level of 300 ug/g CRTU appears to be a meaningful threshold for identifying those having early signs of kidney damage. While levels much higher than 300 ug/g CRTU have been observed among those with renal dysfunction, the vast majority of those not occupationally exposed to cadmium exhibit much lower B(2)MU concentrations (see Table 9). Similarly, the vast majority of workers not exhibiting renal dysfunction are found to have levels below 300 ug/g CRTU (Table 9).

The 300 ug/g CRTU level for B(2)MU proposed in the above paragraph has support among researchers as the threshold level that distinguishes between cadmium-exposed workers with and without kidney dysfunction. For example, in the guide for physicians who must evaluate cadmium-exposed workers written for the Cadmium Council by Dr. Lauwerys, levels of B2M greater than 200-300 ug/g CRTU are considered to require additional medical evaluation for kidney dysfunction (exhibit 8-447, OSHA docket H057A). The most widely used test for measuring B2M (i.e., the Pharmacia Delphia test) defines B(2)MU levels above 300 ug/l as abnormal (exhibit L-140-1, OSHA docket H057A).

Dr. Elinder, chairman of the Department of Nephrology at the Karolinska Institute, testified at the hearings on the proposed cadmium rule. According to Dr. Elinder (exhibit L-140-45, OSHA docket H057A), the normal concentration of B(2)MU has been well documented (Evrin and Wibell 1972; Kjellstrom et al. 1977a; Elinder et al. 1978, 1983; Buchet et al. 1980; Jawaid et al.

1983; Kowal and Zirkes, 1983). Elinder stated that the upper 95 or 97.5 percentiles for B(2)MU among those without tubular dysfunction is below 300 ug/g CRTU (Kjellstrom et al. 1977a; Buchet et al. 1980; Kowal and Zirkes, 1983). Elinder defined levels of B2M above 300 ug/g CRTU as "slight" proteinuria.

5.3.8 Conclusions and Recommendations for B(2)MU

Based on the above evaluation, the following recommendations are made for a B(2)MU proficiency testing program. Note that the following discussion addresses only sampling and analysis for B(2)MU determinations (i.e., to be reported as an unadjusted ug B(2)M/l urine). Normalizing this result to creatinine requires a second analysis for CRTU (see Section 5.4) so that the ratio of the 2 measurements can be obtained.

5.3.8.1 Recommended Method

The Pharmacia Delphia method (Pharmacia 1990) should be adopted as the standard method for B(2)MU determinations. Laboratories may adopt alternate methods, but it is the responsibility of the laboratory to demonstrate that alternate methods provide results of comparable quality to the Pharmacia Delphia method.

5.3.8.2 Data Quality Objectives

The following data quality objectives should facilitate interpretation of analytical results, and should be achievable based on the above evaluation.

Limit of Detection. A limit of 100 ug/l urine should be achievable, although the insert to the test kit (Pharmacia 1990) cites a detection limit of 150 ug/l; private conversations with representatives of Pharmacia, however, indicate that the lower limit of 100 ug/l should be achievable provided an additional standard of 100 ug/l B2M is run with the other standards to derive the calibration curve (Section 3.3.1.1). The lower detection limit is desirable due to the proximity of this detection limit to B(2)MU values defined for the cadmium medical monitoring program.

Accuracy. Because results from an interlaboratory proficiency testing program are not available currently, it is difficult to define an achievable level of accuracy. Given the general performance parameters defined by the insert to the test kits, however, an accuracy of + or - 15% of the target value appears achievable.

Due to the low levels of B(2)MU to be measured generally, it is anticipated that the analysis of creatinine will contribute relatively little to the overall variability observed among creatinine-normalized B(2)MU levels (see Section 5.4). The initial level of accuracy for reporting B(2)MU levels under this program should be set at + or - 15%.

Precision. Based on precision data reported by Pharmacia (1990), a precision value (i.e., CV) of 5% should be achievable over the defined range of the analyte. For internal QC samples (i.e., recommended as part of an internal QA/QC program, Section 3.3.1), laboratories should attain precision near 5% over the range of concentrations measured.

5.3.8.3 Quality Assurance/Quality Control

Commercial laboratories providing measurement of B(2)MU should adopt an internal QA/QC program that incorporates the following components: Strict adherence to the Pharmacia Delphia method, including calibration requirements; regular use of QC samples during routine runs; a protocol for corrective actions, and documentation of these actions; and, participation in an interlaboratory proficiency program. Procedures that may be used to address internal QC requirements are presented in Attachment 1. Due to differences between analyses for B(2)MU and CDB/CDU, specific values presented in Attachment 1 may have to be modified. Other components of the program (including characterization runs), however, can be adapted to a program for B(2)MU.

5.4 Monitoring Creatinine in Urine (CRTU)

Because CDU and B(2)MU should be reported relative to concentrations of CRTU, these concentrations should be determined in addition CDU and B(2)MU determinations.

5.4.1 Units of CRTU Measurement

CDU should be reported as ug Cd/g CRTU, while B(2)MU should be reported as ug B2M/g CRTU. To derive the ratio of cadmium or B2M to creatinine, CRTU should be reported in units of g crtn/l of urine. Depending on the analytical method, it may be necessary to convert results of creatinine determinations accordingly.

5.4.2 Analytical Techniques Used to Monitor CRTU

Of the techniques available for CRTU determinations, an absorbance spectrophotometric technique and a high-performance liquid chromatography (HPLC) technique are identified as acceptable in this protocol.

5.4.3 Methods Developed for CRTU Determinations

CRTU analysis performed in support of either CDU or B(2)MU determinations should be performed using either of the following 2 methods:

1. The Du Pont method (i.e., Jaffe method), in which creatinine in a sample reacts with picrate under alkaline conditions, and the resulting red chromophore is monitored (at 510 nm) for a fixed interval to determine the rate of the reaction; this reaction rate is proportional to the concentration of creatinine present in the sample (a copy of this method is provided in Attachment 2 of this protocol); or,
2. The OSHA SLC Technical Center (OSLTC) method, in which creatinine in an aliquot of sample is separated using an HPLC column equipped with a UV detector; the resulting peak is quantified using an electrical integrator (a copy of this method is provided in Attachment 3 of this protocol).

5.4.4 Sample Collection and Handling

CRTU samples should be segregated from samples collected for CDU or B(2)MU analysis. Sample-collection techniques have been described under Section 5.2.4. Samples should be preserved either to stabilize CDU (with HNO₃) or B(2)MU (with NaOH). Neither of these procedures should adversely affect CRTU analysis (see Attachment 3).

5.4.5 General Method Performance

Data from the OSLTC indicate that a CV of 5% should be achievable using the OSLTC method (Septon, L private communication). The achievable accuracy of this method has not been determined.

Results reported in surveys conducted by the CAP (CAP 1991a, 1991b and 1992) indicate that a CV of 5% is achievable. The accuracy achievable for CRTU determinations has not been reported.

Laboratories performing creatinine analysis under this protocol should be CAP accredited and should be active participants in the CAP surveys.

5.4.6 Observed CRTU Concentrations

Published data suggest the range of CRTU concentrations is 1.0-1.6 g in 24-hour urine samples (Harrison 1987). These values are equivalent to about 1 g/l urine.

5.4.7 Conclusions and Recommendations for CRTU

5.4.7.1 Recommended Method

Use either the Jaffe method (Attachment 2) or the OSLTC method (Attachment 3). Alternate methods may be acceptable provided adequate performance is demonstrated in the CAP program.

5.4.7.2 Data Quality Objectives

Limit of Detection. This value has not been formally defined; however, a value of 0.1 g/l urine should be readily achievable.

Accuracy. This value has not been defined formally; accuracy should be sufficient to retain accreditation from the CAP.

Precision. A CV of 5% should be achievable using the recommended methods.

6.0 References

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Attachment 1 - Nonmandatory Protocol for an Internal Quality Assurance/Quality Control Program

The following is an example of the type of internal quality assurance/quality control program that assures adequate control to satisfy OSHA requirements under this protocol. However, other approaches may also be acceptable.

As indicated in Section 3.3.1 of the protocol, the QA/QC program for CDB and CDU should address, at a minimum, the following:

- calibration;
- establishment of control limits;
- internal QC analyses and maintaining control; and
- corrective action protocols.

This illustrative program includes both initial characterization runs to establish the performance of the method and ongoing analysis of quality control samples intermixed with compliance samples to maintain control.

Calibration

Before any analytical runs are conducted, the analytic instrument must be calibrated. This is to be done at the beginning of each day on which quality control samples and/or compliance samples are run. Once calibration is established, quality control samples or compliance samples

may be run. Regardless of the type of samples run, every fifth sample must be a standard to assure that the calibration is holding.

Calibration is defined as holding if every standard is within plus or minus (+ or -) 15% of its theoretical value. If a standard is more than plus or minus 15% of its theoretical value, then the run is out of control due to calibration error and the entire set of samples must either be reanalyzed after recalibrating or results should be recalculated based on a statistical curve derived from the measurement of all standards.

It is essential that the highest standard run is higher than the highest sample run. To assure that this is the case, it may be necessary to run a high standard at the end of the run, which is selected based on the results obtained over the course of the run.

All standards should be kept fresh, and as they get old, they should be compared with new standards and replaced if they exceed the new standards by + or - 15%.

Initial Characterization Runs and Establishing Control

A participating laboratory should establish four pools of quality control samples for each of the analytes for which determinations will be made. The concentrations of quality control samples within each pool are to be centered around each of the four target levels for the particular analyte identified in Section 4.4 of the protocol.

Within each pool, at least 4 quality control samples need to be established with varying concentrations ranging between plus or minus 50% of the target value of that pool. Thus for the medium-high cadmium in blood pool, the theoretical values of the quality control samples may range from 5 to 15 ug/l, (the target value is 10 ug/l). At least 4 unique theoretical values must be represented in this pool.

The range of theoretical values of plus or minus 50% of the target value of a pool means that there will be overlap of the pools. For example, the range of values for the medium-low pool for cadmium in blood is 3.5 to 10.5 ug/l while the range of values for the medium-high pool is 5 to 15 ug/l. Therefore, it is possible for a quality control sample from the medium-low pool to have a higher concentration of cadmium than a quality control sample from the medium-high pool.

Quality control samples may be obtained as commercially available reference materials, internally prepared, or both. Internally prepared samples should be well characterized and traced or compared to a reference material for which a consensus value for concentration is available. Levels of analyte in the quality control samples must be concealed from the analyst prior to the reporting of analytical results. Potential sources of materials that may be used to construct quality control samples are listed in Section 3.3.1 of the protocol.

Before any compliance samples are analyzed, control limits must be established. Control limits should be calculated for every pool of each analyte for which determinations will be made and control charts should be kept for each pool of each analyte. A separate set of control charts and control limits should be established for each analytical instrument in a laboratory that will be used for analysis of compliance samples.

At the beginning of this QA/QC program, control limits should be based on the results of the analysis of 20 quality control samples from each pool of each analyte. For any given pool, the 20 quality control samples should be run on 20 different days. Although no more than one sample should be run from any single pool on a particular day, a laboratory may run quality control samples from different pools on the same day. This constitutes a set of initial characterization runs.

For each quality control sample analyzed, the value F/T (defined in the glossary) should be calculated. To calculate the control limits for a pool of an analyte, it is first necessary to calculate the mean, of the F/T values for each quality control sample in a pool and then to calculate its standard deviation σ (sigma). Thus, for the control limit for a pool, the mean is calculated as:

$$\frac{\left(\sum \frac{F}{T} \right)}{N}$$

and $\hat{\sigma}$ is calculated as

$$\left[\frac{\sum \left(\frac{F}{T} - \bar{X} \right)^2}{(N - 1)} \right]^{\frac{1}{2}}$$

Where N is the number of quality control samples run for a pool.

The control limit for a particular pool is then given by the mean plus or minus 2 standard deviations (unbiased).

The control limits may be no greater than 40% of the mean F/T value. If three standard deviations are greater than 40% of the mean F/T value, then analysis of compliance samples may not begin(1). Instead, an investigation into the causes of the large standard deviation should begin, and the inadequacies must be remedied. Then, control limits must be reestablished which will mean repeating the running 20 quality control samples from each pool over 20 days.

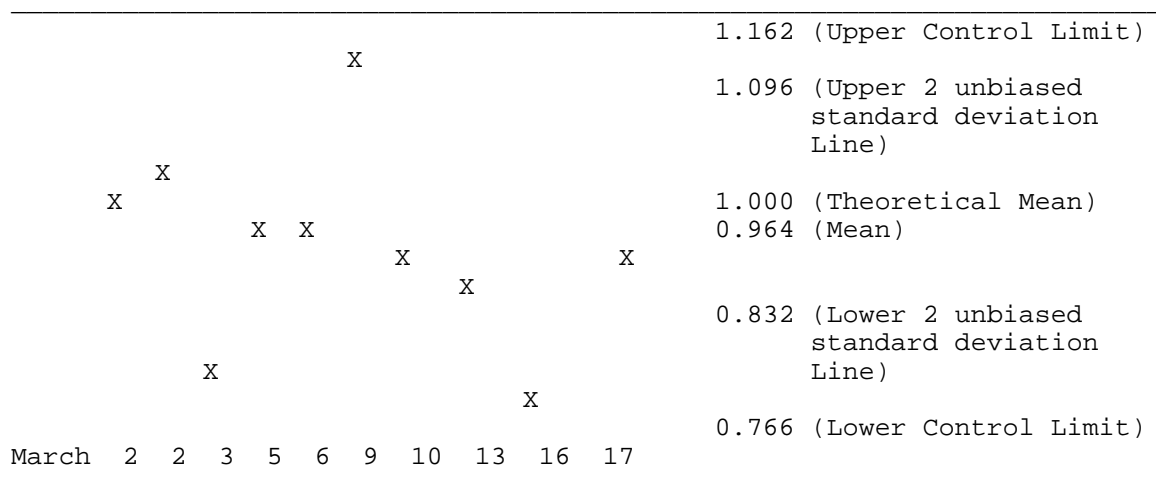
Footnote(1) Note that the value, "40%" may change over time as experience is gained with the program.

Once control limits have been established for each pool of an analyte, analysis of compliance samples may begin. During any run of compliance samples, quality control samples are to be interspersed at a rate of no less than 5% of the compliance sample workload. When quality control samples are run, however, they should be run in sets consisting of one quality control sample from each pool. Therefore, it may be necessary, at times, to intersperse quality control samples at a rate greater than 5%.

There should be at least one set of quality control samples run with any analysis of compliance samples. At a minimum, for example, 4 quality control samples should be run even if only 1 compliance sample is run. Generally, the number of quality control samples that should be run are a multiple of four with the minimum equal to the smallest multiple of four that is greater than 5% of the total number of samples to be run. For example, if 300 compliance samples of an analyte are run, then at least 16 quality control samples should be run (16 is the smallest multiple of four that is greater than 15, which is 5% of 300).

Control charts for each pool of an analyte (and for each instrument in the laboratory to be used for analysis of compliance samples) should be established by plotting F/T versus date as the quality control sample results are reported. On the graph there should be lines representing the control limits for the pool, the mean F/T limits for the pool, and the theoretical F/T of 1.000. Lines representing plus or minus (+ or -) 2 unbiased standard deviation should also be represented on the charts. A theoretical example of a control chart is presented in Figure 1.

FIGURE 1 - THEORETICAL EXAMPLE OF A CONTROL CHART FOR A POOL OF AN ANALYTE



All quality control samples should be plotted on the chart, and the charts should be checked for visual trends. If a quality control sample falls above or below the control limits for its pool, then corrective steps must be taken (see the section on corrective actions below). Once a laboratory's program has been established, control limits should be updated every 2 months.

The updated control limits should be calculated from the results of the last 100 quality control samples run for each pool. If 100 quality control samples from a pool have not been run at the

time of the update, then the limits should be based on as many as have been run provided at least 20 quality control samples from each pool have been run over 20 different days.

The trends that should be looked for on the control charts are:

1. 10 consecutive quality control samples falling above or below the mean;
2. 3 consecutive quality control samples falling more than 2 unbiased standard deviation from the mean (above or below the 2 unbiased standard deviation lines of the chart); or
3. the mean calculated to update the control limits falls more than 10% above or below the theoretical mean of 1.000.

If any of these trends is observed, then all analysis must be stopped, and an investigation into the causes of the errors must begin. Before the analysis of compliance samples may resume, the inadequacies must be remedied and the control limits must be reestablished for that pool of an analyte. Reestablishment of control limits will entail running 20 sets of quality control samples over 20 days.

Note that alternative procedures for defining internal quality control limits may also be acceptable. Limits may be based, for example, on proficiency testing, such as + or - 1 ug or 15% of the mean (whichever is greater). These should be clearly defined.

Corrective actions

Corrective action is the term used to describe the identification and remediation of errors occurring within an analysis. Corrective action is necessary whenever the result of the analysis of any quality control sample falls outside of the established control limits. The steps involved may include simple things like checking calculations of basic instrument maintenance, or it may involve more complicated actions like major instrument repair. Whatever the source of error, it must be identified and corrected (and a Corrective Action Report (CAR) must be completed. CARs should be kept on file by the laboratory.

Attachment 2

Creatinine in Urine (Jaffe Procedure)

Intended Use: The CREA pack is used in the Du Pont ACA(R) discrete clinical analyzer to quantitatively measure creatinine in serum and urine.

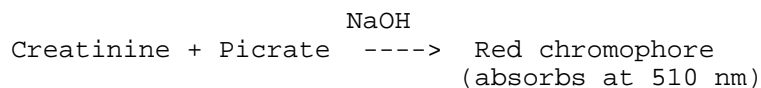
Summary: The CREA method employs a modification of the kinetic Jaffe reaction reported by Larsen. This method has been reported to be less susceptible than conventional methods to interference from noncreatinine, Jaffe-positive compounds(1).

Footnote(1) Note: Numbered subscripts refer to the bibliography and lettered subscripts refer to footnotes.

A split sample comparison between the CREA method and a conventional Jaffe procedure on Autoanalyzer(R) showed a good correlation. (See Specific Performance Characteristics).

Autoanalyzer,(R) is a registered trademark of Technicon Corp., Tarrytown, NY.

Principles of Procedure: In the presence of a strong base such as NaOH, picrate reacts with creatinine to form a red chromophore. The rate of increasing absorbance at 510 nm due to the formation of this chromophore during a 17.07-second measurement period is directly proportional to the creatinine concentration in the sample.



Reagents:

Compartment(a)	Form	Ingredient	Quantity(b)
No. 2, 3, & 4 ...	Liquid ...	Picrate	0.11 mmol.
No. 6	Liquid ...	NaOH (for pH adjustment(c))	

Footnote(a) Compartments are numbered 1-7, with compartment #7 located closest to pack fill position #2.

Footnote(b) Nominal value at manufacture.

Footnote(c) See Precautions.

Precautions: Compartment #6 Contains 75uL of 10 N NaOH; Avoid Contact; Skin Irritant; Rinse Contacted Area With Water. Comply With OSHA's Bloodborne Pathogens Standard While Handling Biological Samples (29 CFR 1910.1039).

Used Packs Contain Human Body Fluids; Handle With Appropriate Care.

FOR IN VITRO DIAGNOSTIC USE.

Mixing and Diluting: Mixing and diluting are automatically performed by the ACA(R) discrete clinical analyzer. The sample cup must contain sufficient quantity to accommodate the sample volume plus the "dead volume"; precise cup filling is not required.

SAMPLE CUP VOLUMES (uL)

Analyzer	Standard		Microsystem	
	Dead	Total	Dead	Total
II, III	120	3000	10	500
IV, SX	120	3000	30	500
V	90	3000	10	500

Storage of Unprocessed Packs: Store at 2-8 deg. C. Do not freeze. Do not expose to temperatures above 35 deg. C or to direct sunlight.

Expiration: Refer to EXPIRATION DATE on the tray label.

Specimen Collection: Serum or urine can be collected and stored by normal procedures.(2)

Known Interfering Substances:(3)

- Serum Protein Influence -- Serum protein levels exert a direct influence on the CREA assay. The following should be taken into account when this method is used for urine samples and when it is calibrated: Aqueous creatinine standards or urine specimens will give CREA results depressed by approximately 0.7 mg/dL [62 umol/L](d) and will be less precise than samples containing more than 3 g/dL [30 g/L] protein.

Footnote(d) Systeme International d'unites (S.I. Units) are in brackets.

All urine specimens should be diluted with an albumin solution to give a final protein concentration of at least 3 g/dL [30 g/L]. Du Pont Enzyme Diluent (Cat. #790035-901) may be used for this purpose.

- High concentration of endogenous bilirubin (>20 mg/dL [>342 umol/L]) will give depressed CREA results (average depression 0.8 mg/dL [71 umol/L]).(4)

- Grossly hemolyzed (hemoglobin >100 mg/dL [>62 umol/L]) or visibly lipemic specimens may cause falsely elevated CREA results.(5),(6)

- The following cephalosporin antibiotics do not interfere with the CREA method when present at the concentrations indicated. Systematic inaccuracies (bias) due to these substances are less than or equal to 0.1 mg/dL [8.84 umol/L] at CREA concentrations of approximately 1 mg/dL [88 umol/L].

Antibiotic	Peak Serum Level (7), (8), (9)		Drug concentration	
	mg/dL	[mmol/L]	mg/dL	[mmol/L]
Cephaloridine	1.4	0.3	25	6.0
Cephalexin	0.6 - 2.0	0.2 - 0.6	25	7.2
Cephmandole	1.3 - 2.5	0.3 - 0.5	25	4.9
Cephapirin	2.0	0.4	25	5.6
Cephradine	1.5 - 2.0	0.4 - 0.6	25	7.1
Cefazolin	2.5 - 5.0	0.55 - 1.1	50	11.0

- The following cephalosporin antibiotics have been shown to affect CREA results when present at the indicated concentrations. System inaccuracies (bias) due to these substances are greater than 0.1 mg/dL [8.84 umol/L] at CREA concentrations of:

Antibiotic	Peak Serum Level (8), (10)		Drug concentration		
	mg/dL	[mmol/L]	mg/dL	[mmol/L]	Effect
Cephalothin ..	1 - 6	0.2 - 1.5	100	25.2	Below 20 - 25 percent
Cephoxitin ...	2.0	0.5	5.0	1.2	Above 35 - 40 percent

- The single wavelength measurement used in this method eliminates interference from chromophores whose 510 nm absorbance is constant throughout the measurement period.

- Each laboratory should determine the acceptability of its own blood collection tubes and serum separation products. Variations in these products may exist between manufacturers and, at times, from lot to lot.

Procedure:

TEST MATERIALS

Item	II, III Du Pont cat. No.	IV, SX Du Pont cat. No.	V DuPont cat No.
ACA(R) CREA Analytical Test Pack	701976901	701976901	701976901
Sample System Kit	710642901	710642901	713697901
or			
Micro Sample System Kit	702694901	710356901	NA
and			
Micro Sample System Holders ..	702785000	NA	NA
DYLUX(R) Photosensitive.....	.....	.....	.....
Printer Paper	700036000	NA	NA
Thermal Printer Paper	NA	710639901	713645901
Du Pont Purified Water	704209901	710615901	710815901
Cell Wash Solution	701864901	710664901	710864901

Test Steps: The operator need only load the sample kit and appropriate test pack(s) into a properly prepared ACA(R) discrete clinical analyzer. It automatically advances the pack(s) through the test steps and prints a result(s). See the Instrument Manual of the ACA(R) analyzer for details of mechanical travel of the test pack(s).

Preset Creatinine (CREA) Test Conditions

- Sample Volume: 200 uL.
- Diluent: Purified Water.
- Temperature: 37.0 + or - 0.1 deg. C.
- Reaction Period: 29 seconds.
- Type of Measurement: Rate.
- Measurement Period: 17.07 seconds.
- Wavelength: 510 nm.
- Units: mg/dL [umol/L].

Calibration: The general calibration procedure is described in the Calibration/Verification chapter of the Manuals.

The following information should be considered when calibrating the CREA method.

- Assay Range: 0-20 mg/mL [0-1768 umol/L](e).

Footnote(e) For the results in S.I. units [umol/L] the conversion factor is 88.4.

- Reference Material: Protein containing primary standards(f) or secondary calibrators such as Du Pont Elevated Chemistry Control (Cat. #790035903) and Normal Chemistry Control (Cat. #790035905)(g).

Footnote(f) Refer to the Creatinine Standard Preparation and Calibration Procedure available on request from a Du Pont Representative.

Footnote(g) If the Du Pont Chemistry Controls are being used, prepare them according to the instructions on the product insert sheets.

- Suggested Calibration Levels: 1,5,20, mg/mL [88, 442, 1768 umol/L].
- Calibration Scheme: 3 levels, 3 packs per level.
- Frequency: Each new pack lot. Every 3 months for any one pack lot.

PRESET CREATININE (CREA) TEST CONDITIONS

Item	ACA(R) II analyzer	ACA(R) III, IV, SX, V analyzer
Count by	One(1) [Five (5)]	NA
Decimal Point	0.0 mg/dL	000.0 mg/dL

Location	[000. umol/L]	[000 umol/L]
Assigned Starting	999.8	- 1.000 E1
Point or Offset C(0) ...	[9823.]	[- 8.840 E2]
Scale Factor or	0.2000	2.004 E-1(h)
Assigned	mg/dL/count(h)	
Linear Term C(1)(h).....	[0.3536 umol/L/count.	[1.772E1]

Footnote(h) The preset scale factor (linear term) was derived from the molar absorptivity of the indicator and is based on an absorbance to activity relationship (sensitivity) of 0.596 (mA/min)/(U/L). Due to small differences in filters and electronic components between instruments, the actual scale factor (linear term) may differ slightly from that given above.

Quality Control: Two types of quality control procedures are recommended:

- General Instrument Check. Refer to the Filter Balance Procedure and the Absorbance Test Method described in the ACA Analyzer Instrument Manual. Refer also to the ABS Test Methodology literature.

- Creatinine Method Check. At least once daily run a CREA test on a solution of known creatinine activity such as an assayed control or calibration standard other than that used to calibrate the CREA method. For further details review the Quality Assurance Section of the Chemistry Manual. The result obtained should fall within acceptable limits defined by the day-to-day variability of the system as measured in the user's laboratory. (See SPECIFIC PERFORMANCE CHARACTERISTICS for guidance.) If the result falls outside the laboratory's acceptable limits, follow the procedure outlined in the Chemistry Troubleshooting Section of the Chemistry Manual.

A possible system malfunction is indicated when analysis of a sample with five consecutive test packs gives the following results:

Level	SD
1 mg/dL	>0.15 mg/dL
[88 umol/L]	[>13 umol/L]
20 mg/dL	>0.68 mg/dL
[1768 umol/L]	[>60 umol/L]

Refer to the procedure outlined in the Trouble Shooting Section of the Manual.

Results: The ACA(R) analyzer automatically calculates and prints the CREA result in mg/dL [umol/L].

Limitation of Procedure: Results >20 mg/dL [1768 umol/L]:

- Dilute with suitable protein base diluent. Reassay. Correct for diluting before reporting.

The reporting system contains error messages to warn the operator of specific malfunctions. Any report slip containing a letter code or word immediately following the numerical value should not be reported. Refer to the Manual for the definition of error codes.

Reference Interval

Serum:(11)(i)

Males 0.8-1.3 md/dL [71-115 umol/L]
 Females 0.6-1.0 md/dL [53-88 umol/L]

Urine:(12)

Males 0.6-2.5 g/24 hr [53-221 mmol/24 hr]
 Females 0.6-1.5 g/24 hr [53-133 mmol/24 hr]

Footnote(i) Reference interval data obtained from 200 apparently healthy individuals (71 males, 129 females) between the ages of 19 and 72.

Each laboratory should establish its own reference intervals for CREA as performed on the analyzer.

Specific Performance Characteristics(j)

Footnote(j) All specific performance characteristics tests were run after normal recommended equipment quality control checks were performed (see Instrument Manual).

REPRODUCIBILITY(k)

Material	Mean	Standard Deviation (% CV)	
		Within-Run	Between-Day
Lyophilized	1.3	0.05 (3.7)	0.05 (3.7)
Control	[115]	[4.4]	[4.4]
Lyophilized	20.6	0.12 (0.6)	0.37 (1.8)
Control	[1821]	[10.6]	[32.7]

Footnote(k) Specimens at each level were analyzed in duplicate for twenty days. The within-run and between-day standard deviations were calculated by the analysis of variance method.

CORRELATION
 (Regression statistics)(l)

Comparative Method	Slope	Intercept	Correlation Coefficient	n
Autoanalyzer(R)	1.03	0.03[2.7]	0.997	260

Footnote(1) Model equation for regression statistics is:

Result of

ACA(R) Analyzer = Slope (Comparative method result) + intercept

Assay Range:(m) 0.0-20.0 mg/dl [0-1768 umol]

Footnote(m) See REPRODUCIBILITY for method performance within the assay range.

Analytical Specificity:

See KNOWN INTERFERING SUBSTANCES section for details.

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- (1) Larsen, K, Clin Chem Acta 41, 209 (1972).
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- (5) Kawas, EE, Richards, AH, and Bigger, R, An Evaluation of a Kinetic Creatinine Test for the Du Pont ACA, Du Pont Company, Wilmington, DE (February 1973). (Reprints available from Du Pont Company, Diagnostic Systems)
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(11) Gadsden, RH, and Phelps, CA, A Normal Range Study of Amylase in Urine and Serum on the Du Pont ACA, Du Pont Company, Wilmington, DE (March 1978). (Reprints available from Du Pont Company, Diagnostic Systems.

(12) Dicht, JJ, Reference Intervals for Serum Amylase and Urinary Creatinine on the Du Pont ACA(R) Discrete Clinical Analyzer, Du Pont Company, Wilmington, DE (November 1984).

Attachment 3 Analysis of Creatinine for the Normalization of Cadmium and Beta-2-Microglobulin Concentrations in Urine (OSLTC Procedure).

Matrix: Urine

Target Concentration: 1.1 g/L (this amount is representative of creatinine concentrations found in urine).

Procedure: A 1.0 mL aliquot of urine is passed through a C18 SEP-PAK(R) (Waters Associates). Approximately 30 mL of HPLC (high performance liquid chromatography) grade water is then run through the SEP-PAK. The resulting solution is diluted to volume in a 100-mL volumetric flask and analyzed by HPLC using an ultraviolet (UV) detector.

Special Requirements: After collection, samples should be appropriately stabilized for cadmium (Cd) analysis by using 10% high purity (with low Cd background levels) nitric acid (exactly 1.0 mL of 10% nitric acid per 10 mL of urine) or stabilized for Beta-2-Microglobulin (B2M) by taking to pH 7 with dilute NaOH (exactly 1.0 mL of 0.11 N NaOH per 10 mL of urine). If not immediately analyzed, the samples should be frozen and shipped by overnight mail in an insulated container.

Date: January 1992

David B. Armitage,

Duane Lee,

Chemists.

Organic Service Branch II OSHA Technical Center Salt Lake City, Utah.

1. General Discussion

1.1. Background

1.1.1. History of procedure

Creatinine has been analyzed by several methods in the past.

The earliest methods were of the wet chemical type. As an example, creatinine reacts with sodium picrate in basic solution to form a red complex, which is then analyzed calorimetrically (Refs. 5.1. and 5.2.).

Since industrial hygiene laboratories will be analyzing for Cd and B2M in urine, they will be normalizing those concentrations to the concentration of creatinine in urine. A literature search revealed several HPLC methods (Refs. 5.3., 5.4., 5.5. and 5.6.) for creatinine in urine and

because many industrial hygiene laboratories have HPLC equipment, it was desirable to develop an industrial hygiene HPLC method for creatinine in urine. The method of Hausen, Fuchs, and Wachter was chosen as the starting point for method development. SEP-PAKs were used for sample clarification and cleanup in this method to protect the analytical column. The urine aliquot which has been passed through the SEP-PAK is then analyzed by reverse-phase HPLC using ion-pair techniques.

This method is very similar to that of Ogata and Taguchi (Ref. 5.6.), except they used centrifugation for sample clean-up. It is also of note that they did a comparison of their HPLC results to those of the Jaffe method (a picric acid method commonly used in the health care industry) and found a linear relationship of close to 1:1. This indicates that either HPLC or colorimetric methods may be used to measure creatinine concentrations in urine.

1.1.2. Physical properties (Ref. 5.7.)

Molecular weight: 113.12

Molecular formula: C(4)-H(7)-N(3)-O

Chemical name: 2-amino-1.5-dihydro-1-methyl-4H-imidazol-4-one

CAS#: 60-27-5

Melting point: 300 deg. C (decomposes)

Appearance: white powder

Solubility: soluble in water; slightly soluble in alcohol; practically insoluble in acetone, ether, and chloroform

Synonyms: 1-methylglycocoyamidine, 1-methylhydantoin-2-imide

Structure: see Figure #1

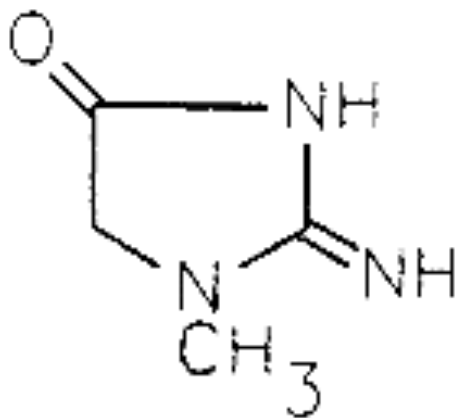


Figure #1

1.2. Advantages

1.2.1. This method offers a simple, straightforward, and specific alternative method to the Jaffe method.

1.2.2. HPLC instrumentation is commonly found in many industrial hygiene laboratories.

2. Sample stabilization procedure

2.1. Apparatus

Metal-free plastic container for urine sample.

2.2. Reagents

2.2.1. Stabilizing Solution -

- (1) Nitric acid (10% high purity with low Cd background levels) for stabilizing urine for Cd analysis or
- (2) NaOH, 0.11 N, for stabilizing urine for B2M analysis.

2.2.2. HPLC grade water

2.3. Technique

2.3.1. Stabilizing solution is added to the urine sample (see section 2.2.1.). The stabilizing solution should be such that for each 10 mL of urine, add exactly 1.0 mL of stabilizer solution. (Never add water or urine to acid or base. Always add acid or base to water or urine.) Exactly 1.0 mL of 0.11 N NaOH added to 10 mL of urine should result in a pH of 7. Or add 1.0 mL of 10% nitric acid to 10 mL of urine.

2.3.2. After sample collection seal the plastic bottle securely and wrap it with an appropriate seal. Urine samples should be frozen and then shipped by overnight mail (if shipping is necessary) in an insulated container. (Do not fill plastic bottle too full. This will allow for expansion of contents during the freezing process.)

2.4. The Effect of Preparation and Stabilization Techniques on Creatinine Concentrations

Three urine samples were prepared by making one sample acidic, not treating a second sample, and adjusting a third sample to pH 7. The samples were analyzed in duplicate by two different procedures. For the first procedure a 1.0 mL aliquot of urine was put in a 100 - mL volumetric flask, diluted to volume with HPLC grade water, and then analyzed directly on an HPLC. The other procedure used SEP-PAKs. The SEP-PAK was rinsed with approximately 5 mL of methanol followed by approximately 10 mL of HPLC grade water and both rinses were discarded. Then, 1.0 mL of the urine sample was put through the SEP-PAK, followed by 30 mL of HPLC grade water. The urine and water were transferred to a 100 - mL volumetric flask, diluted to volume with HPLC grade water, and analyzed by HPLC. These three urine samples were analyzed on the day they were obtained and then frozen. The results show that whether the urine is acidic, untreated or adjusted to pH 7, the resulting answer for creatinine is essentially unchanged. The purpose of stabilizing the urine by making it acidic or neutral is for the analysis of Cd or B2M respectively.

COMPARISON OF PREPARATION AND STABILIZATION TECHNIQUES

Sample	w/o SEP-PAC g/L creatinine)	with SEP-PAK (g/L creatinine)
Acid.....	1.10	1.10
Acid.....	1.11	1.10
Untreated.....	1.12	1.11
Untreated.....	1.11	1.12
pH7.....	1.08	1.02

pH7.....	1.11	1.08
----------	------	------

2.5. Storage

After 4 days and 54 days of storage in a freezer, the samples were thawed, brought to room temperature and analyzed using the same procedures as in section 2.4. The results of several days of storage show that the resulting answer for creatinine is essentially unchanged.

STORAGE DATA

Sample	4 days		54 days	
	W/o SEP-PAC g/L creatinine	With SEP-PAC g/L creatinine	W/o SEP-PAC g/L creatinine	With SEP-PAC g/L creatinine
Acid.....	1.09	1.09	1.08	1.09
Acid.....	1.10	1.10	1.09	1.10
Acid.....	.....	.....	1.09	1.09
Untreated.....	1.13	1.14	1.09	1.11
Untreated.....	1.15	1.14	1.10	1.10
Untreated.....	.....	.....	1.09	1.10
pH 7.....	1.14	1.13	1.12	1.12
pH 7.....	1.14	1.13	1.12	1.12
pH 7.....	.....	.....	1.12	1.12

2.6. Interferences

None.

2.7. Safety precautions

2.7.1. Make sure samples are properly sealed and frozen before shipment to avoid leakage.

2.7.2. Follow the appropriate shipping procedures.

The following modified special safety precautions are based on those recommended by the Centers for Disease Control (CDC)(Ref. 5.8.) and OSHA's Bloodborne Pathogens standard (29 CFR 1910.1039).

2.7.3. Wear gloves, lab coat, and safety glasses while handling all human urine products. Disposable plastic, glass, and paper (pipet tips, gloves, etc.) that contact urine should be placed in a biohazard autoclave bag.

These bags should be kept in appropriate containers until sealed and autoclaved. Wipe down all work surfaces with 10% sodium hypochlorite solution when work is finished.

2.7.4. Dispose of all biological samples and diluted specimens in a biohazard autoclave bag at the end of the analytical run.

2.7.5. Special care should be taken when handling and dispensing nitric acid. Always remember to add acid to water (or urine). Nitric acid is a corrosive chemical capable of severe eye and skin damage. Wear metal-free gloves, a lab coat, and safety glasses. If the nitric acid comes in contact with any part of the body, quickly wash with copious quantities of water for at least 15 minutes.

2.7.6. Special care should be taken when handling and dispensing NaOH. Always remember to add base to water (or urine). NaOH can cause severe eye and skin damage. Always wear the appropriate gloves, a lab coat, and safety glasses. If the NaOH comes in contact with any part of the body, quickly wash with copious quantities of water for at least 15 minutes.

3. Analytical Procedure

3.1. Apparatus

- 3.1.1. A high performance liquid chromatograph equipped with pump, sample injector and UV detector.
- 3.1.2. A C18 HPLC column; 25 cm X 4.6 mm I.D.
- 3.1.3. An electronic integrator, or some other suitable means of determining analyte response.
- 3.1.4. Stripchart recorder.
- 3.1.5. C18 SEP-PAKs (Waters Associates) or equivalent.
- 3.1.6. Luer-lock syringe for sample preparation (5 mL or 10 mL).
- 3.1.7. Volumetric pipettes and flasks for standard and sample preparation.
- 3.1.8. Vacuum system to aid sample preparation (optional).

3.2. Reagents

- 3.2.1. Water, HPLC grade.
- 3.2.2. Methanol, HPLC grade.
- 3.2.3. PIC B-7(R) (Waters Associates) in small vials.
- 3.2.4. Creatinine, anhydrous, Sigma Chemical Corp., purity not listed.
- 3.2.5. 1-Heptanesulfonic acid, sodium salt monohydrate.
- 3.2.6. Phosphoric acid.
- 3.2.7. Mobile phase. It can be prepared by mixing one vial of PIC B-7 into a 1 L solution of 50% methanol and 50% water. The mobile phase can also be made by preparing a solution that is 50% methanol and 50% water with 0.005M heptanesulfonic acid and adjusting the pH of the solution to 3.5 with phosphoric acid.

3.3. Standard preparation

- 3.3.1. Stock standards are prepared by weighing 10 to 15 mg of creatinine. This is transferred to a 25-mL volumetric flask and diluted to volume with HPLC grade water.
- 3.3.2. Dilutions to a working range of 3 to 35 ug/mL are made in either HPLC grade water or HPLC mobile phase (standards give the same detector response in either solution).

3.4. Sample preparation

- 3.4.1. The C18 SEP-PAK is connected to a Luer-lock syringe. It is rinsed with 5 mL HPLC grade methanol and then 10 mL HPLC grade methanol and then 10 mL of HPLC grade water. These rinses are discarded.
- 3.4.2. Exactly 1.0 mL of urine is pipetted into the syringe. The urine is put through the SEP-PAK into a suitable container using a vacuum system.
- 3.4.3. The walls of the syringe are rinsed in several stages with a total of approximately 30 mL of HPLC grade water. These rinses are put through the SEP-PAK into the same container. The resulting solution is transferred to a 100-mL volumetric flask and then brought to volume with HPLC grade water.

3.5. Analysis (conditions and hardware are those used in this evaluation.)

3.5.1. Instrument conditions

Column: Zorbax(R) ODS, 5-6 μ m particle size; 25 cm X 4.6 mm I.D.

Mobile phase: See Section 3.2.7.

Detector: Dual wavelength UV; 229 nm (primary) 254 nm (secondary).

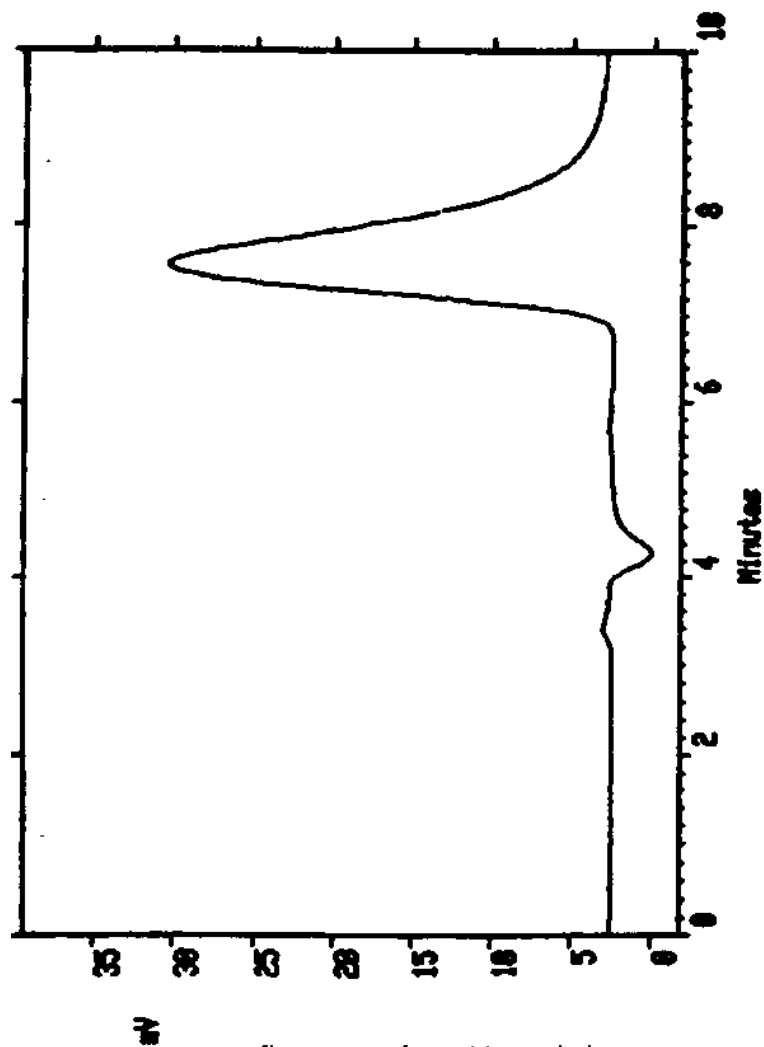
Flow rate: 0.7 mL/minute.

Retention time: 7.2 minutes.

Sensitivity: 0.05 AUFS.

Injection volume: 20 μ L

3.5.2. Chromatogram (See Figure #2).



Chromatogram of a creatinine standard
Figure #2 (mV versus minutes)

3.6. Interferences

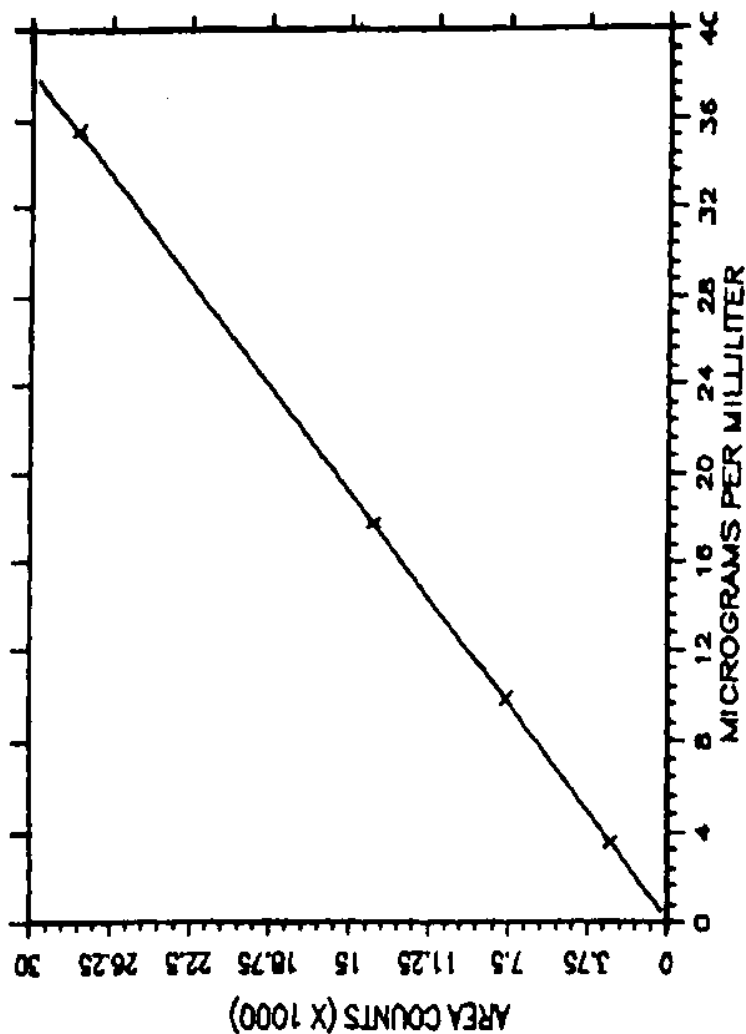
3.6.1. Any compound that has the same retention time as creatinine and absorbs at 229 nm is an interference.

3.6.2. HPLC conditions may be varied to circumvent

interferences. In addition, analysis at another UV wavelength (i.e. 254 nm) would allow a comparison of the ratio of response of a standard to that of a sample. Any deviations would indicate an interference.

3.7. Calculations

3.7.1. A calibration curve is constructed by plotting detector response versus standard concentration (See Figure #3).



Calibration curve for creatinine
Figure #3

3.7.2. The concentration of creatinine in a sample is determined by finding the concentration corresponding to its detector response. (See Figure #3).

3.7.3. The ug/mL creatinine from section 3.7.2. is then multiplied by 100 (the dilution factor). This value is equivalent to the micrograms of creatinine in the 1.0 mL stabilized urine aliquot or the milligrams of creatinine per

liter of urine. The desired units, g/L is determined by the following relationship:

$$\text{g/L} = \frac{\text{ug/mL}}{1000} = \frac{\text{mg/L}}{1000}$$

3.7.4. The resulting value for creatinine is used to normalize the urinary concentration of the desired analyte (A) (Cd or B2M) by using the following formula.

$$\frac{\text{ug A/g}}{\text{creatinine}} = \frac{\text{ug A/g creatinine}}{\text{g/L creatinine}}$$

Where A is the desired analyte. The protocol of reporting such normalized results is ug A/g creatinine.

3.8. Safety precautions. See section 2.7.

4. Conclusions

The determination of creatinine in urine by HLPC is a good alternative to the Jaffe method for industrial hygiene laboratories. Sample clarification with SEP-PAKs did not change the amount of creatinine found in urine samples. However, it does protect the analytical column. The results of the creatinine in urine procedure are unaffected by the pH of the urine sample under the conditions tested by this procedure. Therefore, no special measures are required for creatinine analysis whether the urine sample has been stabilized with 10% nitric acid for the Cd analysis or brought to a pH of 7 with 0.11 NaOH for the B2M analysis.

5. References

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- 5.3. Hansen, V.A.; Fuchs, D.; Wachter, H.; *J. Clin. Chem. Clin. Biochem.* 1981, 19, 373-378.
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1910.1028 Benzene.

(a) Scope and application.

(1) This section applies to all occupational exposures to benzene. Chemical Abstracts Service Registry No. 71-43-2, except as provided in paragraphs (a)(2) and (a)(3) of this section.

(2) This section does not apply to:

(i) The storage, transportation, distribution, dispensing, sale or use of gasoline, motor fuels, or other fuels containing benzene subsequent to its final discharge from bulk wholesale storage facilities, except that operations where gasoline or motor fuels are dispensed for more than 4 hours per day in an indoor location are covered by this section.

(ii) Loading and unloading operations at bulk wholesale storage facilities which use vapor control systems for all loading and unloading operations, except for the provisions of 29 CFR 1910.1200 as incorporated into this section and the emergency provisions of paragraphs (g) and (i)(4) of this section.

(iii) The storage, transportation, distribution or sale of benzene or liquid mixtures containing more than 0.1 percent benzene in intact containers or in transportation pipelines while sealed in such a manner as to contain benzene vapors or liquid, except for the provisions of 29 CFR 1910.1200 as incorporated into this section and the emergency provisions of paragraphs (g) and (i)(4) of this section.

(iv) Containers and pipelines carrying mixtures with less than 0.1 percent benzene and natural gas processing plants processing gas with less than 0.1 percent benzene.

(v) Work operations where the only exposure to benzene is from liquid mixtures containing 0.5 percent or less of benzene by volume, or the vapors released from such liquids until September 12, 1988; work operations where the only exposure to benzene is from liquid mixtures containing 0.3 percent or less of benzene by volume or the vapors released from such liquids from September 12, 1988, to September 12, 1989; and work operations where the only exposure to benzene is from liquid mixtures containing 0.1 percent or less of benzene by volume or the vapors released from such liquids after September 12, 1989; except that tire building machine operators using solvents with more than 0.1 percent benzene are covered by paragraph (i) of this section.

(vi) Oil and gas drilling, production and servicing operations.

(vii) Coke oven batteries.

(3) The cleaning and repair of barges and tankers which have contained benzene are excluded from paragraph (f) methods of compliance, paragraph (e)(1) exposure monitoring-general, and paragraph (e)(6) accuracy of monitoring. Engineering and work practice controls shall be used to keep exposures below 10 ppm unless it is proven to be not feasible.

(b) Definitions.

"Action level" means an airborne concentration of benzene of 0.5 ppm calculated as an 8-hour time-weighted average.

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

"Authorized person" means any person specifically authorized by the employer whose duties require the person to enter a regulated area, or any person entering such an area as a designated representative of employees for the purpose of exercising the right to observe monitoring and measuring procedures under paragraph (I) of this section, or any other person authorized by the Act or regulations issued under the Act.

"Benzene" (C₆H₆) (CAS Registry No. 71-43-2) means liquefied or gaseous benzene. It includes benzene contained in liquid mixtures and the benzene vapors released by these liquids. It does not include trace amounts of unreacted benzene contained in solid materials.

"Bulk wholesale storage facility" means a bulk terminal or bulk plant where fuel is stored prior to its delivery to wholesale customers.

"Container" means any barrel, bottle, can, cylinder, drum, reaction vessel, storage tank, or the like, but does not include piping systems.

"Day" means any part of a calendar day.

"Director" means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designee.

"Emergency" means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment which may or does result in an unexpected significant release of benzene.

"Employee exposure" means exposure to airborne benzene which would occur if the employee were not using respiratory protective equipment.

"Regulated area" means any area where airborne concentrations of benzene exceed or can reasonably be expected to exceed, the permissible exposure limits, either the 8-hour time weighted average exposure of 1 ppm or the short-term exposure limit of 5 ppm for 15 minutes.

"Vapor control system" means any equipment used for containing the total vapors displaced during the loading of gasoline, motor fuel or other fuel tank trucks and the displacing of these vapors through a vapor processing system or balancing the vapor with the storage tank. This equipment also includes systems containing the vapors displaced from the storage tank during the unloading of the tank truck which balance the vapors back to the tank truck.

(c) Permissible exposure limits (PELs)

(1) Time-weighted average limit (TWA). The employer shall assure that no employee is exposed to an airborne concentration of benzene in excess of one part of benzene per million parts of air (1 ppm) as an 8-hour time-weighted average.

(2) Short-term exposure limit (STEL). The employer shall assure that no employee is exposed to an airborne concentration of benzene in excess of five (5) ppm as averaged over any 15 minute period.

(d) Regulated areas.

(1) The employer shall establish a regulated area wherever the airborne concentration of benzene exceeds or can reasonably be expected to exceed the permissible exposure limits, either the 8-hour time weighted average exposure of 1 ppm or the short-term exposure limit of 5 ppm for 15 minutes.

(2) Access to regulated areas shall be limited to authorized persons.

(3) Regulated areas shall be determined from the rest of the workplace in any manner that minimizes the number of employees exposed to benzene within the regulated area.

(e) Exposure monitoring

(1) General.

(i) Determinations of employee exposure shall be made from breathing zone air samples that are representative of each employee's average exposure to airborne benzene.

(ii) Representative 8-hour TWA employee exposures shall be determined on the basis of one sample or samples representing the full shift exposure for each job classification in each work area.

(iii) Determinations of compliance with the STEL shall be made from 15 minute employee breathing zone samples measured at operations where there is reason to believe exposures are high, such as where tanks are opened, filled, unloaded or gauged; where containers or process equipment are opened and where benzene is used for cleaning or as a solvent in an uncontrolled situation. The employer may use objective data, such as measurements from brief period measuring devices, to determine where STEL monitoring is needed.

(iv) Except for initial monitoring as required under paragraph (e)(2) of this section, where the employer can document that one shift will consistently have higher employee exposures for

an operation, the employer shall only be required to determine representative employee exposure for that operation during the shift on which the highest exposure is expected.

(2) Initial monitoring.

(i) Each employer who has a place of employment covered under paragraph (a)(1) of this section shall monitor each of these workplaces and work operations to determine accurately the airborne concentrations of benzene to which employees may be exposed.

(ii) The initial monitoring required under paragraph (e)(2)(i) of this section shall be completed by 60 days after the effective date of this standard or within 30 days of the introduction of benzene into the workplace. Where the employer has monitored within one year prior to the effective date of this standard and the monitoring satisfies all other requirements of this section, the employer may rely on such earlier monitoring results to satisfy the requirements of paragraph (e)(2)(i) of this section.

(3) Periodic monitoring and monitoring frequency.

(i) If the monitoring required by paragraph (e)(2)(i) of this section reveals employee exposure at or above the action level but at or below the TWA, the employer shall repeat such monitoring for each such employee at least every year.

(ii) If the monitoring required by paragraph (e)(2)(i) of this section reveals employee exposure above the TWA, the employer shall repeat such monitoring for each such employee at least every six (6) months.

(iii) The employer may alter the monitoring schedule from every six months to annually for any employee for whom two consecutive measurements taken at least 7 days apart indicate that the employee exposure has decreased to the TWA or below, but is at or above the action level.

(iv) Monitoring for the STEL shall be repeated as necessary to evaluate exposures of employees subject to short term exposures.

(4) Termination of monitoring.

(i) If the initial monitoring required by paragraph (e)(2)(i) of this section reveals employee exposure to be below the action level the employer may discontinue the monitoring for that employee, except as otherwise required by paragraph (e)(5) of this section.

(ii) If the periodic monitoring required by paragraph (e)(3) of this section reveals that employee exposures, as indicated by at least two consecutive measurements taken at least 7 days apart, are below the action level the employer may discontinue the monitoring for that employee,

except as otherwise required by paragraph (e)(5).

(5) Additional monitoring.

(i) The employer shall institute the exposure monitoring required under paragraphs (e)(2) and (e)(3) of this section when there has been a change in the production, process, control equipment, personnel or work practices which may result in new or additional exposures to benzene, or when the employer has any reason to suspect a change which may result in new or additional exposures.

(ii) Whenever spills, leaks, ruptures or other breakdowns occur that may lead to employee exposure, the employer shall monitor (using area or personal sampling) after the cleanup of the spill or repair of the leak, rupture or other breakdown to ensure that exposures have returned to the level that existed prior to the incident.

(6) Accuracy of monitoring. Monitoring shall be accurate, to a confidence level of 95 percent, to within plus or minus 25 percent for airborne concentrations of benzene.

(7) Employee notification of monitoring results.

(i) The employer shall, within 15 working days after the receipt of the results of any monitoring performed under this standard, notify each employee of these results in writing either individually or by posting of results in an appropriate location that is accessible to affected employees. The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to employees.

(ii) Whenever the PELs are exceeded, the written notification required by paragraph (e)(7)(i) of this section shall contain the corrective action being taken by the employer to reduce the employee exposure to or below the PEL, or shall refer to a document available to the employee which states the corrective actions to be taken.

(f) Methods of compliance

(1) Engineering controls and work practices.

(i) The employer shall institute engineering controls and work practices to reduce and maintain employee exposure to benzene at or below the permissible exposure limits, except to the extent that the employer can establish that these controls are not feasible or where the provisions of paragraph (f)(1)(iii) or (g)(1) of this section apply.

(ii) Wherever the feasible engineering controls and work practices which can be instituted are not sufficient to reduce employee exposure to or below the PELs, the employer shall use them to reduce employee exposure to the lowest levels achievable by these controls and shall supplement them by the use of respiratory protection which complies with the requirements of paragraph (g) of this section.

(iii) Where the employer can document that benzene is used in a workplace less than a total of 30 days per year, the employer shall use engineering controls, work practice controls or respiratory protection or any combination of these controls to reduce employee exposure to benzene to or below the PELs, except that employers shall use engineering and work practice controls, if feasible, to reduce exposure to or below 10 ppm as an 8-hour TWA.

(2) Compliance program.

(i) When any exposures are over the PEL, the employer shall establish and implement a written program to reduce employee exposure to or below the PEL primarily by means of engineering and work practice controls, as required by paragraph (f)(1) of this section.

(ii) The written program shall include a schedule for development and implementation of the engineering and work practice controls. These plans shall be reviewed and revised as appropriate based on the most recent exposure monitoring data, to reflect the current status of the program.

(iii) Written compliance programs shall be furnished upon request for examination and copying to the Assistant Secretary, the Director, affected employees and designated employee representatives.

(g) Respiratory protection.

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that comply with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement feasible engineering and work practice controls.

(ii) Work operations for which the employer establishes that compliance with either the TWA or STEL through the use of engineering and work-practice controls is not feasible; for example, some maintenance and repair activities, vessel cleaning, or other operations for which engineering and work-practice controls are infeasible because exposures are intermittent and limited in duration;

(iii) Work operations for which feasible engineering and work-practice controls are not yet

sufficient, or are not required under paragraph (f)(1)(iii) of this section, to reduce employee exposure to or below the PELs.

(iv) Emergencies.

(2) Respirator program.

(i) Employers must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

(ii) For air-purifying respirators, the employer must replace the air-purifying element at the expiration of its service life or at the beginning of each shift in which such elements are used, whichever comes first.

(iii) If NIOSH approves an air-purifying element with an end-of-service-life indicator for benzene, such an element may be used until the indicator shows no further useful life.

(3) Respirator selection.

(i) Employers must:

(A) Select, and provide to employees, the appropriate respirators specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134.

(B) Provide employees with any organic vapor gas mask or any self-contained breathing apparatus with a full facepiece to use for escape.

(C) Use an organic vapor cartridge or canister with powered and non-powered air-purifying respirators, and a chin-style canister with full facepiece gas masks.

(D) Ensure that canisters used with non-powered air-purifying respirators have a minimum service life of four hours when tested at 150 ppm benzene at a flow rate of 64 liters per minute (LPM), a temperature of 25 [deg]C, and a relative humidity of 85%; for canisters used with tight-fitting or loose-fitting powered air-purifying respirators, the flow rates for testing must be 115 LPM and 170 LPM, respectively.

(ii) Any employee who cannot use a negative-pressure respirator must be allowed to use a respirator with less breathing resistance, such as a powered air-purifying respirator or supplied-air respirator.

(h) Protective clothing and equipment. Personal protective clothing and equipment shall be worn where appropriate to prevent eye contact and limit dermal exposure to liquid benzene. Protective clothing and equipment shall be provided by the employer at no cost to the employee and the employer shall assure its use where appropriate. Eye and face protection shall meet the

requirements of 29 CFR 1910.133.

(i) Medical surveillance

(1) General.

(i) The employer shall make available a medical surveillance program for employees who are or may be exposed to benzene at or above the action level 30 or more days per year; for employees who are or may be exposed to benzene at or above the PELs 10 or more days per year; for employees who have been exposed to more than 10 ppm of benzene for 30 or more days in a year prior to the effective date of the standard when employed by their current employer; and for employees involved in the tire building operations called tire building machine operators, who use solvents containing greater than 0.1 percent benzene.

(ii) The employer shall assure that all medical examinations and procedures are performed by or under the supervision of a licensed physician and that all laboratory tests are conducted by an accredited laboratory.

(iii) The employer shall assure that persons other than licensed physicians who administer the pulmonary function testing required by this section shall complete a training course in spirometry sponsored by an appropriate governmental, academic or professional institution.

(iv) The employer shall assure that all examinations and procedures are provided without cost to the employee and at a reasonable time and place.

(2) Initial examination.

(i) Within 60 days of the effective date of this standard, or before the time of initial assignment, the employer shall provide each employee covered by paragraph (i)(1)(i) of this section with a medical examination including the following elements:

(A) A detailed occupational history which includes:

- (1) Past work exposure to benzene or any other hematological toxins,
- (2) A family history of blood dyscrasias including hematological neoplasms;
- (3) A history of blood dyscrasias including genetic hemoglobin abnormalities, bleeding abnormalities, abnormal function of formed blood elements;
- (4) A history of renal or liver dysfunction;
- (5) A history of medicinal drugs routinely taken;
- (6) A history of previous exposure to ionizing radiation and

(7) Exposure to marrow toxins outside of the current work situation.

(B) A complete physical examination.

(C) Laboratory tests. A complete blood count including a leukocyte count with differential, a quantitative thrombocyte count, hematocrit, hemoglobin, erythrocyte count and erythrocyte indices (MCV, MCH, MCHC). The results of these tests shall be reviewed by the examining physician.

(D) Additional tests as necessary in the opinion of the examining physician, based on alterations to the components of the blood or other signs which may be related to benzene exposure; and

(E) For all workers required to wear respirators for at least 30 days a year, the physical examination shall pay special attention to the cardiopulmonary system and shall include a pulmonary function test.

(ii) No initial medical examination is required to satisfy the requirements of paragraph (i)(2)(i) of this section if adequate records show that the employee has been examined in accordance with the procedures of paragraph (i)(2)(i) of this section within the twelve months prior to the effective date of this standard.

(3) Periodic examinations.

(i) The employer shall provide each employee covered under paragraph (i)(1)(i) of this section with a medical examination annually following the previous examination. These periodic examinations shall include at least the following elements:

(A) A brief history regarding any new exposure to potential marrow toxins, changes in medicinal drug use, and the appearance of physical signs relating to blood disorders:

(B) A complete blood count including a leukocyte count with differential, quantitative thrombocyte count, hemoglobin, hematocrit, erythrocyte count and erythrocyte indices (MCV, MCH, MCHC); and

(C) Appropriate additional tests as necessary, in the opinion of the examining physician, in consequence of alterations in the components of the blood or other signs which may be related to benzene exposure.

(ii) Where the employee develops signs and symptoms commonly associated with toxic exposure to benzene, the employer shall provide the employee with an additional medical examination which shall include those elements considered appropriate by the examining

physician.

(iii) For persons required to use respirators for at least 30 days a year, a pulmonary function test shall be performed every three (3) years. A specific evaluation of the cardiopulmonary system shall be made at the time of the pulmonary function test.

(4) Emergency examinations.

(i) In addition to the surveillance required by (i)(1)(i), if an employee is exposed to benzene in an emergency situation, the employer shall have the employee provide a urine sample at the end of the employee's shift and have a urinary phenol test performed on the sample within 72 hours. The urine specific gravity shall be corrected to 1.024.

(ii) If the result of the urinary phenol test is below 75 mg phenol/L of urine, no further testing is required.

(iii) If the result of the urinary phenol test is equal to or greater than 75 mg phenol/L of urine, the employer shall provide the employee with a complete blood count including an erythrocyte count, leukocyte count with differential and thrombocyte count at monthly intervals for a duration of three (3) months following the emergency exposure.

(iv) If any of the conditions specified in paragraph (i)(5)(i) of this section exists, then the further requirements of paragraph (i)(5) of this section shall be met and the employer shall, in addition, provide the employees with periodic examinations if directed by the physician.

(5) Additional examinations and referrals.

(i) Where the results of the complete blood count required for the initial and periodic examinations indicate any of the following abnormal conditions exist, then the blood count shall be repeated within 2 weeks.

(A) The hemoglobin level or the hematocrit falls below the normal limit [outside the 95% confidence interval (C.I.)] as determined by the laboratory for the particular geographic area and/or these indices show a persistent downward trend from the individual's pre-exposure norms; provided these findings cannot be explained by other medical reasons.

(B) The thrombocyte (platelet) count varies more than 20 percent below the employee's most recent values or falls outside the normal limit (95% C.I.) as determined by the laboratory.

(C) The leukocyte count is below 4,000 per mm³ or there is an abnormal differential count.

(ii) If the abnormality persists, the examining physician shall refer the employee to a hematologist or an internist for further evaluation unless the physician has good reason to believe

such referral is unnecessary. (See Appendix C for examples of conditions where a referral may be unnecessary.)

(iii) The employer shall provide the hematologist or internist with the information required to be provided to the physician under paragraph (i)(6) of this section and the medical record required to be maintained by paragraph (k)(2)(ii) of this section.

(iv) The hematologist's or internist's evaluation shall include a determination as to the need for additional tests, and the employer shall assure that these tests are provided.

(6) Information provided to the physician. The employer shall provide the following information to the examining physician:

(i) A copy of this regulation and its appendices;

(ii) A description of the affected employee's duties as they relate to the employee's exposure;

(iii) The employee's actual or representative exposure level;

(iv) A description of any personal protective equipment used or to be used; and

(v) Information from previous employment-related medical examinations of the affected employee which is not otherwise available to the examining physician.

(7) Physician's written opinions.

(i) For each examination under this section, the employer shall obtain and provide the employee with a copy of the examining physician's written opinion within 15 days of the examination. The written opinion shall be limited to the following information:

(A) The occupationally pertinent results of the medical examination and tests;

(B) The physician's opinion concerning whether the employee has any detected medical conditions which would place the employee's health at greater than normal risk of material impairment from exposure to benzene;

(C) The physician's recommended limitations upon the employee's exposure to benzene or upon the employee's use of protective clothing or equipment and respirators.

(D) A statement that the employee has been informed by the physician of the results of the medical examination and any medical conditions resulting from benzene exposure which require further explanation or treatment.

(ii) The written opinion obtained by the employer shall not reveal specific records, findings and diagnoses that have no bearing on the employee's ability to work in a benzene-exposed workplace.

(8) Medical removal plan.

(i) When a physician makes a referral to a hematologist/internist as required under paragraph (i)(5)(ii) of this section, the employee shall be removed from areas where exposures may exceed the action level until such time as the physician makes a determination under paragraph (i)(8)(ii) of this section.

(ii) Following the examination and evaluation by the hematologist/internist, a decision to remove an employee from areas where benzene exposure is above the action level or to allow the employee to return to areas where benzene exposure is above the action level shall be made by the physician in consultation with the hematologist/internist. This decision shall be communicated in writing to the employer and employee. In the case of removal, the physician shall state the required probable duration of removal from occupational exposure to benzene above the action level and the requirements for future medical examinations to review the decision.

(iii) For any employee who is removed pursuant to paragraph (i)(8)(ii) of this section, the employer shall provide a follow-up examination. The physician, in consultation with the hematologist/internist, shall make a decision within 6 months of the date the employee was removed as to whether the employee shall be returned to the usual job or whether the employee should be removed permanently.

(iv) Whenever an employee is temporarily removed from benzene exposure pursuant to paragraph (i)(8)(i) or (i)(8)(ii) of this section, the employer shall transfer the employee to a comparable job for which the employee is qualified (or can be trained for in a short period) and where benzene exposures are as low as possible, but in no event higher than the action level. The employer shall maintain the employee's current wage rate, seniority and other benefits. If there is no such job available, the employer shall provide medical removal protection benefits until such a job becomes available or for 6 months, whichever comes first.

(v) Whenever an employee is removed permanently from benzene exposure based on a physician's recommendation pursuant to paragraph (i)(8)(iii) of this section, the employee shall be given the opportunity to transfer to another position which is available or later becomes available for which the employee is qualified (or can be trained for in a short period) and where benzene exposures are as low as possible but in no event higher than the action level. The employer shall assure that such employee suffers no reduction in current wage rate, seniority or other benefits as a result of the transfer.

(9) Medical removal protection benefits.

(i) The employer shall provide to an employee 6 months of medical removal protection benefits immediately following each occasion an employee is removed from exposure to benzene because of hematological findings pursuant to paragraphs (i)(8) (i) and (ii) of this section, unless the employee has been transferred to a comparable job where benzene exposures are below the action level.

(ii) For the purposes of this section, the requirement that an employer provide medical removal protection benefits means that the employer shall maintain the current wage rate, seniority and other benefits of an employee as though the employee had not been removed.

(iii) The employer's obligation to provide medical removal protection benefits to a removed employee shall be reduced to the extent that the employee receives compensation for earnings lost during the period of removal either from a publicly or employer-funded compensation program, or from employment with another employer made possible by virtue of the employee's removal.

(j) Communication of benzene hazards to employees

(1) Signs and labels.

(i) The employer shall post signs at entrances to regulated areas. The signs shall bear the following legend:

DANGER
BENZENE
CANCER HAZARD
FLAMMABLE - NO SMOKING
AUTHORIZED PERSONNEL ONLY
RESPIRATOR REQUIRED

(ii) The employer shall ensure that labels or other appropriate forms of warning are provided for containers of benzene within the workplace. There is no requirement to label pipes. The labels shall comply with the requirements of 29 CFR 1910.1200(f) and in addition shall include the following legend:

DANGER
CONTAINS BENZENE
CANCER HAZARD

(2) Material safety data sheets.

(i) Employers shall obtain or develop, and shall provide access to their employees, to a material safety data sheet (MSDS) which addresses benzene and complies with 29 CFR 1910.1200.

(ii) Employers who are manufacturers or importers shall:

(A) Comply with paragraph (a) of this section, and

(B) Comply with the requirement in OSHA's Hazard Communication Standard, 29 CFR 1910.1200, that they deliver to downstream employers an MSDS which addresses benzene.

(3) Information and training.

(i) The employer shall provide employees with information and training at the time of their initial assignment to a work area where benzene is present. If exposures are above the action level, employees shall be provided with information and training at least annually thereafter.

(ii) The training program shall be in accordance with the requirements of 29 CFR 1910.1200(h) (1) and (2), and shall include specific information on benzene for each category of information included in that section.

(iii) In addition to the information required under 29 CFR 1910.1200, the employer shall:

(A) Provide employees with an explanation of the contents of this section, including Appendices A and B, and indicate to them where the standard is available; and

(B) Describe the medical surveillance program required under paragraph (i) of this section, and explain the information contained in Appendix C.

(k) Recordkeeping

(1) Exposure measurements.

(i) The employer shall establish and maintain an accurate record of all measurements required by paragraph (e) of this section, in accordance with 29 CFR 1910.20. /SAVE

(ii) This record shall include:

(A) The dates, number, duration, and results of each of the samples taken, including a description of the procedure used to determine representative employee exposures;

(B) A description of the sampling and analytical methods used;

(C) A description of the type of respiratory protective devices worn, if any; and

(D) The name, social security number, job classification and exposure levels of the employee monitored and all other employees whose exposure the measurement is intended to represent.

(iii) The employer shall maintain this record for at least 30 years, in accordance with 29 CFR 1910.20.

(2) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee subject to medical surveillance required by paragraph (i) of this section, in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The name and social security number of the employee;

(B) The employer's copy of the physician's written opinion on the initial, periodic and special examinations, including results of medical examinations and all tests, opinions and recommendations;

(C) Any employee medical complaints related to exposure to benzene;

(D) A copy of the information provided to the physician as required by paragraphs (i)(6) (ii) through (v) of this section; and

(E) A copy of the employee's medical and work history related to exposure to benzene or any other hematologic toxins.

(iii) The employer shall maintain this record for at least the duration of employment plus 30 years, in accordance with 29 CFR 1910.20.

(3) Availability.

(i) The employer shall assure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee exposure monitoring records required by this paragraph shall be provided upon request for examination and copying to employees, employee representatives, and the Assistant Secretary in accordance with 29 CFR 1910.20 (a) through (e) and (g) through (i).

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying, to the subject employee, to anyone having the specific written consent of the subject employee, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(4) Transfer of records.

(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1019.20(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three (3) months prior to disposal, and transmit them to the Director if required by the Director within that period.

(l) Observation of monitoring

(1) Employee observation. The employer shall provide affected employees, or their designated representatives, an opportunity to observe the measuring or monitoring of employee exposure to benzene conducted pursuant to paragraph (e) of this section. /SAVE

(2) Observation procedures. When observation of the measuring or monitoring of employee exposure to benzene requires entry into areas where the use of protective clothing and equipment or respirators is required, the employer shall provide the observer with personal protective clothing and equipment or respirators required to be worn by employees working in the area, assure the use of such clothing and equipment or respirators, and require the observer to comply with all other applicable safety and health procedures.

(m) [Reserved]

(n) **Appendices.** The information contained in Appendices A, B, C, and D is not intended, by itself, to create any additional obligations not otherwise imposed or to detract from any existing obligations.

1910.1028 App A Substance safety data sheet, Benzene

APPENDIX A to 1910.1028 - SUBSTANCE SAFETY DATA SHEET, BENZENE

I. Substance Identification

A. Substance: Benzene.

B. Permissible Exposure: Except as to the use of gasoline, motor fuels and other fuels

subsequent to discharge from bulk terminals and other exemptions specified in 1910.1028(a)(2):

1. Airborne: The maximum time-weighted average (TWA) exposure limit is 1 part of benzene vapor per million parts of air (1 ppm) for an 8-hour workday and the maximum short-term exposure limit (STEL) is 5 ppm for any 15-minute period.

2. Dermal: Eye contact shall be prevented and skin contact with liquid benzene shall be limited.

C. Appearance and odor: Benzene is a clear, colorless liquid with a pleasant, sweet odor. The odor of benzene does not provide adequate warning of its hazard.

II. Health Hazard Data

A. Ways in which benzene affects your health. Benzene can affect your health if you inhale it, or if it comes in contact with your skin or eyes. Benzene is also harmful if you happen to swallow it.

B. Effects of overexposure.

1. Short-term (acute) overexposure: If you are overexposed to high concentrations of benzene, well above the levels where its odor is first recognizable, you may feel breathless, irritable, euphoric, or giddy; you may experience irritation in eyes, nose, and respiratory tract. You may develop a headache, feel dizzy, nauseated, or intoxicated. Severe exposures may lead to convulsions and loss of consciousness.

2. Long-term (chronic) exposure. Repeated or prolonged exposure to benzene, even at relatively low concentrations, may result in various blood disorders, ranging from anemia to leukemia, an irreversible, fatal disease. Many blood disorders associated with benzene exposure may occur without symptoms.

III. Protective Clothing and Equipment

A. Respirators. Respirators are required for those operations in which engineering controls or work practice controls are not feasible to reduce exposure to the permissible level. However, where employers can document that benzene is present in the workplace less than 30 days a year, respirators may be used in lieu of engineering controls. If respirators are worn, they must have joint Mine Safety and Health Administration and the National Institute for Occupational Safety and Health (NIOSH) seal of approval, and cartridge or canisters must be replaced before the end of their service life, or the end of the shift, whichever occurs first. If you experience difficulty breathing while wearing a respirator, you may request a positive pressure respirator from your employer. You must be thoroughly trained to use the assigned respirator, and the training will be provided by your employer.

B. Protective Clothing. You must wear appropriate protective clothing (such as boots, gloves, sleeves, aprons, etc.) over any parts of your body that could be exposed to liquid benzene.

C. Eye and Face Protection. You must wear splash-proof safety goggles if it is possible that benzene may get into your eyes. In addition, you must wear a face shield if your face could be splashed with benzene liquid.

IV. Emergency and First Aid Procedures

A. Eye and face exposure. If benzene is splashed in your eyes, wash it out immediately with large amounts of water. If irritation persists or vision appears to be affected see a doctor as soon as possible.

B. Skin exposure. If benzene is spilled on your clothing or skin, remove the contaminated clothing and wash the exposed skin with large amounts of water and soap immediately. Wash contaminated clothing before you wear it again.

C. Breathing. If you or any other person breathes in large amounts of benzene, get the exposed person to fresh air at once. Apply artificial respiration if breathing has stopped. Call for medical assistance or a doctor as soon as possible. Never enter any vessel or confined space where the benzene concentration might be high without proper safety equipment and at least one other person present who will stay outside. A life line should be used.

D. Swallowing. If benzene has been swallowed and the patient is conscious, do not induce vomiting. Call for medical assistance or a doctor immediately.

V. Medical Requirements

If you are exposed to benzene at a concentration at or above 0.5 ppm as an 8-hour time-weighted average, or have been exposed at or above 10 ppm in the past while employed by your current employer, your employer is required to provide a medical examination and history and laboratory tests within 60 days of the effective date of this standard and annually thereafter. These tests shall be provided without cost to you. In addition, if you are accidentally exposed to benzene (either by ingestion, inhalation, or skin/eye contact) under emergency conditions known or suspected to constitute toxic exposure to benzene, your employer is required to make special laboratory tests available to you.

VI. Observation of Monitoring

Your employer is required to perform measurements that are representative of your exposure to benzene and you or your designated representative are entitled to observe the monitoring procedure. You are entitled to observe the samples taken in the measurement procedure, and to record the results obtained. When the monitoring procedure is taking place in an area where respirators or personal protective clothing and equipment are required to be worn, you or your

representative must also be provided with, and must wear the protective clothing and equipment.

VII. Access to Records

You or your representative are entitled to see the records of measurements of your exposure to benzene upon written request to your employer. Your medical examination records can be furnished to yourself, your physician or designated representative upon request by you to your employer.

VIII. Precautions for Safe Use, Handling and Storage

Benzene liquid is highly flammable. It should be stored in tightly closed containers in a cool, well ventilated area. Benzene vapor may form explosive mixtures in air. All sources of ignition must be controlled. Use nonsparking tools when opening or closing benzene containers. Fire extinguishers, where provided, must be readily available. Know where they are located and how to operate them. Smoking is prohibited in areas where benzene is used or stored. Ask your supervisor where benzene is used in your area and for additional plant safety rules.

1910.1028 App B Substance technical guidelines, Benzene

APPENDIX B to 1910.1028 - SUBSTANCE TECHNICAL GUIDELINES, BENZENE

I. Physical and Chemical Data

A. Substance identification.

1. Synonyms: Benzol, benzole, coal naphtha, cyclohexatriene, phene, phenyl hydride, pyrobenzol. (Benzin, petroleum benzin and Benzine do not contain benzene).

2. Formula: C(6)H(6) (CAS Registry Number: 71-43-2)

B. Physical data.

1. Boiling Point (760 mm Hg); 80.1 deg. C (176 deg. F)

2. Specific Gravity (water = 1): 0.879

3. Vapor Density (air = 1): 2.7

4. Melting Point: 5.5 deg. C (42 deg. F)

5. Vapor Pressure at 20 deg. C (68 deg. F): 75 mm Hg

6. Solubility in Water: .06%

7. Evaporation Rate (ether = 1): 2.8

8. Appearance and Odor: Clear, colorless liquid with a distinctive sweet odor.

II. Fire, Explosion, and Reactivity Hazard Data

A. Fire.

1. Flash Point (closed cup): - 11 deg. C (12 deg. F)

2. Autoignition Temperature: 580 deg. C (1076 deg. F)

3. Flammable limits in Air. % by Volume: Lower: 1.3%, Upper: 7.5%

4. Extinguishing Media: Carbon dioxide, dry chemical, or foam.

5. Special Fire-Fighting procedures: Do not use solid stream of water, since stream will scatter and spread fire. Fine water spray can be used to keep fire-exposed containers cool.

6. Unusual fire and explosion hazards: Benzene is a flammable liquid. Its vapors can form explosive mixtures. All ignition sources must be controlled when benzene is used, handled, or stored. Where liquid or vapor may be released, such areas shall be considered as hazardous locations. Benzene vapors are heavier than air; thus the vapors may travel along the ground and be ignited by open flames or sparks at locations remote from the site at which benzene is handled.

7. Benzene is classified as a 1 B flammable liquid for the purpose of conforming to the requirements of 29 CFR 1910.106. A concentration exceeding 3,250 ppm is considered a potential fire explosion hazard. Locations where benzene may be present in quantities sufficient to produce explosive or ignitable mixtures are considered Class I Group D for the purposes of conforming to the requirements of 29 CFR 1910.309.

B. Reactivity.

1. Conditions contributing to instability: Heat.

2. Incompatibility: Heat and oxidizing materials.

3. Hazardous decomposition products: Toxic gases and vapors (such as carbon monoxide).

III. Spill and Leak Procedures

A. s to be taken if the material is released or spilled. As much benzene as possible should be absorbed with suitable materials, such as dry sand or earth. That remaining must be flushed with large amounts of water. Do not flush benzene into a confined space, such as a sewer, because of explosion danger. Remove all ignition sources. Ventilate enclosed places.

B. Waste disposal method. Disposal methods must conform to other jurisdictional regulations. If allowed, benzene may be disposed of: (a) By absorbing it in dry sand or earth and disposing in a sanitary landfill; (b) if small quantities, by removing it to a safe location from buildings or other combustible sources, pouring it in dry sand or earth and cautiously igniting it; and (c) if large quantities, by atomizing it in a suitable combustion chamber.

IV. Miscellaneous Precautions

A. High exposure to benzene can occur when transferring the liquid from one container to another. Such operations should be well ventilated and good work practices must be established to avoid spills.

B. Use non-sparking tools to open benzene containers which are effectively grounded and bonded prior to opening and pouring.

C. Employers must advise employees of all plant areas and operations where exposure to benzene could occur. Common operations in which high exposures to benzene may be encountered are: the primary production and utilization of benzene, and transfer of benzene.

1910.1028 App C Medical surveillance guidelines for Benzene

APPENDIX C to 1910.1028 - MEDICAL SURVEILLANCE GUIDELINES FOR BENZENE

I. Route of Entry

Inhalation; skin absorption.

II. Toxicology

Benzene is primarily an inhalation hazard. Systemic absorption may cause depression of the hematopoietic system, pancytopenia, aplastic anemia, and leukemia. Inhalation of high concentrations can affect central nervous system function. Aspiration of small amounts of liquid benzene immediately causes pulmonary edema and hemorrhage of pulmonary tissue. There is some absorption through the skin. Absorption may be more rapid in the case of abraded skin, and benzene may be more readily absorbed if it is present in a mixture or as a contaminant in solvents which are readily absorbed. The defatting action of benzene may produce primary irritation due to repeated or prolonged contact with the skin. High concentration are irritating to the eyes and the mucous membranes of the nose, and respiratory tract.

III. Signs and Symptoms

Direct skin contact with benzene may cause erythema. Repeated or prolonged contact may result in drying, scaling dermatitis, or development of secondary skin infections. In addition, there is benzene absorption through the skin. Local effects of benzene vapor or liquid on the eye are slight. Only at very high concentrations is there any smarting sensation in the eye. Inhalation of high concentrations of benzene may have an initial stimulatory effect on the central nervous system characterized by exhilaration, nervous excitation, and/or giddiness, followed by a period of depression, drowsiness, or fatigue. A sensation of tightness in the chest accompanied by breathlessness may occur and ultimately the victim may lose consciousness. Tremors, convulsions and death may follow from respiratory paralysis or circulatory collapse in a few minutes to several hours following severe exposures.

The detrimental effect on the blood-forming system of prolonged exposure to small quantities of benzene vapor is of extreme importance. The hematopoietic system is the chief target for benzene's toxic effects which are manifested by alterations in the levels of formed elements in the peripheral blood. These effects have occurred at concentrations of benzene which may not cause irritation of mucous membranes, or any unpleasant sensory effects. Early signs and symptoms of benzene morbidity are varied, often not readily noticed and non-specific. Subjective complaints of headache, dizziness, and loss of appetite may precede or follow clinical signs. Rapid pulse and low blood pressure, in addition to a physical appearance of anemia, may accompany a subjective complaint of shortness of breath and excessive tiredness. Bleeding from the nose, gums, or mucous membranes, and the development of purpuric spots (small bruises) may occur as the condition progresses. Clinical evidence of leukopenia, anemia, and thrombocytopenia, singly or in combination, has been frequently reported among the first signs.

Bone marrow may appear normal, aplastic, or hyperplastic, and may not, in all situations, correlate with peripheral blood forming tissues. Because of variations in the susceptibility to benzene morbidity, there is no "typical" blood picture. The onset of effects of prolonged benzene exposure may be delayed for many months or years after the actual exposure has ceased and identification or correlation with benzene exposure must be sought out in the occupational history.

IV. Treatment of Acute Toxic Effects

Remove from exposure immediately. Make sure you are adequately protected and do not risk being overcome by fumes. Give oxygen or artificial resuscitation if indicated. Flush eyes, wash skin if contaminated and remove all contaminated clothing. Symptoms of intoxication may persist following severe exposures. Recovery from mild exposures is usually rapid and complete.

V. Surveillance and Preventive Considerations

A. General

The principal effects of benzene exposure which form the basis for this regulation are pathological changes in the hematopoietic system, reflected by changes in the peripheral blood and manifesting clinically as pancytopenia, aplastic anemia, and leukemia. Consequently, the medical surveillance program is designed to observe, on a regular basis, blood indices for early signs of these effects, and although early signs of leukemia are not usually available, emerging diagnostic technology and innovative regimes make consistent surveillance for leukemia, as well as other hematopoietic effects, essential.

Initial examinations are to be provided within 60 days of the effective date of this standard, or at the time of initial assignment, and periodic examinations annually thereafter. There are special provisions for medical tests in the event of hematologic abnormalities or for emergency situations.

The blood values which require referral to a hematologist or internist are noted in the standard in paragraph (i)(5). The standard specifies that blood abnormalities that persist must be referred "unless the physician has good reason to believe such referral is unnecessary" (paragraph (i)(5)). Examples of conditions that could make a referral unnecessary despite abnormal blood limits are iron or folate deficiency, menorrhagia, or blood loss due to some unrelated medical abnormality.

Symptoms and signs of benzene toxicity can be non-specific. Only a detailed history and appropriate investigative procedures will enable a physician to rule out or confirm conditions that place the employee at increased risk. To assist the examining physician with regard to which laboratory tests are necessary and when to refer an employee to the specialist, OSHA has established the following guidelines.

B. Hematology Guidelines

A minimum battery of tests is to be performed by strictly standardized methods.

1. Red cell, white cell, platelet counts, white blood cell differential, hematacrit and red cell indices must be performed by an accredited laboratory. The normal ranges for the red cell and white cell counts are influenced by altitude, race, and sex, and therefore should be determined by the accredited laboratory in the specific area where the tests are performed.

Either a decline from an absolute normal or an individual's base line to a subnormal value or a rise to a supra-normal value, are indicative of potential toxicity, particularly if all blood parameters decline. The normal total white blood count is approximately 7,200/mm³ plus or minus 3,000. For cigarette smokers the white count may be higher and the upper range may be 2,000 cells higher than normal for the laboratory. In addition, infection, allergies and some drugs may raise the white cell count. The normal platelet count is approximately 250,000 with a range of 140,000 to 400,000. Counts outside this range should be regarded as possible evidence of benzene toxicity.

Certain abnormalities found through routine screening are of greater significance in the benzene-exposed worker and require prompt consultation with a specialist, namely:

a. Thrombocytopenia.

b. A trend of decreasing white cell, red cell, or platelet indices in an individual over time is more worrisome than an isolated abnormal finding at one test time. The importance of trend highlights the need to compare an individual's test results to baseline and/or previous periodic tests.

c. A constellation or pattern of abnormalities in the different blood indices is of more significance than a single abnormality. A low white count not associated with any abnormalities in other cell indices may be a normal statistical variation, whereas if the low white count is accompanied by decreases in the platelet and/or red cell indices, such a pattern is more likely to be associated with benzene toxicity and merits thorough investigation.

Anemia, leukopenia, macrocytosis or an abnormal differential white blood cell count should alert the physician to further investigate and/or refer the patient if repeat tests confirm the abnormalities. If routine screening detects an abnormality, follow-up tests which may be helpful in establishing the etiology of the abnormality are the peripheral blood smear and the reticulocyte count.

The extreme range of normal for reticulocytes is 0.4 to 2.5 percent of the red cells, the usual range being 0.5 to 1.2 percent of the red cells, but the typical value is in the range of 0.8 to 1.0 percent. A decline in reticulocytes to levels of less than 0.4 percent is to be regarded as possible evidence (unless another specific cause is found) of benzene toxicity requiring accelerated surveillance. An increase in reticulocyte levels to about 2.5 percent may also be consistent with (but is not as characteristic of) benzene toxicity.

2. An important diagnostic test is a careful examination of the peripheral blood smear. As with reticulocyte count the smear should be with fresh uncoagulated blood obtained from a needle tip following venipuncture or from a drop of earlobe blood (capillary blood). If necessary, the smear may, under certain limited conditions, be made from a blood sample anticoagulated with EDTA (but never with oxalate or heparin). When the smear is to be prepared from a specimen of venous blood which has been collected by a commercial Vacutainer type tube containing neutral EDTA, the smear should be made as soon as possible after the venesection. A delay of up to 12 hours is permissible between the drawing of the blood specimen into EDTA and the preparation of the smear if the blood is stored at refrigerator (not freezing) temperature.

3. The minimum mandatory observations to be made from the smear are:

a. The differential white blood cell count.

b. Description of abnormalities in the appearance of red cells.

c. Description of any abnormalities in the platelets.

d. A careful search must be made throughout of every blood smear for immature white cells such as band forms (in more than normal proportion, i.e., over 10 percent of the total differential count), any number of metamyelocytes, myelocytes or myeloblasts. Any nucleate or multinucleated red blood cells should be reported. Large "giant" platelets or fragments of megakaryocytes must be recognized.

An increase in the proportion of band forms among the neutrophilic granulocytes is an abnormality deserving special mention, for it may represent a change which should be considered as an early warning of benzene toxicity in the absence of other causative factors (most commonly infection). Likewise, the appearance of metamyelocytes, in the absence of another probable cause, is to be considered a possible indication of benzene-induced toxicity.

An upward trend in the number of basophils, which normally do not exceed about 2.0 percent of the total white cells, is to be regarded as possible evidence of benzene toxicity. A rise in the eosinophil count is less specific but also may be suspicious of toxicity if the rises above 6.0 percent of the total white count.

The normal range of monocytes is from 2.0 to 8.0 percent of the total white count with an average of about 5.0 percent. About 20 percent of individuals reported to have mild but persisting abnormalities caused by exposure to benzene show a persistent monocytosis. The findings of a monocyte count which persists at more than 10 to 12 percent of the normal white cell count (when the total count is normal) or persistence of an absolute monocyte count in excess of 800/mm³ should be regarded as a possible sign of benzene-induced toxicity.

A less frequent but more serious indication of benzene toxicity is the finding in the peripheral blood of the so-called "pseudo" (or acquired) Pelger-Huet anomaly. In this anomaly many, or sometimes the majority, of the neutrophilic granulocytes possess two round nuclear segments - less often one or three round segments - rather than three normally elongated segments. When this anomaly is not hereditary, it is often but not invariably predictive of subsequent leukemia. However, only about two percent of patients who ultimately develop acute myelogenous leukemia show the acquired Pelger-Huet anomaly. Other tests that can be administered to investigate blood abnormalities are discussed below; however, such procedures should be undertaken by the hematologist.

An uncommon sign, which cannot be detected from the smear, but can be elicited by a "sucrose water test" of peripheral blood, is transient paroxysmal nocturnal hemoglobinuria (PNH), which may first occur insidiously during a period of established aplastic anemia, and may be followed within one to a few years by the appearance of rapidly fatal acute myelogenous leukemia. Clinical detection of PNH, which occurs in only one or two percent of those destined to have acute myelogenous leukemia, may be difficult; if the "sucrose water test" is positive, the somewhat more definitive Ham test, also known as the acid-serum hemolysis test, may provide confirmation.

e. Individuals documented to have developed acute myelogenous leukemia years after initial exposure to benzene may have progressed through a preliminary phase of hematologic abnormality. In some instances pancytopenia (i.e., a lowering in the counts of all circulating blood cells of bone marrow origin, but not to the extent implied by the term "aplastic anemia") preceded leukemia for many years. Depression of a single blood cell type or platelets may represent a harbinger of aplasia or leukemia. The finding of two or more cytopenias, or pancytopenia in a benzene-exposed individual, must be regarded as highly suspicious of more advanced although still reversible, toxicity. "Pancytopenia" coupled with the appearance of immature cells (myelocytes, myeloblasts, erythroblasts, etc.), with abnormal cells (pseudo Pelger-Huet anomaly, atypical nuclear heterochromatin, etc.), or unexplained elevations of white blood cells must be regarded as evidence of benzene overexposure unless proved otherwise. Many severely aplastic patients manifested the ominous finding of 5-10 percent myeloblasts in the marrow, occasional myeloblasts and myelocytes in the blood and 20-30% monocytes. It is evident that isolated cytopenias, pancytopenias, and even aplastic anemias induced by benzene may be reversible and complete recovery has been reported on cessation of exposure. However, since any of these abnormalities is serious, the employee must immediately be removed from any possible exposure to benzene vapor. Certain tests may substantiate the employee's prospects for progression or regression. One such test would be an examination of the bone marrow, but the decision to perform a bone marrow aspiration or needle biopsy is made by the hematologist.

The findings of basophilic stippling in circulating red blood cells (usually found in 1 to 5% of red cells following marrow injury), and detection in the bone marrow of what are termed "ringed sideroblasts" must be taken seriously, as they have been noted in recent years to be premonitory signs of subsequent leukemia.

Recently peroxidase-staining of circulating or marrow neutrophil granulocytes, employing benzidine dihydrochloride, have revealed the disappearance of, or diminution in, peroxidase in a sizable proportion of the granulocytes, and this has been reported as an early sign of leukemia. However, relatively few patients have been studied to date. Granulocyte granules are normally strongly peroxidase positive. A steady decline in leukocyte alkaline phosphatase has also been reported as suggestive of early acute leukemia. Exposure to benzene may cause an early rise in serum iron, often but not always associated with a fall in the reticulocyte count. Thus, serial measurements of serum iron levels may provide a means of determining whether or not there is a trend representing sustained suppression of erythropoiesis.

Measurement of serum iron, determination of peroxidase and of alkaline phosphatase activity in peripheral granulocytes can be performed in most pathology laboratories. Peroxidase and alkaline phosphatase staining are usually undertaken when the index of suspicion for leukemia is high.

1910.1028 App D Sampling and analytical methods for Benzene monitoring and measurement procedures

APPENDIX D to 1910.1028 - SAMPLING AND ANALYTICAL METHODS FOR BENZENE MONITORING AND MEASUREMENT PROCEDURES

Measurements taken for the purpose of determining employee exposure to benzene are best taken so that the representative average 8-hour exposure may be determined from a single 8-hour sample or two (2) 4-hour samples. Short-time interval samples (or grab samples) may also be used to determine average exposure level if a minimum of five measurements are taken in a random manner over the 8-hour work shift. Random sampling means that any portion of the work shift has the same chance of being sampled as any other. The arithmetic average of all such random samples taken on one work shift is an estimate of an employee's average level of exposure for that work shift. Air samples should be taken in the employee's breathing zone (air that would most nearly represent that inhaled by the employee). Sampling and analysis must be performed with procedures meeting the requirements of the standard.

There are a number of methods available for monitoring employee exposures to benzene. The sampling and analysis may be performed by collection of the benzene vapor or charcoal absorption tubes, with subsequent chemical analysis by gas chromatography. Sampling and analysis may also be performed by portable direct reading instruments, real-time continuous monitoring systems, passive dosimeters or other suitable methods. The employer has the obligation of selecting a monitoring method which meets the accuracy and precision requirements of the standard under his unique field conditions. The standard requires that the method of monitoring must have an accuracy, to a 95 percent confidence level, of not less than plus or minus 25 percent for concentrations of benzene greater than or equal to 0.5 ppm.

The OSHA Laboratory modified NIOSH Method S311 and evaluated it at a benzene air concentration of 1 ppm. A procedure for determining the benzene concentration in bulk material samples was also evaluated. This work, reported in OSHA Laboratory Method No. 12, includes the following two analytical procedures:

I. OSHA Method 12 for Air Samples

Analyte: Benzene Matrix: Air Procedure: Adsorption on charcoal, desorption with carbon disulfide, analysis by GC. Detection limit: 0.04 ppm Recommended air volume and sampling rate: 10L to 0.2 L/min.

1. Principle of the Method.

1.1 A known volume of air is drawn through a charcoal tube to trap the organic vapors present.

1.2. The charcoal in the tube is transferred to a small, stoppered vial, and the analyte is desorbed with carbon disulfide.

1.3. An aliquot of the desorbed sample is injected into a gas chromatograph.

1.4 The area of the resulting peak is determined and compared with areas obtained from standards.

2. Advantages and disadvantages of the method.

2.1 The sampling device is small, portable, and involved no liquids. Interferences are minimal, and most of those which do occur can be eliminated by altering chromatographic conditions. The samples are analyzed by means of a quick, instrumental method.

2.2 The amount of sample which can be taken is limited by the number of milligrams that the tube will hold before overloading. When the sample value obtained for the backup section of the charcoal tube exceeds 25 percent of that found on the front section, the possibility of sample loss exists.

3. Apparatus.

3.1 A calibrated personal sampling pump whose flow can be determined within (+ or -) 5 percent at the recommended flow rate.

3.2. Charcoal tubes: Glass with both ends flame sealed, 7 cm long with a 6-mm O.D. and a 4-mm I.D., containing 2 sections of 20/40 mesh activated charcoal separated by a 2-mm portion of urethane foam. The activated charcoal is prepared from coconut shells and is fired at 600 deg. C prior to packing. The adsorbing section contains 100 mg of charcoal, the back-up section 50 mg. A 3-mm portion of urethane foam is placed between the outlet end of the tube and the back-up section. A plug of silanized glass wool is placed in front of the adsorbing section. The pressure drop across the tube must be less than one inch of mercury at a flow rate of 1 liter per minute.

3.3. Gas chromatograph equipped with a flame ionization detector.

3.4. Column (10-ft X 1/8 -in stainless steel) packed with 80/100 Supelcoport coated with 20 percent SP 2100, 0.1 percent CW 1500.

3.5. An electronic integrator or some other suitable method for measuring peak area.

3.6. Two-milliliter sample vials with Teflon-lined caps.

3.7. Microliter syringes: 10-microliter (10-uL syringe, and other convenient sizes for making standards, 1-uL syringe for sample injections.

3.8. Pipets: 1.0 mL delivery pipets

3.9. Volumetric flasks: convenient sizes for making standard solutions.

4. Reagents.

4.1. Chromatographic quality carbon disulfide (CS₂). Most commercially available carbon disulfide contains a trace of benzene which must be removed. It can be removed with the following procedure:

Heat under reflux for 2 to 3 hours, 500 mL of carbon disulfide, 10 mL concentrated sulfuric acid, and 5 drops of concentrated nitric acid. The benzene is converted to nitrobenzene. The carbon disulfide layer is removed, dried with anhydrous sodium sulfate, and distilled. The recovered carbon disulfide should be benzene free. (It has recently been determined that benzene can also be removed by passing the carbon disulfide through 13x molecular sieve).

4.2. Benzene, reagent grade.

4.3. p-Cymene, reagent grade, (internal standard).

4.4. Desorbing reagent. The desorbing reagent is prepared by adding 0.05 mL of p-cymene per milliliter of carbon disulfide. (The internal standard offers a convenient means correcting analytical response for slight inconsistencies in the size of sample injections. If the external standard technique is preferred, the internal standard can be eliminated).

4.5. Purified GC grade helium, hydrogen and air.

5. Procedure.

5.1. Cleaning of equipment. All glassware used for the laboratory analysis should be properly cleaned and free of organics which could interfere in the analysis.

5.2. Calibration of personal pumps. Each pump must be calibrated with a representative charcoal tube in the line.

5.3. Collection and shipping of samples.

5.3.1. Immediately before sampling, break the ends of the tube to provide an opening at least one-half the internal diameter of the tube (2 mm).

5.3.2. The smaller section of the charcoal is used as the backup and should be placed nearest the sampling pump.

5.3.3. The charcoal tube should be placed in a vertical position during sampling to minimize channeling through the charcoal.

5.3.4 Air being sampled should not be passed through any hose or tubing before entering the charcoal tube.

5.3.5. A sample size of 10 liters is recommended. Sample at a flow rate of approximately 0.2 liters per minute. The flow rate should be known with an accuracy of at least (+ or -) 5 percent.

5.3.6. The charcoal tubes should be capped with the supplied plastic caps immediately after sampling.

5.3.7. Submit at least one blank tube (a charcoal tube subjected to the same handling procedures, without having any air drawn through it) with each set of samples.

5.3.8. Take necessary shipping and packing precautions to minimize breakage of samples.

5.4. Analysis of samples.

5.4.1. Preparation of samples. In preparation for analysis, each charcoal tube is scored with a file in front of the first section of charcoal and broken open. The glass wool is removed and discarded. The charcoal in the first (larger) section is transferred to a 2-ml vial. The separating section of foam is removed and discarded; the second section is transferred to another capped vial. These two sections are analyzed separately.

5.4.2. Desorption of samples. Prior to analysis, 1.0 mL of desorbing solution is pipetted into each sample container. The desorbing solution consists of 0.05 uL internal standard per mL of carbon disulfide. The sample vials are capped as soon as the solvent is added. Desorption should be done for 30 minutes with occasional shaking.

5.4.3. GC conditions. Typical operating conditions for the gas chromatograph are:

1.30 mL/min (60 psig) helium carrier gas flow.

2.30 mL/min (40 psig) hydrogen gas flow to detector.

3.240 mL/min (40 psig) air flow to detector.

4.150 deg. C injector temperature.

5.250 deg. C detector temperature.

6.100 deg. C column temperature.

5.4.4. Injection size. 1 uL.

5.4.5. Measurement of area. The peak areas are measured by an electronic integrator or some other suitable form of area measurement.

5.4.6. An internal standard procedure is used. The integrator is calibrated to report results in ppm for a 10 liter air sample after correction for desorption efficiency.

5.5. Determination of desorption efficiency.

5.5.1. Importance of determination. The desorption efficiency of a particular compound can vary from one laboratory to another and from one lot of chemical to another. Thus, it is necessary to determine, at least once, the percentage of the specific compound that is removed in the desorption process, provided the same batch of charcoal is used.

5.5.2. Procedure for determining desorption efficiency. The reference portion of the charcoal tube is removed. To the remaining portion, amounts representing 0.5X, 1X, and 2X and (X represents target concentration) based on a 10 L air sample are injected into several tubes at each level. Dilutions of benzene with carbon disulfide are made to allow injection of measurable quantities. These tubes are then allowed to equilibrate at least overnight. Following equilibration

they are analyzed following the same procedure as the samples. Desorption efficiency is determined by dividing the amount of benzene found by amount spiked on the tube.

6. Calibration and standards. A series of standards varying in concentration over the range of interest is prepared and analyzed under the same GC conditions that will be used on the samples. A calibration curve is prepared by plotting concentration (ug/mL) versus peak area.

7. Calculations. Benzene air concentration can be calculated from the following equation:

$$\text{mg/m}^3 = (A)(B)/(C)(D)$$

Where: A = ug/mL benzene, obtained from the calibration curve

B = desorption volume (1 mL)

C = Liters of air sampled

D = desorption efficiency

The concentration in mg/m³ can be converted to ppm (at 25 deg. and 760 mm) with following equation:

$$\text{ppm} = (\text{mg/m}^3)(24.46)/(78.11)$$

Where: 24.46 = molar volume of an ideal gas 25 deg. C and 760 mm

78.11 = molecular weight of benzene

8. Backup Data.

8.1 Detection limit-Air Samples.

The detection limit for the analytical procedure is 1.28 ng with a coefficient of variation of 0.023 at this level. This would be equivalent to an air concentration of 0.04 ppm for a 10 L air sample. This amount provided a chromatographic peak that could be identifiable in the presence of possible interferences. The detection limit data were obtained by making 1 uL injections of a 1.283 ug/mL standard.

Injection	Area Count	
1	655.4	
2	617.5	
3	662.0	X = 640.2
4	641.1	SD = 14.9
5	636.4	CV = 0.023
6	629.2	

8.2. Pooled coefficient of variation - Air Samples. The pooled coefficient of variation for the analytical procedure was determined by 1 uL replicate injections of analytical standards. The standards were 16.04, 32.08, and 64.16 ug/mL, which are equivalent to 0.5, 1.0, and 2.0 ppm for a 10 L air sample respectively.

Injection	Area Counts
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	0.5 ppm	1.0 ppm	2.0 ppm
1	3996.5	8130.2	16481
2	4059.4	8235.6	16493
3	4052.0	8307.9	16535
4	4027.2	8263.2	16609
5	4046.8	8291.1	16552
6	4137.9	8288.8	16618
X =	4053.3	8254.0	16548.3
SD =	47.2	62.5	57.1
CV =	0.0116	0.0076	0.0034
CV = 0.008.	.....	.....	.....

8.3. Storage data - Air Samples

Samples were generated at 1.03 ppm benzene at 80% relative humidity, 22 deg. C, and 643 mm. All samples were taken for 50 minutes at 0.2 L/min. Six samples were analyzed immediately and the rest of the samples were divided into two groups by fifteen samples each. One group was stored at refrigerated temperature of 25 deg. C, and the other group was stored at ambient temperature (approximately 23 deg. C). These samples were analyzed over a period of fifteen days. The results are tabulated below.

PERCENT RECOVERY

Day analyzed	Refrigerated			Ambient		
	0	97.4	98.7	98.9	97.4	98.7	98.9
0	97.1	100.6	100.9	97.1	100.6	100.9
2	95.8	96.4	95.4	95.4	96.6	96.9
5	93.9	93.7	92.4	92.4	94.3	94.1
9	93.6	95.5	94.6	95.2	95.6	96.6
13	94.3	95.3	93.7	91.0	95.0	94.6
15	96.8	95.8	94.2	92.9	96.3	95.9

8.4. Desorption data.

Samples were prepared by injecting liquid benzene onto the A section of charcoal tubes. Samples were prepared that would be equivalent to 0.5, 1.0, and 2.0 ppm for a 10 L air sample.

PERCENT RECOVERY

Sample	0.5 ppm	1.0 ppm	2.0 ppm
1	99.4	98.8	99.5
2	99.5	98.7	99.7

3	99.2	98.6	99.8
4	99.4	99.1	100.0
5	99.2	99.0	99.7
6	99.8	99.1	99.9
X =	99.4	98.9	99.8
SD =	0.22	0.21	0.18
CV =	0.0022	0.0021	0.0018
X = 99.4			

8.5. Carbon disulfide.

Carbon disulfide from a number of sources was analyzed for benzene contamination. The results are given in the following table. The benzene contaminant can be removed with the procedures given in section 4.1.

Sample	ug Benzene/mL	ppm equivalent (for 10 L air sample)
Aldrich Lot 83017	4.20.	0.13
Baker Lot 720364	1.01.	0.03
Baker Lot 822351	1.01.	0.03
Malinkrodt Lot WEMP ..	1.74.	0.05
Malinkrodt Lot WDSJ ..	5.65.	0.18
Malinkrodt Lot WHGA ..	2.90.	0.09
Treated CS ₂	.....	.....

II. OSHA LABORATORY METHOD NO. 12 FOR BULK SAMPLES

Analyte: Benzene.

Matrix: Bulk Samples.

Procedure: Bulk Samples are analyzed directly by high performance liquid chromatography (HPLC).

Detection limits: 0.01% by volume.

1. Principle of the method.

1.1. An aliquot of the bulk sample to be analyzed is injected into a liquid chromatograph.

1.2. The peak area for benzene is determined and compared to areas obtained from standards.

2. Advantages and disadvantages of the method.

2.1. The analytical procedure is quick, sensitive, and reproducible.

2.2. Reanalysis of samples is possible.

2.3. Interferences can be circumvented by proper selection of HPLC parameters.

2.4. Samples must be free of any particulates that may clog the capillary tubing in the liquid chromatograph. This may require distilling the sample or clarifying with a clarification kit.

3. Apparatus.

3.1. Liquid chromatograph equipped with a UV detector.

3.2. HPLC Column that will separate benzene from other components in the bulk sample being analyzed. The column used for validation studies was a Waters uBondapak C18, 30 cm x 3.9 mm.

3.3. A clarification kit to remove any particulates in the bulk if necessary.

3.4. A micro-distillation apparatus to distill any samples if necessary.

3.5. An electronic integrator or some other suitable method of measuring peak areas.

3.6. Microliter syringes - 10 uL syringe and other convenient sizes for making standards. 10 uL syringe for sample injections.

3.7. Volumetric flasks, 5 mL and other convenient sizes for preparing standards and making dilutions.

4. Reagents.

4.1. Benzene, reagent grade.

4.2. HPLC grade water, methyl alcohol, and isopropyl alcohol.

5. Collection and shipment of samples.

5.1. Samples should be transported in glass containers with Teflon-lined caps.

5.2. Samples should not be put in the same container used for air samples.

6. Analysis of samples.

6.1. Sample preparation.

If necessary, the samples are distilled or clarified. Samples are analyzed undiluted. If the benzene concentration is out of the working range, suitable dilutions are made with isopropyl alcohol.

6.2. HPLC conditions.

The typical operating conditions for the high performance liquid chromatograph are:

1. Mobile phase - Methyl alcohol/water, 50/50

1. Analytical wavelength - 254 nm

3. Injection size - 10 uL

6.3. Measurement of peak area and calibration.

Peak areas are measured by an integrator or other suitable means. The integrator is calibrated to report results % in benzene by volume.

7. Calculations.

Since the integrator is programmed to report results in % benzene by volume in an undiluted sample, the following equation is used:

% Benzene by Volume = A x B
Where: A = % by volume on report
B = Dilution Factor
(B = 1 for undiluted sample)

8. Backup Data.

8.1. Detection limit - Bulk Samples.

The detection limit for the analytical procedure for bulk samples is 0.88 ug, with a coefficient of variation of 0.019 at this level. This amount provided a chromatographic peak that could be identifiable in the presence of possible interferences. The detection limit data were obtained by making 10 uL injections of a 0.10% by volume standard.

Injection	Area Count	
1	45386	
2	44214	
3	43822	X = 44040.1
4	44062	SD = 852.5
6	42724	CV = 0.019

8.2. Pooled coefficient of variation - Bulk Samples.

The pooled coefficient of variation for analytical procedure was determined by 50 uL replicate injections of analytical standards. The standards were 0.01, 0.02, 0.04, 0.10, 1.0, and 2.0% benzene by volume.

AREA COUNT (PERCENT)

Injection No.	0.01	0.02	0.04	0.10	1.0	2.0
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1	45386	84737	166097	448497	4395380	9339150
2	44241	84300	170832	441299	4590800	9484900
3	43822	83835	164160	443719	4593200	9557580
4	44062	84381	164445	444842	4642350	9677060
5	44006	83012	168398	442564	4646430	9766240
6	42724	81957	173002	443975	4646260	.....
X =	44040.1	83703.6	167872	444149	4585767	9564986
SD =	852.5	1042.2	3589.8	2459.1	96839.3	166233
CV =	0.0194	0.0125	0.0213	0.0055	0.0211	0.0174
CV =	0.017					

1910.1028 App E Qualitative and Quantitative fit testing procedures [Reserved]

APPENDIX E to 1910.1028 - QUALITATIVE AND QUANTITATIVE FIT TESTING PROCEDURES [Reserved]

1910.1029 Coke oven emissions. CPL 2-2.28A

(a) Scope and application. This section applies to the control of employee exposure to coke oven emissions, except that this section shall not apply to working conditions with regard to which other Federal agencies exercise statutory authority to prescribe or enforce standards affecting occupational safety and health.

(b) Definitions. For the purpose of this section: "Authorized person" means any person specifically authorized by the employer whose duties require the person to enter a regulated area, or any person entering such an area as a designated representative of employees for the purpose of exercising the opportunity to observe monitoring and measuring procedures under paragraph (n) of this section.

"Beehive oven" means a coke oven in which the products of carbonization other than coke are not recovered, but are released into the ambient air.

"Coke oven" means a retort in which coke is produced by the destructive distillation or carbonization of coal.

"Coke oven battery" means a structure containing a number of slot-type coke ovens.

"Coke oven emissions" means the benzene-soluble fraction of total particulate matter present during the destructive distillation or carbonization of coal for the production of coke.

"Director" means the Director, National Institute for Occupational Safety and Health, U.S. Department of Health, Education, and Welfare, or his or her designee.

"Emergency" means any occurrence such as, but not limited to, equipment failure which is likely to, or does, result in any massive release of coke oven emissions.

"Existing coke oven battery" means a battery in operation or under construction on January 20, 1977, and which is not a rehabilitated coke oven battery.

"Rehabilitated coke oven battery" means a battery which is rebuilt, overhauled, renovated, or restored such as from the pad up, after January 20, 1977.

"Secretary" means the Secretary of Labor, U.S. Department of Labor, or his or her designee.

"Stage charging" means a procedure by which a predetermined volume of coal in each larry car hopper is introduced into an oven such that no more than two hoppers are discharging simultaneously.

"Sequential charging" means a procedure, usually automatically timed, by which a predetermined volume of coal in each larry car hopper is introduced into an oven such that no more than two hoppers commence or finish discharging simultaneously although, at some point, all hoppers are discharging simultaneously.

"Pipeline charging" means any apparatus used to introduce coal into an oven which uses a pipe or duct permanently mounted onto an oven and through which coal is charged.

"Green plush" means coke which when removed from the oven results in emissions due to the presence of unvolatilized coal.

(c) Permissible exposure limit. The employer shall assure that no employee in the regulated area is exposed to coke oven emissions at concentrations greater than 150 micrograms per cubic meter of air (150 ug/m³), averaged over any 8-hour period.

(d) Regulated areas.

(1) The employer shall establish regulated areas and shall limit access to them to authorized persons.

(2) The employer shall establish the following as regulated areas:

(i) The coke oven battery including topside and its machinery, pushside and its machinery, coke side and its machinery, and the battery ends; the wharf; and the screening station;

(ii) The beehive oven and its machinery.

(e) Exposure monitoring and measurement

(1) Monitoring program.

(i) Each employer who has a place of employment where coke oven emissions are present shall monitor employees employed in the regulated area to measure their exposure to coke oven emissions.

(ii) The employer shall obtain measurements which are representative of each employee's exposure to coke oven emissions over an eight-hour period. All measurements shall determine exposure without regard to the use of respiratory protection. STD 1-4.3

(iii) The employer shall collect fullshift (for at least seven continuous hours) personal samples, including at least one sample during each shift for each battery and each job classification within the regulated areas including at least the following job classifications:

- (A) Lidman;
- (B) Tar chaser;
- (C) Larry car operator;
- (D) Luterman;
- (E) Machine operator, coke side;
- (F) Benchman, coke side;
- (G) Benchman, pusher side;
- (H) Heater;
- (I) Quenching car operator;
- (J) Pusher machine operator;
- (K) Screening station operator;
- (L) Wharfman;
- (M) Oven patcher;
- (N) Oven repairman;
- (O) Spellman; and

(P) Maintenance personnel.

(iv) The employer shall repeat the monitoring and measurements required by this paragraph (e)(1) at least every three months.

(2) Redetermination. Whenever there has been a production, process, or control change which may result in new or additional exposure to coke oven emissions, or whenever the employer has any other reason to suspect an increase in employee exposure, the employer shall repeat the monitoring and measurements required by paragraph (e)(1) of this section for those employees affected by such change or increase.

(3) Employee notification.

(i) The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to employees.

(ii) Whenever such results indicate that the representative employee exposure exceeds the permissible exposure limit, the employer shall, in such notification, inform each employee of that fact and of the corrective action being taken to reduce exposure to or below the permissible exposure limit.

(4) Accuracy of measurement. The employer shall use a method of monitoring and measurement which has an accuracy (with a confidence level of 95%) of not less than plus or minus 35% for concentrations of coke oven emissions greater than or equal to 150 ug/m³.

(f) Methods of compliance. The employer shall control employee exposure to coke oven emissions by the use of engineering controls, work practices and respiratory protection as follows: STD 1-4.3

(1) Priority of compliance methods

(i) Existing coke oven batteries.

(a) The employer shall institute the engineering and work practice controls listed in paragraphs (f)(2), (f)(3) and (f)(4) of this section in existing coke oven batteries at the earliest possible time, but not later than January 20, 1980, except to the extent that the employer can establish that such controls are not feasible. In determining the earliest possible time for institution of engineering and work practice controls, the requirement, effective August 27, 1971, to implement feasible administrative or engineering controls to reduce exposures to coal tar pitch volatiles, shall be considered. Wherever the engineering and work practice controls which can be instituted are not sufficient to reduce employee exposures to or below the permissible exposure limit, the employer shall nonetheless use them to reduce exposures to the lowest level achievable

by these controls and shall supplement them by the use of respiratory protection which complies with the requirements of paragraph (g) of this section. STD 1-4.3

(b) The engineering and work practice controls required under paragraphs (f)(2), (f)(3) and (f)(4) of this section are minimum requirements generally applicable to all existing coke oven batteries. If, after implementing all controls required by paragraphs (f)(2), (f)(3) and (f)(4) of this section, or after January 20, 1980, whichever is sooner, employee exposures still exceed the permissible exposure limit, employers shall implement any other engineering and work practice controls necessary to reduce exposure to or below the permissible exposure limit except to the extent that the employer can establish that such controls are not feasible. Whenever the engineering and work practice controls which can be instituted are not sufficient to reduce employee exposures to or below the permissible exposure limit, the employer shall nonetheless use them to reduce exposures to the lowest level achievable by these controls and shall supplement them by the use of respiratory protection which complies with the requirements of paragraph (g) of this section. STD 1.43

(ii) New or rehabilitated coke oven batteries.

(a) The employer shall institute the best available engineering and work practice controls on all new or rehabilitated coke oven batteries to reduce and maintain employee exposures at or below the permissible exposure limit, except to the extent that the employer can establish that such controls are not feasible. Wherever the engineering and work practice controls which can be instituted are not sufficient to reduce employee exposures to or below the permissible exposure limit, the employer shall nonetheless use them to reduce exposures to the lowest level achievable by these controls and shall supplement them by the use of respiratory protection which complies with the requirements of paragraph (g) of this section. STD 1.43

(b) If, after implementing all the engineering and work practice controls required by paragraph (f)(1)(ii)(a) of this section, employee exposures still exceed the permissible exposure limit, the employer shall implement any other engineering and work practice controls necessary to reduce exposure to or below the permissible exposure limit except to the extent that the employer can establish that such controls are not feasible. Wherever the engineering and work practice controls which can be instituted are not sufficient to reduce employee exposures to or below the permissible exposure limit, the employer shall nonetheless use them to reduce exposures to the lowest level achievable by these controls and shall supplement them by the use of respiratory protection which complies with the requirements of paragraph (g) of this section. STD 1.43

(iii) Beehive ovens.

(a) The employer shall institute engineering and work practice controls on all beehive ovens at the earliest possible time to reduce and maintain employee exposures at or below the permissible exposure limit, except to the extent that the employer can establish that such controls are not feasible. In determining the earliest possible time for institution of engineering and work practice controls, the requirement, effective August 27, 1971, to implement feasible

administrative or engineering controls to reduce exposures to coal tar pitch volatiles, shall be considered. Wherever the engineering and work practice controls which can be instituted are not sufficient to reduce employee exposures to or below the permissible exposure limit, the employer shall nonetheless use them to reduce exposures to the lowest level achievable by these controls and shall supplement them by the use of respiratory protection which complies with the requirements of paragraph (g) of this section. STD 1.43

(b) If, after implementing all engineering and work practice controls required by paragraph (f)(1)(iii)(a) of this section, employee exposures still exceed the permissible exposure limit, the employer shall implement any other engineering and work practice controls necessary to reduce exposures to or below the permissible exposure limit except to the extent that the employer can establish that such controls are not feasible. Whenever the engineering and work practice controls which can be instituted are not sufficient to reduce employee exposures to or below the permissible exposure limit, the employer shall nonetheless use them to reduce exposures to the lowest level achievable by these controls and shall supplement them by the use of respiratory protection which complies with the requirements of paragraph (g) of this section. STD 1.43

(2) Engineering controls

(i) Charging. The employer shall equip and operate existing coke oven batteries with all of the following engineering controls to control coke oven emissions during charging operations:

(a) One of the following methods of charging:

(1) Stage charging as described in paragraph (f)(3)(i)(b) of this section; or

(2) Sequential charging as described in paragraph (f)(3)(i)(b) of this section except that paragraph (f)(3)(i)(b)(3)(iv) of this section does not apply to sequential charging; or

(3) Pipeline charging or other forms of enclosed charging in accordance with paragraph (f)(2)(i) of this section, except that paragraphs (f)(2)(i)(b), (d), (e), (f) and (h) of this section do not apply;

(b) Drafting from two or more points in the oven being charged, through the use of double collector mains, or a fixed or movable jumper pipe system to another oven, to effectively remove the gases from the oven to the collector mains;

(c) Aspiration systems designed and operated to provide sufficient negative pressure and flow volume to effectively move the gases evolved during charging into the collector mains, including sufficient steam pressure, and steam jets of sufficient diameter;

(d) Mechanical volumetric controls on each larry car hopper to provide the proper

amount of coal to be charged through each charging hole so that the tunnel head will be sufficient to permit the gases to move from the oven into the collector mains;

(e) Devices to facilitate the rapid and continuous flow of coal into the oven being charged, such as stainless steel liners, coal vibrators or pneumatic shells;

(f) Individually operated larry car drop sleeves and slide gates designed and maintained so that the gases are effectively removed from the oven into the collector mains;

(g) Mechanized gooseneck and standpipe cleaners;

(h) Air seals on the pusher machine leveler bars to control air infiltration during charging; and

(i) Roof carbon cutters or a compressed air system or both on the pusher machine rams to remove roof carbon.

(ii) Coking. The employer shall equip and operate existing coke oven batteries with all of the following engineering controls to control coke oven emissions during coking operations;

(a) A pressure control system on each battery to obtain uniform collector main pressure;

(b) Ready access to door repair facilities capable of prompt and efficient repair of doors, door sealing edges and all door parts;

(c) An adequate number of spare doors available for replacement purposes;

(d) Chuck door gaskets to control chuck door emissions until such door is repaired, or replaced; and

(e) Heat shields on door machines.

(3) Work practice controls

(i) Charging. The employer shall operate existing coke oven batteries with all of the following work practices to control coke oven emissions during the charging operation:

(a) Establishment and implementation of a detailed, written inspection and cleaning procedure for each battery consisting of at least the following elements:

(1) Prompt and effective repair or replacement of all engineering controls;

(2) Inspection and cleaning of goosenecks and standpipes prior to each charge to a specified minimum diameter sufficient to effectively move the evolved gases from the oven to

the collector mains;

(3) Inspection for roof carbon build-up prior to each charge and removal of roof carbon as necessary to provide an adequate gas channel so that the gases are effectively moved from the oven into the collector mains;

(4) Inspection of the steam aspiration system prior to each charge so that sufficient pressure and volume is maintained to effectively move the gases from the oven to the collector mains;

(5) Inspection of steam nozzles and liquor sprays prior to each charge and cleaning as necessary so that the steam nozzles and liquor sprays are clean;

(6) Inspection of standpipe caps prior to each charge and cleaning and luting or both as necessary so that the gases are effectively moved from the oven to the collector mains; and

(7) Inspection of charging holes and lids for cracks, warpage and other defects prior to each charge and removal of carbon to prevent emissions, and application of luting material to standpipe and charging hole lids where necessary to obtain a proper seal.

(b) Establishment and implementation of a detailed written charging procedure, designed and operated to eliminate emissions during charging for each battery, consisting of at least the following elements:

(1) Larry car hoppers filled with coal to a predetermined level in accordance with the mechanical volumetric controls required under paragraph (f)(2)(i)(d) of this section so as to maintain a sufficient gas passage in the oven to be charged;

(2) The larry car aligned over the oven to be charged, so that the drop sleeves fit tightly over the charging holes; and

(3) The oven charged in accordance with the following sequence of requirements:

(i) The aspiration system turned on;

(ii) Coal charged through the outermost hoppers, either individually or together depending on the capacity of the aspiration system to collect the gases involved;

(iii) The charging holes used under paragraph (f)(3)(i)(b)(3)(ii) of this section relidded or otherwise sealed off to prevent leakage of coke oven emissions;

(iv) If four hoppers are used, the third hopper discharged and relidded or

otherwise sealed off to prevent leakage of coke oven emissions;

(v) The final hopper discharged until the gas channel at the top of the oven is blocked and then the chuck door opened and the coal leveled;

(vi) When the coal from the final hopper is discharged and the leveling operation complete, the charging hole relidged or otherwise sealed off to prevent leakage of coke oven emissions; and

(vii) The aspiration system turned off only after the charging holes have been closed.

(c) Establishment and implementation of a detailed written charging procedure, designed and operated to eliminate emissions during charging of each pipeline or enclosed charged battery.

(ii) Coking. The employer shall operate existing coke oven batteries pursuant to a detailed written procedure established and implemented for the control of coke oven emissions during coking, consisting of at least the following elements:

(a) Checking oven back pressure controls to maintain uniform pressure conditions in the collecting main;

(b) Repair, replacement and adjustment of oven doors and chuck doors and replacement of door jambs so as to provide a continuous metal-to-metal fit;

(c) Cleaning of oven doors, chuck doors and door jambs each coking cycle so as to provide an effective seal;

(d) An inspection system and corrective action program to control door emissions to the maximum extent possible; and

(e) Luting of doors that are sealed by luting each coking cycle and reluting, replacing or adjusting as necessary to control leakage.

(iii) Pushing. The employer shall operate existing coke oven batteries with the following work practices to control coke oven emissions during pushing operations:

(a) Coke and coal spillage quenched as soon as practicable and not shoveled into a heated oven; and

(b) A detailed written procedure for each battery established and implemented for the control of emissions during pushing consisting of the following elements:

(1) Dampering off the ovens and removal of charging hole lids to effectively control coke oven emissions during the push;

(2) Heating of the coal charge uniformly for a sufficient period so as to obtain proper coking including preventing green pushes;

(3) Prevention of green pushes to the maximum extent possible;

(4) Inspection, adjustment and correction of heating flue temperatures and defective flues at least weekly and after any green push, so as to prevent green pushes;

(5) Cleaning of heating flues and related equipment to prevent green pushes, at least weekly and after any green push.

(iv) Maintenance and repair. The employer shall operate existing coke oven batteries pursuant to a detailed written procedure of maintenance and repair established and implemented for the effective control of coke oven emissions consisting of the following elements:

(a) Regular inspection of all controls, including goosenecks, standpipes, standpipe caps, charging hold lids and castings, jumper pipes and air seals for cracks, misalignment or other defects and prompt implementation of the necessary repairs as soon as possible;

(b) Maintaining the regulated area in a neat, orderly condition free of coal and coke spillage and debris;

(c) Regular inspection of the damper system, aspiration system and collector main for cracks or leakage, and prompt implementation of the necessary repairs;

(d) Regular inspection of the heating system and prompt implementation of the necessary repairs;

(e) Prevention of miscellaneous fugitive topside emissions;

(f) Regular inspection and patching of oven brickwork;

(g) Maintenance of battery equipment and controls in good working order;

(h) Maintenance and repair of coke oven doors, chuck doors, door jambs and seals; and

(i) Repairs instituted and completed as soon as possible, including temporary repair measures instituted and completed where necessary, including but not limited to:

(1) Prevention of miscellaneous fugitive topside emissions; and

(2) Chuck door gaskets, which shall be installed prior to the start of the next coking cycle.

(4) Filtered air.

(i) The employer shall provided positive-pressure, temperature controlled filtered air for larry car, pusher machine, door machine, and quench car cabs.

(ii) The employer shall provide standby pulpits on the battery topside, at the wharf, and at the screening station, equipped with positive-pressure, temperature controlled filtered air.

(5) Emergencies. Whenever an emergency occurs, the next coking cycle may not begin until the cause of the emergency is determined and corrected, unless the employer can establish that it is necessary to initiate the next coking cycle in order to determine the cause of the emergency.

(6) Compliance program.

(i) Each employer shall establish and implement a written program to reduce exposures solely by means of the engineering and work practice controls required in paragraph (f) of this section.

(ii) The written program shall include at least the following:

(a) A description of each coke oven operation by battery, including work force and operating crew, coking time, operating procedures and maintenance practices;

(b) Engineering plans and other studies used to determine the controls for the coke battery;

(c) A report of the technology considered in meeting the permissible exposure limit;

(d) Monitoring data obtained in accordance with paragraph (e) of this section;

(e) A detailed schedule for the implementation of the engineering and work practice controls required in paragraph (f) of this section; and

(f) Other relevant information.

(iii) If, after implementing all controls required by paragraph (f)(2) - (f)(4) of this section, or after January 20, 1980, whichever is sooner, or after completion of a new or rehabilitated battery the permissible exposure limit is still exceeded, the employer shall develop a detailed written program and schedule for the implementation of any additional engineering controls and work practices necessary to reduce exposure to or below the permissible exposure limit.

(iv) Written plans for such programs shall be submitted, upon request, to the Secretary and

the Director, and shall be available at the worksite for examination and copying by the Secretary, the Director, and the authorized employee representative. The plans required under paragraph (f)(6) of this section shall be revised and updated at least annually to reflect the current status of the program.

(7) Training in compliance procedures. The employer shall incorporate all written procedures and schedules required under this paragraph (f) in the information and training program required under paragraph (k) of this section and, where appropriate, post in the regulated area.

(g) Respiratory protection

(1) General.

For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that comply with the requirements of this paragraph. Compliance with the permissible exposure limit may not be achieved by the use of respirators except during:

(i) Periods necessary to install or implement feasible engineering and work-practice controls.

(ii) Work operations, such as maintenance and repair activity, for which engineering and work-practice controls are technologically not feasible.

(iii) Work operations for which feasible engineering and work-practice controls are not yet sufficient to reduce employee exposure to or below the permissible exposure limit.

(iv) Emergencies.

(2) Respirator program. The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

(3) Respirator selection. Employers must select, and provide to employees, the appropriate respirators specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134; however, employers may use a filtering facepiece respirator only when it functions as a filter respirator for coke oven emissions particulates.

(h) Protective clothing and equipment

(1) Provision and use. The employer shall provide and assure the use of appropriate protective clothing and equipment, such as but not limited to:

(i) Flame resistant jacket and pants;

- (ii) Flame resistant gloves;
- (iii) Face shields or vented goggles which comply with 1910.133(a)(2) of this part;
- (iv) Footwear providing insulation from hot surfaces for footwear;
- (v) Safety shoes which comply with 1910.136 of this part; and
- (vi) Protective helmets which comply with 1910.135 of this part.

(2) Cleaning and replacement.

(i) The employer shall provide the protective clothing required by paragraphs (h)(1) (i) and (ii) of this section in a clean and dry condition at least weekly. STD 1-6.4

(ii) The employer shall clean, launder, or dispose of protective clothing required by paragraphs (h)(1) (i) and (ii) of this section.
STD 1-6.4

(iii) The employer shall repair or replace the protective clothing and equipment as needed to maintain their effectiveness.
STD 1-6.4

(iv) The employer shall assure that all protective clothing is removed at the completion of a work shift only in change rooms prescribed in paragraph (i)(1) of this section.

(v) The employer shall assure that contaminated protective clothing which is to be cleaned, laundered, or disposed of, is placed in a closable container in the change room.

(vi) The employer shall inform any person who cleans or launders protective clothing required by this section, of the potentially harmful effects of exposure to coke oven emissions.

(i) Hygiene facilities and practices

(1) Change rooms. The employer shall provide clean change rooms equipped with storage facilities for street clothes and separate storage facilities for protective clothing and equipment whenever employees are required to wear protective clothing and equipment in accordance with paragraph (h)(1) of this section.

(2) Showers.

(i) The employer shall assure that employees working in the regulated area shower at the end of the work shift.

(ii) The employer shall provide shower facilities in accordance with 1910.141(d)(3) of this part.

(3) Lunchrooms. The employer shall provide lunchroom facilities which have a temperature controlled, positive pressure, filtered air supply, and which are readily accessible to employees working in the regulated area.

(4) Lavatories.

(i) The employer shall assure that employees working in the regulated area wash their hands and face prior to eating.

(ii) The employer shall provide lavatory facilities in accordance with 1910.141(d) (1) and (2) of this part.

(5) Prohibition of activities in the regulated area.

(i) The employer shall assure that in the regulated area, food or beverages are not present or consumed, smoking products are not present or used, and cosmetics are not applied, except that these activities may be conducted in the lunchrooms, change rooms and showers required under paragraphs (i)(1) - (i)(3) of this section.

(ii) Drinking water may be consumed in the regulated area.

(j) Medical surveillance

(1) General requirements.

(i) Each employer shall institute a medical surveillance program for all employees who are employed in a regulated area at least 30 days per year.

(ii) This program shall provide each employee covered under paragraph (j)(1)(i) of this section with an opportunity for medical examinations in accordance with this paragraph (j).

(iii) The employer shall inform any employee who refuses any required medical examination of the possible health consequences of such refusal and shall obtain a signed statement from the employee indicating that the employee understands the risk involved in the refusal to be examined.

(iv) The employer shall assure that all medical examinations and procedures are performed by or under the supervision of a licensed physician, and are provided without cost to the employee.

(2) Initial examinations. At the time of initial assignment to a regulated area or upon the

institution of the medical surveillance program, the employer shall provide a medical examination for employees covered under paragraph (j)(1)(i) of this section including at least the following elements:

(i) A work history and medical history which shall include smoking history and the presence and degree of respiratory symptoms, such as breathlessness, cough, sputum production, and wheezing; STD 1.43

(ii) A standard posterior-anterior chest x-ray;

(iii) Pulmonary function tests including forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1.0) with recording of type of equipment used;

(iv) Weight;

(v) A skin examination;

(vi) Urinalysis for sugar, albumin, and hematuria; and

(vii) A urinary cytology examination.

(3) Periodic examinations.

(i) The employer shall provide the examinations specified in paragraphs (j)(2) (i) - (vi) of this section at least annually for employees covered under paragraph (j)(1)(i) of this section.

(ii) The employer must provide the examinations specified in paragraphs (j)(2)(i) through (j)(2)(vii) of this section at least annually for employees 45 years of age or older or with five (5) or more years employment in the regulated area.

(iii) Whenever an employee who is 45 years of age or older or with five (5) or more years employment in a regulated area transfers or is transferred from employment in a regulated area, the employer must continue to provide the examinations specified in paragraphs (j)(2)(i) through (j)(2)(vii) of this section at least annually as long as that employee is employed by the same employer or a successor employer.

(iv) Whenever an employee has not taken the examinations specified in paragraphs (j)(3) (i) - (iii) of this section with the six (6) months preceding the termination of employment the employer shall provide such examinations to the employee upon termination of employment.

(4) Information provided to the physician. The employer shall provide the following information to the examining physician:

(i) A copy of this regulation and its Appendixes;

- (ii) A description of the affected employee's duties as they relate to the employee's exposure;
- (iii) The employee's exposure level or estimated exposure level;
- (iv) A description of any personal protective equipment used or to be used; and
- (v) Information from previous medical examinations of the affected employee which is not readily available to the examining physician.

(5) Physician's written opinion.

(i) The employer shall obtain a written opinion from the examining physician which shall include:

(a) The results of the medical examinations;

(b) The physician's opinion as to whether the employee has any detected medical conditions which would place the employee at increased risk of material impairment of the employee's health from exposure to coke oven emissions;

(c) Any recommended limitations upon the employee's exposure to coke oven emissions or upon the use of protective clothing or equipment such as respirators; and STD 1.43

(d) A statement that the employee has been informed by the physician of the results of the medical examination and any medical conditions which require further explanation or treatment.

(ii) The employer shall instruct the physician not to reveal in the written opinion specific findings or diagnoses unrelated to occupational exposure.

(iii) The employer shall provide a copy of the written opinion to the affected employee.

(k) Employee information and training

(1) Training program.

(i) The employer shall train each employee who is employed in a regulated area in accordance with the requirements of this section. The employer shall institute a training program and ensure employee participation in the program.

(ii) The training program shall be provided as of January 27, 1977 for employees who are employed in the regulated area at that time or at the time of initial assignment to a regulated area.

(iii) The training program shall be provided at least annually for all employees who are

employed in the regulated area, except that training regarding the occupational safety and health hazards associated with exposure to coke oven emissions and the purpose, proper use, and limitations of respiratory protective devices shall be provided at least quarterly until January 20, 1978. STD 1.43

(iv) The training program shall include informing each employee of:

(a) The information contained in the substance information sheet for coke oven emissions (Appendix A);

(b) The purpose, proper use, and limitations of respiratory protective devices required in accordance with paragraph (g) of this section; STD 1.43

(c) The purpose for and a description of the medical surveillance program required by paragraph (j) of this section including information on the occupational safety and health hazards associated with exposure to coke oven emissions;

(d) A review of all written procedures and schedules required under paragraph (f) of this section; and

(e) A review of this standard.

(2) Access to training materials.

(i) The employer shall make a copy of this standard and its appendixes readily available to all employees who are employed in the regulated area.

(ii) The employer shall provide upon request all materials relating to the employee information and training program to the Secretary and the Director.

(1) Precautionary signs and labels

(1) General.

(i) The employer may use labels or signs required by other statutes, regulations or ordinances in addition to, or in combination with, signs and labels required by this paragraph.

(ii) The employer shall assure that no statement appears on or near any sign required by this paragraph which contradicts or detracts from the effects of the required sign.

(iii) The employer shall assure that signs required by this paragraph are illuminated and cleaned as necessary so that the legend is readily visible.

(2) Signs.

(i) The employer shall post signs in the regulated area bearing the legends:

DANGER
CANCER HAZARD
AUTHORIZED PERSONNEL ONLY
NO SMOKING OR EATING

(ii) In addition, not later than January 20, 1978, the employer shall post signs in the areas where the permissible exposure limit is exceeded bearing the legend: STD 1.43

DANGER
RESPIRATOR REQUIRED

(3) Labels. The employer shall apply precautionary labels to all containers of protective clothing contaminated with coke oven emissions bearing the legend:

CAUTION
CLOTHING CONTAMINATED WITH COKE EMISSIONS
DO NOT REMOVE DUST BY BLOWING OR SHAKING

(m) Recordkeeping

(1) Exposure measurements. The employer shall establish and maintain an accurate record of all measurements taken to monitor employee exposure to coke oven emissions required in paragraph (e) of this section.

(i) This record shall include:

(a) Name, social security number, and job classification of the employees monitored;

(b) The date(s), number, duration and results of each of the samples taken, including a description of the sampling procedure used to determine representative employee exposure where applicable;

(c) The type of respiratory protective devices worn, if any;
STD 1.43

(d) A description of the sampling and analytical methods used and evidence of their accuracy; and

(e) The environmental variables that could affect the measurement of employee exposure.

(ii) The employer shall maintain this record for at least 40 years or for the duration of

employment plus 20 years, whichever is longer.

(2) Medical surveillance. The employer shall establish and maintain an accurate record for each employee subject to medical surveillance as required by paragraph (j) of this section.

(i) The record shall include:

(a) The name, social security number, and description of duties of the employee;

(b) A copy of the physician's written opinion;

(c) The signed statement of any refusal to take a medical examination under paragraph (j)(1)(ii) of this section; and

(d) Any employee medical complaints related to exposure to coke oven emissions.

(ii) The employer shall keep, or assure that the examining physician keeps, the following medical records:

(a) A copy of the medical examination results including medical and work history required under paragraph (j)(2) of this section;

(b) A description of the laboratory procedures used and a copy of any standards or guidelines used to interpret the test results;

(c) The initial x-ray;

(d) The x-rays for the most recent five (5) years;

(e) Any x-ray with a demonstrated abnormality and all subsequent x-rays;

(f) The initial cytologic examination slide and written description;

(g) The cytologic examination slide and written description for the most recent 10 years;
and

(h) Any cytologic examination slides with demonstrated atypia, if such atypia persists for 3 years, and all subsequent slides and written descriptions.

(iii) The employer shall maintain medical records required under paragraph (m)(2) of this section for at least 40 years, or for the duration of employment plus 20 years, whichever is longer.

(3) Availability.

(i) The employer shall make available upon request all records required to be maintained by paragraph (m) of this section to the Secretary and the Director for examination and copying.

(ii) Employee exposure measurement records and employee medical records required by this paragraph shall be provided upon request to employees, designated representatives, and the Assistant Secretary in accordance with 29 CFR 1910.20(a) - (e) and (g) - (i).

(4) Transfer of records.

(i) Whenever the employer ceases to do business, the successor employer shall receive and retain all records required to be maintained by paragraph (m) of this section.

(ii) Whenever the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, these records shall be transmitted by registered mail to the Director.

(iii) At the expiration of the retention period for the records required to be maintained under paragraphs (m)(1) and (m)(2) of this section, the employer shall transmit these records by registered mail to the Director or shall continue to retain such records.

(iv) The employer shall also comply with any additional requirements involving transfer of records set forth in 29 CFR 1910.20(h).

(n) Observation of monitoring

(1) Employee observation. The employer shall provide affected employees or their representatives an opportunity to observe any measuring or monitoring of employee exposure to coke oven emissions conducted pursuant to paragraph (e) of this section.

(2) Observation procedures.

(i) Whenever observation of the measuring or monitoring of employee exposure to coke oven emissions requires entry into an area where the use of protective clothing or equipment is required, the employer shall provide the observer with and assure the use of such equipment and shall require the observer to comply with all other applicable safety and health procedures.

(ii) Without interfering with the measurement, observers shall be entitled to:

(a) An Explanation of the measurement procedures;

(b) Observe all s related to the measurement of coke oven emissions performed at the place of exposure; and

(c) Record the results obtained.

(o) [Reserved]

(p) Appendices. The information contained in the appendixes to this section is not intended, by itself, to create any additional obligations not otherwise imposed or to detract from any existing obligation.

1910.1029 App A Coke oven emissions substance information sheet

APPENDIX A to 1910.1029 - COKE OVEN EMISSIONS SUBSTANCE INFORMATION SHEET

I. SUBSTANCE IDENTIFICATION

A. Substance: Coke Oven Emissions

B. Definition: The benzene-soluble fraction of total particulate matter present during the destructive distillation or carbonization of coal for the production of coke.

C. Permissible Exposure Limit: 150 micrograms per cubic meter of air determined as an average over an 8-hour period.

D. Regulated areas: Only employees authorized by your employer should enter a regulated area. The employer is required to designate the following areas as regulated areas: the coke oven battery, including topside and its machinery, pushside and its machinery, cokeside and its machinery, and the battery ends; the screening station; and the wharf; and the beehive ovens and their machinery.

II. HEALTH HAZARD DATA

Exposure to coke oven emissions is a cause of lung cancer, and kidney cancer, in humans. Although there have not been an excess number of skin cancer cases in humans, repeated skin contact with coke oven emissions should be avoided.

III. PROTECTIVE CLOTHING AND EQUIPMENT

A. Respirators: Respirators will be provided by your employer for routine use if your employer is in the process of implementing engineering and work practice controls or where engineering and work practice controls are not feasible or insufficient to reduce exposure to or below the PEL. You must wear respirators for non-routine activities or in emergency situations where you are likely to be exposed to levels of coke oven emissions in excess of the permissible exposure limit. Until January 20, 1978, the routine wearing of respirators is voluntary. Until that date, if you choose not to wear a respirator you do not have to do so. You must still have your respirator

with you and you must still wear it if you are near visible emissions. Since how well your respirator fits your face is very important, your employer is required to conduct fit tests to make sure the respirator seals properly when you wear it. These tests are simple and rapid and will be explained to you during your training sessions. STD 1.43

B. Protective clothing: Your employer is required to provide, and you must wear, appropriate, clean, protective clothing and equipment to protect your body from repeated skin contact with coke oven emissions and from the heat generated during the coking process. This clothing should include such items as jacket and pants and flame resistant gloves. Protective equipment should include face shield or vented goggles, protective helmets and safety shoes, insulated from hot surfaces where appropriate.

IV. HYGIENE FACILITIES AND PRACTICES

You must not eat, drink, smoke, chew gum or tobacco, or apply cosmetics in the regulated area, except that drinking water is permitted. Your employer is required to provide lunchrooms and other areas for these purposes.

Your employer is required to provide showers, washing facilities, and change rooms. If you work in a regulated area, you must wash your face, and hands before eating. You must shower at the end of the work shift. Do not take used protective clothing out of the change rooms without your employer's permission. Your employer is required to provide for laundering or cleaning of your protective clothing.

V. SIGNS AND LABELS

Your employer is required to post warning signs and labels for your protection. Signs must be posted in regulated areas. The signs must warn that a cancer hazard is present, that only authorized employees may enter the area, and that no smoking or eating is allowed. In regulated areas where coke oven emissions are above the permissible exposure limit, the signs should also warn that respirators must be worn. STD 1.43

VI. MEDICAL EXAMINATIONS

If you work in a regulated area at least 30 days per year, your employer is required to provide you with a medical examination every year. The medical examination must include a medical history, a chest x-ray, pulmonary function test, weight comparison, skin examination, a urinalysis, and a urine cytology exam for the early detection of urinary cancer. The urine cytology exam is only included in the initial exam until you are either 45 years or older or have 5 or more years employment in the regulated areas when the medical exams including this test, but excepting the x-ray exam, are to be given every six months; under these conditions, you are to be given an x-ray exam at least once a year. The examining physician will provide a written opinion to your employer containing the results of the medical exams. You should also receive a copy of this opinion.

VII. OBSERVATION OF MONITORING

Your employer is required to monitor your exposure to coke oven emissions and you are entitled to observe the monitoring procedure. You are entitled to receive an explanation of the measurement procedure, observe the samples taken in the measurement procedure, and to record the results obtained. When the monitoring procedure is taking place in an area where respirators or personal protective clothing and equipment are required to be worn, you must also be provided with and must wear the protective clothing and equipment. STD 1.43

VIII. ACCESS TO RECORDS

You or your representative are entitled to records of your exposure to coke oven emissions upon request to your employer. Your medical examination records can be furnished to your physician upon request to your employer.

IX. TRAINING AND EDUCATION

Additional information on all of these items plus training as to hazards of coke oven emissions and the engineering and work practice controls associated with your job will also be provided by your employer.

1910.1029 App B Industrial hygiene and medical surveillance guidelines

APPENDIX B to 1910.1029 - INDUSTRIAL HYGIENE AND MEDICAL SURVEILLANCE GUIDELINES

I. INDUSTRIAL HYGIENE GUIDELINES

A. Sampling (Benzene-Soluble Fraction Total Particulate Matter).

Samples collected should be full shift (at least 7-hour) samples. Sampling should be done using a personal sampling pump with pulsation damper at a flow rate of 2 liters per minute. Samples should be collected on 0.8 micrometer pore size silver membrane filters (37 mm diameter) preceded by Gelman glass fiber type A-E filters encased in three-piece plastic (polystyrene) field monitor cassettes. The cassette face cap should be on and the plug removed. The rotameter should be checked every hour to ensure that proper flow rates are maintained.

A minimum of three full-shift samples should be collected for each job classification on each battery, at least one from each shift. If disparate results are obtained for particular job classification, sampling should be repeated. It is advisable to sample each shift on more than one day to account for environmental variables (wind, precipitation, etc.) which may affect sampling. Differences in exposures among different work shifts may indicate a need to improve work practices on a particular shift. Sampling results from different shifts for each job classification

should not be averaged. Multiple samples from same shift on each battery may be used to calculate an average exposure for a particular job classification.

B. Analysis.

1. All extraction glassware is cleaned with dichromic acid cleaning solution, rinsed with tap water, then de-ionized water, acetone, and allowed to dry completely. The glassware is rinsed with nanograde benzene before use. The Teflon cups are cleaned with benzene then with acetone.
2. Pre-weigh the 2 ml Teflon cups to one hundredth of a milligram (0.01 mg) on a autobalance AD 2 Tare weight of the cups is about 50 mg.
3. Place the silver membrane filter and glass fiber filter into a 15 ml test tube.
4. Extract with 5 ml of benzene for five minutes in an ultrasonic cleaner.
5. Filter the extract in 15 ml medium glass fritted funnels.
6. Rinse test tube and filters with two 1.5 ml aliquots of benzene and filter through the fritted glass funnel.
7. Collect the extract and two rinses in a 10 ml Kontes graduated evaporative concentrator.
8. Evaporate down to 1 ml while rinsing the sides with benzene.
9. Pipet 0.5 ml into the Teflon cup and evaporate to dryness in a vacuum oven at 40 deg. C for 3 hours.
10. Weigh the Teflon cup and the weight gain is due to the benzene soluble residue in half the Sample.

II. MEDICAL SURVEILLANCE GUIDELINES

A. General.

The minimum requirements for the medical examination for coke oven workers are given in paragraph (j) of the standard. The initial examination is to be provided to all coke oven workers who work at least 30 days in the regulated area. The examination includes at posterior-anterior chest x-ray, pulmonary function tests (FVC and FEV 1.0), weight, urinalysis, skin examination and a urinary cytologic examination. These tests are needed to serve as the baseline for comparing the employee's future test results. Periodic exams include all the elements of the initial exams, except that the urine cytologic test is to be performed only on those employees who are 45 years or older or who have worked for 5 or more years in the regulated area; periodic

exams, with the exception of x-rays, are to be performed semiannually for this group instead of annually; for this group, x-rays will continue to be given at least annually. The examination contents are minimum requirements, additional tests such as lateral and oblique x-rays or additional pulmonary function tests may be performed if deemed necessary.

B. Pulmonary function tests.

Pulmonary function tests should be performed in a manner which minimizes subject and operator bias. There has been shown to be learning effects with regard to the results obtained from certain tests, such as FEV 1.0. Best results can be obtained by multiple trials for each subject. The best of three trials or the average of the last three of five trials may be used in obtaining reliable results. The type of equipment used (manufacturer, model, etc.) should be recorded with the results as reliability and accuracy varies and such information may be important in the evaluation of test results. Care should be exercised to obtain the best possible testing equipment.

[41 FR 46784, Oct. 22, 1976, as amended at 42 FR 3304, Jan. 18, 1977; 45 FR 35283, May 23, 1980; 50 FR 37353, 37354, Sept. 13, 1985; 54 FR 24334, June 7, 1989]

1910.1030 Bloodborne Pathogens. CPL 2-2.44C

(a) Scope and Application This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) Definitions. For purposes of this section, the following shall apply:

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

"Blood" means human blood, human blood components, and products made from human blood.

"Bloodborne Pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

"Clinical Laboratory" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

"Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

"Contaminated Sharps" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

"Director" means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

"Engineering Controls" means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

"Exposure Incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

"Handwashing Facilities" means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

"HBV" means hepatitis B virus.

"HIV" means human immunodeficiency virus.

"Licensed Healthcare Professional" is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

"Needleless systems" means a device that does not use needles for:

- (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- (2) The administration of medication or fluids; or
- (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

"Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

"Other Potentially Infectious Materials" means

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

"Parenteral" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"Personal Protective Equipment" is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

"Production Facility" means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

"Regulated Waste" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

"Research Laboratory" means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

"Sharps with engineered sharps injury protections" means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

"Source Individual" means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell

blood or blood components.

"Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

"Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

"Work Practice Controls" means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) Exposure Control

(1) Exposure Control Plan

(i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(ii) The Exposure Control Plan shall contain at least the following elements:

(A) The exposure determination required by paragraph (c)(2),

(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(e).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

(A) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

(B) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

(v) An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

(vi) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) Exposure Determination

(i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(B) A list of job classifications in which some employees have occupational exposure, and

(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance

(1) General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) Engineering and Work Practice Controls

(i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls,

personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure.

(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) puncture resistant;

(B) labeled or color-coded in accordance with this standard;

(C) leakproof on the sides and bottom; and

(D) in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact

lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior

to handling, servicing, or shipping so that appropriate precautions will be taken.

(3) Personal Protective Equipment

(i) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(ix) Gloves. Gloves shall be worn when it can be reasonably anticipated that

the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(1) Periodically reevaluate this policy;

(2) Make gloves available to all employees who wish to use them for phlebotomy;

(3) Not discourage the use of gloves for phlebotomy; and

(4) Require that gloves be used for phlebotomy in the following circumstances:

(i) When the employee has cuts, scratches, or other breaks in his or her skin;

(ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(iii) When the employee is receiving training in phlebotomy.

(x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer

garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(4) Housekeeping

(i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment.

(1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

- (i) Closable;
- (ii) Puncture resistant;
- (iii) Leakproof on sides and bottom; and
- (iv) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(2) During use, containers for contaminated sharps shall be:

(i) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(ii) Maintained upright throughout use; and

(iii) Replaced routinely and not be allowed to overfill.

(3) When moving containers of contaminated sharps from the area of use, the containers shall be:

(i) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(ii) Placed in a secondary container if leakage is possible. The second container shall be:

(A) Closable;

(B) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(C) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(B) Other Regulated Waste Containment.

(1) Regulated waste shall be placed in containers which are:

(i) Closable;

(ii) Constructed to contain all contents and prevent leakage of fluids

during handling, storage, transport or shipping;

(iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

(iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(a) Closable;

(b) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(c) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(d) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) HIV and HBV Research Laboratories and Production Facilities

(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(2) Research laboratories and production facilities shall meet the following criteria:

(i) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(ii) Special Practices

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) Containment Equipment.

(A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be self-closing.

(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5) Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up

(1) General

(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee;

(B) Made available to the employee at a reasonable time and place;

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination

(i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(3) Post-exposure Evaluation and Follow-up Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status;

(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional

(i) The employer shall ensure that the healthcare professional responsible for the

employee's Hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(5) Healthcare Professional's Written Opinion The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(A) That the employee has been informed of the results of the evaluation; and

(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) Communication of Hazards to Employees

(1) Labels and Signs

(i) Labels.

(A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(B) Labels required by this section shall include the following legend:

(C) fluorescent orange predominantly so, symbols in a

(D) close as feasible to wire, adhesive, or prevents their loss

(E) Red may be substituted for labels.

(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from



These labels shall be or orange-red or with lettering and contrasting color.

Labels shall be affixed as the container by string, other method that or unintentional removal.

bags or red containers

the labeling requirement.

(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(ii) Signs.

(A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:



(Name of the
Infectious Agent)
(Special
requirements for
entering the area)
(Name, telephone
number of the
laboratory director or

other responsible person.)

(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

(2) Information and Training

(i) The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) At least annually thereafter.

(iii) [Reserved]

(iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(vii) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(G) Information on the types, proper use, location, removal, handling, decontamination

and disposal of personal protective equipment;

(H) An explanation of the basis for selection of personal protective equipment;

(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) Recordkeeping

(1) Medical Records

(i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The name and social security number of the employee;

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(A) Kept confidential; and

(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

(2) Training Records

(i) Training records shall include the following information:

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training; and

(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Availability

(i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(4) Transfer of Records

(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(5) Sharps injury log.

(i) The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

(A) The type and brand of device involved in the incident,

(B) The department or work area where the exposure incident occurred, and

(C) An explanation of how the incident occurred.

(ii) The requirement to establish and maintain a sharps injury log shall apply to any employer

who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.
(iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

(i) Dates

(1) Effective Date. The standard shall become effective on March 6, 1992.

(2) The Exposure Control Plan required by paragraph (c) of this section shall be completed on May 5, 1992.

(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on June 4, 1992.

(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g) (1) Labels and Signs, shall take effect on July 6, 1992.

1910.1030 App. A Hepatitis B Vaccine Declination (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

[56 FR 64175, Dec. 6th, 1991]

1910.1043 Cotton dust. (Not applicable in Wyoming)

1910.1044 1,2-dibromo-3-chloropropane.

(a) Scope and application.

(1) This section applies to occupational exposure to 1,2-dibromo-3-chloropropane (DBCP).

(2) This section does not apply to:

(i) Exposure to DBCP which results solely from the application and use of DBCP as a pesticide; or

(ii) The storage, transportation, distribution or sale of DBCP in intact containers sealed in such a manner as to prevent exposure to DBCP vapors or liquid, except for the requirements of paragraphs (i), (n) and (o) of this section.

(b) Definitions.

(1) "Administrator" means the Administrator of the State of Wyoming Occupational Health and Safety Department, or designee.

(2) "Authorized person" means any person required by his duties to be present in regulated areas and authorized to do so by his employer, by this section, or by the Act. "Authorized person" also includes any person entering such areas as a designated representative of employees exercising an opportunity to observe employee exposure monitoring.

(3) "DBCP" means 1,2-dibromo-3-chloropropane, Chemical Abstracts Service Registry Number 96-12-8, and includes all forms of DBCP.

(4) "Department" means the Occupational Health and Safety Department; Cheyenne, Wyoming, 82002.

(5) "Director" means the Director, National Institute for Occupational Safety and Health, U.S. Department of Health, Education and Welfare, or designee.

(6) "Emergency" means any occurrence such as, but not limited to equipment failure, rupture of containers, or failure of control equipment which may, or does, result in an unexpected release of DBCP

(7) "Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

(c) Permissible exposure limit

(1) Inhalation. The employer shall assure that no employee is exposed to an airborne concentration of DBCP in excess of 1 part DBCP per billion parts of air (ppb) as an 8-hour time-weighted average.

(2) Dermal and eye exposure. The employer shall assure that no employee is exposed to eye or skin contact with DBCP.

(d) [Reserved]

(e) Regulated areas.

(1) The employer shall establish, within each place of employment, regulated areas wherever DBCP concentrations are in excess of the permissible exposure limit.

(2) The employer shall limit access to regulated areas to authorized persons.

(f) Exposure monitoring

(1) General.

(i) Determinations of airborne exposure levels shall be made from air sample that are representative of each employee's exposure to DBCP over an 8-hour period.

(ii) For the purposes of this paragraph, employee exposure is that exposure which would occur if the employee were not using a respirator.

(2) Initial. Each employer who has a place of employment in which DBCP is present, shall monitor each workplace and work operation to accurately determine the airborne concentrations of DBCP to which employees may be exposed.

(3) Frequency.

(i) If the monitoring required by this section reveals employee exposures to be at or below the permissible exposure limit, the employer must repeat these measurements at least every 6 months.

(ii) If the monitoring required by this section reveals employee exposures to be in excess of the permissible exposure limit, the employer must repeat these measurements for each such employee at least quarterly. The employer must continue quarterly monitoring until at least two consecutive measurements, taken at least seven (7) days apart, are at or below the permissible exposure limit. Thereafter the employer must monitor at least every 6 months.

(4) Additional. Whenever there has been a production, process, control, or personnel change which may result in any new or additional exposure to DBCP, or whenever the employer has any reason to suspect new or additional exposures to DBCP, the employer shall monitor the employees potentially affected by such change for the purpose of redetermining their exposure.

(5) Employee notification.

(i) The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to

employees.

(ii) Whenever the results indicate that employee exposure exceeds the permissible exposure limit, the employer shall include in the written notice a statement that the permissible exposure limit was exceeded and a description of the corrective action being taken to reduce exposure to or below the permissible exposure limit.

(6) Accuracy of measurement. The employer shall use a method of measurement which has an accuracy, to a confidence level of 95 percent, of not less than plus or minus 25 percent for concentrations of DBCP at or above the permissible exposure limit.

(g) Methods of compliance

(1) Priority of compliance methods. The employer shall institute engineering and work practice controls to reduce and maintain employee exposures to DBCP at or below the permissible exposure limit, except to the extent that the employer establishes that such controls are not feasible. Where feasible engineering and work practice controls are not sufficient to reduce employee exposures to within the permissible exposure limit, the employer shall nonetheless use them to reduce exposures to the lowest level achievable by these controls, and shall supplement them by use of respiratory protection.

(2) Compliance program.

(i) The employer shall establish and implement a written program to reduce employee exposures to DBCP to or below the permissible exposure limit solely by means of engineering and work practice controls as required by paragraph (g)(1) of this section.

(ii) The written program shall include a detailed schedule for development and implementation of the engineering and work practice controls. These plans must be revised at least annually to reflect the current status of the program.

(iii) Written plans for these compliance programs shall be submitted upon request to the Assistant Secretary and the Director, and shall be available at the worksite for examination and copying by the Assistant Secretary, the Director, and any affected employee or designated representative of employees.

(iv) The employer shall institute and maintain at least the controls described in his most recent written compliance program.

(h) Respirator protection.

(1) General. For employees who are required to use respirators by this section, the employer must provide each employee an appropriate respirator that comply with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement feasible engineering and work-practice controls.

(ii) Maintenance and repair activities for which engineering and work-practice controls are not feasible.

(iii) Work operations for which feasible engineering and work-practice controls are not yet sufficient to reduce employee exposure to or below the permissible exposure limit.

(iv) Emergencies.

(2) Respirator program. The employer must implement a respiratory protection program in

accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

(3) Respirator selection. Employers must:

(i) Select, and provide to employees, the appropriate atmosphere-supplying respirator specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134.

(ii) Provide employees with one of the following respirator options to use for entry into, or escape from, unknown DBCP concentrations:

(A) A combination respirator that includes a supplied-air respirator with a full facepiece operated in a pressure-demand or other positive-pressure or continuous-flow mode, as well as an auxiliary self-contained breathing apparatus (SCBA) operated in a pressure-demand or positive-pressure mode.

(B) An SCBA with a full facepiece operated in a pressure-demand or other positive-pressure mode.

(i) Emergency situations

(1) Written plans.

(i) A written plan for emergency situations shall be developed for each workplace in which DBCP is present.

(ii) Appropriate portions of the plan shall be implemented in the event of an emergency.

(2) Employees engaged in correcting emergency conditions shall be equipped as required in paragraphs (h) and (j) of this section until the emergency is abated.

(3) Evacuation. Employees not engaged in correcting the emergency shall be removed and restricted from the area and normal operations in the affected area shall not be resumed until the emergency is abated.

(4) Alerting employees. Where there is a possibility of employee exposure to DBCP due to the occurrence of an emergency, a general alarm shall be installed and maintained to promptly alert employees of such occurrences.

(5) Medical surveillance. For any employee exposed to DBCP in an emergency situation, the employer shall provide medical surveillance in accordance with paragraph (m)(6) of this section.

(6) Exposure monitoring.

(i) Following an emergency, the employer shall conduct monitoring which complies with paragraph (f) of this section.

(ii) In workplaces not normally subject to periodic monitoring, the employer may terminate monitoring when two consecutive measurements indicate exposures below the permissible exposure limit.

(j) Protective clothing and equipments

(1) Provision and use. Where there is any possibility of eye or dermal contact with liquid or solid DBCP, the employer shall provide, at no cost to the employee, and assure that the employee wears impermeable protective clothing and equipment to protect the area of the body which may come in contact with DBCP. Eye and face protection shall meet the requirements of 1910.133 of this part.

(2) Removal and storage.

(i) The employer shall assure that employees remove DBCP contaminated work clothing only in change rooms provided in accordance with paragraph (l)(1) of this section.

(ii) The employer shall assure that employees promptly remove any protective clothing and equipment which becomes contaminated with DBCP-containing liquids and solids. This clothing shall not be reworn until the DBCP has been removed from the clothing or equipment.

(iii) The employer shall assure that no employee takes DBCP contaminated protective devices and work clothing out of the change room, except those employees authorized to do so for the purpose of laundering, maintenance, of disposal.

(iv) DBCP-contaminated protective devices and work clothing shall be placed and stored in closed containers which prevent dispersion of the DBCP outside the container.

(v) Containers of DBCP contaminated protective devices or work clothing which are to be taken out of change rooms or the workplace for cleaning, maintenance or disposal, shall bear labels in accordance with paragraph (o)(3) of this section.

(3) Cleaning and replacement.

(i) The employer shall clean, launder, repair, or replace protective clothing and equipment required by this paragraph to maintain their effectiveness. The employer shall provide clean protective clothing and equipment at least daily to each affected employee.

(ii) The employer shall inform any person who launders or clean DBCP-contaminated protective clothing or equipment of the potentially harmful effects of exposure to DBCP.

(iii) The employer shall prohibit the removal of DBCP from protective clothing and equipment by blowing or shaking.

(k) Housekeeping

(1) Surfaces.

(i) All workplace surfaces shall be maintained free of visible accumulations of DBCP.

(ii) Dry sweeping and the use of compressed air for the cleaning of floors and other surfaces is prohibited where DBCP dusts or liquids are present.

(iii) Where vacuuming methods are selected to clean floors and other surfaces, either portable units or a permanent system may be used.

(a) If a portable unit is selected, the exhaust shall be attached to the general workplace exhaust ventilation system or collected within the vacuum unit, equipped with high efficiency filters or other appropriate means of contaminant removal, so that DBCP is not reintroduced into the workplace air; and

(b) Portable vacuum units used to collect DBCP may not be used for other cleaning purposes and shall be labeled as prescribed by paragraph (o)(3) of this section.

(iv) Cleaning of floors and other surfaces contaminated with DBCP-containing dusts shall not be performed by washing down with a hose, unless a fine spray has first been laid down.

(2) Liquids. Where DBCP is present in a liquid form, or as a resultant vapor, all containers or vessels containing DBCP shall be enclosed to the maximum extent feasible and tightly covered when not in use.

(3) Waste disposal. DBCP waste scrap, debris, containers or equipment, shall be disposed of in sealed bags or other closed containers which prevent dispersion of DBCP outside the container.

(l) Hygiene facilities and practices

(1) Change rooms. The employer shall provide clean change rooms equipped with storage facilities for street clothes and separate storage facilities for protective clothing and equipment whenever employees are required to wear protective clothing and equipment in accordance with paragraphs (h) and (j) of this section.

(2) Showers.

(i) The employer shall assure that employees working in the regulated area shower at the

end of the work shift.

(ii) The employer shall assure that employees whose skin becomes contaminated with DBCP-containing liquids or solids immediately wash or shower to remove any DBCP from the skin.

(iii) The employer shall provide shower facilities in accordance with 29 CFR 1910.141(d)(3).

(3) Lunchrooms. The employer shall provide lunchroom facilities which have a temperature controlled, positive pressure, filtered air supply, and which are readily accessible to employees working in regulated areas.

(4) Lavatories.

(i) The employer shall assure that employees working in the regulated area remove protective clothing and wash their hands and face prior to eating.

(ii) The employer shall provide a sufficient number of lavatory facilities which comply with 29 CFR 1910.141(d) (1) and (2).

(5) Prohibition of activities in regulated areas. The employer shall assure that, in regulated areas, food or beverages are not present or consumed, smoking products and implements are not present or used, and cosmetics are not present or applied.

(m) Medical surveillance

(1) General.

(i) The employer shall make available a medical surveillance program for employees who work in regulated areas and employees who are subjected to DBCP exposures in an emergency situation.

(ii) All medical examinations and procedures shall be performed by or under the supervision of a licensed physician, and shall be provided without cost to the employee.

(2) Frequency and content. At the time of initial assignment, and annually thereafter, the employer shall provide a medical examination for employees who work in regulated areas, which includes at least the following:

(i) A medical and occupational history including reproductive history.

(ii) A physical examination, including examination of the genitourinary tract, testicle size and body habitus, including a determination of sperm count.

(iii) A serum specimen shall be obtained and the following determinations made by radioimmunoassay techniques utilizing National Institutes of Health (NIH) specific antigen or one of equivalent sensitivity:

(a) Serum follicle stimulating hormone (FSH);

(b) Serum luteinizing hormone (LH); and

(c) Serum total estrogen (females).

(iv) Any other tests deemed appropriate by the examining physician.

(3) Additional examinations. If the employee for any reason develops signs or symptoms commonly associated with exposure to DBCP, the employer shall provide the employee with a medical examination which shall include those elements considered appropriate by the examining physician.

(4) Information provided to the physician. The employer shall provide the following information to the examining physician:

(i) A copy of this regulation and its appendices;

(ii) A description of the affected employee's duties as they relate to the employee's exposure;

(iii) The level of DBCP to which the employee is exposed; and

(iv) A description of any personal protective equipment used or to be used.

(5) Physician's written opinion.

(i) For each examination under this section, the employer shall obtain and provide the employee with a written opinion from the examining physician which shall include:

(a) The results of the medical tests performed;

(b) The physician's opinion as to whether the employee has any detected medical condition which would place the employee at an increased risk of material impairment of health from exposure to DBCP; and

(c) Any recommended limitations upon the employee's exposure to DBCP or upon the use of protective clothing and equipment such as respirators.

(ii) The employer shall instruct the physician not to reveal in the written opinion specific findings or diagnoses unrelated to occupational exposure.

(6) Emergency situations. If the employee is exposed to DBCP in an emergency situation, the employer shall provide the employee with a sperm count test as soon as practicable, or, if the employee has been vasectomized or is unable to produce a semen specimen, the hormone tests contained in paragraph (m)(2)(iii) of this section. The employer shall provide these same tests three months later.

(n) Employee information and training

(1) Training program.

(i) The employer shall train each employee who may be exposed to DBCP in accordance with the requirements of this section. The employer shall institute a training program and ensure employee participation in the program.

(ii) The employer shall assure that each employee is informed of the following:

(a) The information contained in Appendix A;

(b) The quantity, location, manner of use, release or storage of DBCP and the specific nature of operations which could result in exposure to DBCP as well as any necessary protective measures;

(c) The purpose, proper use, and limitations of respirators;

(d) The purpose and description of the medical surveillance program required by paragraph (m) of this section; and

(e) A review of this standard, including appendices.

(2) Access to training materials.

(i) The employer shall make a copy of this standard and its appendices readily available to all affected employees.

(ii) The employer shall provide, upon request, all materials relating to the employee information and training program to the Assistant Secretary and the Director.

(o) Signs and labels

(1) General.

(i) The employer may use labels or signs required by other statutes, regulations, or ordinances in addition to or in combination with, signs and labels required by this paragraph.

(ii) The employer shall assure that no statement appears on or near any sign or label required by this paragraph which contradicts or detracts from the required sign or label.

(2) Signs.

(i) The employer shall post signs to clearly indicate all regulated areas. These signs shall bear the legend:

DANGER
1,2-Dibromo-3-chloropropane
(Insert appropriate trade or common names)
CANCER HAZARD
AUTHORIZED PERSONNEL ONLY
RESPIRATOR REQUIRED

(3) Labels.

(i) The employer shall assure that precautionary labels are affixed to all containers of DBCP and of products containing DBCP in the workplace, and that the labels remain affixed when the DBCP or products containing DBCP are sold, distributed, or otherwise leave the employer's workplace. Where DBCP or products containing DBCP are sold, distributed or otherwise leave the employer's workplace bearing appropriate labels required by EPA under the regulations in 40 CFR Part 162, the labels required by this paragraph need not be affixed.

(ii) The employer shall assure that the precautionary labels required by this paragraph are readily visible and legible. The labels shall bear the following legend:

DANGER
1,2-Dibromo-3-chloropropane
CANCER HAZARD

(p) Recordkeeping

(1) Exposure monitoring.

(i) The employer shall establish and maintain an accurate record of all monitoring required by paragraph (f) of this section.

(ii) This record shall include:

(a) The dates, number, duration and results of each of the samples taken, including a description of the sampling procedure used to determine representative employee exposure;

(b) A description of the sampling and analytical methods used;

(c) Type of respiratory protective devices worn, if any; and

(d) Name, social security number, and job classification of the employee monitored and of all other employees whose exposure the measurement is intended to represent.

(iii) The employer shall maintain this record for at least 40 years or the duration of employment plus 20 years, whichever is longer.

(2) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee subject to medical surveillance required by paragraph (m) of this section.

(ii) This record shall include:

(a) The name and social security number of the employee;

(b) A copy of the physician's written opinion;

(c) Any employee medical complaints related to exposure to DBCP;

(d) A copy of the information provided the physician as required by paragraphs (m)(4)(ii) through (m)(4)(iv) of this section; and

(e) A copy of the employee's medical and work history.

(iii) The employer shall maintain this record for at least 40 years or the duration of employment plus 20 years, whichever is longer.

(3) Availability.

(i) The employer shall assure that all records required to be maintained by this section be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee exposure monitoring records and employee medical records required by this paragraph shall be provided upon request to employees, designated representatives, and the Assistant Secretary in accordance with 29 CFR 1910.20(a) - (e) and (g) - (i).

(4) Transfer of records.

(i) If the employer ceases to do business, the successor employer shall receive and retain all records required to be maintained by paragraph (p) of this section for the prescribed period.

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall transmit these records by mail to the Director.

(iii) At the expiration of the retention period for the records required to be maintained under paragraph (p) of this section, the employer shall transmit these records by mail to the Director.

(iv) The employer shall also comply with any additional requirements involving transfer of records set forth in 29 CFR 1910.20(h).

(q) Observation of monitoring

(1) Employee observation. The employer shall provide affected employees, or their designated representatives, with an opportunity to observe any monitoring of employee exposure to DBCP required by this section.

(2) Observation procedures.

(i) Whenever observation of the measuring or monitoring of employee exposure to DBCP requires entry into an area where the use of protective clothing or equipment is required, the employer shall provide the observer with personal protective clothing or equipment required to be worn by employees working in the area, assure the use of such clothing and equipment, and require the observer to comply with all other applicable safety and health procedures.

(ii) Without interfering with the monitoring or measurement, observers shall be entitled to:

(a) Receive an explanation of the measurement procedures;

(b) Observe all s related to the measurement of airborne concentrations of DBCP performed at the place of exposure; and

(c) Record the results obtained.

(r) Appendices. The information contained in the appendices is not intended, by itself, to create any additional obligations not otherwise imposed or to detract from any existing obligation.

* (Approved by the Office of Management and Budget under control number 1218-0101)

APPENDIX A to 1910.1044 - SUBSTANCE SAFETY DATA SHEET FOR DBCP

I. SUBSTANCE IDENTIFICATION

A. Synonyms and trades names: DBCP; Dibromochloropropane; Fumazone (Dow Chemical Company TM); Nemafume; Nemagon (Shell Chemical Co. TM); Nemaset; BBC 12; and OS 1879.

B. Permissible exposure:

1. Airborne. 1 part DBCP vapor per billion parts of air (1 ppb); time-weighted average (TWA) for an 8-hour workday.

2. Dermal. Eye contact and skin contact with DBCP are prohibited.

C. Appearance and odor: Technical grade DBCP is a dense yellow or amber liquid with a pungent odor. It may also appear in granular form, or blended in varying concentrations with other liquids.

D. Uses: DBCP is used to control nematodes, very small worm-like plant parasites, on crops including cotton, soybeans, fruits, nuts, vegetables and ornamentals.

II. HEALTH HAZARD DATA

A. Routes of entry: Employees may be exposed:

1. Through inhalation (breathing);

2. Through ingestion (swallowing);

3. Skin contact; and

4. Eye contact.

B. Effects of exposure:

1. Acute exposure. DBCP may cause drowsiness, irritation of the eyes, nose, throat and skin,

nausea and vomiting. In addition, overexposure may cause damage to the lungs, liver or kidneys.

2. Chronic exposure. Prolonged or repeated exposure to DBCP has been shown to cause sterility in humans. It also has been shown to produce cancer and sterility in laboratory animals and has been determined to constitute an increased risk of cancer in man.

3. Reporting Signs and Symptoms. If you develop any of the above signs or symptoms that you think are caused by exposure to DBCP, you should inform your employer.

III. EMERGENCY FIRST AID PROCEDURES

A. Eye exposure. If DBCP liquid or dust containing DBCP gets into your eyes, wash your eyes immediately with large amounts of water, lifting the lower and upper lids occasionally. Get medical attention immediately. Contact lenses should not be worn when working with DBCP.

B. Skin exposure. If DBCP liquids or dusts containing DBCP get on your skin, immediately wash using soap or mild detergent and water. If DBCP liquids or dusts containing DBCP penetrate through your clothing, remove the clothing immediately and wash. If irritation is present after washing get medical attention.

C. Breathing. If you or any person breathe in large amounts of DBCP, move the exposed person to fresh air at once. If breathing has stopped, perform artificial respiration. Do not use mouth-to-mouth. Keep the affected person warm and at rest. Get medical attention as soon as possible.

D. Swallowing. When DBCP has been swallowed and the person is conscious, give the person large amounts of water immediately. After the water has been swallowed, try to get the person to vomit by having him touch the back of his throat with his finger. Do not make an unconscious person vomit. Get medical attention immediately.

E. Rescue. Notify someone. Put into effect the established emergency rescue procedures. Know the locations of the emergency rescue equipment before the need arises.

IV. RESPIRATORS AND PROTECTIVE CLOTHING

A. Respirators. You may be required to wear a respirator in emergencies and while your employer is in the process of reducing DBCP exposures through engineering controls. If respirators are worn, they must have a National Institute for Occupational Safety and Health (NIOSH) approval label (Older respirators may have a Bureau of Mines Approval label). For effective protection, a respirator must fit your face and head snugly. The respirator should not be loosened or removed in work situations where its use is required. DBCP does not have a

detectable odor except at 1,000 times or more above the permissible exposure limit. If you can smell DBCP while wearing a respirator, the respirator is not working correctly; go immediately to fresh air. If you experience difficulty breathing while wearing a respirator, tell your employer.

B. Protective clothing. When working with DBCP you must wear for your protection impermeable work clothing provided by your employer. (Standard rubber and neoprene protective clothing do not offer adequate protection).

DBCPC must never be allowed to remain on the skin. Clothing and shoes must not be allowed to become contaminated with DBCPC, and if they do, they must be promptly removed and not worn again until completely free of DBCPC. Turn in impermeable clothing that has developed leaks for repair or replacement.

C. Eye protection. You must wear splash-proof safety goggles where there is any possibility of DBCPC liquid or dust contacting your eyes.

V. PRECAUTIONS FOR SAFE USE, HANDLING, AND STORAGE

A. DBCPC must be stored in tightly closed containers in a cool, well-ventilated area.

B. If your work clothing may have become contaminated with DBCPC, or liquids or dusts containing DBCPC, you must change into uncontaminated clothing before leaving the work premises.

C. You must promptly remove any protective clothing that becomes contaminated with DBCPC. This clothing must not be reworn until the DBCPC is removed from the clothing.

D. If your skin becomes contaminated with DBCPC, you must immediately and thoroughly wash or shower with soap or mild detergent and water to remove any DBCPC from your skin.

E. You must not keep food, beverages, cosmetics, or smoking materials, nor eat or smoke, in regulated areas.

F. If you work in a regulated area, you must wash your hands thoroughly with soap or mild detergent and water, before eating, smoking or using toilet facilities.

G. If you work in a regulated area, you must remove any protective equipment or clothing before leaving the regulated area.

H. Ask your supervisor where DBCPC is used in your work area and for any additional safety and health rules.

VI. ACCESS TO INFORMATION

A. Each year, your employer is required to inform you of the information contained in this Substance Safety Data Sheet for DBCP. In addition, your employer must instruct you in the safe use of DBCP, emergency procedures, and the correct use of protective equipment.

B. Your employer is required to determine whether you are being exposed to DBCP. You or your representative have the right to observe employee exposure measurements and to record the result obtained. Your employer is required to inform you of your exposure. If your employer determines that you are being overexposed, he is required to inform you of the actions which are being taken to reduce your exposure.

C. Your employer is required to keep records of your exposure and medical examinations. Your employer is required to keep exposure and medical data for at least 40 years or the duration of your employment plus 20 years, whichever is longer.

D. Your employer is required to release exposure and medical records to you, your physician, or other individual designated by you upon your written request.

1910.1044 App B Substance technical guidelines for DBCP

APPENDIX B to 1910.1044 - SUBSTANCE TECHNICAL GUIDELINES FOR DBCP

I. PHYSICAL AND CHEMICAL DATA

A. Substance Identification

1. Synonyms: 1,2-dibromo-3-chloropropane; DBCP, Fumazone; Nema-fume; Nema-gon; Nema-set; BBC 12; OS 1879. DBCP is also included in agricultural pesticides and fumigants which include the phrase "Nema---" in their name.

2. Formula: C₃H₅Br₂Cl

3. Molecular Weight: 236.

B. Physical Data:

1. Boiling point (760 mm HG): 195C (383F)

2. Specific gravity (water=1): 2.093.

3. Vapor density (air=1 at boiling point of DBCP): Data not available.
4. Melting point: 6C (43F).
5. Vapor pressure at 20C (68F): 0.8 mm Hg
6. Solubility in water: 1000 ppm.
7. Evaporation rate (Butyl Acetate=1): very much less than 1.
8. Appearance and odor: Dense yellow or amber liquid with a pungent odor at high concentrations. Any detectable odor of DBCP indicates overexposure.

II. FIRE EXPLOSION AND REACTIVITY HAZARD DATA

A. Fire

1. Flash point: 170F (77C)
2. Autoignition temperature: Data not available.
3. Flammable limits in air, percent by volume: Data not available.
4. Extinguishing media: Carbon dioxide, dry chemical.
5. Special fire-fighting procedures: Do not use a solid stream of water since a stream will scatter and spread the fire. Use water spray to cool containers exposed to a fire.
6. Unusual fire and explosion hazards: None known.
7. For purposes of complying with the requirements of 1910.106, liquid DBCP is classified as a Class III A combustible liquid.
8. For the purpose of complying with 1910.309, the classification of hazardous locations as described in article 500 of the National Electrical Code for DBCP shall be Class I, Group D.
9. For the purpose of compliance with 1910.157, DBCP is classified as a Class B fire hazard.
10. For the purpose of compliance with 1910.178, locations classified as hazardous locations due to the presence of DBCP shall be Class I, Group D.
11. Sources of ignition are prohibited where DBCP presents a fire or explosion hazard.

B. Reactivity

1. Conditions contributing to instability: None known.
2. Incompatibilities: Reacts with chemically active metals, such as aluminum, magnesium and tin alloys.
3. Hazardous decomposition products: Toxic gases and vapors (such as HBr, HCl and carbon monoxide) may be released in a fire involving DBCP.
4. Special precautions: DBCP will attack some rubber materials and coatings.

III. SPILL, LEAK AND DISPOSAL PROCEDURES

A. If DBCP is spilled or leaked, the following s should be taken:

1. The area should be evacuated at once and re-entered only after thorough ventilation.
2. Ventilate area of spill or leak.
3. If in liquid form, collect for reclamation or absorb in paper, vermiculite, dry sand, earth or similar material.
4. If in solid form, collect spilled material in the most convenient and safe manner for reclamation or for disposal.

B. Persons not wearing protective equipment must be restricted from areas of spills or leaks until cleanup has been completed.

C. Waste Disposal Methods:

1. For small quantities of liquid DBCP, absorb on paper towels, remove to a safe place (such as a fume hood) and burn the paper. Large quantities can be reclaimed or collected and atomized in a suitable combustion chamber equipped with an appropriate effluent gas cleaning device. If liquid DBCP is absorbed in vermiculite, dry sand, earth or similar material and placed in sealed containers it may be disposed of in a State-approved sanitary landfill.
2. If in solid form, for small quantities, place on paper towels, remove to a safe place (such as a fume hood) and burn. Large quantities may be reclaimed. However, if this is not practical, dissolve in a flammable solvent (such as alcohol) and atomize in a suitable combustion chamber equipped with an appropriate effluent gas cleaning device. DBCP in solid form may also be disposed in a state-approved sanitary landfill.

IV. MONITORING AND MEASUREMENT PROCEDURES

A. Exposure above the permissible exposure limit.

1. Eight Hour Exposure Evaluation: Measurements taken for the purpose of determining employee exposure under this section are best taken so that the average 8-hour exposure may be determined from a single 8-hour sample or two (2) 4-hour samples. Air samples should be taken in the employee's breathing zone (air that would most nearly represent that inhaled by the employee).

2. Monitoring Techniques: The sampling and analysis under this section may be performed by collecting the DBCP vapor on petroleum based charcoal absorption tubes with subsequent chemical analyses. The method of measurement chosen should determine the concentration of airborne DBCP at the permissible exposure limit to an accuracy of plus or minus 25 percent. If charcoal tubes are used, a total volume of 10 liters should be collected at a flow rate of 50 cc. per minute for each tube. Analyze the resultant samples as you would samples of halogenated solvent.

B. Since many of the duties relating to employee protection are dependent on the results of monitoring and measuring procedures, employers should assure that the evaluation of employee exposures is performed by a competent industrial hygienist or other technically qualified person.

V. PROTECTIVE CLOTHING

Employees should be required to wear appropriate protective clothing to prevent any possibility of skin contact with DBCP. Because DBCP is absorbed through the skin, it is important to prevent skin contact with both liquid and solid forms of DBCP. Protective clothing should include impermeable coveralls or similar fullbody work clothing, gloves, headcoverings, and workshoes or shoe coverings. Standard rubber and neoprene gloves do not offer adequate protection and should not be relied upon to keep DBCP off the skin. DBCP should never be allowed to remain on the skin. Clothing and shoes should not be allowed to become contaminated with the material, and if they do, they should be promptly removed and not worn again until completely free of the material. Any protective clothing which has developed leaks or is otherwise found to be defective should be repaired or replaced. Employees should also be required to wear splash-proof safety goggles where there is any possibility of DBCP contacting the eyes.

VI. HOUSEKEEPING AND HYGIENE FACILITIES

1. The workplace must be kept clean, orderly and in a sanitary condition;
2. Dry sweeping and the use of compressed air is unsafe for the cleaning of floors and other surfaces where DBCP dust or liquids are found. To minimize the contamination of air with dust, vacuuming with either portable or permanent systems must be used. If a portable unit is selected, the exhaust must be attached to the general workplace exhaust ventilation system, or collected within the vacuum unit equipped with high efficiency filters or other appropriate means of contamination removal and not used for other purposes. Units used to collect DBCP must be labeled.
3. Adequate washing facilities with hot and cold water must be provided, and maintained in a sanitary condition. Suitable cleansing agents should also be provided to assure the effective removal of DBCP from the skin.
4. Change or dressing rooms with individual clothes storage facilities must be provided to prevent the contamination of street clothes with DBCP. Because of the hazardous nature of DBCP, contaminated protective clothing must be stored in closed containers for cleaning or disposal.

VII. MISCELLANEOUS PRECAUTIONS

- A. Store DBCP in tightly closed containers in a cool, well ventilated area.
- B. Use of supplied-air suits or other impervious clothing (such as acid suits) may be necessary to prevent skin contact with DBCP. Supplied-air suits should be selected, used, and maintained under the supervision of persons knowledgeable in the limitations and potential life-endangering characteristics of supplied-air suits.
- C. The use of air-conditioned suits may be necessary in warmer climates.
- D. Advise employees of all areas and operations where exposure to DBCP could occur.

VIII. COMMON OPERATIONS

Common operations in which exposure to DBCP is likely to occur are: during its production; and during its formulation into pesticides and fumigants.

1910.1044 App C Medical surveillance guidelines for DBCP

APPENDIX C to 1910.1044 - MEDICAL SURVEILLANCE GUIDELINES FOR DBCP

I. ROUTE OF ENTRY

Inhalation; skin absorption

II. TOXICOLOGY

Recent data collected on workers involved in the manufacture and formulation of DBCP has shown that DBCP can cause sterility at very low levels of exposure. This finding is supported by studies showing that DBCP causes sterility in animals. Chronic exposure to DBCP resulted in pronounced necrotic action on the parenchymatous organs (i.e., liver, kidney, spleen) and on the testicles of rats at concentrations as low as 5 ppm. Rats that were chronically exposed to DBCP also showed changes in the composition of the blood, showing low ABC, hemoglobin, and WBC, and high reticulocyte levels as well as functional hepatic disturbance, manifesting itself in a long prothrombin time. Reznik et al. noted a single dose of 100 mg produced profound depression of the nervous system of rats. Their condition gradually improved. Acute exposure also resulted in the destruction of the sex gland activity of male rats as well as causing changes in the estrous cycle in female rats. Animal studies have also associated DBCP with an increased incidence of carcinoma. Olson, et al. orally administered DBCP to rats and mice 5 times per week at experimentally predetermined maximally tolerated doses and at half those doses. As early as ten weeks after initiation of treatment, DBCP induce a high incidence of squamous cell carcinomas of the stomach with metastases in both species. DBCP also induced mammary adenocarcinomas in the female rats at both dose levels.

III. SIGNS AND SYMPTOMS

A. Inhalation: Nausea, eye irritation, conjunctivitis, respiratory irritation, pulmonary congestion or edema, CNS depression with apathy, sluggishness, and ataxia.

B. Dermal: Erythema or inflammation and dermatitis on repeated exposure.

IV. SPECIAL TESTS

A. Semen analysis: The following information excerpted from the document "Evaluation of Testicular Function", submitted by the Corporate Medical Department of the Shell Oil Company (exhibit 39-3), may be useful to physicians conducting the medical surveillance program;

In performing semen analyses certain minimal but specific criteria should be met:

1. It is recommended that a minimum of three valid semen analyses be obtained in order to make a determination of an individual's average sperm count.

2. A period of sexual abstinence is necessary prior to the collection of each masturbatory sample. It is recommended that intercourse or masturbation be performed 48 hours before the actual specimen collection. A period of 48 hours of abstinence would follow; then the masturbatory sample would be collected.

3. Each semen specimen should be collected in a clean, widemouthed, glass jar (not necessarily pre-sterilized) in a manner designated by the examining physician. Any part of the seminal fluid exam should be initiated only after liquefaction is complete, i.e., 30 to 45 minutes after collection.

4. Semen volume should be measured to the nearest 1/10 of a cubic centimeter.

5. Sperm density should be determined using routine techniques involving the use of a white cell pipette and a hemocytometer chamber. The immobilizing fluid most effective and most easily obtained for this process is distilled water.

6. Thin, dry smears of the semen should be made for a morphologic classification of the sperm forms and should be stained with either hematoxylin or the more difficult, yet more precise, Papanicolaou technique. Also of importance to record is obvious sperm agglutination, pyospermia, delayed liquefaction (greater than 30 minutes), and hyperviscosity. In addition, pH, using nitrazine paper, should be determined.

7. A total morphology evaluation should include percentages of the following:

- a. Normal (oval) forms,
- b. Tapered forms,
- c. Amorphous forms (include large and small sperm shapes),
- d. Duplicated (either heads or tails) forms, and
- e. Immature forms.

8. Each sample should be evaluated for sperm viability (percent viable sperm moving at the time of examination) as well as sperm motility (subjective characterization of "purposeful forward sperm progression" of the majority of those viable sperm analyzed) within two hours after collection, ideally by the same or equally qualified examiner.

B. Serum determinations: The following serum determinations should be performed by radioimmuno-assay techniques using National Institutes of Health (NIH) specific antigen or antigen preparations of equivalent sensitivity:

1. Serum follicle stimulating hormone (FSH);
2. Serum luteinizing hormone (LH); and
3. Serum total estrogen (females only).

V. TREATMENT

Remove from exposure immediately, give oxygen or artificial resuscitation if indicated. Contaminated clothing and shoes should be removed immediately. Flush eyes and wash contaminated skin. If swallowed and the person is conscious, induce vomiting. Recovery from mild exposures is usually rapid and complete.

VI. SURVEILLANCE AND PREVENTIVE CONSIDERATIONS

A. Other considerations. DBCP can cause both acute and chronic effects. It is important that the physician become familiar with the operating conditions in which exposure to DBCP occurs. Those with respiratory disorders may not tolerate the wearing of negative pressure respirators.

B. Surveillance and screening. Medical histories and laboratory examinations are required for each employee subject to exposure to DBCP. The employer should screen employees for history of certain medical conditions (listed below) which might place the employee at increased risk from exposure.

1. Liver disease. The primary site of biotransformation and detoxification of DBCP is the liver. Liver dysfunctions likely to inhibit the conjugation reactions will tend to promote the toxic actions of DBCP. These precautions should be considered before exposing persons with impaired liver function to DBCP.

2. Renal disease. Because DBCP has been associated with injury to the kidney it is important that special consideration be given to those with possible impairment of renal function.

3. Skin disease. DBCP can penetrate the skin and can cause erythema on prolonged exposure. Persons with pre-existing skin disorders may be more susceptible to the effects of DBCP.

4. Blood dyscrasias. DBCP has been shown to decrease the content of erythrocytes, hemoglobin, and leukocytes in the blood, as well as increase the prothrombin time. Persons with existing blood disorders may be more susceptible to the effects of DBCP.

5. Reproductive disorders. Animal studies have associated DBCP with various effects on the reproductive organs. Among these effects are atrophy of the testicles and changes in the estrous cycle. Persons with pre-existing reproductive disorders may be at increased risk to these effects of DBCP.

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[43 FR 11527, Mar. 17, 1978, as amended at 45 FR 35283, May 23, 1980; 49 FR 18295, Apr. 30, 1984; 54 FR 24334, June 7, 1989; 61 FR 5507, Feb. 13, 1996]

1910.1045 Acrylonitrile.

(a) Scope and application.

(1) This section applies to all occupational exposures to acrylonitrile (AN), Chemical Abstracts Service Registry No. 000107131, except as provided in paragraphs (a)(2) and (a)(3) of this section.

(2) This section does not apply to exposures which result solely from the processing, use, and handling of the following materials:

(i) ABS resins, SAN resins, nitrile barrier resins, solid nitrile elastomers, and acrylic and modacrylic fibers, when these listed materials are in the form of finished polymers, and products fabricated from such finished polymers;

(ii) Materials made from and/or containing AN for which objective data is reasonably relied upon to demonstrate that the material is not capable of releasing AN in airborne concentrations in excess of 1 ppm as an eight (8)-hour time-weighted average, under the expected conditions of processing, use, and handling which will cause the greatest possible release; and

(iii) Solid materials made from and/or containing AN which will not be heated above 170 deg. F during handling, use, or processing.

(3) An employer relying upon exemption under paragraph (a)(2)(ii) shall maintain records of the objective data supporting that exemption, and of the basis of the employer's reliance on the data, as provided in paragraph (q) of this section.

(b) Definitions.

"Acrylonitrile" or "AN" means acrylonitrile monomer, chemical formula $\text{CH}_2=\text{CHCN}$.

"Action level" means a concentration of AN of 1 ppm as an eight (8) -hour time-weighted average.

"Administrator" means the Administrator of the State of Wyoming Occupational Health and Safety Division, or designee.

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

"Authorized person" means any person specifically authorized by the employer whose duties require the person to enter a regulated area, or any person entering such an area as a designated representative of employees for the purpose of exercising the opportunity to observe monitoring procedures under paragraph r. of this section.

"Decontamination" means treatment of materials and surfaces by water washdown, ventilation, or other means, to assure that the materials will not expose employees to airborne concentrations of AN above 1 means the Director, National Institute for Occupational Safety and Health, U.S. Department of Health, Education, and Welfare, or designee.

"Director" means the Director, National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designee.

"Emergency" means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment, which results in an unexpected massive release of AN.

"Liquid AN" means AN monomer in liquid form, and liquid or semiliquid polymer intermediates, including slurries, suspensions, emulsions, and solutions, produced during the polymerization of AN.

"WOHS" means the Office of the Wyoming Occupational Health and Safety Department.

(c) Permissible exposure limits

(1) Inhalation.

(i) Time weighted average limit (TWA). The employer shall assure that no employee is exposed to an airborne concentration of acrylonitrile in excess of two (2) parts acrylonitrile per million parts of air (2 ppm) as an eight (8)-hour time-weighted average.

(ii) Ceiling limit. The employer shall assure that no employee is exposed to an airborne concentration of acrylonitrile in excess of ten (10) ppm as averaged over any fifteen (15)-minute period during the work day.

(2) Dermal and eye exposure. The employer shall assure that no employee is exposed to skin contact or eye contact with liquid AN.

(d) [Reserved]

(e) Exposure monitoring

(1) General.

(i) Determinations of airborne exposure levels shall be made from air samples that are representative of each employee's exposure to AN over an eight (8)-hour period.

(ii) For the purposes of this section, employee exposure is that exposure which would occur if the employee were not using a respirator.

(2) Initial monitoring. Each employer who has a place of employment in which AN is present shall monitor each such workplace and work operation to accurately determine the airborne concentrations of AN to which employees may be exposed.

(3) Frequency.

(i) If the monitoring required by this section reveals employee exposure to be below the action level, the employer may discontinue monitoring for that employee.

(ii) If the monitoring required by this section reveals employee exposure to be at or above the action level but at or below the permissible exposure limits, the employer must repeat such monitoring for each such employee at least every 6 months. The employer must continue these measurements every 6 months until at least two consecutive measurements taken at least seven (7) days apart, are below the action level, and thereafter the employer may discontinue monitoring for that employee.

(iii) If the monitoring required by this section reveals employee exposure to be in excess of the permissible exposure limits, the employer must repeat these determinations for each such employee at least quarterly. The employer must continue these quarterly measurements until at least two consecutive measurements, taken at least seven (7) days apart, are at or below the permissible exposure limits, and thereafter the employer must monitor at least every 6 months.

(4) Additional monitoring. Whenever there has been a production, process, control, or personnel change which may result in new or additional exposures to AN, or whenever the employer has any other reason to suspect a change which may result in new or additional exposures to AN, additional monitoring which complies with this paragraph shall be conducted.

(5) Employee notification.

(i) The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to employees.

(ii) Whenever the results indicate that the representative employee exposure exceeds the permissible exposure limits, the employer shall include in the written notice a statement that the permissible exposure limits were exceeded and a description of the corrective action being taken to reduce exposure to or below the permissible exposure limits.

(6) Accuracy of measurement. The method of measurement of employee exposures shall be accurate to a confidence level of 95 percent, to within plus or minus 35 percent for concentrations of AN at or above the permissible exposure limits, and plus or minus 50 percent for concentrations of AN below the permissible exposure limits.

(f) Regulated areas.

(1) The employer shall establish regulated areas where AN concentrations are in excess of the permissible exposure limits.

(2) Regulated areas shall be demarcated and segregated from the rest of the workplace, in any manner that minimizes the number of persons who will be exposed to AN.

(3) Access to regulated areas shall be limited to authorized persons or to persons otherwise authorized by the act or regulations issued pursuant thereto.

(4) The employer shall assure that food or beverages are not present or consumed, tobacco products are not present or used, and cosmetics are not applied in the regulated area.

(g) Methods of compliance

(1) Engineering and work practice controls.

(i) By November 2, 1980, the employer shall institute engineering and work practice controls to reduce and maintain employee exposures to AN, to or below the permissible exposure limits, except to the extent that the employer establishes that such controls are not feasible.

(ii) Wherever the engineering and work practice controls which can be instituted are not sufficient to reduce employee exposures to or below the permissible exposure limits, the employer shall nonetheless use them to reduce exposures to the lowest levels achievable by these controls, and shall supplement them by the use of respiratory protection which complies with the requirements of paragraph (h) of this section.

(2) Compliance program.

(i) The employer shall establish and implement a written program to reduce employee exposures to or below the permissible exposure limits solely by means of engineering and work practice controls, as required by paragraph (g)(1) of this section.

(ii) Written plans for these compliance programs shall include at least the following:

(A) A description of each operation or process resulting in employee exposure to AN above the permissible exposure limits;

(B) An outline of the nature of the engineering controls and work practices to be applied to the operation or process in question;

(C) A report of the technology considered in meeting the permissible exposure limits;

(D) A schedule for implementation of engineering and work practice controls for the operation or process, which shall project completion no later than November 2, 1980; and

(E) Other relevant information.

(iii) The employer shall complete the set forth in the compliance program by the dates in the schedule.

(iv) Written plans shall be submitted upon request to the Assistant Secretary and the Director, and shall be available at the worksite for examination and copying by the Assistant Secretary, the Director, or any affected employee or representative.

(v) The plans required by this paragraph must be revised and updated at least annually to reflect the current status of the program.

(h) Respiratory protection

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that comply with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement feasible engineering and work-practice controls.

(ii) Work operations, such as maintenance and repair activities or reactor cleaning, for which the employer establishes that engineering and work-practice controls are not feasible.

(iii) Work operations for which feasible engineering and work-practice controls are not yet sufficient to reduce employee exposure to or below the permissible exposure limits.

(iv) Emergencies.

(2) Respirator program.

(i) Employers must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

(ii) If air-purifying respirators (chemical-cartridge or chemical-canister types) are used:

(A) The air-purifying canister or cartridge must be replaced prior to the expiration of its service life or at the completion of each shift, whichever occurs first.

(B) A label must be attached to the cartridge or canister to indicate the date and time at which it is first installed on the respirator.

(3) Respirator selection. Employers must:

(i) Select, and provide to employees, the appropriate respirators specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134.

(ii) For escape, provide employees with any organic vapor respirator or any self-contained breathing apparatus permitted for use under paragraph (h)(3)(i) of this standard.

(i) Emergency situations

(1) Written plans.

(i) A written plan for emergency situations shall be developed for each workplace where liquid AN is present. Appropriate portions of the plan shall be implemented in the event of an emergency.

(ii) The plan shall specifically provide that employees engaged in correcting emergency conditions shall be equipped as required in paragraph (h) of this section until the emergency is abated.

(iii) Employees not engaged in correcting the emergency shall be evacuated from the area and shall not be permitted to return until the emergency is abated.

(2) Alerting employees. Where there is the possibility of employee exposure to AN in excess of the ceiling limit, a general alarm shall be installed and used to promptly alert employees of such occurrences.

(j) Protective clothing and equipment

(1) Provision and use. Where eye or skin contact with liquid AN may occur, the employer shall provide at no cost to the employee, and assure that employees wear, impermeable

protective clothing or other equipment to protect any area of the body which may come in contact with liquid AN. The provision of 1910.132 and 1910.133 shall be complied with.

(2) Cleaning and replacement.

(i) The employer shall clean, launder, maintain, or replace protective clothing and equipment required by this section as needed to maintain their effectiveness.

(ii) The employer shall assure that impermeable protective clothing which contacts or is likely to have contacted liquid AN shall be decontaminated before being removed by the employee.

(iii) The employer shall assure that an employee whose nonimpermeable clothing becomes wetted with liquid AN shall immediately remove that clothing and proceed to shower. The clothing shall be decontaminated before it is removed from the regulated area.

(iv) The employer shall assure that no employee removes protective clothing or equipment from the change room, except for those employees authorized to do so for the purpose of laundering, maintenance, or disposal.

(v) The employer shall inform any person who launders or cleans protective clothing or equipment of the potentially harmful effects of exposure to AN.

(k) Housekeeping.

(1) All surfaces shall be maintained free of visible accumulations of liquid AN.

(2) For operations involving liquid AN, the employer shall institute a program for detecting leaks and spills of liquid AN, including regular visual inspections.

(3) Where spills of liquid AN are detected, the employer shall assure that surfaces contacted by the liquid AN are decontaminated. Employees not engaged in decontamination activities shall leave the area of the spill, and shall not be permitted in the area until decontamination is completed.

(l) Waste disposal. AN waste, scrap, debris, bags, containers, or equipment shall be decontaminated before being incorporated in the general waste disposal system.

(m) Hygiene facilities and practices.

(1) Where employees are exposed to airborne concentrations of AN above the permissible exposure limits, or where employees are required to wear protective clothing or equipment pursuant to paragraph (j) of this section, the facilities required by 29 CFR 1910.141, including clean change rooms and shower facilities, shall be provided by the employer for the use of those

employees, and the employer shall assure that the employees use the facilities provided.

(2) The employer shall assure that employees wearing protective clothing or equipment for protection from skin contact with liquid AN shall shower at the end of the work shift.

(3) The employer shall assure that, in the event of skin or eye exposure to liquid AN, the affected employee shall shower immediately to minimize the danger of skin absorption.

(4) The employer shall assure that employees working in the regulated area wash their hands and faces prior to eating.

(n) Medical surveillance

(1) General.

(i) The employer shall institute a program of medical surveillance for each employee who is or will be exposed to AN at or above the action level, without regard to the use of respirators. The employer shall provide each such employee with an opportunity for medical examinations and tests in accordance with this paragraph.

(ii) The employer shall assure that all medical examinations and procedures are performed by or under the supervision of a licensed physician, and that they shall be provided without cost to the employee.

(2) Initial examinations. At the time of initial assignment, or upon institution of the medical surveillance program, the employer shall provide each affected employee an opportunity for a medical examination, including at least the following elements:

(i) A work history and medical history with special attention to skin, respiratory, and gastrointestinal systems, and those nonspecific symptoms, such as headache, nausea, vomiting, dizziness, weakness, or other central nervous system dysfunctions that may be associated with acute or with chronic exposure to AN;

(ii) A complete physical examination giving particular attention to the peripheral and central nervous system, gastrointestinal system, respiratory system, skin, and thyroid;

(iii) A 14- by 17-inch posteroanterior chest X-ray; and

(iv) Further tests of the intestinal tract, including fecal occult blood screening, for all workers 40 years of age or older, and for any other affected employees for whom, in the opinion of the physician, such testing is appropriate.

(3) Periodic examinations.

(i) The employer shall provide the examinations specified in paragraph (n)(2) of this section at least annually for all employees specified in paragraph (n)(1) of this section.

(ii) If an employee has not had the examination specified in paragraph (n)(2) of this section within 6 months preceding termination of employment, the employer shall make such examination available to the employee prior to such termination.

(4) Additional examinations. If the employee for any reason develops signs or symptoms which may be associated with exposure to AN, the employer shall provide an appropriate examination and emergency medical treatment.

(5) Information provided to the physician. The employer shall provide the following information to the examining physician:

(i) A copy of this standard and its appendixes;

(ii) A description of the affected employee's duties as they relate to the employee's exposure;

(iii) The employee's representative exposure level;

(iv) The employee's anticipated or estimated exposure level (for preplacement examinations or in cases of exposure due to an emergency);

(v) A description of any personal protective equipment used or to be used; and

(vi) Information from previous medical examinations of the affected employee, which is not otherwise available to the examining physician.

(6) Physician's written opinion.

(i) The employer shall obtain a written opinion from the examining physician which shall include:

(A) The results of the medical examination and test performed;

(B) The physician's opinion as to whether the employee has any detected medical condition(s) which would place the employee at an increased risk of material impairment of the employee's health from exposure to AN;

(C) Any recommended limitations upon the employee's exposure to AN or upon the use of protective clothing and equipment such as respirators; and

(D) A statement that the employee has been informed by the physician of the results of

the medical examination and any medical conditions which require further examination or treatment.

(ii) The employer shall instruct the physician not to reveal in the written opinion specific findings or diagnoses unrelated to occupational exposure to AN.

(iii) The employer shall provide a copy of the written opinion to the affected employee.

(o) Employee information and training

(1) Training program.

(i) The employer shall train each employee exposed to AN above the action level, each employee whose exposures are maintained below the action level by engineering and work practice controls, and each employee subject to potential skin or eye contact with liquid AN in accordance with the requirements of this section. The employer shall institute a training program and ensure employee participation in the program.

(ii) Training shall be provided at the time of initial assignment, or upon institution of the training program, and at least annually thereafter, and the employer shall assure that each employee is informed of the following:

(A) The information contained in appendixes A and B;

(B) The quantity, location, manner of use, release, or storage of AN, and the specific nature of operations which could result in exposure to AN, as well as any necessary protective s;

(C) The purpose, proper use, and limitations of respirators and protective clothing;

(D) The purpose and a description of the medical surveillance program required by paragraph (n) of this section;

(E) The emergency procedures developed, as required by paragraph (i) of this section;

(F) Engineering and work practice controls, their function, and the employee's relationship to these controls; and

(G) A review of this standard.

(2) Access to training materials.

(i) The employer shall make a copy of this standard and its appendixes readily available to all affected employees.

(ii) The employer shall provide, upon request, all materials relating to the employee information and training program to the Assistant Secretary and the Director.

(p) Signs and labels

(1) General.

(i) The employer may use labels or signs required by other statutes, regulations, or ordinances in addition to, or in combination with, signs and labels required by this paragraph.

(ii) The employer shall assure that no statement appears on or near any sign or label required by this paragraph which contradicts or detracts from the required sign or label.

(2) Signs.

(i) The employer shall post signs to clearly indicate all workplaces where AN concentrations exceed the permissible exposure limits. The signs shall bear the following legend:

DANGER
ACRYLONITRILE (AN)
CANCER HAZARD
AUTHORIZED PERSONNEL ONLY
RESPIRATORS MAY BE REQUIRED

(ii) The employer shall assure that signs required by this paragraph are illuminated and cleaned as necessary so that the legend is readily visible.

(3) Labels.

(i) The employer shall assure that precautionary labels are affixed to all containers of liquid AN and AN-based materials not exempted under paragraph (a)(2) of this standard. The employer shall assure that the labels remain affixed when the materials are sold, distributed, or otherwise leave the employer's workplace.

(ii) The employer shall assure that the precautionary labels required by this paragraph are readily visible and legible. The labels shall bear the following legend:

DANGER
CONTAINS ACRYLONITRILE (AN)
CANCER HAZARD

(q) Recordkeeping

(1) Objective data for exempted operations.

(i) Where the processing, use, and handling of materials made from or containing AN are exempted pursuant to paragraph (a)(2)(ii) of this section, the employer shall establish and maintain an accurate record of objective data reasonably relied upon in support of the exemption.

(ii) This record shall include at least the following information:

(A) The material qualifying for exemption;

(B) The source of the objective data;

(C) The testing protocol, results of testing, and/or analysis of the material for the release of AN;

(D) A description of the operation exempted and how the data supports the exemption; and

(E) Other data relevant to the operations, materials, and processing covered by the exemption.

(iii) The employer shall maintain this record for the duration of the employer's reliance upon such objective data.

(2) Exposure monitoring.

(i) The employer shall establish and maintain an accurate record of all monitoring required by paragraph (e) of this section.

(ii) This record shall include:

(A) The dates, number, duration, and results of each of the samples taken, including a description of the sampling procedure used to determine representative employee exposure;

(B) A description of the sampling and analytical methods used and the data relied upon to establish that the methods used meet the accuracy and precision requirements of paragraph (e)(6) of this section;

(C) Type of respiratory protective devices worn, if any; and

(D) Name, social security number, and job classification of the employee monitored and of all other employees whose exposure the measurement is intended to represent.

(iii) The employer shall maintain this record for at least forty (40) years, or for the duration

of employment plus twenty (20) years, whichever is longer.

(3) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee subject to medical surveillance as required by paragraph (n) of this section.

(ii) This record shall include:

(A) A copy of the physician's written opinions;

(B) Any employee medical complaints related to exposure to AN;

(C) A copy of the information provided to the physician as required by paragraph (n)(5) of this section; and

(D) A copy of the employee's medical and work history.

(iii) The employer shall assure that this record be maintained for at least forty (40) years, or for the duration of employment plus twenty (20) years, whichever is longer.

(4) Availability.

(i) The employer shall make all records required to be maintained by this section available, upon request, to the Assistant Secretary and the Director for examination and copying.

(ii) Records required by paragraphs (q)(1) - (q)(3) of this section shall be provided upon request to employees, designated representatives, and the Assistant Secretary in accordance with 29 CFR 1910.20 (a) - (e) and (q) - (i). Records required by paragraph (q)(1) shall be provided in the same manner as exposure monitoring records.

(5) Transfer of records.

(i) Whenever the employer ceases to do business, the successor employer shall receive and retain all records required to be maintained by this section for the prescribed period.

(ii) Whenever the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, these records shall be transmitted to the Director.

(iii) At the expiration of the retention period for the records required to be maintained pursuant to this section, the employer shall notify the Director at least 3 months prior to the disposal of the records, and shall transmit them to the Director upon request.

(iv) The employer shall also comply with any additional requirements involving transfer of records set forth in 29 CFR 1910.20(h).

(r) Observation of monitoring

(1) Employee observation. The employer shall provide affected employees, or their designated representatives, an opportunity to observe any monitoring of employee exposure to AN conducted pursuant to paragraph (e) of this section.

(2) Observation procedures.

(i) Whenever observation of the monitoring of employee exposure to AN requires entry into an area where the use of protective clothing or equipment is required, the employer shall provide the observer with personal protective clothing and equipment required to be worn by employees working in the area, assure the use of such clothing and equipment, and require the observer to comply with all other applicable safety and health procedures.

(ii) Without interfering with the monitoring, observers shall be entitled:

(A) To receive an explanation of the measurement procedures;

(B) To observe all s related to the measurement of airborne concentrations of AN performed at the place of exposure; and

(C) To record the results obtained.

(s) [Reserved]

(t) Appendixes. The information contained in the appendixes is not intended, by itself, to create any additional obligation not otherwise imposed, or to detract from any obligation.

1910.1045 App A Substance safety data sheet for acrylonitrile

APPENDIX A to 1910.1045 - SUBSTANCE SAFETY DATA SHEET FOR ACRYLONITRILE

I. SUBSTANCE IDENTIFICATION

A. Substance: Acrylonitrile (CH₂CHCN).

B. Synonyms: Propenenitrile; vinyl cyanide; cyanoethylene; AN; VCN; acylon; carbacryl; fumigrian; ventox.

C. Acrylonitrile can be found as a liquid or vapor, and can also be found in polymer resins, rubbers, plastics, polyols, and other polymers having acrylonitrile as a raw or intermediate material.

D. AN is used in the manufacture of acrylic and modiacrylic fibers, acrylic plastics and resins, speciality polymers, nitrile rubbers, and other organic chemicals. It has also been used as a fumigant.

E. Appearance and odor: Colorless to pale yellow liquid with a pungent odor which can only be detected at concentrations above the permissible exposure level, in a range of 13-19 parts AN per million parts of air (13-19 ppm).

F. Permissible exposure: Exposure may not exceed either:

1. Two parts AN per million parts of air (2 ppm) averaged over the 8-hour workday; or
2. Ten parts AN per million parts of air (10 ppm) averaged over any 15-minute period in the workday.
3. In addition, skin and eye contact with liquid AN is prohibited.

II. HEALTH HAZARD DATA

A. Acrylonitrile can affect your body if you inhale the vapor (breathing), if it comes in contact with your eyes or skin, or if you swallow it. It may enter your body through your skin.

B. Effects of overexposure: 1. Short-term exposure: Acrylonitrile can cause eye irritation, nausea, vomiting, headache, sneezing, weakness, and lightheadedness. At high concentrations, the effects of exposure may go on to loss of consciousness and death. When acrylonitrile is held in contact with the skin after being absorbed into shoe leather or clothing, it may produce blisters following several hours of no apparent effect. Unless the shoes or clothing are removed immediately and the area washed, blistering will occur. Usually there is no pain or inflammation associated with blister formation.

2. Long-term exposure: Acrylonitrile has been shown to cause cancer in laboratory animals and has been associated with higher incidences of cancer in humans. Repeated or prolonged exposure of the skin to acrylonitrile may produce irritation and dermatitis.

3. Reporting signs and symptoms: You should inform your employer if you develop any signs or symptoms and suspect they are caused by exposure to acrylonitrile.

III. EMERGENCY FIRST AID PROCEDURES

A. Eye exposure: If acrylonitrile gets into your eyes, wash your eyes immediately with large amounts of water, lifting the lower and upper lids occasionally. Get medical attention immediately. Contact lenses should not be worn when working with this chemical.

B. Skin exposure: If acrylonitrile gets on your skin, immediately wash the contaminated skin with water. If acrylonitrile soaks through your clothing, especially your shoes, remove the clothing immediately and wash the skin with water. If symptoms occur after washing, get medical attention immediately. Thoroughly wash the clothing before reusing. Contaminated leather shoes or other leather articles should be discarded.

C. Inhalation: If you or any other person breathes in large amounts of acrylonitrile, move the exposed person to fresh air at once. If breathing has stopped, perform artificial respiration. Keep the affected person warm and at rest. Get medical attention as soon as possible.

D. Swallowing: When acrylonitrile has been swallowed, give the person large quantities of water immediately. After the water has been swallowed, try to get the person to vomit by having him touch the back of his throat with his finger. Do not make an unconscious person vomit. Get medical attention immediately.

E. Rescue: Move the affected person from the hazardous exposure. If the exposed person has been overcome, notify someone else and put into effect the established emergency procedures. Do not become a casualty yourself. Understand your emergency rescue procedures and know the location of the emergency equipment before the need arises.

F. Special first aid procedures: First aid kits containing an adequate supply (at least two dozen) of amyl nitrite pearls, each containing 0.3 ml, should be maintained at each site where acrylonitrile is used. When a person is suspected of receiving an overexposure to acrylonitrile, immediately remove that person from the contaminated area using established rescue procedures. Contaminated clothing must be removed and the acrylonitrile washed from the skin immediately. Artificial respiration should be started at once if breathing has stopped. If the person is unconscious, amyl nitrite may be used as an antidote by a properly trained individual in accordance with established emergency procedures. Medical aid should be obtained immediately.

IV. RESPIRATORS AND PROTECTIVE CLOTHING

A. Respirators. You may be required to wear a respirator for nonroutine activities, in emergencies, while your employer is in the process of reducing acrylonitrile exposures through engineering controls, and in areas where engineering controls are not feasible. If respirators are worn, they must have a label issued by the National Institute for Occupational Safety and Health under the provisions of 42 CFR part 84 stating that the respirators have been approved for use with organic vapors. For effective protection, respirators must fit your face and head snugly. Respirators must not be loosened or removed in work situations where their use is required.

B. Supplied-air suits: In some work situations, the wearing of supplied-air suits may be necessary. Your employer must instruct you in their proper use and operation.

C. Protective clothing: You must wear impervious clothing, gloves, face shield, or other appropriate protective clothing to prevent skin contact with liquid acrylonitrile. Where protective

clothing is required, your employer is required to provide clean garments to you as necessary to assume that the clothing protects you adequately.

Replace or repair impervious clothing that has developed leaks.

Acrylonitrile should never be allowed to remain on the skin. Clothing and shoes which are not impervious to acrylonitrile should not be allowed to become contaminated with acrylonitrile, and if they do the clothing and shoes should be promptly removed and decontaminated. The clothing should be laundered or discarded after the AN is removed. Once acrylonitrile penetrates shoes or other leather articles, they should not be worn again.

D. Eye protection: You must wear splashproof safety goggles in areas where liquid acrylonitrile may contact your eyes. In addition, contact lenses should not be worn in areas where eye contact with acrylonitrile can occur.

V. PRECAUTIONS FOR SAFE USE, HANDLING, AND STORAGE

A. Acrylonitrile is a flammable liquid, and its vapors can easily form explosive mixtures in air.

B. Acrylonitrile must be stored in tightly closed containers in a cool, well-ventilated area, away from heat, sparks, flames, strong oxidizers (especially bromine), strong bases, copper, copper alloys, ammonia, and amines.

C. Sources of ignition such as smoking and open flames are prohibited wherever acrylonitrile is handled, used, or stored in a manner that could create a potential fire or explosion hazard.

D. You should use non-sparking tools when opening or closing metal containers of acrylonitrile, and containers must be bonded and grounded when pouring or transferring liquid acrylonitrile.

E. You must immediately remove any non-impervious clothing that becomes wetted with acrylonitrile, and this clothing must not be reworn until the acrylonitrile is removed from the clothing.

F. Impervious clothing wet with liquid acrylonitrile can be easily ignited. This clothing must be washed down with water before you remove it.

G. If your skin becomes wet with liquid acrylonitrile, you must promptly and thoroughly wash or shower with soap or mild detergent to remove any acrylonitrile from your skin.

H. You must not keep food, beverages, or smoking materials, nor are you permitted to eat or smoke in regulated areas where acrylonitrile concentrations are above the permissible exposure limits.

I. If you contact liquid acrylonitrile, you must wash your hands thoroughly with soap or mild detergent and water before eating, smoking, or using toilet facilities.

J. Fire extinguishers and quick drenching facilities must be readily available, and you should know where they are and how to operate them.

K. Ask your supervisor where acrylonitrile is used in your work area and for any additional plant safety and health rules.

VI. ACCESS TO INFORMATION

A. Each year, your employer is required to inform you of the information contained in this Substance Safety Data Sheet for acrylonitrile. In addition, your employer must instruct you in the proper work practices for using acrylonitrile, emergency procedures, and the correct use of protective equipment.

B. Your employer is required to determine whether you are being exposed to acrylonitrile. You or your representative has the right to observe employee measurements and to record the results obtained. Your employer is required to inform you of your exposure. If your employer determines that you are being overexposed, he or she is required to inform you of the actions which are being taken to reduce your exposure to within permissible exposure limits.

C. Your employer is required to keep records of your exposures and medical examinations. These records must be kept by the employer for at least forty (40) years or for the period of your employment plus twenty (20) years, whichever is longer.

D. Your employer is required to release your exposure and medical records to you or your representative upon your request.

[63 FR 1152, Jan. 8, 1998]

1910.1045 App B Substance technical guidelines for acrylonitrile

APPENDIX B to 1910.1045 - SUBSTANCE TECHNICAL GUIDELINES FOR ACRYLONITRILE

I. PHYSICAL AND CHEMICAL DATA

A. Substance identification: 1. Synonyms: AN; VCN; vinyl cyanide; propenenitrile; cyanoethylene; Acrylon; Carbacryl; Fumigrain; Ventox.

2. Formula: $\text{CH}_2 = \text{CHCN}$.

3. Molecular weight: 53.1.

B. Physical data: 1. Boiling point (760 mm Hg): 77.3 deg. C (171 deg. F);

2. Specific gravity (water = 1): 0.81 (at 20 deg. C or 68 deg. F);

3. Vapor density (air=1 at boiling point of acrylonitrile): 1.83;
4. Melting point: -83 deg. C (-117 deg. F);
5. Vapor pressure (@20 deg. F): 83 mm Hg;
6. Solubility in water, percent by weight @20 deg. C (68 deg. F): 7.35;
7. Evaporation rate (Butyl Acetate = 1): 4.54; and
8. Appearance and odor: Colorless to pale yellow liquid with a pungent odor at concentrations above the permissible exposure level. Any detectable odor of acrylonitrile may indicate overexposure.

II. FIRE, EXPLOSION, AND REACTIVITY HAZARD DATA

- A. Fire:
 1. Flash point: -1 deg. C (30 deg. F) (closed cup).
 2. Autoignition temperature: 481 deg. C (898 deg. F).
 3. Flammable limits air, percent by volume: Lower: 3, Upper: 17.
 4. Extinguishing media: Alcohol foam, carbon dioxide, and dry chemical.
 5. Special fire-fighting procedures: Do not use a solid stream of water, since the stream will scatter and spread the fire. Use water to cool containers exposed to a fire.
 6. Unusual fire and explosion hazards: Acrylonitrile is a flammable liquid. Its vapors can easily form explosive mixtures with air. All ignition sources must be controlled where acrylonitrile is handled, used, or stored in a manner that could create a potential fire or explosion hazard. Acrylonitrile vapors are heavier than air and may travel along the ground and be ignited by open flames or sparks at locations remote from the site at which acrylonitrile is being handled.
 7. For purposes of compliance with the requirements of 29 CFR 1910.106, acrylonitrile is classified as a class IB flammable liquid. For example, 7,500 ppm, approximately one-fourth of the lower flammable limit, would be considered to pose a potential fire and explosion hazard.
 8. For purposes of compliance with 29 CFR 1910.157, acrylonitrile is classified as a Class B fire hazard.
 9. For purpose of compliance with 29 CFR 1919.309, locations classified as hazardous due to the presence of acrylonitrile shall be Class I, Group D.

B. Reactivity:

1. Conditions contributing to instability: Acrylonitrile will polymerize when hot, and the additional heat liberated by the polymerization may cause containers to explode. Pure AN may self-polymerize, with a rapid build-up of pressure, resulting in an explosion hazard. Inhibitors are added to the commercial product to prevent self-polymerization.

2. Incompatibilities: Contact with strong oxidizers (especially bromine) and strong bases may cause fires and explosions. Contact with copper, copper alloys, ammonia, and amines may start serious decomposition.

3. Hazardous decomposition products: Toxic gases and vapors (such as hydrogen cyanide, oxides of nitrogen, and carbon monoxide) may be released in a fire involving acrylonitrile and certain polymers made from acrylonitrile.

4. Special precautions: Liquid acrylonitrile will attack some forms of plastics, rubbers, and coatings.

III. SPILL, LEAK, AND DISPOSAL PROCEDURES

A. If acrylonitrile is spilled or leaked, the following s should be taken:

1. Remove all ignition sources.
2. The area should be evacuated at once and re-entered only after the area has been thoroughly ventilated and washed down with water.
3. If liquid acrylonitrile or polymer intermediate, collect for reclamation or absorb in paper, vermiculite, dry sand, earth, or similar material, or wash down with water into process sewer system.

B. Persons not wearing protective equipment should be restricted from areas of spills or leaks until clean-up has been completed.

C. Waste disposal methods: Waste material shall be disposed of in a manner that is not hazardous to employees or to the general population. Spills of acrylonitrile and flushing of such spills shall be channeled for appropriate treatment or collection for disposal. They shall not be channeled directly into the sanitary sewer system. In selecting the method of waste disposal, applicable local, State, and Federal regulations should be consulted.

IV. MONITORING AND MEASUREMENT PROCEDURES

A. Exposure above the Permissible Exposure Limit:

1. Eight-hour exposure evaluation: Measurements taken for the purpose of determining employee exposure under this section are best taken so that the average 8-hour exposure may be determined from a single 8-hour sample or two (2) 4-hour samples. Air samples should be taken in the employee's breathing zone (air that would most nearly represent that inhaled by the employee.)

2. Ceiling evaluation: Measurements taken for the purpose of determining employee exposure under this section must be taken during periods of maximum expected airborne concentrations of acrylonitrile in the employee's breathing zone. A minimum of three (3) measurements should be taken on one work shift. The average of all measurements taken is an estimate of the employee's ceiling exposure.

3. Monitoring techniques: The sampling and analysis under this section may be performed by collecting the acrylonitrile vapor on charcoal adsorption tubes or other composition adsorption tubes, with subsequent chemical analysis. Sampling and analysis may also be performed by instruments such as real-time continuous monitoring systems, portable direct-reading instruments, or passive dosimeters. Analysis of resultant samples should be by gas chromatograph.

Appendix D lists methods of sampling and analysis which have been tested by NIOSH and OSHA for use with acrylonitrile. NIOSH and OSHA have validated modifications of NIOSH Method S-156 (See Appendix D) under laboratory conditions for concentrations below 1 ppm. The employer has the obligation of selecting a monitoring method which meets the accuracy and precision requirements of the standard under his unique field conditions. The standard requires that methods of monitoring must be accurate, to a 95-percent confidence level, to + or - 35-percent for concentrations of AN at or above 2 ppm, and to + or - 50-percent for concentrations below 2ppm. In addition to the methods described in Appendix D, there are numerous other methods available for monitoring for AN in the workplace. Details on these other methods have been submitted by various companies to the rulemaking record, and are available at the OSHA Docket Office.

B. Since many of the duties relating to employee exposure are dependent on the results of monitoring and measuring procedures, employers shall assure that the evaluation of employee exposures is performed by a competent industrial hygienist or other technically qualified person.

V. PROTECTIVE CLOTHING

Employees shall be provided with and required to wear appropriate protective clothing to

prevent any possibility of skin contact with liquid AN. Because acrylonitrile is absorbed through the skin, it is important to prevent skin contact with liquid AN. Protective clothing shall include impermeable coveralls or similar full-body work clothing, gloves, head-coverings, as appropriate to protect areas of the body which may come in contact with liquid AN.

Employers should ascertain that the protective garments are impermeable to acrylonitrile. Non-impermeable clothing and shoes should not be allowed to become contaminated with liquid AN. If permeable clothing does become contaminated, it should be promptly removed, placed in a regulated area for removal of the AN, and not worn again until the AN is removed. If leather footwear or other leather garments become wet from acrylonitrile, they should be replaced and not worn again, due to the ability of leather to absorb acrylonitrile and hold it against the skin. Since there is no pain associated with the blistering which may result from skin contact with liquid AN, it is essential that the employee be informed of this hazard so that he or she can be protected.

Any protective clothing which has developed leaks or is otherwise found to be defective shall be repaired or replaced. Clean protective clothing shall be provided to the employee as necessary to assure its protectiveness. Whenever impervious clothing becomes wet with liquid AN, it shall be washed down with water before being removed by the employee. Employees are also required to wear splash-proof safety goggles where there is any possibility of acrylonitrile contacting the eyes.

VI. HOUSEKEEPING AND HYGIENE FACILITIES

For purposes of complying with 29 CFR 1910.141, the following items should be emphasized:

A. The workplace should be kept clean, orderly, and in a sanitary condition. The employer is required to institute a leak and spill detection program for operations involving liquid AN in order to detect sources of fugitive AN emissions.

B. Dry sweeping and the use of compressed air is unsafe for the cleaning of floors and other surfaces where liquid AN may be found.

C. Adequate washing facilities with hot and cold water are to be provided, and maintained in a sanitary condition. Suitable cleansing agents are also to be provided to assure the effective removal of acrylonitrile from the skin.

D. Change or dressing rooms with individual clothes storage facilities must be provided to prevent the contamination of street clothes with acrylonitrile. Because of the hazardous nature of acrylonitrile, contaminated protective clothing should be placed in a regulated area designated by the employer for removal of the AN before the clothing is laundered or disposed of.

VII. MISCELLANEOUS PRECAUTIONS

A. Store acrylonitrile in tightly-closed containers in a cool, well-ventilated area and take necessary precautions to avoid any explosion hazard.

B. High exposures to acrylonitrile can occur when transferring the liquid from one container to another.

C. Non-sparking tools must be used to open and close metal acrylonitrile containers. These containers must be effectively grounded and bonded prior to pouring.

D. Never store uninhibited acrylonitrile.

E. Acrylonitrile vapors are not inhibited. They may form polymers and clog vents of storage tanks.

F. Use of supplied-air suits or other impervious coverings may be necessary to prevent skin contact with and provide respiratory protection from acrylonitrile where the concentration of acrylonitrile is unknown or is above the ceiling limit. Supplied-air suits should be selected, used, and maintained under the immediate supervision of persons knowledgeable in the limitations and potential life-endangering characteristics of supplied-air suits.

G. Employers shall advise employees of all areas and operations where exposure to acrylonitrile could occur.

VIII. COMMON OPERATIONS

Common operations in which exposure to acrylonitrile is likely to occur include the following: Manufacture of the acrylonitrile monomer; synthesis of acrylic fibers, ABS, SAN, and nitrile barrier plastics and resins, nitrile rubber, surface coatings, specialty chemicals, use as a chemical intermediate, use as a fumigant and in the cyanoethylation of cotton.

1910.1045 App C Medical surveillance guidelines for acrylonitrile

APPENDIX C to 1910.1045 - MEDICAL SURVEILLANCE GUIDELINES FOR ACRYLONITRILE

I. ROUTE OF ENTRY

Inhalation; skin absorption; ingestion.

II. TOXICOLOGY

Acrylonitrile vapor is an asphyxiant due to inhibitory action on metabolic enzyme systems. Animals exposed to 75 or 100 ppm for 7 hours have shown signs of anoxia; in some animals which died at the higher level, cyanomethemoglobin was found in the blood. Two human fatalities from accidental poisoning have been reported; one was caused by inhalation of an unknown concentration of the vapor, and the other was thought to be caused by skin absorption or inhalation. Most cases of intoxication from industrial exposure have been mild, with rapid onset of eye irritation, headache, sneezing, and nausea. Weakness, lightheadedness, and vomiting may also occur. Exposure to high concentrations may produce profound weakness, asphyxia, and death. The vapor is a severe eye irritant. Prolonged skin contact with the liquid may result in absorption with systemic effects, and in the formation of large blisters after a latent period of several hours. Although there is usually little or no pain or inflammation, the affected skin resembles a second-degree thermal burn. Solutions spilled on exposed skin, or on areas covered only by a light layer of clothing, evaporate rapidly, leaving no irritation, or, at the most, mild transient redness. Repeated spills on exposed skin may result in dermatitis due to solvent effects.

Results after 1 year of a planned 2-year animal study on the effects of exposure to acrylonitrile have indicated that rats ingesting as little as 35 ppm in their drinking water develop tumors of the central nervous system. The interim results of this study have been supported by a similar study being conducted by the same laboratory, involving exposure of rats by inhalation of acrylonitrile vapor, which has shown similar types of tumors in animals exposed to 80 ppm.

In addition, the preliminary results of an epidemiological study being performed by duPont on a cohort of workers in their Camden, S.C. acrylic fiber plant indicate a statistically significant increase in the incidence of colon and lung cancers among employees exposed to acrylonitrile.

III. SIGNS AND SYMPTOMS OF ACUTE OVEREXPOSURE

Asphyxia and death can occur from exposure to high concentrations of acrylonitrile. Symptoms of overexposure include eye irritation, headache, sneezing, nausea and vomiting, weakness, and lightheadedness. Prolonged skin contact can cause blisters on the skin with appearance of a second-degree burn, but with little or no pain. Repeated skin contact may produce scaling dermatitis.

IV. TREATMENT OF ACUTE OVEREXPOSURE

Remove employee from exposure. Immediately flush eyes with water and wash skin with soap or mild detergent and water. If AN has been swallowed, and person is conscious, induce

vomiting. Give artificial resuscitation if indicated. More severe cases, such as those associated with loss of consciousness, may be treated by the intravenous administration of sodium nitrite, followed by sodium thiosulfate, although this is not as effective for acrylonitrile poisoning as for inorganic cyanide poisoning.

V. SURVEILLANCE AND PREVENTIVE CONSIDERATIONS

A. As noted above, exposure to acrylonitrile has been linked to increased incidence of cancers of the colon and lung in employees of the duPont acrylic fiber plant in Camden, S.C. In addition, the animal testing of acrylonitrile has resulted in the development of cancers of the central nervous system in rats exposed by either inhalation or ingestion. The physician should be aware of the findings of these studies in evaluating the health of employees exposed to acrylonitrile.

Most reported acute effects of occupational exposure to acrylonitrile are due to its ability to cause tissue anoxia and asphyxia. The effects are similar to those caused by hydrogen cyanide. Liquid acrylonitrile can be absorbed through the skin upon prolonged contact. The liquid readily penetrates leather, and will produce burns of the feet if footwear contaminated with acrylonitrile is not removed.

It is important for the physician to become familiar with the operating conditions in which exposure to acrylonitrile may occur. Those employees with skin diseases may not tolerate the wearing of whatever protective clothing may be necessary to protect them from exposure. In addition, those with chronic respiratory disease may not tolerate the wearing of negative-pressure respirators.

B. Surveillance and screening. Medical histories and laboratory examinations are required for each employee subject to exposure to acrylonitrile above the action level. The employer must screen employees for history of certain medical conditions which might place the employee at increased risk from exposure.

1. Central nervous system dysfunction. Acute effects of exposure to acrylonitrile generally involve the central nervous system. Symptoms of acrylonitrile exposure include headache, nausea, dizziness, and general weakness. The animal studies cited above suggest possible carcinogenic effects of acrylonitrile on the central nervous system, since rats exposed by either inhalation or ingestion have developed similar CNS tumors.

2. Respiratory disease. The du Pont data indicate an increased risk of lung cancer among employees exposed to acrylonitrile.

3. Gastrointestinal disease. The du Pont data indicate an increased risk of cancer of the colon among employees exposed to acrylonitrile. In addition, the animal studies show possible tumor production in the stomachs of the rats in the ingestion study.

4. Skin disease. Acrylonitrile can cause skin burns when prolonged skin contact with the liquid

occurs. In addition, repeated skin contact with the liquid can cause dermatitis.

5. General. The purpose of the medical procedures outlined in the standard is to establish a baseline for future health monitoring. Persons unusually susceptible to the effects of anoxia or those with anemia would be expected to be at increased risk. In addition to emphasis on the CNS, respiratory and gastrointestinal systems, the cardiovascular system, liver, and kidney function should also be stressed.

1910.1045 App D Sampling and analytical methods for acrylonitrile

APPENDIX D to 1910.1045 - SAMPLING AND ANALYTICAL METHODS FOR ACRYLONITRILE

There are many methods available for monitoring employee exposures to acrylonitrile. Most of these involve the use of charcoal tubes and sampling pumps, with analysis by gas chromatograph. The essential differences between the charcoal tube methods include, among others, the use of different desorbing solvents, the use of different lots of charcoal, and the use of different equipment for analysis of the samples.

Besides charcoal, considerable work has been performed on methods using porous polymer sampling tubes and passive dosimeters. In addition, there are several portable gas analyzers and monitoring units available on the open market.

This appendix contains details for the methods which have been tested at OSHA Analytical Laboratory in Salt Lake City, and NIOSH in Cincinnati. Each is a variation on NIOSH Method S-156, which is also included for reference. This does not indicate that these methods are the only ones which will be satisfactory. There also may be workplace situations in which these methods are not adequate, due to such factors as high humidity. Copies of the other methods available to OSHA are available in the rulemaking record, and may be obtained from the OSHA Docket Office. These include, the Union Carbide, Monsanto, Dow Chemical and Dow Badische methods, as well as NIOSH Method P & CAM 127.

Employers who note problems with sample breakthrough should try larger charcoal tubes. Tubes of larger capacity are available, and are often used for sampling vinyl chloride. In addition, lower flow rates and shorter sampling times should be beneficial in minimizing breakthrough problems.

Whatever method the employer chooses, he must assure himself of the method's accuracy and precision under the unique conditions present in his workplace.

NIOSH METHOD S-156 (UNMODIFIED)

Analyte: Acrylonitrile.

Matrix: Air.

Procedure: Absorption on charcoal, desorption with methanol, GC.

1. Principle of the method (Reference 11.1).

- 1.1 A known volume of air is drawn through a charcoal tube to trap the organic vapors present.
- 1.2 The charcoal in the tube is transferred to a small, stoppered sample container, and the analyte is desorbed with methanol.
- 1.3 An aliquot of the desorbed sample is injected into a gas chromatograph.
- 1.4 The area of the resulting peak is determined and compared with areas obtained for standards.

2. Range and sensitivity.

2.1 This method was validated over the range of 17.5-70.0 mg/cu m at an atmospheric temperature and pressure of 22 deg. C and 760 MM Hg, using a 20-liter sample. Under the conditions of sample size (20-liters) the probable useful range of this method is 4.5-135 mg-cu m. The method is capable of measuring much smaller amounts if the desorption efficiency is adequate. Desorption efficiency must be determined over the range used.

2.2 The upper limit of the range of the method is dependent on the adsorptive capacity of the charcoal tube. This capacity varies with the concentrations of acrylonitrile and other substances in the air. The first section of the charcoal tube was found to hold at least 3.97 mg of acrylonitrile when a test atmosphere containing 92.0 mg/cu m of acrylonitrile in air was sampled 0.18 liter per minute for 240 minutes; at that time the concentration of acrylonitrile in the effluent was less than 5 percent of that in the influent. (The charcoal tube consists of two sections of activated charcoal separated by a section of urethane foam. See section 6.2.) If a particular atmosphere is suspected of containing a large amount of contaminant, a smaller sampling volume should be taken.

3. Interference.

3.1 When the amount of water in the air is so great that condensation actually occurs in the tube, organic vapors will not be trapped efficiently. Preliminary experiments using toluene indicate that high humidity severely decreases the breakthrough volume.

3.2 When interfering compounds are known or suspected to be present in the air, such information, including their suspected identities, should be transmitted with the sample.

3.3 It must be emphasized that any compound which has the same retention time as the analyte at the operating conditions described in this method is an interference. Retention time data on a single column cannot be considered proof of chemical identity.

3.4 If the possibility of interference exists, separation conditions (column packing, temperature, etc.) must be changed to circumvent the problem.

4. Precision and accuracy.

4.1 The Coefficient of Variation (CVT) for the total analytical and sampling method in the range of 17.5-70.0 mg/cu m was 0.073. This value corresponds to a 3.3 mg/cu m standard deviation at

the (previous) OSHA standard level (20 ppm). Statistical information and details of the validation and experimental test procedures can be found in Reference 11.2.

4.2 On the average the concentrations obtained at the 20 ppm level using the overall sampling and analytical method were 6.0 percent lower than the "true" concentrations for a limited number of laboratory experiments. Any difference between the "found" and "true" concentrations may not represent a bias in the sampling and analytical method, but rather a random variation from the experimentally determined "true" concentration. Therefore, no recovery correction should be applied to the final result in section 10.5.

5. Advantages and disadvantages of the method.

5.1 The sampling device is small, portable, and involves no liquids. Interferences are minimal, and most of those which do occur can be eliminated by altering chromatographic conditions. The tubes are analyzed by means of a quick, instrumental method.

The method can also be used for the simultaneous analysis of two or more substances suspected to be present in the same sample by simply changing gas chromatographic conditions.

5.2 One disadvantage of the method is that the amount of sample which can be taken is limited by the number of milligrams that the tube will hold before overloading. When the sample value obtained for the backup section of the charcoal tube exceeds 25 percent of that found on the front section, the possibility of sample loss exists.

5.3 Furthermore, the precision of the method is limited by the reproducibility of the pressure drop across the tubes. This drop will affect the flow rate and cause the volume to be imprecise, because the pump is usually calibrated for one tube only.

6. Apparatus.

6.1 A calibrated personal sampling pump whose flow can be determined within + or - 5 percent at the recommended flow rate. (Reference 11.3).

6.2 Charcoal tubes: Glass tubes with both ends flame sealed, 7 cm long with a 6-mm O.D. and a 4-mm I.D., containing 2 sections of 20/40 mesh activated charcoal separated by a 2-mm portion of urethane foam. The activated charcoals prepared from coconut shells and is fired at 600 deg. C prior to packing. The adsorbing section contains 100 mg of charcoal, the backup section 50 mg. A 3-mm portion of urethane foam is placed between the outlet end of the tube and the backup section. A plug of silicated glass wool is placed in front of the adsorbing section. The pressure drop across the tube must be less than 1 inch of mercury at a flow rate of 1 liter per minute.

6.3 Gas chromatograph equipped with a flame ionization detector.

6.4 Column (4-ftX 1/4 -in stainless steel) packed with 50/80 mesh Poropak, type Q.

6.5 An electronic integrator or some other suitable method for measuring peak areas.

6.6 Two-milliliter sample containers with glass stoppers or Teflon-lined caps. If an automatic sample injector is used, the associated vials may be used.

6.7 Microliter syringes: 10-microliter and other convenient sizes for making standards.

6.8 Pipets: 1.0-ml delivery pipets.

6.9 Volumetric flask: 10-ml or convenient sizes for making standard solutions.

7. Reagents.

7.1 Chromatographic quality methanol.

7.2 Acrylonitrile, reagent grade.

7.3 Hexane, reagent grade.

7.4 Purified nitrogen.

7.5 Prepurified hydrogen.

7.6 Filtered compressed air.

8. Procedure.

8.1 Cleaning of equipment. All glassware used for the laboratory analysis should be detergent washed and thoroughly rinsed with tap water and distilled water.

8.2 Calibration of personal pumps. Each personal pump must be calibrated with a representative charcoal tube in the line. This will minimize errors associated with uncertainties in the sample volume collected.

8.3 Collection and shipping of samples.

8.3.1 Immediately before sampling, break the ends of the tube to provide an opening at least one-half the internal diameter of the tube (2 mm).

8.3.2 The smaller section of charcoal is used as a backup and should be positioned nearest the sampling pump.

8.3.3 The charcoal tube should be placed in a vertical direction during sampling to minimize channeling through the charcoal.

8.3.4 Air being sampled should not be passed through any hose or tubing before entering the charcoal tube.

8.3.5 A maximum sample size of 20 liters is recommended. Sample at a flow of 0.20 liter per minute or less. The flow rate should be known with an accuracy of at least + or - 5 percent.

8.3.6 The temperature and pressure of the atmosphere being sampled should be recorded. If pressure reading is not available, record the elevation.

8.3.7 The charcoal tubes should be capped with the supplied plastic caps immediately after sampling. Under no circumstances should rubber caps be used.

8.3.8 With each batch of 10 samples submit one tube from the same lot of tubes which was used for sample collection and which is subjected to exactly the same handling as the samples except that no air is drawn through it. Label this as a blank.

8.3.9 Capped tubes should be packed tightly and padded before they are shipped to minimize tube breakage during shipping.

8.3.10 A sample of the bulk material should be submitted to the laboratory in a glass container with a Teflon-lined cap. This sample should not be transported in the same container as the charcoal tubes.

8.4 Analysis of samples.

8.4.1 Preparation of samples. In preparation for analysis, each charcoal tube is scored with a file in front of the first section of charcoal and broken open. The glass wool is removed and discarded. The charcoal in the first (larger) section is transferred to a 2-ml stoppered sample container. The separating section of foam is removed and discarded; the second section is transferred to another stoppered container. These two sections are analyzed separately.

8.4.2 Desorption of samples. Prior to analysis, 1.0 ml of methanol is pipetted into each sample container. Desorption should be done for 30 minutes. Tests indicate that this is adequate if the sample is agitated occasionally during this period. If an automatic sample injector is used, the sample vials should be capped as soon as the solvent is added to minimize volatilization.

8.4.3 GC conditions. The typical operating conditions for the gas chromatograph are:

1. 50 ml/min (60 psig) nitrogen carrier gas flow.
2. 65 ml/min (24 psig) hydrogen gas flow to detector.
3. 500 ml/min (50 psig) air flow to detector.
4. 235 deg. C injector temperature.
5. 255 deg. C manifold temperature (detector).
6. 155 deg. C column temperature.

8.4.4 Injection. The first step in the analysis is the injection of the sample into the gas chromatograph. To eliminate difficulties arising from blowback or distillation within the syringe needle, one should employ the solvent flush injection technique. The 10-microliter syringe is first flushed with solvent several times to wet the barrel and plunger. Three microliters of solvent

are drawn into the syringe to increase the accuracy and reproducibility of the injected sample volume. The needle is removed from the solvent, and the plunger is pulled back about 0.2 microliter to separate the solvent flush from the sample with a pocket of air to be used as a marker. The needle is then immersed in the sample, and a 5-microliter aliquot is withdrawn, taking into consideration the volume of the needle, since the sample in the needle will be completely injected. After the needle is removed from the sample and prior to injection, the plunger is pulled back 1.2 microliters to minimize evaporation of the sample from the tip of the needle. Observe that the sample occupies 4.9-5.0 microliters in the barrel of the syringe. Duplicate injections of each sample and standard should be made. No more than a 3 percent difference in area is to be expected. An automatic sample injector can be used if it is shown to give reproducibility at least as good as the solvent flush method.

8.4.5 Measurement of area. The area of the sample peak is measured by an electronic integrator or some other suitable form of area measurement, and preliminary results are read from a standard curve prepared as discussed below.

8.5 Determination of desorption efficiency.

8.5.1 Importance of determination. The desorption efficiency of a particular compound can vary from one laboratory to another and also from one batch of charcoal to another. Thus, it is necessary to determine at least once the percentage of the specific compound that is removed in the desorption process, provided the same batch of charcoal is used.

8.5.2 Procedure for determining desorption efficiency. Activated charcoal equivalent to the amount in the first section of the sampling tube (100 mg) is measured into a 2.5 in, 4-mm I.D. glass tube, flame sealed at one end. This charcoal must be from the same batch as that used in obtaining the samples and can be obtained from unused charcoal tubes. The open end is capped with Parafilm. A known amount of hexane solution of acrylonitrile containing 0.239 g/ml is injected directly into the activated charcoal with a microliter syringe, and tube is capped with more Parafilm. When using an automatic sample injector, the sample injector vials, capped with Teflon-faced septa, may be used in place of the glass tube.

The amount injected is equivalent to that present in a 20-liter air sample at the selected level.

Six tubes at each of three levels (0.5X, 1X, and 2X of the standard) are prepared in this manner and allowed to stand for at least overnight to assure complete adsorption of the analyte onto the charcoal. These tubes are referred to as the sample. A parallel blank tube should be treated in the same manner except that no sample is added to it. The sample and blank tubes are desorbed and analyzed in exactly the same manner as the sampling tube described in section 8.4.

Two or three standards are prepared by injecting the same volume of compound into 1.0 ml of methanol with the same syringe used in the preparation of the samples. These are analyzed with the samples.

The desorption efficiency (D.E.) equals the average weight in mg recovered from the tube divided by the weight in mg added to the tube, or

$$\text{D.E.} = \frac{\text{Average weight recovered (mg)}}{\text{weight added (mg)}}$$

The desorption efficiency is dependent on the amount of analyte collected on the charcoal. Plot the desorption efficiency versus weight of analyte found. This curve is used in section 10.4 to correct for adsorption losses.

9. Calibration and standards.

It is convenient to express concentration of standards in terms of mg/1.0 ml methanol, because samples are desorbed in this amount of methanol. The density of the analyte is used to convert mg into microliters for easy measurement with a microliter syringe. A series of standards, varying in concentration over the range of interest, is prepared and analyzed under the same GC conditions and during the same time period as the unknown samples. Curves are established by plotting concentration in mg/1.0 ml versus peak area.

Note: Since no internal standard is used in the method, standard solutions must be analyzed at the same time that the sample analysis is done. This will minimize the effect of known day-to-day variations and variations during the same day of the FID response.

10. Calculations.

10.1 Read the weight, in mg, corresponding to each peak area from the standard curve. No volume corrections are needed, because the standard curve is based on mg/1.0 ml methanol and the volume of sample injected is identical to the volume of the standards injected.

10.2 Corrections for the blank must be made for each sample.

$$\text{mg} = \text{mg sample} - \text{mg blank}$$

Where:

mg sample = mg found in front section of sample tube.

mg sample = mg found in front section of blank tube.

A similar procedure is followed for the backup sections.

10.3 Add the weights found in the front and backup sections to get the total weight in the sample.

10.4 Read the desorption efficiency from the curve (see sec. 8.5.2) for the amount found in the front section. Divide the total weight by this desorption efficiency to obtain the corrected mg/sample.

$$\text{Corrected mg/sample} = \frac{\text{Total weight}}{\text{D.E.}}$$

10.5 The concentration of the analyte in the air sampled can be expressed in mg/cu m.

$$1,000 \text{ (liter/cu m)}$$

$$\text{mg/cu m} = \text{Corrected mg (section 10.4)} \times \frac{\text{-----}}{\text{air volume sampled (liter)}}$$

10.6 Another method of expressing concentration is ppm.

$$\text{ppm} = \text{m mg/cu} \times 24.45/\text{M.W.} \times 760/\text{PX T.} + 273/298$$

Where:

- P = Pressure (mm Hg) of air sampled.
- T = Temperature (deg. C) of air sampled.
- 24.45 = Molar volume (liter/mole) at 25 deg. C and 760 mm Hg.
- M.W. = Molecular weight (g/mole) of analyte.
- 760 = Standard pressure (mm Hg).
- 298 = Standard temperature (deg. K).

11. References.

11.1 White, L. D. et al., "A Convenient Optimized Method for the Analysis of Selected Solvent Vapors in the Industrial Atmosphere," Amer. Ind. Hyg. Assoc. J., 31:225 (1970).

11.2 Documentation of NIOSH Validation Tests, NIOSH Contract No. CDC-99-74-45.

11.3 Final Report, NIOSH Contract HSM-99-71-31, "Personal Sampler Pump for Charcoal Tubes," September 15, 1972.

NIOSH Modification of NIOSH Method S-156

The NIOSH recommended method for low levels for acrylonitrile is a modification of method S-156. It differs in the following respects:

- (1) Samples are desorbed using 1 ml of 1 percent acetone in CS(2) rather than methanol.
- (2) The analytical column and conditions are:

Column: 20 percent SP-1000 on 80/100 Supelcoport 10 feet x 1/8 inch S.S.

Conditions:

- Injector temperature: 200 deg. C.
- Detector temperature: 100 deg. C.
- Column temperature: 85 deg. C.
- Helium flow: 25 ml/min.
- Air flow: 450 ml/min.
- Hydrogen flow: 55 ml/min.

(3) A 2 ul injection of the desorbed analyte is used.

(4) A sampling rate of 100 ml/min is recommended.

OSHA Laboratory Modification of NIOSH Method S-156

Analyte: Acrylonitrile.

Matrix: Air.

Procedure: Adsorption on charcoal, desorption with methanol, GC.

1. Principle of the Method (Reference 1).

1.1 A known volume of air is drawn through a charcoal tube to trap the organic vapors present.

1.2 The charcoal in the tube is transferred to a small, stoppered sample vial, and the analyte is desorbed with methanol.

1.3 An aliquot of the desorbed sample is injected into a gas chromatograph.

1.4 The area of the resulting peak is determined and compared with areas obtained for standards.

2. Advantages and disadvantages of the method.

2.1 The sampling device is small, portable, and involves no liquids. Interferences are minimal, and most of those which do occur can be eliminated by altering chromatographic conditions. The tubes are analyzed by means of a quick, instrumental method.

2.2 This method may not be adequate for the simultaneous analysis of two or more substances.

2.3 The amount of sample which can be taken is limited by the number of milligrams that the tube will hold before overloading. When the sample value obtained for the backup section of the charcoal tube exceeds 25 percent of that found on the front section, the possibility of sample loss exists.

2.4 The precision of the method is limited by the reproducibility of the pressure drop across the tubes. This drop will affect the flow rate and cause the volume to be imprecise, because the pump is usually calibrated for one tube only.

3. Apparatus.

3.1 A calibrated personal sampling pump whose flow can be determined within + or - (5) percent at the recommended flow rate.

3.2 Charcoal tubes: Glass tube with both ends flame sealed, 7 cm long with a 6-mm O.D. and a 4-mm I.D., containing 2 sections of 20/40 mesh activated charcoal separated by a 2-mm portion of urethane foam. The activated charcoal is prepared from coconut shells and is fired at 600 deg. C prior to packing. The adsorbing section contains 100 mg of charcoal, the back-up section 50 mg. A 3-mm portion of urethane foam is placed between the outlet end of the tube and the back-up section. A plug of silicated glass wool is placed in front of the adsorbing section. The pressure drop across the tube must be less than one inch of mercury at a flow rate of 1 liter per minute.

3.3 Gas chromatograph equipped with a nitrogen phosphorus detector.

3.4 Column (10-ft x 1/8"-in stainless steel) packed with 100/120 Supelcoport coated with 10 percent SP 1000.

3.5 An electronic integrator or some other suitable method for measuring peak area.

3.6 Two-milliliter sample vials with Teflon-lined caps

3.7 Microliter syringes: 10-microliter, and other convenient sizes for making standards.

3.8 Pipets: 1.0-ml delivery pipets.

3.9 Volumetric flasks: convenient sizes for making standard solutions.

4. Reagents.

4.1 Chromatographic quality methanol.

4.2 Acrylonitrile, reagent grade.

4.3 Filtered compressed air.

4.4 Purified hydrogen.

4.5 Purified helium.

5. Procedure.

5.1 Cleaning of equipment. All glassware used for the laboratory analysis should be properly cleaned and free of organics which could interfere in the analysis.

5.2 Calibration of personal pumps. Each pump must be calibrated with a representative charcoal tube in the line.

5.3 Collection and shipping of samples.

5.3.1 Immediately before sampling, break the ends of the tube to provide an opening at least one-half the internal diameter of the tube (2 mm).

5.3.2 The smaller section of the charcoal is used as the backup and should be placed nearest the sampling pump.

5.3.3 The charcoal should be placed in a vertical position during sampling to minimize channeling through the charcoal.

5.3.4 Air being sampled should not be passed through any hose or tubing before entering the charcoal tube.

5.3.5 A sample size of 20 liters is recommended. Sample at a flow rate of approximately 0.2 liters per minute. The flow rate should be known with an accuracy of at least + or - (5) percent.

5.3.6 The temperature and pressure of the atmosphere being sampled should be recorded.

5.3.7 The charcoal tubes should be capped with the supplied plastic caps immediately after sampling. Rubber caps should not be used.

5.3.8 Submit at least one blank tube (a charcoal tube subjected to the same handling procedures, without having any air drawn through it) with each set of samples.

5.3.9. Take necessary shipping and packing precautions to minimize breakage of samples.

5.4 Analysis of samples.

5.4.1 Preparation of samples. In preparation for analysis, each charcoal tube is scored with a file in front of the first section of charcoal and broken open. The glass wool is removed and discarded. The charcoal in the first (larger) section is transferred to a 2-ml vial. The separating section of foam is removed and discarded; the section is transferred to another capped vial. These two sections are analyzed separately.

5.4.2 Desorption of samples. Prior to analysis, 1.0 ml of methanol is pipetted into each sample container. Desorption should be done for 30 minutes in an ultrasonic bath. The sample vials are recapped as soon as the solvent is added.

5.4.3 GC conditions. The typical operating conditions for the gas chromatograph are:

1. 30 ml/min (60 psig) helium carrier gas flow.
2. 3.0 ml/min (30 psig) hydrogen gas flow to detector.
3. 50 ml/min (60 psig) air flow to detector.
4. 200 deg. C injector temperature.
5. 200 deg. C detector temperature.
6. 100 deg. C column temperature.

5.4.4 Injection. Solvent flush technique or equivalent.

5.4.5 Measurement of area. The area of the sample peak is measured by an electronic integrator or some other suitable form of area measurement, and preliminary results are read from a standard curve prepared as discussed below.

5.5 Determination of desorption efficiency.

5.5.1 Importance of determination. The desorption efficiency of a particular compound can vary from one laboratory to another and also from one batch of charcoal to another. Thus, it is necessary to determine, at least once, the percentage of the specific compound that is removed in the desorption process, provided the same batch of charcoal is used.

5.5.2 Procedure for determining desorption efficiency. The reference portion of the charcoal tube is removed. To the remaining portion, amounts representing 0.5X, 1X, and 2X (X represents TLV) based on a 20 l air sample are injected onto several tubes at each level. Dilutions of acrylonitrile with methanol are made to allow injection of measurable quantities. These tubes are then allowed to equilibrate at least overnight. Following equilibration they are analyzed following the same procedure as the samples. A curve of the desorption efficiency amt

recovered/amt added is plotted versus amount of analyte found. This curve is used to correct for adsorption losses.

6. Calibration and standards.

A series of standards, varying in concentration over the range of interest, is prepared and analyzed under the same GC conditions and during the same time period as the unknown samples. Curves are prepared by plotting concentration versus peak area.

Note: Since no internal standard is used in the method, standard solutions must be analyzed at the same time that the sample analysis is done. This will minimize the effect of known day-to-day variations and variations during the same day of the NPD response. Multiple injections are necessary.

7. Calculations.

Read the weight, corresponding to each peak area from the standard curve, correct for the blank, correct for the desorption efficiency, and make necessary air volume corrections.

8. Reference. NIOSH Method S-156.

[43 FR 45809, Oct. 3, 1978, as amended at 45 FR 35283, May 23, 1980; 54 FR 24334, June 7, 1989; 61 FR 5507, Feb. 13, 1996]

1910.1047 Ethylene oxide.

(a) Scope and application.

(1) This section applies to all occupational exposures to ethylene oxide (EtO), Chemical Abstracts Service Registry No. 75-21-8, except as provided in paragraph (a)(2) of this section.

(2) This section does not apply to the processing, use, or handling of products containing EtO where objective data are reasonably relied upon that demonstrate that the product is not capable of releasing EtO in airborne concentrations at or above the action level under the expected conditions of processing, use, or handling that will cause the greatest possible release.

(3) Where products containing EtO are exempted under paragraph (a)(2) of this section, the employer shall maintain records of the objective data supporting that exemption and the basis for the employer's reliance on the data, as provided in paragraph (k)(1) of this section.

(b) Definitions: For the purpose of this section, the following definitions shall apply:

"Action level" means a concentration of airborne EtO of 0.5 ppm calculated as an eight (8)-hour time-weighted average.

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and

Health, U.S. Department of Labor, or designee.

"Authorized person" means any person specifically authorized by the employer whose duties require the person to enter a regulated area, or any person entering such an area as a designated representative of employees for the purpose of exercising the right to observe monitoring and measuring procedures under paragraph (1) of this section, or any other person authorized by the Act or regulations issued under the Act.

"Director" means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designee.

"Emergency" means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that is likely to or does result in an unexpected significant release of EtO.

"Employee exposure" means exposure to airborne EtO which would occur if the employee were not using respiratory protective equipment.

"Ethylene oxide" or "EtO" means the three-membered ring organic compound with chemical formula C₂H₄O.

(c) Permissible exposure limits (PEL) - 8-hour time-weighted average (TWA). The employer shall ensure that no employee is exposed to an airborne concentration of EtO in excess of one (1) part EtO per million parts of air (1 ppm) as an eight (8)-hour time-weighted average (8-hour TWA).

(1) 8-hour time weighted average (TWA). The employer shall ensure that no employee is exposed to an airborne concentration of EtO in excess of one (1) part EtO per million parts of air (1 ppm) as an 8-hour time-weighted average (8-hour TWA).

(2) Excursion limit. The employer shall ensure that no employee is exposed to an airborne concentration of EtO in excess of 5 parts of EtO per million parts of air (5 ppm) as averaged over a sampling period of fifteen (15) minutes.

(d) Exposure monitoring

(1) General.

(i) Determinations of employee exposure shall be made from breathing zone air samples that are representative of the 8-hour TWA of each employee.

(ii) Representative 8-hour TWA employee exposure shall be determined on the basis of one or more samples representing full-shift exposure for each shift for each job classification in each work area.

(iii) Where the employer can document that exposure levels are equivalent for similar operations in different work shifts, the employer need only determine representative employee exposure for that operation during one shift.

(2) Initial monitoring.

(i) Each employer who has a workplace or work operation covered by this standard, except as provided for in paragraph (a)(2) or (d)(2)(ii) of this section, shall perform initial monitoring to determine accurately the airborne concentrations of EtO to which employees may be exposed.

(ii) Where the employer has monitored after June 15, 1983 and the monitoring satisfies all other requirements of this section, the employer may rely on such earlier monitoring results to satisfy the requirements of paragraph (d)(2)(i) of this section.

(3) Monitoring frequency (periodic monitoring).

(i) If the monitoring required by paragraph (d)(2) of this section reveals employee exposure at or above the action level but at or below the 8-hour TWA, the employer shall repeat such monitoring for each such employee at least every 6 months.

(ii) If the monitoring required by paragraph (d)(2)(i) of this section reveals employee exposure above the 8-hour TWA, the employer shall repeat such monitoring for each such employee at least every 3 months.

(iii) The employer may alter the monitoring schedule from quarterly to semiannually for any employee for whom two consecutive measurements taken at least 7 days apart indicate that the employee's exposure has decreased to or below the 8-hour TWA.

(4) Termination of monitoring.

(i) If the initial monitoring required by paragraph (d)(2)(i) of this section reveals employee exposure to be below the action level, the employer may discontinue the monitoring for those employees whose exposures are represented by the initial monitoring.

(ii) If the periodic monitoring required by paragraph (d)(3) of this section reveals that employee exposures, as indicated by at least two consecutive measurements taken at least 7 days apart, are below the action level, the employer may discontinue the monitoring for those employees whose exposures are represented by such monitoring.

(5) Additional monitoring. Notwithstanding the provisions of paragraph (d)(4) of this section, the employer shall institute the exposure monitoring required under paragraphs (d)(2)(i) and (d)(3) of this section whenever there has been a change in the production, process, control equipment, personnel or work practices that may result in new or additional exposures to EtO or

when the employer has any reason to suspect that a change may result in new or additional exposures.

(6) Accuracy of monitoring. Monitoring shall be accurate, to a confidence level of 95 percent, to within plus or minus 25 percent for airborne concentrations of EtO at the 1 ppm TWA and to within plus or minus 35 percent for airborne concentrations of EtO at the action level of 0.5 ppm.

(7) Employee notification of monitoring results.

(i) The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to employees.

(ii) The written notification required by paragraph (d)(7)(i) of this section shall contain the corrective action being taken by the employer to reduce employee exposure to or below the PEL, wherever monitoring results indicated that the PEL has been exceeded.

(e) Regulated Areas.

(1) The employer shall establish a regulated area wherever occupational exposures to airborne concentrations of EtO may exceed the TWA.

(2) Access to regulated areas shall be limited to authorized persons.

(3) Regulated areas shall be demarcated in any manner that minimizes the number of employees within the regulated area.

(f) Methods of compliance.

(1) Engineering controls and work practices.

(i) The employer shall institute engineering controls and work practices to reduce and maintain employee exposure to or below the TWA, except to the extent that such controls are not feasible.

(ii) Wherever the feasible engineering controls and work practices that can be instituted are not sufficient to reduce employee exposure to or below the TWA, the employer shall use them to reduce employee exposure to the lowest levels achievable by these controls and shall supplement them by the use of respiratory protection that complies with the requirements of paragraph (g) of this section.

(iii) Engineering controls are generally infeasible for the following operations: collection of

quality assurance sampling from sterilized materials removal of biological indicators from sterilized materials: loading and unloading of tank cars; changing of ethylene oxide tanks on sterilizers; and vessel cleaning. For these operations, engineering controls are required only where the Assistant Secretary demonstrates that such controls are feasible.

(2) Compliance program.

(i) Where the TWA is exceeded, the employer shall establish and implement a written program to reduce employee exposure to or below the TWA by means of engineering and work practice controls, as required by paragraph (f)(1) of this section, and by the use of respiratory protection where required or permitted under this section.

(ii) The compliance program shall include a schedule for periodic leak detection surveys and a written plan for emergency situations, as specified in paragraph (h)(i) of this section.

(iii) Written plans for a program required in paragraph (f)(2) shall be developed and furnished upon request for examination and copying to the Assistant Secretary, the Director, affected employees and designated employee representatives. Such plans shall be reviewed at least every 12 months, and shall be updated as necessary to reflect significant changes in the status of the employer's compliance program.

(iv) The employer shall not implement a schedule of employee rotation as a means of compliance with the TWA.

(g) Respiratory protection and personal protective equipment.

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that comply with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement feasible engineering and work-practice controls;

(ii) Work operations, such as maintenance and repair activities and vessel cleaning, for which engineering and work-practice controls are not feasible.

(iii) Work operations for which feasible engineering and work-practice controls are not yet sufficient to reduce exposure to or below the TWA.

(iv) Emergencies.

(2) Respirator program. The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

(3) Respirator selection. Employers must:

(i) Select, and provide to employees, the appropriate respirators specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134; however, employers must not select or use half masks of any type because EtO may cause eye irritation or injury.

(ii) Equip each air-purifying, full facepiece respirator with a front-or back-mounted canister approved for protection against ethylene oxide.

(iii) For escape, provide employees with any respirator permitted for use under paragraphs (g)(3)(i) and (ii) of this standard.

(4) Protective clothing and equipment. When employees could have eye or skin contact with EtO or EtO solutions, the employer must select and provide, at no cost to the employee, appropriate protective clothing or other equipment in accordance with 29 CFR 1901.132 and 1910.133 to protect any area of the employee's body that may come in contact with liquid EtO or EtO solution, and must ensure that the employee wears the protective clothing and equipment provided.

(h) Emergency situations.

(1) Written plan.

(i) A written plan for emergency situations shall be developed for each workplace where there is a possibility of an emergency. Appropriate portions of the plan shall be implemented in the event of an emergency.

(ii) The plan shall specifically provide that employees engaged in correcting emergency conditions shall be equipped with respiratory protection as required by paragraph (g) of this section until the emergency is abated.

(iii) The plan shall include the elements prescribed in 29 CFR 1910.38 and 29 CFR 1910.39, "Employee action plans" and " Fire prevention plans.," respectively.

(2) Alerting employees. Where there is the possibility of employee exposure to EtO due to an emergency, means shall be developed to alert potentially affected employees of such occurrences promptly. Affected employees shall be immediately evacuated from the area in the event that an emergency occurs.

(i) Medical Surveillance-General

(i) Employees covered.

(A) The employer shall institute a medical surveillance program for all employees who are or may be exposed to EtO at or above the action level, without regard to the use of respirators, for at least 30 days a year.

(B) The employer shall make available medical examinations and consultations to all employees who have been exposed to EtO in an emergency situation.

(ii) Examination by a physician. The employer shall ensure that all medical examinations and procedures are performed by or under the supervision of a licensed physician, and are provided without cost to the employee, without loss of pay, and at a reasonable time and place.

(2) Medical examinations and consultations.

(i) Frequency. The employer shall make available medical examinations and consultations to each employee covered under paragraph (i)(1)(i) of this section on the following schedules:

(A) Prior to assignment of the employee to an area where exposure may be at or above the action level for at least 30 days a year.

(B) At least annually each employee exposed at or above the action level for at least 30 days in the past year.

(C) At termination of employment or reassignment to an area where exposure to EtO is not at or above the action level for at least 30 days a year.

(D) As medically appropriate for any employee exposed during an emergency.

(E) As soon as possible, upon notification by an employee either

(1) that the employee has developed signs or symptoms indicating possible overexposure to EtO, or

(2) that the employee desires medical advice concerning the effects of current or past exposure to EtO on the employee's ability to produce a healthy child.

(F) If the examining physician determines that any of the examinations should be provided more frequently than specified, the employer shall provide such examinations to affected employees at the frequencies recommended by the physician.

(ii) Content.

(A) Medical examinations made available pursuant to paragraphs (i)(2)(i)(A) - (D) of this section shall include:

(1) A medical and work history with special emphasis directed to symptoms related to the pulmonary, hematologic, neurologic, and reproductive systems and to the eyes and skin.

(2) A physical examination with particular emphasis given to the pulmonary, hematologic, neurologic, and reproductive systems and to the eyes and skin.

(3) A complete blood count to include at least a white cell count (including differential cell count), red cell count, hematocrit, and hemoglobin.

(4) Any laboratory or other test which the examining physician deems necessary by sound medical practice.

(B) The content of medical examinations or consultation made available pursuant to paragraph (i)(2)(i)(E) of this section shall be determined by the examining physician, and shall include pregnancy testing or laboratory evaluation of fertility, if requested by the employee and deemed appropriate by the physician.

(3) Information provided to the physician. The employer shall provide the following information to the examining physician:

(i) A copy of this standard and Appendices A, B, and C.

(ii) A description of the affected employee's duties as they relate to the employee's exposure.

(iii) The employee's representative exposure level or anticipated exposure level.

(iv) A description of any personal protective and respiratory equipment used or to be used.

(v) Information from previous medical examinations of the affected employee that is not otherwise available to the examining physician.

(4) Physician's written opinion.

(i) The employer shall obtain a written opinion from the examining physician. This written opinion shall contain the results of the medical examination and shall include:

(A) The physician's opinion as to whether the employee has any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to EtO;

(B) Any recommended limitations on the employee or upon the use of personal protective equipment such as clothing or respirators; and

(C) A statement that the employee has been informed by the physician of the results of the medical examination and of any medical conditions resulting from EtO exposure that require further explanation or treatment.

(ii) The employer shall instruct the physician not to reveal in the written opinion given to the employer specific findings or diagnoses unrelated to occupational exposure to EtO.

(iii) The employer shall provide a copy of the physician's written opinion to the affected employee within 15 days from its receipt.

(j) Communication of EtO hazards to employees

(1) Signs and labels.

(i) The employer shall post and maintain legible signs demarcating regulated areas and entrances or accessways to regulated areas that bear the following legend:

DANGER
ETHYLENE OXIDE
CANCER HAZARD AND REPRODUCTIVE HAZARD
AUTHORIZED PERSONNEL ONLY
RESPIRATORS AND PROTECTIVE CLOTHING MAY BE REQUIRED
TO BE WORN IN THIS AREA

(ii) The employer shall ensure that precautionary labels are affixed to all containers of EtO whose contents are capable of causing employee exposure at or above the action level, and that the labels remain affixed when the containers of EtO leave the workplace. For the purposes of this paragraph, reaction vessels, storage tanks, and pipes or piping systems are not considered to be containers. The labels shall comply with the requirements of 29 CFR 1910.1200(f) of OSHA's Hazard Communication standard, and shall include the following legend:

(A)

DANGER
CONTAINS ETHYLENE OXIDE
CANCER HAZARD AND REPRODUCTIVE HAZARD;

and

(B) A warning statement against breathing airborne concentrations of EtO.

(iii) The labeling requirements under this section do not apply where EtO is used as a

pesticide, as such term is defined in the Federal Insecticide, Fungicide, and Rodenticide Act (7 U.S.C. 136 et seq.), when it is labeled pursuant to that Act and regulations issued under that Act by the Environmental Protection Agency.

(2) Material safety data sheets. Employers who are manufacturers or importers of EtO shall comply with the requirements regarding development of material safety data sheets as specified in 29 CFR 1910.1200(g) of OSHA's Hazard Communication standard.

(3) Information and training.

(i) The employer shall provide employees who are potentially exposed to EtO at or above the action level with information and training on EtO at the time of initial assignment and at least annually thereafter.

(ii) Employees shall be informed of the following:

(A) The requirements of this section with an explanation of its contents, including Appendices A and B;

(B) Any operations in their work area where EtO is present;

(C) The location and availability of the written EtO final rule; and

(D) The medical surveillance program required by paragraph (i) of this section with an explanation of the information in Appendix C.

(iii) Employee training shall include at least:

(A) Methods and observations that may be used to detect the presence or release of EtO in the work area (such as monitoring conducted by the employer, continuous monitoring devices, etc.);

(B) The physical and health hazards of EtO;

(C) The measures employees can take to protect themselves from hazards associated with EtO exposure, including specific procedures the employer has implemented to protect employees from exposure to EtO, such as work practices, emergency procedures, and personal protective equipment to be used; and

(D) The details of the hazard communication program developed by the employer, including an explanation of the labeling system and how employees can obtain and use the appropriate hazard information.

(k) Recordkeeping

(1) Objective data for exempted operations.

(i) Where the processing, use, or handling of products made from or containing EtO are exempted from other requirements of this section under paragraph (a)(2) of this section, or where objective data have been relied on in lieu of initial monitoring under paragraph (d)(2)(ii) of this section, the employer shall establish and maintain an accurate record of objective data reasonably relied upon in support of the exemption.

(ii) This record shall include at least the following information:

(A) The product qualifying for exemption;

(B) The source of the objective data;

(C) The testing protocol, results of testing, and/or analysis of the material for the release of EtO;

(D) A description of the operation exempted and how the data support the exemption;
and

(E) Other data relevant to the operations, materials, processing, or employee exposures covered by the exemption.

(iii) The employer shall maintain this record for the duration of the employer's reliance upon such objective data.

(2) Exposure measurements.

(i) The employer shall keep an accurate record of all measurements taken to monitor employee exposure to EtO as prescribed in paragraph (d) of this section.

(ii) This record shall include at least the following information:

(A) The date of measurement;

(B) The operation involving exposure to EtO which is being monitored;

(C) Sampling and analytical methods used and evidence of their accuracy;

(D) Number, duration, and results of samples taken;

(E) Type of protective devices worn, if any; and

(F) Name, social security number and exposure of the employees whose exposures are represented.

(iii) The employer shall maintain this record for at least thirty (30) years, in accordance with 29 CFR 1910.20.

(3) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee subject to medical surveillance by paragraph (i)(1)(i) of this section, in accordance with 29 CFR 1910.20.

(ii) The record shall include at least the following information:

(A) The name and social security number of the employee;

(B) Physicians' written opinions;

(C) Any employee medical complaints related to exposure to EtO; and

(D) A copy of the information provided to the physician as required by paragraph (i)(3) of this section.

(iii) The employer shall ensure that this record is maintained for the duration of employment plus thirty (30) years, in accordance with 29 CFR 1910.20.

(4) Availability.

(i) The employer, upon written request, shall make all records required to be maintained by this section available to the Assistant Secretary and the Director for examination and copying.

(ii) The employer, upon request, shall make any exemption and exposure records required by paragraphs (k) (1) and (2) of this section available for examination and copying to affected employees, former employees, designated representatives and the Assistant Secretary, in accordance with 29 CFR 1910.20 (a) through (e) and (g) through (i).

(iii) The employer, upon request, shall make employee medical records required by paragraph (k)(3) of this section available for examination and copying to the subject employee, anyone having the specific written consent of the subject employee, and the Assistant Secretary, in accordance with 29 CFR 1910.20.

(5) Transfer of records.

(i) The employer shall comply with the requirements concerning transfer of records set forth

in 29 CFR 1910.20(h).

(ii) Whenever the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director at least 90 days prior to disposal and transmit them to the Director.

(l) Observation of monitoring

(1) Employee observation. The employer shall provide affected employees or their designated representatives an opportunity to observe any monitoring of employee exposure to EtO conducted in accordance with paragraph (d) of this section.

(2) Observation procedures. When observation of the monitoring of employee exposure to EtO requires entry into an area where the use of protective clothing or equipment is required, the observer shall be provided with and be required to use such clothing and equipment and shall comply with all other applicable safety and health procedures.

(m) [Reserved]

(n) Appendices. The information contained in the appendices is not intended by itself to create any additional obligations not otherwise imposed or to detract from any existing obligation.

1910.1047 App A Substance safety data sheet for ethylene oxide (non-mandatory)

APPENDIX A to 1910.1047 - SUBSTANCE SAFETY DATA SHEET FOR ETHYLENE OXIDE
(NON-MANDATORY)

I. SUBSTANCE IDENTIFICATION

A. Substance: Ethylene oxide (C₂H₄O).

B. Synonyms: dihydrooxirene, dimethylene oxide, EO, 1,2-epoxyethane, EtO, ETO, oxacyclopropane, oxane, oxidoethane, alpha/beta-oxidoethane, oxiran, oxirane.

C. Ethylene oxide can be found as a liquid or vapor.

D. EtO is used in the manufacture of ethylene glycol, surfactants, ethanolamines, glycol ethers, and other organic chemicals. EtO is also used as a sterilant and fumigant.

E. Appearance and odor: Colorless liquid below 10.7 deg. C (51.3 deg. F) or colorless gas with ether-like odor detected at approximately 700 parts EtO per million parts of air (700 ppm).

F. Permissible Exposure: Exposure may not exceed 1 part EtO per million parts of air averaged over the 8-hour workday.

II. HEALTH HAZARD DATA

A. Ethylene oxide can cause bodily harm if you inhale the vapor, if it comes into contact with your eyes or skin, or if you swallow it.

B. Effects of overexposure:

1. Ethylene oxide in liquid form can cause eye irritation and injury to the cornea, frostbite, and severe irritation and blistering of the skin upon prolonged or confined contact. Ingestion of EtO can cause gastric irritation and liver injury. Acute effects from inhalation of EtO vapors include respiratory irritation and lung injury, headache, nausea, vomiting, diarrhea, shortness of breath, and cyanosis (blue or purple coloring of skin). Exposure has also been associated with the occurrence of cancer, reproductive effects, mutagenic changes, neurotoxicity, and sensitization.

1. EtO has been shown to cause cancer in laboratory animals and has been associated with higher incidences of cancer in humans. Adverse reproductive effects and chromosome damage may also occur from EtO exposure.

a. Reporting signs and symptoms: You should inform your employer if you develop any signs or symptoms and suspect that they are caused by exposure to EtO.

III. EMERGENCY FIRST AID PROCEDURES

A. Eye exposure: If EtO gets into your eyes, wash your eyes immediately with large amounts of water, lifting the lower and upper eyelids. Get medical attention immediately. Contact lenses should not be worn when working with this chemical.

B. Skin exposure: If EtO gets on your skin, immediately wash the contaminated skin with water. If EtO soaks through your clothing, especially your shoes, remove the clothing immediately and wash the skin with water using an emergency deluge shower. Get medical attention immediately. Thoroughly wash contaminated clothing before reusing. Contaminated leather shoes or other leather articles should not be reused and should be discarded.

C. Inhalation: If large amounts of EtO are inhaled, the exposed person must be moved to fresh air at once. If breathing has stopped, perform cardiopulmonary resuscitation. Keep the affected person warm and at rest. Get medical attention immediately.

D. Swallowing: When EtO has been swallowed, give the person large quantities of water immediately. After the water has been swallowed, try to get the person to vomit by having him

or her touch the back of the throat with his or her finger. Do not make an unconscious person vomit. Get medical attention immediately.

E. Rescue: Move the affected person from the hazardous exposure. If the exposed person has been overcome, attempt rescue only after notifying at least one other person of the emergency and putting into effect established emergency procedures. Do not become a casualty yourself. Understand your emergency rescue procedures and know the location of the emergency equipment before the need arises.

IV. RESPIRATORS AND PROTECTIVE CLOTHING

A. Respirators: You may be required to wear a respirator for nonroutine activities, in emergencies, while your employer is in the process of reducing EtO exposures through engineering controls, and in areas where engineering controls are not feasible. As of the effective date of this standard, only air supplied, positive-pressure, full-facepiece respirators are approved for protection against EtO. If air-purifying respirators are worn in the future, they must have a label issued by the National Institute for Occupational Safety and Health under the provisions of 42 CFR part 84 stating that the respirators have been approved for use with ethylene oxide. For effective protection, respirators must fit your face and head snugly. Respirators must not be loosened or removed in work situations where their use is required.

EtO does not have a detectable odor except at levels well above the permissible exposure limits. If you can smell EtO while wearing a respirator, proceed immediately to fresh air. If you experience difficulty breathing while wearing a respirator, tell your employer.

B. Protective clothing: You may be required to wear impermeable clothing, gloves, a face shield, or other appropriate protective clothing to prevent skin contact with liquid EtO or EtO-containing solutions. Where protective clothing is required, your employer must provide clean garments to you as necessary to assure that the clothing protects you adequately.

Replace or repair protective clothing that has become torn or otherwise damaged.

EtO must never be allowed to remain on the skin. Clothing and shoes which are not impermeable to EtO should not be allowed to become contaminated with EtO, and if they do, the clothing should be promptly removed and decontaminated. Contaminated leather shoes should be discarded. Once EtO penetrates shoes or other leather articles, they should not be worn again.

C. Eye protection: You must wear splashproof safety goggles in areas where liquid EtO or EtO-containing solutions may contact your eyes. In addition, contact lenses should not be worn in areas where eye contact with EtO can occur.

V. PRECAUTIONS FOR SAFE USE, HANDLING, AND STORAGE

A. EtO is a flammable liquid, and its vapors can easily form explosive mixtures in air.

B. EtO must be stored in tightly closed containers in a cool, well-ventilated area, away from heat, sparks, flames, strong oxidizers, alkalines, and acids, strong bases, acetylide-forming metals such as copper, silver, mercury and their alloys.

C. Sources of ignition such as smoking material, open flames and some electrical devices are prohibited wherever EtO is handled, used, or stored in a manner that could create a potential fire or explosion hazard.

D. You should use non-sparking tools when opening or closing metal containers of EtO, and containers must be bonded and grounded in the rare instances in which liquid EtO is poured or transferred.

E. Impermeable clothing wet with liquid EtO or EtO-containing solutions may be easily ignited. If you are wearing impermeable clothing and are splashed with liquid EtO or EtO-containing solution, you should immediately remove the clothing while under an emergency deluge shower.

F. If your skin comes into contact with liquid EtO or EtO-containing solutions, you should immediately remove the EtO using an emergency deluge shower.

G. You should not keep food, beverages, or smoking materials in regulated areas where employee exposures are above the permissible exposure limits.

H. Fire extinguishers and emergency deluge showers for quick drenching should be readily available, and you should know where they are and how to operate them.

I. Ask your supervisor where EtO is used in your work area and for any additional plant safety and health rules.

VI. ACCESS TO INFORMATION

A. Each year, your employer is required to inform you of the information contained in this standard and appendices for EtO. In addition, your employer must instruct you in the proper work practices for using EtO emergency procedures, and the correct use of protective equipment.

B. Your employer is required to determine whether you are being exposed to EtO. You or your representative has the right to observe employee measurements and to record the results obtained. Your employer is required to inform you of your exposure. If your employer determine that you are being overexposed, he or she is required to inform you of the actions which are being taken to reduce your exposure to within permissible exposure limits.

C. Your employer is required to keep records of your exposures and medical examinations. These exposure records must be kept by the employer for at least thirty (30) years. Medical

records must be kept for the period of your employment plus thirty (30) years.

D. Your employer is required to release your exposure and medical records to your physician or designated representative upon your written request.

VII. STERILANT USE OF ETO IN HOSPITALS AND HEALTH CARE FACILITIES

This section of Appendix A, for informational purposes, sets forth EPA's recommendations for modifications in workplace design and practice in hospitals and health care facilities for which the Environmental Protection Agency has registered EtO for uses as a sterilant or fumigant under the Federal Insecticide, Fungicide, and Rodenticide Act, 7 U.S.C. 136 et seq. These new recommendations, published in the Federal Register by EPA at 49 FR 15268, as modified in today's Register, are intended to help reduce the exposure of hospital and health care workers to EtO to 1 ppm. EPA's recommended workplace design and workplace practice are as follows:

1. Workplace Design

a. Installation of gas line hand valves. Hand valves must be installed on the gas supply line at the connection to the supply cylinders to minimize leakage during cylinder change.

b. Installation of capture boxes. Sterilizer operations result in a gas/water discharge at the completion of the process. This discharge is routinely piped to a floor drain which is generally located in an equipment or an adjacent room. When the floor drain is not in the same room as the sterilizer and workers are not normally present, all that is necessary is that the room be well ventilated.

The installation of a "capture box" will be required for those work place layouts where the floor drain is located in the same room as the sterilizer or in a room where workers are normally present. A "capture box" is a piece of equipment that totally encloses the floor drain where the discharge from the sterilizer is pumped. The "capture box" is to be vented directly to a non-recirculating or dedicated ventilation system. Sufficient air intake should be allowed at the bottom of the box to handle the volume of air that is ventilated from the top of the box. The "capture box" can be made of metal, plastic, wood or other equivalent material. The box is intended to reduce levels of EtO discharged into the work room atmosphere. The use of a "capture box" is not required if: (1) The vacuum pump discharge floor drain is located in a well ventilated equipment or other room where workers are not normally present or (2) the water sealed vacuum pump discharges directly to a closed sealed sewer line (check local plumbing codes).

If it is impractical to install a vented "capture box" and a well ventilated equipment or other room is not feasible, a box that can be sealed over the floor drain may be used if: (1) The floor drain is located in a room where workers are not normally present and EtO cannot leak into an occupied area, and (2) the sterilizer in use is less than 12 cubic feet in capacity (check local plumbing codes).

c. Ventilation of aeration units i. Existing aeration units. Existing units must be vented to a non-recirculating or dedicated system or vented to an equipment or other room where workers are not normally present and which is well ventilated. Aerator units must be positioned as close as possible to the sterilizer to minimize the exposure from the off-gassing of sterilized items.

ii. Installation of new aerator units (where none exist). New aerator units must be vented as described above for existing aerators. Aerators must be in place by July 1, 1986.

d. Ventilation during cylinder change. Workers may be exposed to short but relatively high levels of EtO during the change of gas cylinders. To reduce exposure from this route, users must select one of three alternatives designed to draw off gas that may be released when the line from the sterilizer to the cylinder is disconnected:

i. Location of cylinders in a well ventilated equipment room or other room where workers are not normally present.

ii. Installation of a flexible hose (at least 4" in diameter) to a non-recirculating or dedicated ventilation system and located in the area of cylinder change in such a way that the hose can be positioned at the point where the sterilizer gas line is disconnected from the cylinder.

iii. Installation of a hood that is part of a non-recirculating or dedicated system and positioned no more than one foot above the point where the change of cylinders takes place.

e. Ventilation of sterilizer door area. One of the major sources of exposure to EtO occurs when the sterilizer door is opened following the completion of the sterilization process. In order to reduce this avenue of exposure, a hood or metal canopy closed on each end must be installed over the sterilizer door. The hood or metal canopy must be connected to a non-recirculating or dedicated ventilation system or one that exhausts gases to a well ventilated equipment or other room where workers are not normally present. A hood or canopy over the sterilizer door is required for use even with those sterilizers that have a purge cycle and must be in place by July 1, 1986.

f. Ventilation of sterilizer relief valve. Sterilizers are typically equipped with a safety relief device to release gas in case of increased pressure in the sterilizer. Generally, such relief devices are used on pressure vessels. Although these pressure relief devices are rarely opened for hospital and health care sterilizers, it is suggested that they be designed to exhaust vapor from the sterilizer by one of the following methods:

i. Through a pipe connected to the outlet of the relief valve ventilated directly outdoors at a point high enough to be away from passers by, and not near any windows

that open, or near any air conditioning or ventilation air intakes.

ii. Through a connection to an existing or new non-recirculating or dedicated ventilation system.

iii. Through a connection to a well ventilated equipment or other room where workers are not normally present.

g. Ventilation systems. Each hospital and health care facility affected by this notice that uses EtO for the sterilization of equipment and supplies must have a ventilation system which enables compliance with the requirements of section (b) through (f) in the manner described in these sections and within the timeframes allowed. Thus, each affected hospital and health care facility must have or install a non-recirculating or dedicated ventilation equipment or other room where workers are not normally present in which to vent EtO.

h. Installation of alarm systems. An audible and visual indicator alarm system must be installed to alert personnel of ventilation system failures, i.e., when the ventilation fan motor is not working.

2. Workplace Practices

All the workplace practices discussed in this unit must be permanently posted near the door of each sterilizer prior to use by any operator.

a. Changing of supply line filters. Filters in the sterilizer liquid line must be changed when necessary, by the following procedure:

i. Close the cylinder valve and the hose valve.

ii. Disconnect the cylinder hose (piping) from the cylinder.

iii. Open the hose valve and bleed slowly into a proper ventilating system at or near the in-use supply cylinders.

iv. Vacate the area until the line is empty.

v. Change the filter.

vi. Reconnect the lines and reverse the valve position.

vii. Check hoses, filters, and valves for leaks with a fluorocarbon leak detector (for those sterilizers using the 88 percent chlorofluorocarbon, 12 percent ethylene oxide mixture (12/88)).

b. Restricted access area. i. Areas involving use of EtO must be designated as restricted access areas. They must be identified with signs or floor marks near the sterilizer door, aerator, vacuum pump floor drain discharge, and in-use cylinder storage.

ii. All personnel must be excluded from the restricted area when certain operations are in progress, such as discharging a vacuum pump, emptying a sterilizer liquid line, or venting a non-purge sterilizer with the door ajar or other operations where EtO might be released directly into the face of workers.

c. Door opening procedures. i. Sterilizers with purge cycles. A load treated in a sterilizer equipped with a purge cycle should be removed immediately upon completion of the cycle (provided no time is lost opening the door after cycle is completed). If this is not done, the purge cycle should be repeated before opening door.

ii. Sterilizers without purge cycles. For a load treated in a sterilizer not equipped with a purge cycle, the sterilizer door must be ajar 6" for 15 minutes, and then fully opened for at least another 15 minutes before removing the treated load. The length of time of the second period should be established by peak monitoring for one hour after the two 15-minute periods suggested. If the level is above 10 ppm time-weighted average for 8 hours, more time should be added to the second waiting period (door wide open). However, in no case may the second period be shortened to less than 15 minutes.

d. Chamber unloading procedures. i. Procedures for unloading the chamber must include the use of baskets or rolling carts, or baskets and rolling tables to transfer treated loads quickly, thus avoiding excessive contact with treated articles, and reducing the duration of exposures.

ii. If rolling carts are used, they should be pulled not pushed by the sterilizer operators to avoid offgassing exposure.

e. Maintenance. A written log should be instituted and maintained documenting the date of each leak detection and any maintenance procedures undertaken. This is a suggested use practice and is not required.

i. Leak detection. Sterilizer door gaskets, cylinder and vacuum piping, hoses, filters, and valves must be checked for leaks under full pressure with a Fluorocarbon leak detector (for 12/88 systems only) every two weeks by maintenance personnel. Also, the cylinder piping connections must be checked after changing cylinders. Particular attention in leak detection should be given to the automatic solenoid valves that control the flow of EtO to the sterilizer. Specifically, a check should be made at the EtO gasline entrance port to the sterilizer, while the sterilizer door is open and the solenoid valves are in a closed position.

ii. Maintenance procedures. Sterilizer/aerator door gaskets, valves, and fittings must be replaced when necessary as determined by maintenance personnel in their

bi-weekly checks; in addition, visual inspection of the door gaskets for cracks, debris, and other foreign substances should be conducted daily by the operator.

1910.1047 App B Substance technical guidelines for ethylene oxide (Non-mandatory)

APPENDIX B to 1910.1047 - SUBSTANCE TECHNICAL GUIDELINES FOR ETHYLENE OXIDE (NON-MANDATORY)

I. PHYSICAL AND CHEMICAL DATA

A. Substance identification:

1. Synonyms: dihydrooxirene, dimethylene oxide, EO, 1,2-epoxyethane, EtO ETO oxacyclopropane, oxane, oxidoethane, alpha/beta-oxidoethane, oxiran, oxirane.
2. Formula: (C₂H₄O).
3. Molecular weight: 44.06

B. Physical data:

1. Boiling point (760 mm Hg): 10.70 deg. C (51.3 deg. F);
2. Specific gravity (water = 1): 0.87 (at 20 deg. C or 68 deg. F)
3. Vapor density (air = 1): 1.49;
4. Vapor pressure (at 20 deg. C); 1,095 mm Hg;
5. Solubility in water: complete;
6. Appearance and odor: colorless liquid; gas at temperature above 10.7 deg. F or 51.3 deg. C with ether-like odor above 700 ppm.

II. FIRE, EXPLOSION, AND REACTIVITY HAZARD DATA

A. Fire:

1. Flash point: less than 0 deg. F (open cup);
2. Stability: decomposes violently at temperatures above 800 deg. F;

3. Flammable limits in air, percent by volume: Lower: 3, Upper: 100;
4. Extinguishing media: Carbon dioxide for small fires, polymer or alcohol foams for large fires;
5. Special fire fighting procedures: Dilution of ethylene oxide with 23 volumes of water renders it non-flammable;
6. Unusual fire and explosion hazards: Vapors of EtO will burn without the presence of air or other oxidizers. EtO vapors are heavier than air and may travel along the ground and be ignited by open flames or sparks at locations remote from the site at which EtO is being used.
7. For purposes of compliance with the requirements of 29 CFR 1910.106, EtO is classified as a flammable gas. For example, 7,500 ppm, approximately one-fourth of the lower flammable limit, would be considered to pose a potential fire and explosion hazard.
8. For purposes of compliance with 29 CFR 1910.155, EtO is classified as a Class B fire hazard.
9. For purpose of compliance with 29 CFR 1919.307, locations classified as hazardous due to the presence of EtO shall be Class I.

B. Reactivity:

1. Conditions contributing to instability: EtO will polymerize violently if contaminated with aqueous alkalis, amines, mineral acids, metal chlorides, or metal oxides. Violent decomposition will also occur at temperatures above 800 deg. F;
2. Incompatibilities: Alkalines and acids;
3. Hazardous decomposition products: Carbon monoxide and carbon dioxide.

III. SPILL, LEAK, AND DISPOSAL PROCEDURES

A. If EtO is spilled or leaked, the following s should be taken:

1. Remove all ignition sources.
2. The area should be evacuated at once and re-entered only after the area has been thoroughly ventilated and washed down with water.

B. Persons not wearing appropriate protective equipment should be restricted from areas of spills or leaks until cleanup has been completed.

C. Waste disposal methods: Waste material should be disposed of in a manner that is not hazardous to employees or to the general population. In selecting the method of waste disposal, applicable local, State, and Federal regulations should be consulted.

IV. MONITORING AND MEASUREMENT PROCEDURES

A. Exposure above the Permissible Exposure Limit:

1. Eight-hour exposure evaluation: Measurements taken for the purpose of determining employee exposure under this section are best taken with consecutive samples covering the full shift. Air samples should be taken in the employee's breathing zone (air that would most nearly represent that inhaled by the employee.)

2. Monitoring techniques: The sampling and analysis under this section may be performed by collection of the EtO vapor on charcoal adsorption tubes or other composition adsorption tubes, with subsequent chemical analysis. Sampling and analysis may also be performed by instruments such as real-time continuous monitoring systems, portable direct reading instruments, or passive dosimeters as long as measurements taken using these methods accurately evaluate the concentration of EtO in employees' breathing zones.

Appendix D describes the validated method of sampling and analysis which has been tested by OSHA for use with EtO. Other available methods are also described in Appendix D. The employer has the obligation of selecting a monitoring method which meets the accuracy and precision requirements of the standard under his unique field conditions. The standard requires that the method of monitoring should be accurate, to a 95 percent confidence level, to plus or minus 25 percent for concentrations of EtO at 1 ppm, and to plus or minus 35 percent for concentrations at 0.5 ppm. In addition to the method described in Appendix D, there are numerous other methods available for monitoring for EtO in the workplace. Details on these other methods have been submitted by various companies to the rulemaking record, and are available at the OSHA Docket Office.

B. Since many of the duties relating to employee exposure are dependent on the results of measurement procedures, employers should assure that the evaluation of employee exposures is performed by a technically qualified person.

V. PROTECTIVE CLOTHING AND EQUIPMENT

Employees should be provided with and be required to wear appropriate protective clothing wherever there is significant potential for skin contact with liquid EtO or EtO-containing solutions. Protective clothing shall include impermeable coveralls or similar full-body work clothing, gloves, and head coverings, as appropriate to protect areas of the body which may come in contact with liquid EtO or EtO-containing solutions.

Employers should ascertain that the protective garments are impermeable to EtO. Permeable

clothing, including items made of rubber, and leather shoes should not be allowed to become contaminated with liquid EtO. If permeable clothing does become contaminated, it should be immediately removed, while the employer is under an emergency deluge shower. If leather footwear or other leather garments become wet from EtO they should be discarded and not be worn again, because leather absorbs EtO and holds it against the skin.

Any protective clothing that has been damaged or is otherwise found to be defective should be repaired or replaced. Clean protective clothing should be provided to the employee as necessary to assure employee protection. Whenever impermeable clothing becomes wet with liquid EtO, it should be washed down with water before being removed by the employee. Employees are also required to wear splash-proof safety goggles where there is any possibility of EtO contacting the eyes.

VI. MISCELLANEOUS PRECAUTIONS

A. Store EtO in tightly closed containers in a cool, well-ventilated area and take all necessary precautions to avoid any explosion hazard.

B. Non-sparking tools must be used to open and close metal containers. These containers must be effectively grounded and bonded.

C. Do not incinerate EtO cartridges, tanks or other containers.

D. Employers should advise employees of all areas and operations where exposure to EtO occur.

VII. COMMON OPERATIONS

Common operations in which exposure to EtO is likely to occur include the following: Manufacture of EtO, surfactants, ethanalamines, glycol ethers, and specialty chemicals, and use as a sterilant in the hospital, health product and spice industries.

1910.1047 App C Medical surveillance guidelines for ethylene oxide (Non-mandatory)

APPENDIX C to 1910.1047 - MEDICAL SURVEILLANCE GUIDELINES FOR ETHYLENE OXIDE (NON-MANDATORY)

I. ROUTE OF ENTRY

Inhalation.

II. TOXICOLOGY

Clinical evidence of adverse effects associated with the exposure to EtO is present in the form

of increased incidence of cancer in laboratory animals (leukemia, stomach, brain), mutation in offspring in animals, and resorptions and spontaneous abortions in animals and human populations respectively. Findings in humans and experimental animals exposed to airborne concentrations of EtO also indicate damage to the genetic material (DNA). These include hemoglobin alkylation, uncheduled DNA synthesis, sister chromatid exchange chromosomal aberration, and functional sperm abnormalities.

Ethylene oxide in liquid form can cause eye irritation and injury to the cornea, frostbite, severe irritation, and blistering of the skin upon prolonged or confined contact. Ingestion of EtO can cause gastric irritation and liver injury. Other effects from inhalation of EtO vapors include respiratory irritation and lung injury, headache, nausea, vomiting, diarrhea, dyspnea and cyanosis.

III. SIGNS AND SYMPTOMS OF ACUTE OVEREXPOSURE

The early effects of acute overexposure to EtO are nausea and vomiting, headache, and irritation of the eyes and respiratory passages. The patient may notice a "peculiar taste" in the mouth. Delayed effects can include pulmonary edema, drowsiness, weakness, and incoordination. Studies suggest that blood cell changes, an increase in chromosomal aberrations, and spontaneous abortion may also be causally related to acute overexposure to EtO.

Skin contact with liquid or gaseous EtO causes characteristic burns and possibly even an allergic-type sensitization. The edema and erythema occurring from skin contact with EtO progress to vesiculation with a tendency to coalesce into blebs with desquamation. Healing occurs within three weeks, but there may be a residual brown pigmentation. A 40-80% solution is extremely dangerous, causing extensive blistering after only brief contact. Pure liquid EtO causes frostbite because of rapid evaporation. In contrast, the eye is relatively insensitive to EtO, but there may be some irritation of the cornea.

Most reported acute effects of occupational exposure to EtO are due to contact with EtO in liquid phase. The liquid readily penetrates rubber and leather, and will produce blistering if clothing or footwear contaminated with EtO are not removed.

IV. SURVEILLANCE AND PREVENTIVE CONSIDERATIONS

As noted above, exposure to EtO has been linked to an increased risk of cancer and reproductive effects including decreased male fertility, fetotoxicity, and spontaneous abortion. EtO workers are more likely to have chromosomal damage than similar groups not exposed to EtO. At the present, limited studies of chronic effects in humans resulting from exposure to EtO suggest a causal association with leukemia. Animal studies indicate leukemia and cancers at other sites (brain, stomach) as well. The physician should be aware of the findings of these studies in evaluating the health of employees exposed to EtO.

Adequate screening tests to determine an employee's potential for developing serious chronic

diseases, such as cancer, from exposure to EtO do not presently exist. Laboratory tests may, however, give evidence to suggest that an employee is potentially overexposed to EtO. It is important for the physician to become familiar with the operating conditions in which exposure to EtO is likely to occur. The physician also must become familiar with the signs and symptoms that indicate a worker is receiving otherwise unrecognized and unacceptable exposure to EtO. These elements are especially important in evaluating the medical and work histories and in conducting the physical exam. When an unacceptable exposure in an active employee is identified by the physician, measures taken by the employer to lower exposure should also lower the risk of serious long-term consequences.

The employer is required to institute a medical surveillance program for all employees who are or will be exposed to EtO at or above the action level (0.5 ppm) for at least 30 days per year, without regard to respirator use. All examinations and procedures must be performed by or under the supervision of a licensed physician at a reasonable time and place for the employee and at no cost to the employee.

Although broad latitude in prescribing specific tests to be included in the medical surveillance program is extended to the examining physician, OSHA requires inclusion of the following elements in the routine examination:

(i) Medical and work histories with special emphasis directed to symptoms related to the pulmonary, hematologic, neurologic, and reproductive systems and to the eyes and skin.

(ii) Physical examination with particular emphasis given to the pulmonary, hematologic, neurologic, and reproductive systems and to the eyes and skin.

(iii) Complete blood count to include at least a white cell count (including differential cell count), red cell count, hematocrit, and hemoglobin.

(iv) Any laboratory or other test which the examining physician deems necessary by sound medical practice.

If requested by the employee, the medical examinations shall include pregnancy testing or laboratory evaluation of fertility as deemed appropriate by the physician.

In certain cases, to provide sound medical advice to the employer and the employee, the physician must evaluate situations not directly related to EtO. For example, employees with skin diseases may be unable to tolerate wearing protective clothing. In addition those with chronic respiratory diseases may not tolerate the wearing of negative pressure (air purifying) respirators. Additional tests and procedures that will help the physician determine which employees are medically unable to wear such respirators should include: An evaluation of cardiovascular function, a baseline chest x-ray to be repeated at five year intervals, and a pulmonary function test to be repeated every three years. The pulmonary function test should include measurement of the employee's forced vital capacity (FVC), forced expiratory volume at one second (FEV1), as

well as calculation of the ratios of FEV1 to FVC, and measured FVC and measured FEV1 to expected values corrected for variation due to age, sex, race, and height.

The employer is required to make the prescribed tests available at least annually to employees who are or will be exposed at or above the action level, for 30 or more days per year; more often than specified if recommended by the examining physician; and upon the employee's termination of employment or reassignment to another work area. While little is known about the long term consequences of high short-term exposures, it appears prudent to monitor such affected employees closely in light of existing health data. The employer shall provide physician recommended examinations to any employee exposed to EtO in emergency conditions. Likewise, the employer shall make available medical consultations including physician recommended exams to employees who believe they are suffering signs or symptoms of exposure to EtO.

The employer is required to provide the physician with the following information: a copy of this standard and its appendices; a description of the affected employee's duties as they relate to the employee exposure level; and information from the employee's previous medical examinations which is not readily available to the examining physician. Making this information available to the physician will aid in the evaluation of the employee's health in relation to assigned duties and fitness to wear personal protective equipment, when required.

The employer is required to obtain a written opinion from the examining physician containing the results of the medical examinations; the physician's opinion as to whether the employee has any detected medical conditions which would place the employee at increased risk of material impairment of his or her health from exposure to EtO; any recommended restrictions upon the employee's exposure to EtO, or upon the use of protective clothing or equipment such as respirators; and a statement that the employee has been informed by the physician of the results of the medical examination and of any medical conditions which require further explanation or treatment. This written opinion must not reveal specific findings or diagnoses unrelated to occupational exposure to EtO, and a copy of the opinion must be provided to the affected employee.

The purpose in requiring the examining physician to supply the employer with a written opinion is to provide the employer with a medical basis to aid in the determination of initial placement of employees and to assess the employee's ability to use protective clothing and equipment.

1910.1047 App D Sampling and analytical methods for ethylene oxide (Non-mandatory)

APPENDIX D - SAMPLING AND ANALYTICAL METHODS FOR ETHYLENE OXIDE (NON-MANDATORY)

A number of methods are available for monitoring employee exposures to EtO. Most of these involve the use of charcoal tubes and sampling pumps, followed by analysis of the samples by

gas chromatograph. The essential differences between the charcoal tube methods include, among others, the use of different desorbing solvents, the use of different lots of charcoal, and the use of different equipment for analysis of the samples.

Besides charcoal, methods using passive dosimeters, gas sampling bags, impingers, and detector tubes have been utilized for determination of EtO exposure. In addition, there are several commercially available portable gas analyzers and monitoring units.

This appendix contains details for the method which has been tested at the OSHA Analytical Laboratory in Salt Lake City. Inclusion of this method in the appendix does not mean that this method is the only one which will be satisfactory. Copies of descriptions of other methods available are available in the rulemaking record, and may be obtained from the OSHA Docket Office. These include the Union Carbide, Dow Chemical, 3M, and DuPont methods, as well as NIOSH Method S-286. These methods are briefly described at the end of this appendix.

Employers who note problems with sample breakthrough using the OSHA or other charcoal methods should try larger charcoal tubes. Tubes of larger capacity are available. In addition, lower flow rates and shorter sampling times should be beneficial in minimizing breakthrough problems. Whatever method the employer chooses, he must assure himself of the method's accuracy and precision under the unique conditions present in his workplace.

ETHYLENE OXIDE

Method No.: 30.

Matrix: Air.

Target Concentration: 1.0 ppm (1.8 mg/m³).

Procedure: Samples are collected on two charcoal tubes in series and desorbed with 1% CS₂ in benzene. The samples are derivatized with HBr and treated with sodium carbonate. Analysis is done by gas chromatography with an electron capture detector.

Recommended Air Volume and Sampling Rate: 1 liter and 0.05 Lpm.

Detection Limit of the Overall Procedure: 13.3 ppb (0.024 mg/m³) (Based on 1.0 liter air sample).

Reliable Quantitation Limit: 52.2 ppb (0.094 mg/m³) (Based on 1.0 liter air sample).

Standard Error of Estimate: 6.59% (See Backup Section 4.6).

Special Requirements: Samples must be analyzed within 15 days of sampling date.

Status of Method: The sampling and analytical method has been subjected to the established evaluation procedures of the Organic Method Evaluations Branch.

Date: August 1981.

Chemist: Wayne D. Potter.

ORGANIC SOLVENTS BRANCH, OSHA ANALYTICAL LABORATORY, SALT LAKE CITY, UTAH

1. General Discussion.

1.1 Background.

1.1.1 History of Procedure.

Ethylene oxide samples analyzed at the OSHA Laboratory have normally been collected on activated charcoal and desorbed with carbon disulfide. The analysis is performed with a gas chromatograph equipped with a FID (Flame ionization detector) as described in NIOSH Method S286 (Ref. 5.1). This method is based on a PEL of 50 ppm and has a detection limit of about 1 ppm.

Recent studies have prompted the need for a method to analyze and detect ethylene oxide at very low concentrations.

Several attempts were made to form an ultraviolet (UV) sensitive derivative with ethylene oxide for analysis with HPLC. Among those tested that gave no detectable product were: p-anisidine, methylimidazole, aniline, and 2,3,6-trichlorobenzoic acid. Each was tested with catalysts such as triethylamine, aluminum chloride, methylene chloride and sulfuric acid but no detectable derivative was produced.

The next derivatization attempt was to react ethylene oxide with HBr to form 2-bromoethanol. This reaction was successful. An ECD (electron capture detector) gave a very good response for 2-bromoethanol due to the presence of bromine. The use of carbon disulfide as the desorbing solvent gave too large a response and masked the 2-bromoethanol. Several other solvents were tested for both their response on the ECD and their ability to desorb ethylene oxide from the charcoal. Among those tested were toluene, xylene, ethyl benzene, hexane, cyclohexane and benzene. Benzene was the only solvent tested that gave a suitable response on the ECD and a high desorption. It was found that the desorption efficiency was improved by using 1% CS₂ with the benzene. The carbon disulfide did not significantly improve the recovery with the other solvents. SKC Lot 120 was used in all tests done with activated charcoal.

1.1.2 Physical Properties (Ref. 5.2-5.4).

Synonyms: Oxirane; dimethylene oxide, 1,2-epoxy-ethane; oxane; C(2)H(4)O; ETO;

Molecular Weight: 44.06

Boiling Point: 10.7 deg. C (51.3 deg.)

Melting Point: 111 deg. C

Description: Colorless, flammable gas

Vapor Pressure: 1095 mm. at 20 deg. C

Odor: Ether-like odor

Lower Explosive Limits: 3.0% (by volume)

Flash Point (TOC): Below 0 deg. F

Molecular Structure: CH(2)-CH(2)

1.2 Limit Defining Parameters.

1.2.1 Detection Limit of the Analytical Procedure.

The detection limit of the analytical procedure is 12.0 picograms of ethylene oxide per injection. This is the amount of analyte which will give a peak whose height is five times the height of the baseline noise. (See Backup Data Section 4.1).

1.2.2 Detection Limit of the Overall Procedure.

The detection limit of the overall procedure is 24.0 ng of ethylene oxide per sample.

This is the amount of analyte spiked on the sampling device which allows recovery of an amount of analyte equivalent to the detection limit of the analytical procedure. (See Backup Data Section 4.2).

1.2.3 Reliable Quantitation Limit.

The reliable quantitation limit is 94.0 nanograms of ethylene oxide per sample. This is the smallest amount of analyte which can be quantitated within the requirements of 75% recovery and 95% confidence limits. (See Backup Data Section 4.2).

It must be recognized that the reliable quantitation limit and detection limits reported in the method are based upon optimization of the instrument for the smallest possible amount of analyte. When the target concentration of an analyte is exceptionally higher than these limits, they may not be attainable at the routine operating parameters. In this case, the limits reported on analysis reports will be based on the operating parameters used during the analysis of the samples.

1.2.4 Sensitivity.

The sensitivity of the analytical procedure over a concentration range representing 0.5 to 2 times the target concentration based on the recommended air volume is 34105 area units per ug/mL. The sensitivity is determined by the slope of the calibration curve (See Backup Data Section 4.3).

The sensitivity will vary somewhat with the particular instrument used in the analysis.

1.2.5 Recovery.

The recovery of analyte from the collection medium must be 75% or greater. The average recovery from spiked samples over the range of 0.5 to 2 times the target concentration is 88.0% (See Backup Section 4.4). At lower concentrations the recovery appears to be non-linear.

1.2.6 Precision (Analytical Method Only).

The pooled coefficient of variation obtained from replicate determination of analytical standards at 0.5X, 1X and 2X the target concentration is 0.036 (See Backup Data Section 4.5).

1.2.7 Precision (Overall Procedure).

The overall procedure must provide results at the target concentration that are 25% of better at the 95% confidence level. The precision at the 95% confidence level for the 15 day storage test is plus or minus 12.9% (See Backup Data Section 4.6).

This includes an additional plus or minus 5% for sampling error.

1.3 Advantages.

1.3.1 The sampling procedure is convenient.

1.3.2 The analytical procedure is very sensitive and reproducible.

1.3.3 Reanalysis of samples is possible.

1.3.4 Samples are stable for at least 15 days at room temperature.

1.3.5 Interferences are reduced by the longer GC retention time of the new derivative.

1.4 Disadvantages.

1.4.1 Two tubes in series must be used because of possible breakthrough and migration.

1.4.2 The precision of the sampling rate may be limited by the reproducibility of the pressure drop across the tubes. The pumps are usually calibrated for one tube only.

1.4.3 The use of benzene as the desorption solvent increases the hazards of analysis because of the potential carcinogenic effects of benzene.

1.4.4 After repeated injections there can be a buildup of residue formed on the electron capture detector which decreases sensitivity.

1.4.5 Recovery from the charcoal tubes appears to be nonlinear at low concentrations.

2. Sampling Procedure.

2.1 Apparatus.

2.1.1 A calibrated personal sampling pump whose flow can be determined within plus or minus 5% of the recommended flow.

2.1.2 SKC Lot 120 Charcoal tubes: glass tube with both ends flame sealed, 7 cm long with a 6 mm O.D. and a 4 - mm I.D., containing 2 sections of coconut shell charcoal separated by a 2 - mm portion of urethane foam. The adsorbing section contains 100 mg of charcoal, the backup section 50 mg. A 3 - mm portion of urethane foam is placed between the outlet end of the tube and the backup section. A plug of silylated glass wool is placed in front of the adsorbing section.

2.2 Reagents.

2.2.1 None required.

2.3 Sampling Technique.

2.3.1 Immediately before sampling, break the ends of the charcoal tubes. All tubes must be from the same lot.

2.3.2 Connect two tubes in series to the sampling pump with a short section of flexible tubing. A minimum amount of tubing is used to connect the two sampling tubes together. The tube closer to the pump is used as a backup. This tube should be identified as the backup tube.

2.3.3 The tubes should be placed in a vertical position during sampling to minimize channeling.

2.3.4 Air being sampled should not pass through any hose or tubing before entering the charcoal tubes.

2.3.5 Seal the charcoal tubes with plastic caps immediately after sampling. Also, seal each sample with OSHA seals lengthwise.

2.3.6 With each batch of samples, submit at least one blank tube from the same lot used for samples. This tube should be subjected to exactly the same handling as the samples (break, seal, transport) except that no air is drawn through it.

2.3.7 Transport the samples (and corresponding paperwork) to the lab for analysis.

2.3.8 If bulk samples are submitted for analysis, they should be transported in glass containers with Teflon-lined caps. These samples must be mailed separately from the container used for the charcoal tubes.

2.4 Breakthrough.

2.4.1 The breakthrough (5% breakthrough) volume for a 3.0 mg/m ethylene oxide sample stream at approximately 85% relative humidity, 22 deg. C and 633 mm is 2.6 liters sampled at 0.05 liters per minute. This is equivalent to 7.8 mg of ethylene oxide. Upon saturation of the tube it appeared that the water may be displacing ethylene oxide during sampling.

2.5 Desorption Efficiency.

2.5.1 The desorption efficiency, from liquid injection onto charcoal tubes, averaged 88.0% from 0.5 to 2.0 x the target concentration for a 1.0 liter air sample. At lower ranges it appears that the desorption efficiency is non-linear (See Backup Data Section 4.2).

2.5.2 The desorption efficiency may vary from one laboratory to another and also from one lot of charcoal to another. Thus, it is necessary to determine the desorption efficiency for a particular lot of charcoal.

2.6 Recommended Air Volume and Sampling Rate.

2.6.1 The recommended air volume is 1.0 liter.

2.6.2 The recommended maximum sampling rate is 0.05 Lpm.

2.7 Interferences.

2.7.1 Ethylene glycol and Freon 12 at target concentration levels did not interfere with the collection of ethylene oxide.

2.7.2 Suspected interferences should be listed on the sample data sheets.

2.7.3 The relative humidity may affect the sampling procedure.

2.8 Safety Precautions.

2.8.1 Attach the sampling equipment to the employee so that it does not interfere with work performance.

2.8.2 Wear safety glasses when breaking the ends of the sampling tubes.

2.8.3 If possible, place the sampling tubes in a holder so the sharp end is not exposed while sampling.

3. Analytical Method.

3.1 Apparatus.

3.1.1 Gas chromatograph equipped with a linearized electron capture detector.

3.1.2 GC column capable of separating the derivative of ethylene oxide (2-bromoethanol) from any interferences and the 1% CS₂ in benzene solvent. The column used for validation studies was: 10 ft x 1/8 inch stainless steel 20% SP-2100, .1% Carbowax 1500 on 100/120 Supelcoport.

3.1.3 An electronic integrator or some other suitable method of measuring peak areas.

3.1.4 Two milliliter vials with Teflon-lined caps.

3.1.5 Gas tight syringe - 500 mL or other convenient sizes for preparing standards.

3.1.6 Microliter syringes - 10 mL or other convenient sizes for diluting standards and 1 mL for sample injections.

3.1.7 Pipets for dispensing the 1% CS₂ in benzene solvent. The Glenco 1 mL dispenser is adequate and convenient.

3.1.8 Volumetric flasks - 5 mL and other convenient sizes for preparing standards.

3.1.9 Disposable Pasteur pipets.

3.2 Reagents.

3.2.1 Benzene, reagent grade.

3.2.2 Carbon Disulfide, reagent grade.

3.2.3 Ethylene oxide, 99.7% pure.

3.2.4 Hydrobromic Acid, 48% reagent grade.

3.2.5 Sodium Carbonate, anhydrous, reagent grade.

3.2.6 Desorbing reagent, 99% Benzene/1% CS₂.

3.3 Sample Preparation.

3.3.1 The front and back sections of each sample are transferred to separate 2-mL vials.

3.3.2 Each sample is desorbed with 1.0 mL of desorbing reagent.

3.3.3 The vials are sealed immediately and allowed to desorb for one hour with occasional shaking.

3.3.4 Desorbing reagent is drawn off the charcoal with a disposable pipet and put into clean 2-mL vials.

3.3.5 One drop of HBr is added to each vial. Vials are resealed and HBr is mixed well with the desorbing reagent.

3.3.6 About 0.15 gram of sodium carbonate is carefully added to each vial. Vials are again resealed and mixed well.

3.4 Standard Preparation.

3.4.1 Standards are prepared by injecting the pure ethylene oxide gas into the desorbing reagent.

3.4.2 A range of standards are prepared to make a calibration curve. A concentration of 1.0 mL of ethylene oxide gas per 1 mL desorbing reagent is equivalent to 1.0 ppm air concentration (all gas volumes at 25 deg. C and 760 mm) for the recommended 1 liter air sample. This amount is uncorrected for desorption efficiency (See Backup Data Section 4.2. for desorption efficiency corrections).

3.4.3 One drop of HBr per mL of standard is added and mixed well.

3.4.4 About 0.15 grams of sodium carbonate is carefully added for each drop of HBr (A

small reaction will occur).

3.5 Analysis.

3.5.1 GC Conditions. Nitrogen flow rate - 10mL/min. Injector Temperature - 250 deg. C
Detector Temperature - 300 deg. C Column Temperature - 100 deg. C Injection size - 0.8 mL
Elution time - 3.9 minutes

3.5.2 Peak areas are measured by an integrator or other suitable means.

3.5.3 The integrator results are in area units and a calibration curve is set up with concentration vs. area units.

3.6 Interferences.

3.6.1 Any compound having the same retention time of 2-bromoethanol is a potential interference. Possible interferences should be listed on the sample data sheets.

3.6.2 GC parameters may be changed to circumvent interferences.

3.6.3 There are usually trace contaminants in benzene. These contaminants, however, posed no problem of interference.

3.6.4 Retention time data on a single column is not considered proof of chemical identity. Samples over the 1.0 ppm target level should be confirmed by GC/Mass Spec or other suitable means.

3.7 Calculations

3.7.1 The concentration in ug/mL for a sample is determined by comparing the area of a particular sample to the calibration curve, which has been prepared from analytical standards.

3.7.2 The amount of analyte in each sample is corrected for desorption efficiency by use of a desorption curve.

3.7.3 Analytical results (A) from the two tubes that compose a particular air sample are added together.

3.7.4 The concentration for a sample is calculated by the following equation:

AXB ETO, mg/ ---

$$m(3) = C$$

where: A = ug/mL B = desorption volume in milliliters C = air volume in liters.

3.7.5 To convert mg/m(3) to parts per million (ppm) the following relationship is used:

$$\frac{\text{mg/m}(3) \times 24.45 \text{ ETO}}{44.05} \text{ ppm} = \text{-----}$$

where: mg/m(3) = results from 3.7.4 24.45 = molar volume at 25 deg. C and 760mm Hg 44.05 = molecular weight of ETO.

3.8 Safety Precautions

3.8.1 Ethylene oxide and benzene are potential carcinogens and care must be exercised when working with these compounds.

3.8.2 All work done with the solvents (preparation of standards, desorption of samples, etc.) should be done in a hood.

3.8.3 Avoid any skin contact with all of the solvents.

3.8.4 Wear safety glasses at all times.

3.8.5 Avoid skin contact with HBr because it is highly toxic and a strong irritant to eyes and skin.

4. Backup Data.

4.1 Detection Limit Data.

The detection limit was determined by injecting 0.8 uL of a 0.015 ug/mL standard of ethylene oxide into 1% CS(2) in benzene. The detection limit of the analytical procedure is taken to be 1.20×10^5 ug per injection. This is equivalent to 8.3 ppb (0.015 mg/m(3)) for the recommended air volume.

4.2 Desorption Efficiency.

Ethylene oxide was spiked onto charcoal tubes and the following recovery data was obtained.

Amount spiked (ug)	Amount recovered (ug)	Percent recovery
4.5	4.32	96.0
3.0	2.61	87.0
2.25	2.025	90.0

1.5	1.365	91.0
1.5	1.38	92.0
.75	.6525	87.0
.375	.315	84.0
.375	.312	83.2
.1875	.151	80.5
.094	.070	74.5

At lower amounts the recovery appears to be non-linear.

4.3 Sensitivity Data.

The following data was used to determine the calibration curve.

Injection	0.5 X .75 ug/mL	1 X 1.5 ug/mL	2 X 3.0 ug/mL
1.....	30904	59567	111778
2.....	30987	62914	106016
3.....	32555	58578	106122
4.....	32242	57173	109716
X.....	31672	59558	108408

Slope = 34.105.

4.4 Recovery.

The recovery was determined by spiking ethylene oxide onto lot 120 charcoal tubes and desorbing with 1% CS(2) in Benzene. Recoveries were done at 0.5, 1.0, and 2.0 X the target concentration (1 ppm) for the recommended air volume.

PERCENT RECOVERY

Sample	0.5x	1.0x	2.0x
1.....	88.7	95.0	91.7
2.....	83.8	95.0	87.3
3.....	84.2	91.0	86.0
4.....	88.0	91.0	83.0
5.....	88.0	86.0	85.0
X.....	86.5	90.5	87.0

Weighted Average = 88.2.

4.5 Precision of the Analytical Procedure.

The following data was used to determine the precision of the analytical method:

Concentration	0.5x.75 ug/mL	1x1.5 ug/mL	2X3.0 ug/mL
Injection.....	.7421	1.4899	3.1184
	.7441	1.5826	3.0447
	.7831	1.4628	2.9149
	.7753	1.4244	2.9185
Average.....	.7612	1.4899	2.9991
Standard Deviation..	.0211	.0674	.0998
CV.....	.0277	.0452	.0333

$$CV = \frac{3(.0277)(2) + 3(.0452)(2) + 3(.0333)(2)}{3 + 3 + 3}$$

$$CV + 0.036$$

4.6 Storage Data.

Samples were generated at 1.5 mg/m(3) ethylene oxide at 85% relative humidity, 22 deg. C and 633 mm. All samples were taken for 20 minutes at 0.05 Lpm. Six samples were analyzed as soon as possible and fifteen samples were stored at refrigerated temperature (5 deg. C) and fifteen samples were stored at ambient temperature (23 deg. C). These stored samples were analyzed over a period of nineteen days.

PERCENT RECOVERY

Day analyzed	Refrigerated	Ambient
1.....	87.0	87.0
1.....	93.0	93.0
1.....	94.0	94.0
1.....	92.0	92.0
4.....	92.0	91.0
4.....	93.0	88.0
4.....	91.0	89.0
6.....	92.0	.....
6.....	92.0	.....
8.....	.....	92.0
8.....	.....	86.0
10.....	91.7	.....
10.....	95.5	.....
10.....	95.7	.....
11.....	.....	90.0
11.....	.....	82.0
13.....	78.0	.....
13.....	81.4	.....
13.....	82.4	.....

14.....	.....	78.5
14.....	.....	72.1
18.....	66.0	.....
18.....	68.0	.....
19.....	.....	64.0
19.....	.....	77.0

4.7 Breakthrough Data.

Breakthrough studies were done at 2 ppm (3.6 mg/m³) at approximately 85% relative humidity at 22 deg.C (ambient temperature). Two charcoal tubes were used in series. The backup tube was changed every 10 minutes and analyzed for breakthrough. The flow rate was 0.050 Lpm.

Tube No.	Time (minutes)	Percent break-through
1.....	10	(1)
2.....	20	(1)
3.....	30	(1)
4.....	40	1.23
5.....	50	3.46
6.....	60	18.71
7.....	70	39.2
8.....	80	53.3
9.....	90	72.0
10.....	100	96.0
11.....	110	113.0
12.....	120	133.9

Footnote(1) None.

The 5% breakthrough volume was reached when 2.6 liters of test atmosphere were drawn through the charcoal tubes.

5. References.

5.1 "NIOSH Manual of Analytical Methods," 2nd ed. NIOSH: Cincinnati, 1977; Method S286.

5.2 "IARC Monographs on the Evaluation of Carcinogenic Risk of Chemicals to Man," International Agency for Research on Cancer: Lyon, 1976; Vol. II, p. 157.

5.3 Sax., N.I. "Dangerous Properties of Industrial Materials," 4th ed.; Van Nostrand Reinhold Company. New York, 1975; p. 741.

5.4 "The Condensed Chemical Dictionary", 9th ed.; Hawley, G.G., ed.; Van Nostrand Reinhold Company, New York, 1977; p. 361.

Summary of Other Sampling Procedures

OSHA believes that served other types of monitoring equipment and techniques exist for monitoring time-weighted averages. Considerable research and method development is currently being performed, which will lead to improvements and a wider variety of monitoring techniques. A combination of monitoring procedures can be used. There probably is no one best method for monitoring personal exposure to ethylene oxide in all cases. There are advantages, disadvantages, and limitations to each method. The method of choice will depend on the need and requirements. Some commonly used methods include the use of charcoal tubes, passive dosimeters, Tedler gas sampling bags, detector tubes, photoionization detection units, infrared detection units and gas chromatographs. A number of these methods are described below.

A. Charcoal Tube Sampling Procedures

Qazi-Ketcham method (Ex. 11-133) - This method consists of collecting EtO on Columbia JXC activated carbon, desorbing the EtO with carbon disulfide and analyzing by gas chromatography with flame ionization detection. Union Carbide has recently updated and revalidated this monitoring procedures. This method is capable of determining both eight-hour time-weighted average exposures and short-term exposures. The method was validated to 0.5 ppm. Like other charcoal collecting procedures, the method requires considerable analytical expertise.

ASTM-proposed method - The Ethylene Oxide Industry Council (EOIC) has contracted with Clayton Environmental Consultants, Inc. to conduct a collaborative study for the proposed method. The ASTM-Proposed method is similar to the method published by Qazi and Ketcham in the November 1977 American Industrial Hygiene Association Journal, and to the method of Pilney and Coyne, presented at the 1979 American Industrial Hygiene Conference. After the air to be sampled is drawn through an activated charcoal tube, the ethylene oxide is desorbed from the tube using carbon disulfide and is quantitated by gas chromatography utilizing a flame ionization detector. The ASTM-proposed method specifies a large two-section charcoal tube, shipment in dry ice, storage at less than 5 deg.C, and analysis within three weeks to prevent migration and sample loss. Two types of charcoal tubes are being tested-Pittsburgh Coconut-Based (PCB) and Columbia JXC charcoal. This collaborative study will give an indication of the inter- and intralaboratory precision and accuracy of the ASTM-proposed method. Several laboratories have considerable expertise using the Qazi-Ketcham and Dow methods.

B. Passive Monitors - Ethylene oxide diffuses into the monitor and is collected in the sampling media. The DuPont Pro-Tek badge collects EtO in an absorbing solution, which is analyzed colorimetrically to determine the amount of EtO present. The 3M 350 badge collects the EtO on chemically treated charcoal. Other passive monitors are currently being developed and tested.

Both 3M and DuPont have submitted data indicating their dosimeters meet the precision and accuracy requirements of the proposed ethylene oxide standard. Both presented laboratory validation data to 0.2 ppm (Exs. 11-65, 4-20, 108, 109, 130).

C. Tedlar Gas Sampling Bags - Samples are collected by drawing a known volume of air into a Tedlar gas sampling bag. The ethylene oxide concentration is often determined on-site using a portable gas chromatograph or portable infrared spectrometer.

D. Detector tubes - A known volume of air is drawn through a detector tube using a small hand pump. The concentration of EtO is related to the length of stain developed in the tube. Detector tubes are economical, easy to use, and give an immediate readout. Unfortunately, partly because they are nonspecific, their accuracy is often questionable. Since the sample is taken over a short period of time, they may be useful for determining the source of leaks.

E. Direct Reading Instruments - There are numerous types of direct reading instruments, each having its own strengths and weaknesses (Exs. 135B, 135C, 107, 11-78, 11-153). Many are relatively new, offering greater sensitivity and specificity. Popular ethylene oxide direct reading instruments include infrared detection units, photoionization detection units, and gas chromatographs.

Portable infrared analyzers provide an immediate, continuous indication of a concentration value; making them particularly useful for locating high concentration pockets, in leak detection and in ambient air monitoring. In infrared detection units, the amount of infrared light absorbed by the gas being analyzed at selected infrared wavelengths is related to the concentration of a particular component. Various models have either fixed or variable infrared filters, differing cell pathlengths, and microcomputer controls for greater sensitivity, automation, and interference elimination.

A fairly recent detection system is photoionization detection. The molecules are ionized by high energy ultraviolet light. The resulting current is measured. Since different substances have different ionization potentials, other organic compounds may be ionized. The lower the lamp energy, the better the selectivity. As a continuous monitor, photoionization detection can be useful for locating high concentration pockets, in leak detection, and continuous ambient air monitoring. Both portable and stationary gas chromatographs are available with various types of detectors, including photoionization detectors. A gas chromatograph with a photoionization detector retains the photoionization sensitivity, but minimizes or eliminates interferences. For several GC/PID units, the sensitivity is in the 0.1-0.2 ppm EtO range. The GC/PID with microprocessors can sample up to 20 sample points sequentially, calculate and record data, and activate alarms or ventilation systems. Many are quite flexible and can be configured to meet the specific analysis needs for the workplace.

DuPont presented their laboratory validation data of the accuracy of the Qazi-Ketcham charcoal tube, the PCB charcoal tube, Miran 103 IR analyzer, 3M #3550 monitor and the Du Pont C-70 badge. Quoting Elbert V. Kring:

We also believe that OSHA's proposed accuracy in this standard is appropriate. At plus or minus 25 percent at one part per million, and plus or minus 35 percent below that. And, our data indicates there's only one monitoring method, right now, that we've tested thoroughly, that meets that accuracy requirements. That is the Du Pont Pro-Tek badge. . . . We also believe that this kind of data should be confirmed by another independent laboratory, using the same type dynamic chamber testing (Tr. 1470) Additional data by an independent laboratory following their exact protocol was not submitted. However, information was submitted on comparisons and precision and accuracy of those monitoring procedures which indicate far better precision and accuracy of those monitoring procedures than that obtained by Du Pont (Ex. 4-20, 130, 11-68, 11-133, 130, 135A).

The accuracy of any method depends to a large degree upon the skills and experience of those who not only collect the samples but also those who analyze the samples. Even for methods that are collaboratively tested, some laboratories are closer to the true values than others. Some laboratories may meet the precision and accuracy requirements of the method; others may consistently far exceed them for the same method.

[49 FR 25796, June 22, 1984, as amended at 50 FR 9801, Mar. 12, 1985; 50 FR 41494, Oct. 11, 1985; 51 FR 25053, July 10, 1986; 53 FR 11436, 11437, Apr. 6, 1988; 53 FR 27960, July 26, 1988; 54 FR 24334, June 7, 1989]

Editorial Note: At 53 FR 11436 and 11437, Apr. 6, 1988, 1910.1047 was amended, paragraphs (a)(2),(d),(f)(2), (g)(3) and (j) contain information collection requirements which will not become effective until approval has been obtained from the Office of Management and Budget. The Occupational Safety and Health Administration will publish a notice in the Federal Register once approval has been obtained.

1910.1048 Formaldehyde.

(a) Scope and application. This standard applies to all occupational exposures to formaldehyde, i.e. from formaldehyde gas, its solutions, and materials that release formaldehyde.

(b) Definitions. For purposes of this standard, the following definitions shall apply:

"Action level" means a concentration of 0.5 part formaldehyde per million parts of air (0.5 ppm) calculated as an eight (8)-hour time-weighted average (TWA) concentration.

"Assistant Secretary" means the Assistant Secretary of Labor for the Occupational Safety and Health Administration, U.S. Department of Labor, or designee.

"Authorized Person" means any person required by work duties to be present in regulated areas, or authorized to do so by the employer, by this section, or by the OSH Act of 1970.

"Director" means the Director of the National Institute for Occupational Safety and Health,

U.S. Department of Health and Human Services, or designee.

"Emergency" is any occurrence, such as but not limited to equipment failure, rupture of containers, or failure of control equipment that results in an uncontrolled release of a significant amount of formaldehyde.

"Employee exposure" means the exposure to airborne formaldehyde which would occur without corrections for protection provided by any respirator that is in use.

"Formaldehyde" means the chemical substance, HCHO, Chemical Abstracts Service Registry No. 50-00-0.

(c) Permissible Exposure Limit (PEL)

(1) TWA: The employer shall assure that no employee is exposed to an airborne concentration of formaldehyde which exceeds 0.75 parts formaldehyde per million parts of air (0.75 ppm) as an 8-hour TWA

(2) Short Term Exposure Limit (STEL): The employer shall assure that no employee is exposed to an airborne concentration of formaldehyde which exceeds two parts formaldehyde per million parts of air (2 ppm) as a 15-minute STEL.

(d) Exposure monitoring

(1) General.

(i) Each employer who has a workplace covered by this standard shall monitor employees to determine their exposure to formaldehyde.

(ii) Exception. Where the employer documents, using objective data, that the presence of formaldehyde or formaldehyde-releasing products in the workplace cannot result in airborne concentrations of formaldehyde that would cause any employee to be exposed at or above the action level or the STEL under foreseeable conditions of use, the employer will not be required to measure employee exposure to formaldehyde.

(A) The employer need not initiate exposure monitoring unless there is a formaldehyde hazard as defined in paragraph m of this standard or there are employee health complaints possibly associated with formaldehyde exposure.

(B) Where the employer documents, using objective data, that the presence of formaldehyde or formaldehyde-releasing products in the workplace cannot result in airborne concentrations of formaldehyde that would cause any employee to be exposed at or above the action level or the STEL under foreseeable conditions of use, the employer will not be required to measure employee exposure to formaldehyde.

(iii) When an employee's exposure is determined from representative sampling, the measurements used shall be representative of the employee's full shift or short-term exposure to formaldehyde, as appropriate.

(iv) Representative samples for each job classification in each work area shall be taken for each shift unless the employer can document with objective data that exposure levels for a given job classification are equivalent for different work shifts.

(2) Initial monitoring. The employer shall identify all employees who may be exposed at or above the action level or at or above the STEL and accurately determine the exposure of each employee so identified.

(i) Unless the employer chooses to measure the exposure of each employee potentially exposed to formaldehyde, the employer shall develop a representative sampling strategy and measure sufficient exposures within each job classification for each workshift to correctly characterize and not underestimate the exposure of any employee within each exposure group.

(ii) The initial monitoring process shall be repeated each time there is a change in production, equipment, process, personnel, or control measures which may result in new or additional exposure to formaldehyde.

(iii) If the employer receives reports of signs or symptoms of respiratory or dermal conditions associated with formaldehyde exposure, the employer shall promptly monitor the affected employee's exposure.

(3) Periodic monitoring.

(i) The employer shall periodically measure and accurately determine exposure to formaldehyde for employees shown by the initial monitoring to be exposed at or above the action level or at or above the STEL.

(ii) If the last monitoring results reveal employee exposure at or above the action level, the employer shall repeat monitoring of the employees at least every 6 months.

(iii) If the last monitoring results reveal employee exposure at or above the STEL, the employer shall repeat monitoring of the employees at least once a year under worst conditions.

(4) Termination of monitoring. The employer may discontinue periodic monitoring for employees if results from two consecutive sampling periods taken at least 7 days apart show that employee exposure is below the action level and the STEL. The results must be statistically representative and consistent with the employer's knowledge of the job and work operation.

(5) Accuracy of monitoring. Monitoring shall be accurate, at the 95 percent confidence

level, to within plus or minus 25 percent for airborne concentrations of formaldehyde at the TWA and the STEL and to within plus or minus 35 percent for airborne concentrations of formaldehyde at the action level.

(6) Employee notification of monitoring results. The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to employees. If employee exposure is above the PEL, affected employees shall be provided with a description of the corrective actions being taken by the employer to decrease exposure.

(7) Observation of monitoring.

(i) The employer shall provide affected employees or their designated representatives an opportunity to observe any monitoring of employee exposure to formaldehyde required by this standard.

(ii) When observation of the monitoring of employee exposure to formaldehyde requires entry into an area where the use of protective clothing or equipment is required, the employer shall provide the clothing and equipment to the observer, require the observer to use such clothing and equipment, and assure that the observer complies with all other applicable safety and health procedures.

(e) Regulated areas.

(1) The employer shall establish regulated areas where the concentration of airborne formaldehyde exceeds either the TWA or the STEL and post all entrances and accessways with signs bearing the following information:

DANGER
FORMALDEHYDE
IRRITANT AND POTENTIAL CANCER HAZARD
AUTHORIZED PERSONNEL ONLY

(2) The employer shall limit access to regulated areas to authorized persons who have been trained to recognize the hazards of formaldehyde.

(3) An employer at a multiemployer worksite who establishes a regulated area shall communicate the access restrictions and locations of these areas to other employers with work operations at that worksite.

(f) Methods of compliance

(1) Engineering controls and work practices. The employer shall institute engineering and work practice controls to reduce and maintain employee exposures to formaldehyde at or below the TWA and the STEL.

(2) Exception. Whenever the employer has established that feasible engineering and work practice controls cannot reduce employee exposure to or below either of the PELs, the employer shall apply these controls to reduce employee exposures to the extent feasible and shall supplement them with respirators which satisfy this standard.

(g) Respiratory protection

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that comply with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement feasible engineering and work practice controls.

(ii) Work operations, such as maintenance and repair activities or vessel cleaning, for which the employer establishes that engineering and work-practice controls are not feasible.

(iii) Work operations for which feasible engineering and work-practice controls are not yet sufficient to reduce employee exposure to or below the PELs.

(iv) Emergencies.

(2) Respirator program.

(i) Employers must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

(ii) When employees use air-purifying respirators with chemical cartridges or canisters that do not contain end-of-service-life indicators approved by the National Institute for Occupational Safety and Health, employers must replace these cartridges or canisters as specified by paragraphs (d)(3)(iii)(B)(1) and (B)(2) of 29 CFR 1910.134, or at the end of the workshift, whichever condition occurs first.

(A) Replace the cartridge after three (3) hours of use or at the end of the workshift, whichever occurs first, unless the cartridge contains a NIOSH-approved end-of-service-life indicator (ESLI) to show when breakthrough occurs.

(B) Unless the canister contains a NIOSH-approved ESLI to show when breakthrough occurs, replace canisters used in atmospheres up to 7.5 ppm (10xPEL) every four (4) hours and industrial-sized canisters used in atmospheres up to 75 ppm (100xPEL) every two (2) hours, or at the end of the workshift, whichever occurs first.

(3) Respirator selection.

(i) Employers must:

(A) Select, and provide to employees, the appropriate respirators specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134.

(B) Equip each air-purifying, full facepiece respirator with a canister or cartridge approved for protection against formaldehyde.

(C) For escape, provide employees with one of the following respirator options: A self-contained breathing apparatus operated in the demand or pressure-demand mode; or a full facepiece respirator having a chin-style, or a front-or back-mounted industrial-size, canister or cartridge approved for protection against formaldehyde.

(ii) Employers may substitute an air-purifying, half mask respirator for an air-purifying, full facepiece respirator when they equip the half mask respirator with a cartridge approved for protection against formaldehyde and provide the affected employee with effective gas-proof goggles.

(iii) Employers must provide employees who have difficulty using negative pressure respirators with powered air-purifying respirators permitted for use under paragraph (g)(3)(i)(A) of this standard and that affords adequate protection against formaldehyde exposures.

(h) Protective equipment and clothing. Employers shall comply with the provisions of 29 CFR 1910.132 and 29 CFR 1910.133. When protective equipment or clothing is provided under these provisions, the employer shall provide these protective devices at no cost to the employee and assure that the employee wears them.

(1) Selection. The employer shall select protective clothing and equipment based upon the form of formaldehyde to be encountered, the conditions of use, and the hazard to be prevented.

(i) All contact of the eyes and skin with liquids containing 1 percent or more formaldehyde shall be prevented by the use of chemical protective clothing made of material impervious to formaldehyde and the use of other personal protective equipment, such as goggles

and face shields, as appropriate to the operation.

(ii) Contact with irritating or sensitizing materials shall be prevented to the extent necessary to eliminate the hazard.

(iii) Where a face shield is worn, chemical safety goggles are also required if there is a danger of formaldehyde reaching the area of the eye.

(iv) Full body protection shall be worn for entry into areas where concentrations exceed 100 ppm and for emergency reentry into areas of unknown concentration.

(2) Maintenance of protective equipment and clothing.

(i) The employer shall assure that protective equipment and clothing that has become contaminated with formaldehyde is cleaned or laundered before its reuse.

(ii) When ventilating formaldehyde-contaminated clothing and equipment, the employer shall establish a storage area so that employee exposure is minimized. Containers for contaminated clothing and equipment and storage areas shall have labels and signs containing the following information:

DANGER
FORMALDEHYDE-CONTAMINATED [CLOTHING] EQUIPMENT
AVOID INHALATION AND SKIN CONTACT

(iii) The employer shall assure that only persons trained to recognize the hazards of formaldehyde remove the contaminated material from the storage area for purposes of cleaning, laundering, or disposal.

(iv) The employer shall assure that no employee takes home equipment or clothing that is contaminated with formaldehyde.

(v) The employer shall repair or replace all required protective clothing and equipment for each affected employee as necessary to assure its effectiveness.

(vi) The employer shall inform any person who launders, cleans, or repairs such clothing or equipment of formaldehyde's potentially harmful effects and of procedures to safely handle the clothing and equipment.

(i) Hygiene protection.

(1) The employer shall provide change rooms, as described in 29 CFR 1910.141 for employees who are required to change from work clothing into protective clothing to prevent

skin contact with formaldehyde.

(2) If employees' skin may become splashed with solutions containing 1 percent or greater formaldehyde, for example because of equipment failure or improper work practices, the employer shall provide conveniently located quick drench showers and assure that affected employees use these facilities immediately.

(3) If there is any possibility that an employee's eyes may be splashed with solutions containing 0.1 percent or greater formaldehyde, the employer shall provide acceptable eyewash facilities within the immediate work area for emergency use.

(j) Housekeeping. For operations involving formaldehyde liquids or gas, the employer shall conduct a program to detect leaks and spills, including regular visual inspections.

(1) Preventative maintenance of equipment, including surveys for leaks, shall be undertaken at regular intervals.

(2) In work areas where spillage may occur, the employer shall make provisions to contain the spill, to decontaminate the work area, and to dispose of the waste.

(3) The employer shall assure that all leaks are repaired and spills are cleaned promptly by employees wearing suitable protective equipment and trained in proper methods for cleanup and decontamination.

(4) Formaldehyde-contaminated waste and debris resulting from leaks or spills shall be placed for disposal in sealed containers bearing a label warning of formaldehyde's presence and of the hazards associated with formaldehyde.

(k) Emergencies. For each workplace where there is the possibility of an emergency involving formaldehyde, the employer shall assure appropriate procedures are adopted to minimize injury and loss of life. Appropriate procedures shall be implemented in the event of an emergency.

(l) Medical surveillance

(1) Employees covered.

(i) The employer shall institute medical surveillance programs for all employees exposed to formaldehyde at concentrations at or exceeding the action level or exceeding the STEL.

(ii) The employer shall make medical surveillance available for employees who develop signs and symptoms of overexposure to formaldehyde and for all employees exposed to formaldehyde in emergencies. When determining whether an employee may be experiencing signs and symptoms of possible overexposure to formaldehyde, the employer may rely on the evidence that signs and symptoms associated with formaldehyde exposure will occur only in

exceptional circumstances when airborne exposure is less than 0.1 ppm and when formaldehyde is present in materials in concentrations less than 0.1 percent.

(2) Examination by a physician. All medical procedures, including administration of medical disease questionnaires, shall be performed by or under the supervision of a licensed physician and shall be provided without cost to the employee, without loss of pay, and at a reasonable time and place.

(3) Medical disease questionnaire. The employer shall make the following medical surveillance available to employees prior to assignment to a job where formaldehyde exposure is at or above the action level or above the STEL and annually thereafter. The employer shall also make the following medical surveillance available promptly upon determining that an employee is experiencing signs and symptoms indicative of possible overexposure to formaldehyde.

(i) Administration of a medical disease questionnaire, such as in Appendix D, which is designed to elicit information on work history, smoking history, any evidence of eye, nose, or throat irritation; chronic airway problems or hyperreactive airway disease; allergic skin conditions or dermatitis; and upper or lower respiratory problems.

(ii) A determination by the physician, based on evaluation of the medical disease questionnaire, of whether a medical examination is necessary for employees not required to wear respirators to reduce exposure to formaldehyde.

(4) Medical examinations. Medical examinations shall be given to any employee who the physician feels, based on information in the medical disease questionnaire, may be at increased risk from exposure to formaldehyde and at the time of initial assignment and at least annually thereafter to all employees required to wear a respirator to reduce exposure to formaldehyde. The medical examination shall include:

(i) A physical examination with emphasis on evidence of irritation or sensitization of the skin and respiratory system, shortness of breath, or irritation of the eyes.

(ii) Laboratory examinations for respirator wearers consisting of baseline and annual pulmonary function tests. As a minimum, these tests shall consist of forced vital capacity (FVC), forced expiratory volume in one second (FEV1), and forced expiratory flow (FEF).

(iii) Any other test which the examining physician deems necessary to complete the written opinion.

(iv) Counseling of employees having medical conditions that would be directly or indirectly aggravated by exposure to formaldehyde on the increased risk of impairment of their health.

(5) Examinations for employees exposed in an emergency. The employer shall make

medical examinations available as soon as possible to all employees who have been exposed to formaldehyde in an emergency.

(i) The examination shall include a medical and work history with emphasis on any evidence of upper or lower respiratory problems, allergic conditions, skin reaction or hypersensitivity, and any evidence of eye, nose, or throat irritation.

(ii) Other examinations shall consist of those elements considered appropriate by the examining physician.

(6) Information provided to the physician. The employer shall provide the following information to the examining physician:

(i) A copy of this standard and Appendices A, C, D, and E;

(ii) A description of the affected employee's job duties as they relate to the employee's exposure to formaldehyde;

(iii) The representative exposure level for the employee's job assignment;

(iv) Information concerning any personal protective equipment and respiratory protection used or to be used by the employee; and

(v) Information from previous medical examinations of the affected employee within the control of the employer.

(vi) In the event of a nonroutine examination because of an emergency, the employer shall provide to the physician as soon as possible: a description of how the emergency occurred and the exposure the victim may have received.

(7) Physician's written opinion.

(i) For each examination required under this standard, the employer shall obtain a written opinion from the examining physician. This written opinion shall contain the results of the medical examination except that it shall not reveal specific findings or diagnoses unrelated to occupational exposure to formaldehyde. The written opinion shall include:

(A) The physician's opinion as to whether the employee has any medical condition that would place the employee at an increased risk of material impairment of health from exposure to formaldehyde;

(B) Any recommended limitations on the employee's exposure or changes in the use of personal protective equipment, including respirators;

(C) A statement that the employee has been informed by the physician of any medical conditions which would be aggravated by exposure to formaldehyde, whether these conditions may have resulted from past formaldehyde exposure or from exposure in an emergency, and whether there is a need for further examination or treatment.

(ii) The employer shall provide for retention of the results of the medical examination and tests conducted by the physician.

(iii) The employer shall provide a copy of the physician's written opinion to the affected employee within 15 days of its receipt.

(8) Medical removal.

(i) The provisions of paragraph (1)(8) apply when an employee reports significant irritation of the mucosa of the eyes or of the upper airways, respiratory sensitization, dermal irritation, or dermal sensitization attributed to workplace formaldehyde exposure. Medical removal provisions do not apply in the case of dermal irritation or dermal sensitization when the product suspected of causing the dermal condition contains less than 0.05% formaldehyde.

(ii) An employee's report of signs or symptoms of possible overexposure to formaldehyde shall be evaluated by a physician selected by the employer pursuant to paragraph (1)(3). If the physician determines that a medical examination is not necessary under paragraph (1)(3)(ii), there shall be a two-week evaluation and remediation period to permit the employer to ascertain whether the signs or symptoms subside untreated or with the use of creams, gloves, first aid treatment or personal protective equipment. Industrial hygiene measures that limit the employee's exposure to formaldehyde may also be implemented during this period. The employee shall be referred immediately to a physician prior to expiration of the two-week period if the signs or symptoms worsen. Earnings, seniority and benefits may not be altered during the two-week period by virtue of the report.

(iii) If the signs or symptoms have not subsided or been remedied by the end of the two-week period, or earlier if signs or symptoms warrant, the employee shall be examined by a physician selected by the employer. The physician shall presume, absent contrary evidence, that observed dermal irritation or dermal sensitization are not attributable to formaldehyde when products to which the affected employee is exposed contain less than 0.1% formaldehyde.

(iv) Medical examinations shall be conducted in compliance with the requirements of paragraph (1)(5)(i) and (ii). Additional guidelines for conducting medical exams are contained in appendix C.

(v) If the physician finds that significant irritation of the mucosa of the eyes or of the upper airways, respiratory sensitization, dermal irritation, or dermal sensitization result from workplace formaldehyde exposure and recommends restrictions or removal, the employer shall promptly comply with the restrictions or recommendation of removal. In the event of a recommendation of removal, the employer shall remove the affected employee from the current

formaldehyde exposure and if possible, transfer the employee to work having no or significantly less exposure to formaldehyde.

(vi) When an employee is removed pursuant to paragraph (1)(8)(v), the employer shall transfer the employee to comparable work for which the employee is qualified or can be trained in a short period (up to 6 months), where the formaldehyde exposures are as low as possible, but not higher than the action level. The employer shall maintain the employee's current earnings, seniority, and other benefits. If there is no such work available, the employer shall maintain the employee's current earnings, seniority and other benefits until such work becomes available, until the employee is determined to be unable to return to workplace formaldehyde exposure, until the employee is determined to be able to return to the original job status, or for six months, whichever comes first.

(vii) The employer shall arrange for a follow-up medical examination to take place within six months after the employee is removed pursuant to this paragraph. This examination shall determine if the employee can return to the original job status, or if the removal is to be permanent. The physician shall make a decision within six months of the date the employee was removed as to whether the employee can be returned to the original job status, or if the removal is to be permanent.

(viii) An employer's obligation to provide earnings, seniority and other benefits to a removed employee may be reduced to the extent that the employee receives compensation for earnings lost during the period of removal either from a publicly or employer-funded compensation program or from employment with another employer made possible by virtue of the employee's removal.

(ix) In making determinations of the formaldehyde content of materials under this paragraph the employer may rely on objective data.

(9) Multiple physician review.

(i) After the employer selects the initial physician who conducts any medical examination or consultation to determine whether medical removal or restriction is appropriate, the employee may designate a second physician to review any findings, determinations or recommendations of the initial physician and to conduct such examinations, consultations, and laboratory tests as the second physician deems necessary and appropriate to evaluate the effects of formaldehyde exposure and to facilitate this review.

(ii) The employer shall promptly notify an employee of the right to seek a second medical opinion after each occasion that an initial physician conducts a medical or consultation for the purpose of medical removal or restriction.

(iii) The employer may condition its participation in, and payment for, the multiple physician review mechanism upon the employee doing the following within fifteen (15) days

after receipt of the notification of the right to seek a medical opinion, or receipt of the initial physician's written opinion, whichever is later;

(A) The employee informs the employer of the intention to seek a second medical opinion, and

(B) The employee initiates s to make an appointment with a second physician.

(iv) If the findings, determinations or recommendations of the second physician differ from those of the initial physician, then the employer and the employee shall assure that efforts are made for the two physicians to resolve the disagreement. If the two physicians are unable to quickly resolve their disagreement, then the employer and the employee through their respective physicians shall designate a third physician who shall be a specialist in the field at issue:

(A) To review the findings, determinations or recommendations of the prior physicians; and

(B) To conduct such examinations, consultations, laboratory tests and discussions with the prior physicians as the third physician deems necessary to resolve the disagreement of the prior physicians.

(v) In the alternative, the employer and the employee or authorized employee representative may jointly designate such third physician.

(vi) The employer shall act consistent with the findings, determinations and recommendations of the third physician, unless the employer and the employee reach an agreement which is otherwise consistent with the recommendations of at least one of the three physicians.

(m) Hazard communication

(1) General. Communication of the hazards associated with formaldehyde in the workplace shall be governed by the requirements of paragraph (m). The definitions of 29 CFR 1910.1200(c) shall apply under this paragraph.

(i) The following shall be subject to the hazard communication requirements of this paragraph: formaldehyde gas, all mixtures or solutions composed of greater than 0.1 percent formaldehyde, and materials capable of releasing formaldehyde into the air, under reasonably foreseeable conditions of use, at concentrations reaching or exceeding 0.1 ppm.

(ii) As a minimum, specific health hazards that the employer shall address are: cancer, irritation and sensitization of the skin and respiratory system, eye and throat irritation, and acute toxicity.

(2) Manufacturers and importers who produce or import formaldehyde or formaldehyde containing products shall provide downstream employers using or handling these products with an objective determination through the required labels and MSDSs if these items may constitute a health hazard within the meaning of 29 CFR 1910.1200(d) under normal conditions of use.

(3) Labels.

(i) The employer shall assure that hazard warning labels complying with the requirements of 29 CFR 1910.1200(f) are affixed to all containers of materials listed in paragraph (m)(1)(i), except to the extent that 29 CFR 1910.1200(f) is inconsistent with this paragraph.

(ii) Information on labels. As a minimum, for all materials listed in paragraph (m)(1)(i) capable of releasing formaldehyde at levels of 0.1 ppm to 0.5 ppm, labels shall identify that the product contains formaldehyde; list the name and address of the responsible party; and state that physical and health hazard information is readily available from the employer and from material safety data sheets.

(iii) For materials listed in paragraph (m)(1)(i) capable of releasing formaldehyde at levels above 0.5 ppm, labels shall appropriately address all hazards as defined in 29 CFR 1910.1200(d) and 29 CFR 1910.1200 appendices A and B, including respiratory sensitization, and shall contain the words "Potential Cancer Hazard."

(iv) In making the determinations of anticipated levels of formaldehyde release, the employer may rely on objective data indicating the extent of potential formaldehyde release under reasonably foreseeable conditions of use.

(v) Substitute warning labels. The employer may use warning labels required by other statutes, regulations, or ordinances which impart the same information as the warning statements required by this paragraph.

(4) Material safety data sheets.

(i) Any employer who uses formaldehyde-containing materials listed in paragraph (m)(1)(i) shall comply with the requirements of 29 CFR 1910.1200(g) with regard to the development and updating of material safety data sheets.

(ii) Manufacturers, importers, and distributors of formaldehyde-containing materials listed in paragraph (m)(1)(i) shall assure that material safety data sheets and updated information are provided to all employers purchasing such materials at the time of the initial shipment and at the time of the first shipment after a material safety data sheet is updated.

(5) Written hazard communication program. The employer shall develop, implement, and maintain at the workplace, a written hazard communication program for formaldehyde exposures in the workplace, which at a minimum describes how the requirements specified in this

paragraph for labels and other forms of warning and material safety data sheets, and paragraph (n) for employee information and training, will be met. Employers in multi-employer workplaces shall comply with the requirements of 29 CFR 1910.1200(e)(2).

(n) Employee information and training

(1) Participation. The employer shall assure that all employees who are assigned to workplaces where there is exposure to formaldehyde participate in a training program, except that where the employer can show, using objective data, that employees are not exposed to formaldehyde at or above 0.1 ppm, the employer is not required to provide training.

(2) Frequency. Employers shall provide such information and training to employees at the time of initial assignment, and whenever a new exposure to formaldehyde is introduced into the work area. The training shall be repeated at least annually.

(i) Employers shall provide employees with information and training on formaldehyde at the time of their initial assignment and whenever a new hazard from formaldehyde is introduced into their work area.

(ii) Employers shall provide such information and training at least annually for all employees exposed to formaldehyde concentrations at or above the action level or the STEL.

(3) Training program. The training program shall be conducted in a manner which the employee is able to understand and shall include:

(i) A discussion of the contents of this regulation and the contents of the Material Safety Data Sheet.

(ii) The purpose for and a description of the medical surveillance program required by this standard, including:

(A) A description of the potential health hazards associated with exposure to formaldehyde and a description of the signs and symptoms of exposure to formaldehyde.

(B) Instructions to immediately report to the employer the development of any adverse signs or symptoms that the employee suspects is attributable to formaldehyde exposure.

(iii) Description of operations in the work area where formaldehyde is present and an explanation of the safe work practices appropriate for limiting exposure to formaldehyde in each job;

(iv) The purpose for, proper use of, and limitations of personal protective clothing and equipment;

(v) Instructions for the handling of spills, emergencies, and clean-up procedures;

(vi) An explanation of the importance of engineering and work practice controls for employee protection and any necessary instruction in the use of these controls; and

(vii) A review of emergency procedures including the specific duties or assignments of each employee in the event of an emergency.

(4) Access to training materials.

(i) The employer shall inform all affected employees of the location of written training materials and shall make these materials readily available, without cost, to the affected employees.

(ii) The employer shall provide, upon request, all training materials relating to the employee training program to the Assistant Secretary and the Director.

(o) Recordkeeping

(1) Exposure measurements. The employer shall establish and maintain an accurate record of all measurements taken to monitor employee exposure to formaldehyde. This record shall include:

(i) The date of measurement;

(ii) The operation being monitored;

(iii) The methods of sampling and analysis and evidence of their accuracy and precision;

(iv) The number, durations, time, and results of samples taken;

(v) The types of protective devices worn; and

(vi) The names, job classifications, social security numbers, and exposure estimates of the employees whose exposures are represented by the actual monitoring results.

(2) Exposure determinations. Where the employer has determined that no monitoring is required under this standard, the employer shall maintain a record of the objective data relied upon to support the determination that no employee is exposed to formaldehyde at or above the action level.

(3) Medical surveillance. The employer shall establish and maintain an accurate record for each employee subject to medical surveillance under this standard. This record shall include:

(i) The name and social security number of the employee;

(ii) The physician's written opinion;

(iii) A list of any employee health complaints that may be related to exposure to formaldehyde.

(iv) A copy of the medical examination results, including medical disease questionnaires and results of any medical tests required by the standard or mandated by the examining physician.

(4) Respirator fit testing.

(i) The employer shall establish and maintain accurate records for employees subject to negative pressure respirator fit testing required by this standard.

(ii) This record shall include:

(A) A copy of the protocol selected for respirator fit testing.

(B) A copy of the results of any fit testing performed.

(C) The size and manufacturer of the types of respirators available for selection.

(D) The date of the most recent fit testing, the name and social security number of each tested employee, and the respirator type and facepiece selected.

(5) Record retention. The employer shall retain records required by this standard for at least the following periods:

(i) Exposure records and determinations shall be kept for at least 30 years.

(ii) Medical records shall be kept for the duration of employment plus 30 years.

(iii) Respirator fit testing records shall be kept until replaced by a more recent record.

(6) Availability of records.

(i) Upon request, the employer shall make all records maintained as a requirement of this standard available for examination and copying to the Assistant Secretary and the Director.

(ii) The employer shall make employee exposure records, including estimates made from representative monitoring and available upon request for examination, and copying to the subject employee, or former employee, and employee representatives in accordance with 29 CFR 1910.20(a) - (e) and (g) - (i).

(iii) Employee medical records required by this standard shall be provided upon request for examination and copying, to the subject employee or former employee or to anyone having the specific written consent of the subject employee or former employee in accordance with 29 CFR 1910.20 (a) - (e) and (g) - (j).

(Approved by the Office of Management and Budget under control number 1218-0145)

1910.1048 App A Substance technical guidelines for formalin

APPENDIX A TO 1910.1048 - SUBSTANCE TECHNICAL GUIDELINES FOR FORMALIN

The following Substance Technical Guideline for Formalin provides information on uninhibited formalin solution (37% formaldehyde, no methanol stabilizer). It is designed to inform employees at the production level of their rights and duties under the formaldehyde standard whether their job title defines them as workers or supervisors. Much of the information provided is general; however, some information is specific for formalin. When employee exposure to formaldehyde is from resins capable of releasing formaldehyde, the resin itself and other impurities or decomposition products may also be toxic, and employers should include this information as well when informing employees of the hazards associated with the materials they handle. The precise hazards associated with exposure to formaldehyde depend both on the form (solid, liquid, or gas) of the material and the concentration of formaldehyde present. For example, 37-50 percent solutions of formaldehyde present a much greater hazard to the skin and eyes from spills or splashes than solutions containing less than 1 percent formaldehyde. Individual Substance Technical Guidelines used by the employer for training employees should be modified to properly give information on the material actually being used.

Substance Identification

Chemical Name: Formaldehyde

Chemical Family: Aldehyde

Chemical Formula: HCHO

Molecular Weight: 30.03

Chemical Abstracts Service Number (CAS Number): 50-00-0

Synonyms: Formalin; Formic Aldehyde; Paraform; Formol; Formalin (Methanol-free); Fyde; Formalith; Methanal; Methyl Aldehyde; Methylene Glycol; Methylene Oxide; Tetraoxymethalene; Oxomethane; Oxymethylene

Components and Contaminants

Percent: 37.0 Formaldehyde

Percent: 63.0 Water

(Note.-Inhibited solutions contain methanol.)

Other Contaminants: Formic acid (alcohol free)

Exposure Limits:

OSHA TWA-1 ppm

OSHA STEL-2 ppm

Physical Data

Description: Colorless liquid, pungent odor

Boiling point: 214 deg. F (101 deg. C)

Specific Gravity: 1.08 (H₂O=1 @ 20 deg. C)

pH: 2.8-4.0

Solubility in Water: Miscible

Solvent Solubility: Soluble in alcohol and acetone

Vapor Density: 1.04 (Air=1 @ 20 deg. C)

Odor Threshold: 0.8-1 ppm

Fire and Explosion Hazard

Moderate fire and explosion hazard when exposed to heat or flame.

The flash point of 37% formaldehyde solutions is above normal room temperature, but the explosion range is very wide, from 7 to 73% by volume in air.

Reaction of formaldehyde with nitrogen dioxide, nitromethane, perchloric acid and aniline, or peroxyformic acid yields explosive compounds. Flash Point: 185 deg. F (85 deg. C) closed cup

Lower Explosion Limit: 7%

Upper Explosion Limit: 73%

Autoignition Temperature: 806 deg. F (430 deg. C)

Flammability Class (OSHA): III A

Extinguishing Media: Use dry chemical, "alcohol foam", carbon dioxide, or water in flooding amounts as fog. Solid streams may not be effective. Cool fire-exposed containers with water from side until well after fire is out.

Use of water spray to flush spills can also dilute the spill to produce nonflammable mixtures. Water runoff, however, should be contained for treatment.

National Fire Protection Association Section 325M Designation:

Health: 2-Materials hazardous to health, but areas may be entered with full-faced mask self-contained breathing apparatus which provides eye protection.

Flammability: 2-Materials which must be moderately heated before ignition will occur. Water

spray may be used to extinguish the fire because the material can be cooled below its flash point.

Reactivity: D-Materials which (in themselves) are normally stable even under fire exposure conditions and which are not reactive with water. Normal fire fighting procedures may be used.

Reactivity

Stability: Formaldehyde solutions may self-polymerize to form paraformaldehyde which precipitates.

Incompatibility (Materials to Avoid): Strong oxidizing agents, caustics, strong alkalies, isocyanates, anhydrides, oxides, and inorganic acids. Formaldehyde reacts with hydrochloric acid to form the potent carcinogen, bis-chloromethyl ether. Formaldehyde reacts with nitrogen dioxide, nitromethane, perchloric acid and aniline, or peroxyformic acid to yield explosive compounds. A violent reaction occurs when formaldehyde is mixed with strong oxidizers.

Hazardous Combustion or Decomposition Products: Oxygen from the air can oxidize formaldehyde to formic acid, especially when heated. Formic acid is corrosive.

Health Hazard Data

Acute Effects of Exposure

Ingestion (Swallowing): Liquids containing 10 to 40% formaldehyde cause severe irritation and inflammation of the mouth, throat, and stomach. Severe stomach pains will follow ingestion with possible loss of consciousness and death. Ingestion of dilute formaldehyde solutions (0.03-0.04%) may cause discomfort in the stomach and pharynx.

Inhalation (Breathing): Formaldehyde is highly irritating to the upper respiratory tract and eyes. Concentrations of 0.5 to 2.0 ppm may irritate the eyes, nose, and throat of some individuals. Concentrations of 3 to 5 ppm also cause tearing of the eyes and are intolerable to some persons. Concentrations of 10 to 20 ppm cause difficulty in breathing, burning of the nose and throat, cough, and heavy tearing of the eyes, and 25 to 30 ppm causes severe respiratory tract injury leading to pulmonary edema and pneumonitis. A concentration of 100 ppm is immediately dangerous to life and health. Deaths from accidental exposure to high concentrations of formaldehyde have been reported.

Skin (Dermal): Formalin is a severe skin irritant and a sensitizer. Contact with formalin causes white discoloration, smarting, drying, cracking, and scaling. Prolonged and repeated contact can cause numbness and a hardening or tanning of the skin. Previously exposed persons may react to future exposure with an allergic eczematous dermatitis or hives.

Eye Contact: Formaldehyde solutions splashed in the eye can cause injuries ranging from

transient discomfort to severe, permanent corneal clouding and loss of vision. The severity of the effect depends on the concentration of formaldehyde in the solution and whether or not the eyes are flushed with water immediately after the accident.

Note.-The perception of formaldehyde by odor and eye irritation becomes less sensitive with time as one adapts to formaldehyde. This can lead to overexposure if a worker is relying on formaldehyde's warning properties to alert him or her to the potential for exposure.

Acute Animal Toxicity:

Oral, rats: LD50=800 mg/kg

Oral, mouse: LD50=42 mg/kg

Inhalation, rats: LCLo=250 mg/kg

Inhalation, mouse: LCLo=900 mg/kg

Inhalation, rats: LC50=590 mg/kg

Chronic Effects of Exposure

Carcinogenicity: Formaldehyde has the potential to cause cancer in humans. Repeated and prolonged exposure increases the risk. Various animal experiments have conclusively shown formaldehyde to be a carcinogen in rats. In humans, formaldehyde exposure has been associated with cancers of the lung, nasopharynx and oropharynx, and nasal passages.

Mutagenicity: Formaldehyde is genotoxic in several in vitro test systems showing properties of both an initiator and a promoter.

Toxicity: Prolonged or repeated exposure to formaldehyde may result in respiratory impairment. Rats exposed to formaldehyde at 2 ppm developed benign nasal tumors and changes of the cell structure in the nose as well as inflamed mucous membranes of the nose. Structural changes in the epithelial cells in the human nose have also been observed. Some persons have developed asthma or bronchitis following exposure to formaldehyde, most often as the result of an accidental spill involving a single exposure to a high concentration of formaldehyde.

Emergency and First Aid Procedures

Ingestion (Swallowing): If the victim is conscious, dilute, inactivate, or absorb the ingested formaldehyde by giving milk, activated charcoal, or water. Any organic material will inactivate formaldehyde. Keep affected person warm and at rest. Get medical attention immediately. If vomiting occurs, keep head lower than hips.

Inhalation (Breathing): Remove the victim from the exposure area to fresh air immediately. Where the formaldehyde concentration may be very high, each rescuer must put on a self-contained breathing apparatus before attempting to remove the victim, and medical personnel should be informed of the formaldehyde exposure immediately. If breathing has stopped, give artificial respiration. Keep the affected person warm and at rest. Qualified first-aid or medical personnel should administer oxygen, if available, and maintain the patient's airways

and blood pressure until the victim can be transported to a medical facility. If exposure results in a highly irritated upper respiratory tract and coughing continues for more than 10 minutes, the worker should be hospitalized for observation and treatment.

Skin Contact: Remove contaminated clothing (including shoes) immediately. Wash the affected area of your body with soap or mild detergent and large amounts of water until no evidence of the chemical remains (at least 15 to 20 minutes). If there are chemical burns, get first aid to cover the area with sterile, dry dressing, and bandages. Get medical attention if you experience appreciable eye or respiratory irritation.

Eye Contact: Wash the eyes immediately with large amounts of water occasionally lifting lower and upper lids, until no evidence of chemical remains (at least 15 to 20 minutes). In case of burns, apply sterile bandages loosely without medication. Get medical attention immediately. If you have experienced appreciable eye irritation from a splash or excessive exposure, you should be referred promptly to an ophthalmologist for evaluation.

Emergency Procedures

Emergencies: If you work in an area where a large amount of formaldehyde could be released in an accident or from equipment failure, your employer must develop procedures to be followed in event of an emergency. You should be trained in your specific duties in the event of an emergency, and it is important that you clearly understand these duties. Emergency equipment must be accessible and you should be trained to use any equipment that you might need. Formaldehyde contaminated equipment must be cleaned before reuse.

If a spill of appreciable quantity occurs, leave the area quickly unless you have specific emergency duties. Do not touch spilled material. Designated persons may stop the leak and shut off ignition sources if these procedures can be done without risk. Designated persons should isolate the hazard area and deny entry except for necessary people protected by suitable protective clothing and respirators adequate for the exposure. Use water spray to reduce vapors. Do not smoke, and prohibit all flames or flares in the hazard area.

Special Firefighting Procedures: Learn procedures and responsibilities in the event of a fire in your workplace. Become familiar with the appropriate equipment and supplies and their location. In firefighting, withdraw immediately in case of rising sound from venting safety device or any discoloration of storage tank due to fire.

Spill, Leak, and Disposal Procedures

Occupational Spill: For small containers, place the leaking container in a well ventilated area. Take up small spills with absorbent material and place the waste into properly labeled containers for later disposal. For larger spills, dike the spill to minimize contamination and facilitate salvage or disposal. You may be able to neutralize the spill with sodium hydroxide or sodium sulfite. Your employer must comply with EPA rules regarding the clean-up of toxic waste and notify

state and local authorities, if required. If the spill is greater than 1,000 lb/day, it is reportable under EPA's Superfund legislation.

Waste Disposal: Your employer must dispose of waste containing formaldehyde in accordance with applicable local, state, and Federal law and in a manner that minimizes exposure of employees at the site and of the clean-up crew.

Monitoring and Measurement Procedures

Monitoring Requirements: If your exposure to formaldehyde exceeds the 0.5 ppm action level or the 2 ppm STEL, your employer must monitor your exposure. Your employer need not measure every exposure if a "high exposure" employee can be identified. This person usually spends the greatest amount of time nearest the process equipment. If you are a "representative employee", you will be asked to wear a sampling device to collect formaldehyde. This device may be a passive badge, a sorbent tube attached to a pump, or an impinger containing liquid. You should perform your work as usual, but inform the person who is conducting the monitoring of any difficulties you are having wearing the device.

Evaluation of 8-hour Exposure: Measurements taken for the purpose of determining time-weighted average (TWA) exposures are best taken with samples covering the full shift. Samples collected must be taken from the employee's breathing zone air.

Short-term Exposure Evaluation: If there are tasks that involve brief but intense exposure to formaldehyde, employee exposure must be measured to assure compliance with the STEL. Sample collections are for brief periods, only 15 minutes, but several samples may be needed to identify the peak exposure.

Monitoring Techniques: OSHA's only requirement for selecting a method for sampling and analysis is that the methods used accurately evaluate the concentration of formaldehyde in employees' breathing zones. Sampling and analysis may be performed by collection of formaldehyde on liquid or solid sorbents with subsequent chemical analysis. Sampling and analysis may also be performed by passive diffusion monitors and short-term exposure may be measured by instruments such as real-time continuous monitoring systems and portable direct reading instruments.

Notification of Results: Your employer must inform you of the results of exposure monitoring representative of your job. You may be informed in writing, but posting the results where you have ready access to them constitutes compliance with the standard.

Protective Equipment and Clothing

[Material impervious to formaldehyde is needed if the employee handles formaldehyde solutions of 1% or more. Other employees may also require protective clothing or equipment to prevent dermatitis.]

Respiratory Protection: Use NIOSH-approved full facepiece negative pressure respirators equipped with approved cartridges or canisters within the use limitations of these devices. (Present restrictions on cartridges and canisters do not permit them to be used for a full workshift.) In all other situations, use positive pressure respirators such as the positive-pressure air purifying respirator or the self-contained breathing apparatus (SCBA). If you use a negative pressure respirator, your employer must provide you with fit testing of the respirator at least once a year.

Protective Gloves: Wear protective (impervious) gloves provided by your employer, at no cost, to prevent contact with formalin. Your employer should select these gloves based on the results of permeation testing and in accordance with the ACGIH Guidelines for Selection of Chemical Protective Clothing.

Eye Protection: If you might be splashed in the eyes with formalin, it is essential that you wear goggles or some other type of complete protection for the eye. You may also need a face shield if your face is likely to be splashed with formalin, but you must not substitute face shields for eye protection. (This section pertains to formaldehyde solutions of 1% or more.)

Other Protective Equipment: You must wear protective (impervious) clothing and equipment provided by your employer at no cost to prevent repeated or prolonged contact with formaldehyde liquids. If you are required to change into whole-body chemical protective clothing, your employer must provide a change room for your privacy and for storage of your normal clothing.

If you are splashed with formaldehyde, use the emergency showers and eyewash fountains provided by your employer immediately to prevent serious injury. Report the incident to your supervisor and obtain necessary medical support.

Entry Into an IDLH Atmosphere

Enter areas where the formaldehyde concentration might be 100 ppm or more only with complete body protection including a self-contained breathing apparatus with a full facepiece operated in a positive pressure mode or a supplied air respirator with full facepiece and operated in a positive pressure mode. This equipment is essential to protect your life and health under such extreme conditions.

Engineering Controls

Ventilation is the most widely applied engineering control method for reducing the concentration of airborne substances in the breathing zones of workers. There are two distinct types of ventilation.

Local Exhaust: Local exhaust ventilation is designed to capture airborne contaminants as near

to the point of generation as possible. To protect you, the direction of contaminant flow must always be toward the local exhaust system inlet and away from you.

General (Mechanical): General dilution ventilation involves continuous introduction of fresh air into the workroom to mix with the contaminated air and lower your breathing zone concentration of formaldehyde. Effectiveness depends on the number of air changes per hour. Where devices emitting formaldehyde are spread out over a large area, general dilution ventilation may be the only practical method of control.

Work Practices: Work practices and administrative procedures are an important part of a control system. If you are asked to perform a task in a certain manner to limit your exposure to formaldehyde, it is extremely important that you follow these procedures.

Medical Surveillance

Medical surveillance helps to protect employees' health. You are encouraged strongly to participate in the medical surveillance program.

Your employer must make a medical surveillance program available at no expense to you and at a reasonable time and place if you are exposed to formaldehyde at concentrations above 0.5 ppm as an 8-hour average or 2 ppm over any 15-minute period. You will be offered medical surveillance at the time of your initial assignment and once a year afterward as long as your exposure is at least 0.5 ppm (TWA) or 2 ppm (STEL). Even if your exposure is below these levels, you should inform your employer if you have signs and symptoms that you suspect, through your training, are related to your formaldehyde exposure because you may need medical surveillance to determine if your health is being impaired by your exposure.

The surveillance plan includes:

- (a) A medical disease questionnaire.
- (b) A physical examination if the physician determines this is necessary.

If you are required to wear a respirator, your employer must offer you a physical examination and a pulmonary function test every year.

The physician must collect all information needed to determine if you are at increased risk from your exposure to formaldehyde. At the physician's discretion, the medical examination may include other tests, such as a chest x-ray, to make this determination.

After a medical examination the physician will provide your employer with a written opinion which includes any special protective measures recommended and any restrictions on your exposure. The physician must inform you of any medical conditions you have which would be aggravated by exposure to formaldehyde.

All records from your medical examinations, including disease surveys, must be retained at your employer's expense.

Emergencies

If you are exposed to formaldehyde in an emergency and develop signs or symptoms associated with acute toxicity from formaldehyde exposure, your employer must provide you with a medical examination as soon as possible. This medical examination will include all s necessary to stabilize your health. You may be kept in the hospital for observation if your symptoms are severe to ensure that any delayed effects are recognized and treated.

1910.1048 App B Sampling strategy and analytical methods for formaldehyde

APPENDIX B TO 1910.1048 - SAMPLING STRATEGY AND ANALYTICAL METHODS FOR FORMALDEHYDE

To protect the health of employees, exposure measurements must be unbiased and representative of employee exposure. The proper measurement of employee exposure requires more than a token commitment on the part of the employer. OSHA's mandatory requirements establish a baseline; under the best of circumstances all questions regarding employee exposure will be answered. Many employers, however, will wish to conduct more extensive monitoring before undertaking expensive commitments, such as engineering controls, to assure that the modifications are truly necessary. The following sampling strategy, which was developed at NIOSH by Nelson A. Leidel, Kenneth A. Busch, and Jeremiah R. Lynch and described in NIOSH publication No. 77-173 (Occupational Exposure Sampling Strategy Manual) will assist the employer in developing a strategy for determining the exposure of his or her employees.

There is no one correct way to determine employee exposure. Obviously, measuring the exposure of every employee exposed to formaldehyde will provide the most information on any given day. Where few employees are exposed, this may be a practical solution. For most employers, however, use of the following strategy will give just as much information at less cost.

Exposure data collected on a single day will not automatically guarantee the employer that his or her workplace is always in compliance with the formaldehyde standard. This does not imply, however, that it is impossible for an employer to be sure that his or her worksite is in compliance with the standard. Indeed, a properly designed sampling strategy showing that all employees are exposed below the PELs, at least with a 95 percent certainty, is compelling evidence that the exposure limits are being achieved provided that measurements are conducted using valid sampling strategy and approved analytical methods.

There are two PELs, the TWA concentration and the STEL. Most employers will find that one of these two limits is more critical in the control of their operations, and OSHA expects that the employer will concentrate monitoring efforts on the critical component. If the more difficult

exposure is controlled, this information, along with calculations to support the assumptions, should be adequate to show that the other exposure limit is also being achieved.

Sampling Strategy

Determination of the Need for Exposure Measurements

The employer must determine whether employees may be exposed to concentrations in excess of the action level. This determination becomes the first in an employee exposure monitoring program that minimizes employer sampling burdens while providing adequate employee protection. If employees may be exposed above the action level, the employer must measure exposure. Otherwise, an objective determination that employee exposure is low provides adequate evidence that exposure potential has been examined.

The employer should examine all available relevant information, eg. insurance company and trade association data and information from suppliers or exposure data collected from similar operations. The employer may also use previously-conducted sampling including area monitoring. The employer must make a determination relevant to each operation although this need not be on a separate piece of paper. If the employer can demonstrate conclusively that no employee is exposed above the action level or the STEL through the use of objective data, the employer need proceed no further on employee exposure monitoring until such time that conditions have changed and the determination is no longer valid.

If the employer cannot determine that employee exposure is less than the action level and the STEL, employee exposure monitoring will have to be conducted.

Workplace Material Survey

The primary purpose of a survey of raw material is to determine if formaldehyde is being used in the work environment and if so, the conditions under which formaldehyde is being used.

The first is to tabulate all situations where formaldehyde is used in a manner such that it may be released into the workplace atmosphere or contaminate the skin. This information should be available through analysis of company records and information on the MSDSs available through provisions of this standard and the Hazard Communication standard.

If there is an indication from materials handling records and accompanying MSDSs that formaldehyde is being used in the following types of processes or work operations, there may be a potential for releasing formaldehyde into the workplace atmosphere:

(1) Any operation that involves grinding, sanding, sawing, cutting, crushing, screening, sieving, or any other manipulation of material that generates formaldehyde-bearing dust

(2) Any processes where there have been employee complaints or symptoms indicative of

exposure to formaldehyde

(3) Any liquid or spray process involving formaldehyde

(4) Any process that uses formaldehyde in preserved tissue

(5) Any process that involves the heating of a formaldehyde-bearing resin. Processes and work operations that use formaldehyde in these manners will probably require further investigation at the worksite to determine the extent of employee monitoring that should be conducted.

Workplace Observations

To this point, the only intention has been to provide an indication as to the existence of potentially exposed employees. With this information, a visit to the workplace is needed to observe work operations, to identify potential health hazards, and to determine whether any employees may be exposed to hazardous concentrations of formaldehyde.

In many circumstances, sources of formaldehyde can be identified through the sense of smell. However, this method of detection should be used with caution because of olfactory fatigue.

Employee location in relation to source of formaldehyde is important in determining if an employee may be significantly exposed to formaldehyde. In most instances, the closer a worker is to the source, the higher the probability that a significant exposure will occur.

Other characteristics should be considered. Certain high temperature operations give rise to higher evaporation rates. Locations of open doors and windows provide natural ventilation that tend to dilute formaldehyde emissions. General room ventilation also provides a measure of control.

Calculation of Potential Exposure Concentrations

By knowing the ventilation rate in a workplace and the quantity of formaldehyde generated, the employer may be able to determine by calculation if the PELs might be exceeded. To account for poor mixing of formaldehyde into the entire room, locations of fans and proximity of employees to the work operation, the employer must include a safety factor. If an employee is relatively close to a source, particularly if he or she is located downwind, a safety factor of 100 may be necessary. For other situations, a factor of 10 may be acceptable. If the employer can demonstrate through such calculations that employee exposure does not exceed the action level or the STEL, the employer may use this information as objective data to demonstrate compliance with the standard.

Sampling Strategy

Once the employer determines that there is a possibility of substantial employee exposure to formaldehyde, the employer is obligated to measure employee exposure.

The next is selection of a maximum risk employee. When there are different processes where employees may be exposed to formaldehyde, a maximum risk employee should be selected for each work operation.

Selection of the maximum risk employee requires professional judgment. The best procedure for selecting the maximum risk employee is to observe employees and select the person closest to the source of formaldehyde. Employee mobility may affect this selection; eg. if the closest employee is mobile in his tasks, he may not be the maximum risk employee. Air movement patterns and differences in work habits will also affect selection of the maximum risk employee.

When many employees perform essentially the same task, a maximum risk employee cannot be selected. In this circumstance, it is necessary to resort to random sampling of the group of workers. The objective is to select a subgroup of adequate size so that there is a high probability that the random sample will contain at least one worker with high exposure if one exists. The number of persons in the group influences the number that need to be sampled to ensure that at least one individual from the highest 10 percent exposure group is contained in the sample. For example, to have 90 percent confidence in the results, if the group size is 10, nine should be sampled; for 50, only 18 need to be sampled.

If measurement shows exposure to formaldehyde at or above the action level or the STEL, the employer needs to identify all other employees who may be exposed at or above the action level or STEL and measure or otherwise accurately characterize the exposure of these employees.

Whether representative monitoring or random sampling are conducted, the purpose remains the same-to determine if the exposure of any employee is above the action level. If the exposure of the most exposed employee is less than the action level and the STEL, regardless of how the employee is identified, then it is reasonable to assume that measurements of exposure of the other employees in that operation would be below the action level and the STEL.

Exposure Measurements

There is no "best" measurement strategy for all situations. Some elements to consider in developing a strategy are:

- (1) Availability and cost of sampling equipment
- (2) Availability and cost of analytic facilities
- (3) Availability and cost of personnel to take samples
- (4) Location of employees and work operations

- (5) Intraday and interday variations in the process
- (6) Precision and accuracy of sampling and analytic methods, and
- (7) Number of samples needed.

Samples taken for determining compliance with the STEL differ from those that measure the TWA concentration in important ways. STEL samples are best taken in a nonrandom fashion using all available knowledge relating to the area, the individual, and the process to obtain samples during periods of maximum expected concentrations. At least three measurements on a shift are generally needed to spot gross errors or mistakes; however, only the highest value represents the STEL.

If an operation remains constant throughout the workshift, a much greater number of samples would need to be taken over the 32 discrete nonoverlapping periods in an 8-hour workshift to verify compliance with a STEL. If employee exposure is truly uniform throughout the workshift, however, an employer in compliance with the 1 ppm TWA would be in compliance with the 2 ppm STEL, and this determination can probably be made using objective data.

Need to Repeat the Monitoring Strategy

Interday and intraday fluctuations in employee exposure are mostly influenced by the physical processes that generate formaldehyde and the work habits of the employee. Hence, in-plant process variations influence the employer's determination of whether or not additional controls need to be imposed. Measurements that employee exposure is low on a day that is not representative of worst conditions may not provide sufficient information to determine whether or not additional engineering controls should be installed to achieve the PELs.

The person responsible for conducting sampling must be aware of systematic changes which will negate the validity of the sampling results. Systematic changes in formaldehyde exposure concentration for an employee can occur due to:

- (1) The employee changing patterns of movement in the workplace
- (2) Closing of plant doors and windows
- (3) Changes in ventilation from season to season
- (4) Decreases in ventilation efficiency or abrupt failure of engineering control equipment
- (5) Changes in the production process or work habits of the employee. Any of these changes, if they may result in additional exposure that reaches the next level of action (i.e. 0.5 or 1.0 ppm as an 8-hr average or 2 ppm over 15 minutes) require the employer to perform additional

monitoring to reassess employee exposure.

A number of methods are suitable for measuring employee exposure to formaldehyde or for characterizing emissions within the worksite. The preamble to this standard describes some methods that have been widely used or subjected to validation testing. A detailed analytical procedure derived from the OSHA Method 52 for acrolein and formaldehyde is presented below for informational purposes.

Inclusion of OSHA's method in this appendix in no way implies that it is the only acceptable way to measure employee exposure to formaldehyde. Other methods that are free from significant interferences and that can determine formaldehyde at the permissible exposure limits within + or - 25 percent of the "true" value at the 95 percent confidence level are also acceptable. Where applicable, the method should also be capable of measuring formaldehyde at the action level to + or - 35 percent of the "true" value with a 95 percent confidence level. OSHA encourages employers to choose methods that will be best for their individual needs. The employer must exercise caution, however, in choosing an appropriate method since some techniques suffer from interferences that are likely to be present in workplaces of certain industry sectors where formaldehyde is used.

OSHA's Analytical Laboratory Method

Method No: 52

Matrix: Air

Target Concentration: 1 ppm (1.2 mg/m³)

Procedures: Air samples are collected by drawing known volumes of air through sampling tubes containing XAD-2 adsorbent which have been coated with 2-(hydroxymethyl) piperidine. The samples are desorbed with toluene and then analyzed by gas chromatography using a nitrogen selective detector.

Recommended Sampling Rate and Air Volumes: 0.1 L/min and 24 L

Reliable Quantitation Limit: 16 ppb (20 ug/m³)

Standard Error of Estimate at the Target Concentration: 7.3%

Status of the Method: A sampling and analytical method that has been subjected to the established evaluation procedures of the Organic Methods Evaluation Branch.

Date: March 1985

1. General Discussion

1.1 Background: The current OSHA method for collecting acrolein vapor recommends the use of activated 13X molecular sieves. The samples must be stored in an ice bath during and after sampling and also they must be analyzed within 48 hours of collection. The current OSHA method for collecting formaldehyde vapor recommends the use of bubblers containing 10% methanol in water as the trapping solution.

This work was undertaken to resolve the sample stability problems associated with acrolein and also to eliminate the need to use bubblers to sample formaldehyde. A goal of this work was to develop and/or to evaluate a common sampling and analytical procedure for acrolein and formaldehyde.

NIOSH has developed independent methodologies for acrolein and formaldehyde which recommend the use of reagent-coated adsorbent tubes to collect the aldehydes as stable derivatives. The formaldehyde sampling tubes contain Chromosorb 102 adsorbent coated with N-benzylethanolamine (BEA) which reacts with formaldehyde vapor to form a stable oxazolidine compound. The acrolein sampling tubes contain XAD-2 adsorbent coated with 2-(hydroxymethyl)piperidine (2-HMP) which reacts with acrolein vapor to form a different, stable oxazolidine derivative. Acrolein does not appear to react with BEA to give a suitable reaction product. Therefore, the formaldehyde procedure cannot provide a common method for both aldehydes. However, formaldehyde does react with 2-HMP to form a very suitable reaction product. It is the quantitative reaction of acrolein and formaldehyde with 2-HMP that provides the basis for this evaluation.

This sampling and analytical procedure is very similar to the method recommended by NIOSH for acrolein. Some changes in the NIOSH methodology were necessary to permit the simultaneous determination of both aldehydes and also to accommodate OSHA laboratory equipment and analytical techniques.

1.2 Limit-defining parameters: The analyte air concentrations reported in this method are based on the recommended air volume for each analyte collected separately and a desorption volume of 1 mL. The amounts are presented as acrolein and/or formaldehyde, even though the derivatives are the actual species analyzed.

1.2.1 Detection limits of the analytical procedure: The detection limit of the analytical procedure was 386 pg per injection for formaldehyde. This was the amount of analyte which gave a peak whose height was about five times the height of the peak given by the residual formaldehyde derivative in a typical blank front section of the recommended sampling tube.

1.2.2 Detection limits of the overall procedure: The detection limits of the overall procedure were 482 ng per sample (16 ppb or 20 ug/m³) for formaldehyde. This was the amount of analyte spiked on the sampling device which allowed recoveries approximately equal to the detection limit of the analytical procedure.

1.2.3 Reliable quantitation limits: The reliable quantitation limit was 482 ng per sample (16 ppb or 20 ug/m³) for formaldehyde. These were the smallest amounts of analyte which could be quantitated within the limits of a recovery of at least 75% and a precision ((+ or -)(1.96 SD) of + or - 25% or better.

The reliable quantitation limit and detection limits reported in the method are based upon optimization of the instrument for the smallest possible amount of analyte. When the target

concentration of an analyte is exceptionally higher than these limits, they may not be attainable at the routine operating parameters.

1.2.4 Sensitivity: The sensitivity of the analytical procedure over concentration ranges representing 0.4 to 2 times the target concentration, based on the recommended air volumes, was 7,589 area units per ug/mL for formaldehyde. This value was determined from the slope of the calibration curve. The sensitivity may vary with the particular instrument used in the analysis.

1.2.5 Recovery: The recovery of formaldehyde from samples used in an 18-day storage test remained above 92% when the samples were stored at ambient temperature. These values were determined from regression lines which were calculated from the storage data. The recovery of the analyte from the collection device must be at least 75% following storage.

1.2.6 Precision (analytical method only): The pooled coefficient of variation obtained from replicate determinations of analytical standards over the range of 0.4 to 2 times the target concentration was 0.0052 for formaldehyde (Section 4.3).

1.2.7 Precision (overall procedure): The precision at the 95% confidence level for the ambient temperature storage tests was (+ or -) 14.3% for formaldehyde. These values each include an additional (+ or -) 5% for sampling error. The overall procedure must provide results at the target concentrations that are (+ or -) 25% at the 95% confidence level.

1.2.8 Reproducibility: Samples collected from controlled test atmospheres and a draft copy of this procedure were given to a chemist unassociated with this evaluation. The formaldehyde samples were analyzed following 15 days storage. The average recovery was 96.3% and the standard deviation was 1.7%.

1.3 Advantages:

1.3.1 The sampling and analytical procedures permit the simultaneous determination of acrolein and formaldehyde.

1.3.2 Samples are stable following storage at ambient temperature for at least 18 days.

1.4 Disadvantages: None. 2. Sampling Procedure

2.1 Apparatus:

2.1.1 Samples are collected by use of a personal sampling pump that can be calibrated to within (+ or -) 5% of the recommended 0.1 L/min sampling rate with the sampling tube in line.

2.1.2 Samples are collected with laboratory prepared sampling tubes. The sampling tube is constructed of silane treated glass and is about 8-cm long. The ID is 4 mm and the OD is 6 mm. One end of the tube is tapered so that a glass wool end plug will hold the contents of the tube in place during sampling. The other end of the sampling tube is open to its full 4-mm ID to

facilitate packing of the tube. Both ends of the tube are fire-polished for safety. The tube is packed with a 75-mg backup section, located nearest the tapered end and a 150-mg sampling section of pretreated XAD-2 adsorbent which has been coated with 2-HMP. The two sections of coated adsorbent are separated and retained with small plugs of silanized glass wool. Following packing, the sampling tubes are sealed with two 7/32 inch OD plastic end caps. Instructions for the pretreatment and the coating of XAD-2 adsorbent are presented in Section 4 of this method.

2.1.3 Sampling tubes, similar to those recommended in this method, are marketed by Supelco, Inc. These tubes were not available when this work was initiated; therefore, they were not evaluated.

2.2 Reagents: None required.

2.3 Technique:

2.3.1 Properly label the sampling tube before sampling and then remove the plastic end caps.

2.3.2 Attach the sampling tube to the pump using a section of flexible plastic tubing such that the large, front section of the sampling tube is exposed directly to the atmosphere. Do not place any tubing ahead of the sampling tube. The sampling tube should be attached in the worker's breathing zone in a vertical manner such that it does not impede work performance.

2.3.3 After sampling for the appropriate time, remove the sampling tube from the pump and then seal the tube with plastic end caps.

2.3.4 Include at least one blank for each sampling set. The blank should be handled in the same manner as the samples with the exception that air is not drawn through it.

2.3.5 List any potential interferences on the sample data sheet.

2.4 Breakthrough:

2.4.1 Breakthrough was defined as the relative amount of analyte found on a backup sample in relation to the total amount of analyte collected on the sampling train.

2.4.2 For formaldehyde collected from test atmospheres containing 6 times the PEL, the average 5% breakthrough air volume was 41 L. The sampling rate was 0.1 L/min and the average mass of formaldehyde collected was 250 ug.

2.5 Desorption Efficiency: No desorption efficiency corrections are necessary to compute air sample results because analytical standards are prepared using coated adsorbent. Desorption efficiencies were determined, however, to investigate the recoveries of the analytes from the sampling device. The average recovery over the range of 0.4 to 2 times the target concentration,

based on the recommended air volumes, was 96.2% for formaldehyde. Desorption efficiencies were essentially constant over the ranges studied.

2.6 Recommended Air Volume and Sampling Rate:

2.6.1. The recommended air volume for formaldehyde is 24 L.

2.6.2. The recommended sampling rate is 0.1 L/min.

2.7 Interferences:

2.7.1 Any collected substance that is capable of reacting 2-HMP and thereby depleting the derivatizing agent is a potential interference. Chemicals which contain a carbonyl group, such as acetone, may be capable of reacting with 2-HMP.

2.7.2 There are no other known interferences to the sampling method.

2.8 Safety Precautions:

2.8.1 Attach the sampling equipment to the worker in such a manner that it will not interfere with work performance or safety.

2.8.2 Follow all safety practices that apply to the work area being sampled.

3. Analytical Procedure

3.1 Apparatus:

3.1.1 A gas chromatograph (GC), equipped with a nitrogen selective detector. A Hewlett-Packard Model 5840A GC fitted with a nitrogen-phosphorus flame ionization detector (NPD) was used for this evaluation. Injections were performed using a Hewlett-Packard Model 7671A automatic sampler.

3.1.2 A GC column capable of resolving the analytes from any interference. A 6 ft x 1/4 in OD (2mm ID) glass GC column containing 10% UCON 50-HB-5100 + 2% KOH on 80/100 mesh Chromosorb W-AW was used for the evaluation. Injections were performed on-column.

3.1.3 Vials, glass 2-mL with Teflon-lined caps.

3.1.4 Volumetric flasks, pipets, and syringes for preparing standards, making dilutions, and performing injections.

3.2 Reagents:

3.2.1 Toluene and dimethylformamide. Burdick and Jackson solvents were used in this

evaluation.

3.2.2 Helium, hydrogen, and air, GC grade.

3.2.3 Formaldehyde, 37%, by weight, in water. Aldrich Chemical, ACS Reagent Grade formaldehyde was used in this evaluation.

3.2.4 Amberlite XAD-2 adsorbent coated with 2-(hydroxymethyl-piperidine (2-HMP), 10% by weight (Section 4).

3.2.5 Desorbing solution with internal standard. This solution was prepared by adding 20 uL of dimethylformamide to 100 mL of toluene.

3.3 Standard preparation:

3.3.1 Formaldehyde: Prepare stock standards by diluting known volumes of 37% formaldehyde solution with methanol. A procedure to determine the formaldehyde content of these standards is presented in Section 4. A standard containing 7.7 mg/mL formaldehyde was prepared by diluting 1 mL of the 37% reagent to 50 mL with methanol.

3.3.2 It is recommended that analytical standards be prepared about 16 hours before the air samples are to be analyzed in order to ensure the complete reaction of the analytes with 2-HMP. However, rate studies have shown the reaction to be greater than 95% complete after 4 hours. Therefore, one or two standards can be analyzed after this reduced time if sample results are outside the concentration range of the prepared standards.

3.3.3 Place 150-mg portions of coated XAD-2 adsorbent, from the same lot number as used to collect the air samples, into each of several glass 2-mL vials. Seal each vial with a Teflon-lined cap.

3.3.4 Prepare fresh analytical standards each day by injecting appropriate amounts of the diluted analyte directly onto 150-mg portions of coated adsorbent. It is permissible to inject both acrolein and formaldehyde on the same adsorbent portion. Allow the standards to stand at room temperature. A standard, approximately the target levels, was prepared by injecting 11 uL of the acrolein and 12 uL of the formaldehyde stock standards onto a single coated XAD-2 adsorbent portion.

3.3.5 Prepare a sufficient number of standards to generate the calibration curves. Analytical standard concentrations should bracket sample concentrations. Thus, if samples are not in the concentration range of the prepared standards, additional standards must be prepared to determine detector response.

3.3.7 Desorb the standards in the same manner as the samples following the 16-hour reaction time.

3.4 Sample preparation:

3.4.1 Transfer the 150-mg section of the sampling tube to a 2-mL vial. Place the 75-mg section in a separate vial. If the glass wool plugs contain a significant number of adsorbent beads, place them with the appropriate sampling tube section. Discard the glass wool plugs if they do not contain a significant number of adsorbent beads.

3.4.2 Add 1 mL of desorbing solution to each vial.

3.4.3 Seal the vials with Teflon-lined caps and then allow them to desorb for one hour. Shake the vials by hand with vigorous force several times during the desorption time.

3.4.4 Save the used sampling tubes to be cleaned and recycled.

3.5 Analysis:

3.5.1 GC Conditions

Column Temperature: Bi-level temperature program-First level: 100 to 140 deg. C at 4 deg. C/min following completion of the first level. Second level: 140 to 180 deg. C at 20 deg. C/min following completion of the first level. Isothermal period: Hold column at 180 deg. C until the recorder pen returns to baseline (usually about 25 min after injection). Injector temperature: 180 deg. C Helium flow rate: 30 mL/min (detector response will be reduced if nitrogen is substituted for helium carrier gas). Injection volume: 0.8 uL GC column: Six-ft x 1/4 -in OD (2 mm ID) glass GC column containing 10% UCON 50-HB-5100+2% KOH on 80/100 Chromosorb W-AW.

NPD conditions:

Hydrogen flow rate: 3 mL/min

Air flow rate: 50 mL/min

Detector temperature: 275 deg. C

3.5.2 Chromatogram: For an example of a typical chromatogram, see Figure 4.11 in OSHA Method 52.

3.5.3 Use a suitable method, such as electronic integration, to measure detector response.

3.5.4 Use an internal standard method to prepare the calibration curve with several standard solutions of different concentrations. Prepare the calibration curve daily. Program the integrator to report results in ug/mL.

3.5.5 Bracket sample concentrations with standards.

3.6 Interferences (Analytical)

3.6.1 Any compound with the same general retention time as the analytes and which also gives a detector response is a potential interference. Possible interferences should be reported to the laboratory with submitted samples by the industrial hygienist.

3.6.2 GC parameters (temperature, column, etc.) may be changed to circumvent interferences.

3.6.3 A useful means of structure designation is GC/MS. It is recommended this procedure be used to confirm samples whenever possible.

3.6.4 The coated adsorbent usually contains a very small amount of residual formaldehyde derivative (Section 4.8).

3.7 Calculations:

3.7.1 Results are obtained by use of calibration curves. Calibration curves are prepared by plotting detector response against concentration for each standard. The best line through the data points is determined by curve fitting.

3.7.2 The concentration, in ug/mL, for a particular sample is determined by comparing its detector response to the calibration curve. If either of the analytes is found on the backup section, it is added to the amount found on the front section. Blank corrections should be performed before adding the results together.

3.7.3 The acrolein and/or formaldehyde air concentration can be expressed using the following equation:

$\text{mg/m}^3 = (A)(B)/C$ where $A = \text{ug/mL}$ from 3.7.2, $B = \text{desorption volume}$, and $C = L$ of air sampled.

No desorption efficiency corrections are required.

3.7.4 The following equation can be used to convert results in mg/m^3 to ppm.

$\text{ppm} = (\text{mg/m}^3)(24.45)/\text{MW}$ where $\text{mg/m}^3 = \text{result from 3.7.3}$, $24.45 = \text{molar volume of an ideal gas at 760 mm Hg and 25 deg. C}$, $\text{MW} = \text{molecular weight (30.0)}$.

4. Backup Data

4.1 Backup data on detection limits, reliable quantitation limits, sensitivity and precision of the analytical method, breakthrough, desorption efficiency, storage, reproducibility, and

generation of test atmospheres are available in OSHA Method 52, developed by the Organics Methods Evaluation Branch, OSHA Analytical Laboratory, Salt Lake City, Utah.

4.2 Procedure to Coat XAD-2 Adsorbent with 2-HMP:

4.2.1 Apparatus: Soxhlet extraction apparatus, rotary evaporation apparatus, vacuum dessicator, 1-L vacuum flask, 1-L round-bottomed evaporative flask, 1-L Erlenmeyer flask, 250-mL Buchner funnel with a coarse fritted disc, etc.

4.2.2 Reagents:

4.2.2.1 Methanol, isooctane, and toluene.

4.2.2.2 2-(Hydroxymethyl)piperidine.

4.2.2.3 Amberlite XAD-2 non-ionic polymeric adsorbent, 20 to 60 mesh, Aldrich Chemical XAD-2 was used in this evaluation.

4.2.3 Procedure: Weigh 125 g of crude XAD-2 adsorbent into a 1-L Erlenmeyer flask. Add about 200 mL of water to the flask and then swirl the mixture to wash the adsorbent. Discard any adsorbent that floats to the top of the water and then filter the mixture using a fritted Buchner funnel. Air dry the adsorbent for 2 minutes. Transfer the adsorbent back to the Erlenmeyer flask and then add about 200 mL of methanol to the flask. Swirl and then filter the mixture as before. Transfer the washed adsorbent back to the Erlenmeyer flask and then add about 200 mL of methanol to the flask. Swirl and then filter the mixture as before. Transfer the washed adsorbent to a 1-L round-bottomed evaporative flask, add 13 g of 2-HMP and then 200 mL of methanol, swirl the mixture and then allow it to stand for one hour. Remove the methanol at about 40 deg. C and reduced pressure using a rotary evaporation apparatus. Transfer the coated adsorbent to a suitable container and store it in a vacuum desiccator at room temperature overnight. Transfer the coated adsorbent to a Soxhlet extractor and then extract the material with toluene for about 24 hours. Discard the contaminated toluene, add methanol in its place and then continue the Soxhlet extraction for an additional 4 hours. Transfer the adsorbent to a weighted 1-L round-bottom evaporative flask and remove the methanol using the rotary evaporation apparatus. Determine the weight of the adsorbent and then add an amount of 2-HMP, which is 10% by weight of the adsorbent. Add 200 mL of methanol and then swirl the mixture. Allow the mixture to stand for one hour. Remove the methanol by rotary evaporation. Transfer the coated adsorbent to a suitable container and store it in a vacuum desiccator until all traces of solvents are gone. Typically, this will take 2-3 days. The coated adsorbent should be protected from contamination. XAD-2 adsorbent treated in this manner will probably not contain residual acrolein derivative. However, this adsorbent will often contain residual formaldehyde derivative levels of about 0.1 ug per 150 mg of adsorbent. If the blank values for a batch of coated adsorbent are too high, then the batch should be returned to the Soxhlet extractor, extracted with toluene again and then recoated. This process can be repeated until the desired blank levels are attained.

The coated adsorbent is now ready to be packed into sampling tubes. The sampling tubes should be stored in a sealed container to prevent contamination. Sampling tubes should be stored in the dark at room temperature. The sampling tubes should be segregated by coated adsorbent lot number. A sufficient amount of each lot number of coated adsorbent should be retained to prepare analytical standards for use with air samples from that lot number.

4.3 A Procedure to Determine Formaldehyde by Acid Titration: Standardize the 0.1 N HCl solution using sodium carbonate and methyl orange indicator.

Place 50 mL of 0.1 M sodium sulfite and three drops of thymophthalein indicator into a 250-mL Erlenmeyer flask. Titrate the contents of the flask to a colorless endpoint with 0.1 N HCl (usually one or two drops is sufficient). Transfer 10 mL of the formaldehyde/methanol solution (prepared in 3.3.1) into the same flask and titrate the mixture with 0.1 N HCl, again, to a colorless endpoint. The formaldehyde concentration of the standard may be calculated by the following equation:

$$\frac{\text{acid titer} \times \text{acid normality} \times 30.0 \text{ Formaldehyde, mg/mL}}{\text{mL of sample}} =$$

This method is based on the quantitative liberation of sodium hydroxide when formaldehyde reacts with sodium sulfite to form the formaldehyde-bisulfite addition product. The volume of sample may be varied depending on the formaldehyde content but the solution to be titrated must contain excess sodium sulfite. Formaldehyde solutions containing substantial amounts of acid or base must be neutralized before analysis.

1910.1048 App C Medical surveillance - Formaldehyde

APPENDIX C TO 1910.1048 - MEDICAL SURVEILLANCE - FORMALDEHYDE

I. Health Hazards

The occupational health hazards of formaldehyde are primarily due to its toxic effects after inhalation, after direct contact with the skin or eyes by formaldehyde in liquid or vapor form, and after ingestion.

II. Toxicology

A. Acute Effects of Exposure

1. Inhalation (breathing): Formaldehyde is highly irritating to the upper airways. The concentration of formaldehyde that is immediately dangerous to life and health is 100 ppm. Concentrations above 50 ppm can cause severe pulmonary reactions within minutes. These

include pulmonary edema, pneumonia, and bronchial irritation which can result in death. Concentrations above 5 ppm readily cause lower airway irritation characterized by cough, chest tightness and wheezing. There is some controversy regarding whether formaldehyde gas is a pulmonary sensitizer which can cause occupational asthma in a previously normal individual. Formaldehyde can produce symptoms of bronchial asthma in humans. The mechanism may be either sensitization of the individual by exposure to formaldehyde or direct irritation by formaldehyde in persons with pre-existing asthma. Upper airway irritation is the most common respiratory effect reported by workers and can occur over a wide range of concentrations, most frequently above 1 ppm. However, airway irritation has occurred in some workers with exposures to formaldehyde as low as 0.1 ppm. Symptoms of upper airway irritation include dry or sore throat, itching and burning sensations of the nose, and nasal congestion. Tolerance to this level of exposure may develop within 1-2 hours. This tolerance can permit workers remaining in an environment of gradually increasing formaldehyde concentrations to be unaware of their increasingly hazardous exposure.

2. Eye contact: Concentrations of formaldehyde between 0.05 ppm and 0.5 ppm produce a sensation of irritation in the eyes with burning, itching, redness, and tearing. Increased rate of blinking and eye closure generally protects the eye from damage at these low levels, but these protective mechanisms may interfere with some workers' work abilities. Tolerance can occur in workers continuously exposed to concentrations of formaldehyde in this range. Accidental splash injuries of human eyes to aqueous solutions of formaldehyde (formalin) have resulted in a wide range of ocular injuries including corneal opacities and blindness. The severity of the reactions have been directly dependent on the concentration of formaldehyde in solution and the amount of time lapsed before emergency and medical intervention.

3. Skin contact: Exposure to formaldehyde solutions can cause irritation of the skin and allergic contact dermatitis. These skin diseases and disorders can occur at levels well below those encountered by many formaldehyde workers. Symptoms include erythema, edema, and vesiculation or hives. Exposure to liquid formalin or formaldehyde vapor can provoke skin reactions in sensitized individuals even when airborne concentrations of formaldehyde are well below 1 ppm.

4. Ingestion: Ingestion of as little as 30 ml of a 37 percent solution of formaldehyde (formalin) can result in death. Gastrointestinal toxicity after ingestion is most severe in the stomach and results in symptoms which can include nausea, vomiting, and severe abdominal pain. Diverse damage to other organ systems including the liver, kidney, spleen, pancreas, brain, and central nervous systems can occur from the acute response to ingestion of formaldehyde.

B. Chronic Effects of Exposure

Long term exposure to formaldehyde has been shown to be associated with an increased risk of cancer of the nose and accessory sinuses, nasopharyngeal and oropharyngeal cancer, and lung cancer in humans. Animal experiments provide conclusive evidence of a causal relationship between nasal cancer in rats and formaldehyde exposure. Concordant evidence of

carcinogenicity includes DNA binding, genotoxicity in short-term tests, and cytotoxic changes in the cells of the target organ suggesting both preneoplastic changes and a dose-rate effect. Formaldehyde is a complete carcinogen and appears to exert an effect on at least two stages of the carcinogenic process.

III. Surveillance considerations

A. History

1. Medical and occupational history: Along with its acute irritative effects, formaldehyde can cause allergic sensitization and cancer. One of the goals of the work history should be to elicit information on any prior or additional exposure to formaldehyde in either the occupational or the non-occupational setting.

2. Respiratory history: As noted above, formaldehyde has recognized properties as an airway irritant and has been reported by some authors as a cause of occupational asthma. In addition, formaldehyde has been associated with cancer of the entire respiratory system of humans. For these reasons, it is appropriate to include a comprehensive review of the respiratory system in the medical history. Components of this history might include questions regarding dyspnea on exertion, shortness of breath, chronic airway complaints, hyperreactive airway disease, rhinitis, bronchitis, bronchiolitis, asthma, emphysema, respiratory allergic reaction, or other preexisting pulmonary disease.

In addition, generalized airway hypersensitivity can result from exposures to a single sensitizing agent. The examiner should, therefore, elicit any prior history of exposure to pulmonary irritants, and any short- or long-term effects of that exposure.

Smoking is known to decrease mucociliary clearance of materials deposited during respiration in the nose and upper airways. This may increase a worker's exposure to inhaled materials such as formaldehyde vapor. In addition, smoking is a potential confounding factor in the investigation of any chronic respiratory disease, including cancer. For these reasons, a complete smoking history should be obtained.

3. Skin Disorders: Because of the dermal irritant and sensitizing effects of formaldehyde, a history of skin disorders should be obtained. Such a history might include the existence of skin irritation, previously documented skin sensitivity, and other dermatologic disorders. Previous exposure to formaldehyde and other dermal sensitizers should be recorded.

4. History of atopic or allergic diseases: Since formaldehyde can cause allergic sensitization of the skin and airways, it might be useful to identify individuals with prior allergen sensitization. A history of atopic disease and allergies to formaldehyde or any other substances should also be obtained. It is not definitely known at this time whether atopic diseases and allergies to formaldehyde or any other substances should also be obtained. Also it is not definitely known at this time whether atopic individuals have a greater propensity to develop

formaldehyde sensitivity than the general population, but identification of these individuals may be useful for ongoing surveillance.

5. Use of disease questionnaires: Comparison of the results from previous years with present results provides the best method for detecting a general deterioration in health when toxic signs and symptoms are measured subjectively. In this way recall bias does not affect the results of the analysis. Consequently, OSHA has determined that the findings of the medical and work histories should be kept in a standardized form for comparison of the year-to-year results.

B. Physical Examination

1. Mucosa of eyes and airways: Because of the irritant effects of formaldehyde, the examining physician should be alert to evidence of this irritation. A speculum examination of the nasal mucosa may be helpful in assessing possible irritation and cytotoxic changes, as may be indirect inspection of the posterior pharynx by mirror.

2. Pulmonary system: A conventional respiratory examination, including inspection of the thorax and auscultation and percussion of the lung fields should be performed as part of the periodic medical examination. Although routine pulmonary function testing is only required by the standard once every year for persons who are exposed over the TWA concentration limit, these tests have an obvious value in investigating possible respiratory dysfunction and should be used wherever deemed appropriate by the physician. In cases of alleged formaldehyde-induced airway disease, other possible causes of pulmonary dysfunction (including exposures to other substances) should be ruled out. A chest radiograph may be useful in these circumstances. In cases of suspected airway hypersensitivity or allergy, it may be appropriate to use bronchial challenge testing with formaldehyde or methacholine to determine the nature of the disorder. Such testing should be performed by or under the supervision of a physician experienced in the procedures involved.

3. Skin: The physician should be alert to evidence of dermal irritation or sensitization, including reddening and inflammation, urticaria, blistering, scaling, formation of skin fissures, or other symptoms. Since the integrity of the skin barrier is compromised by other dermal diseases, the presence of such disease should be noted. Skin sensitivity testing carries with it some risk of inducing sensitivity, and therefore, skin testing for formaldehyde sensitivity should not be used as a routine screening test. Sensitivity testing may be indicated in the investigation of a suspected existing sensitivity. Guidelines for such testing have been prepared by the North American Contact Dermatitis Group.

C. Additional Examinations or Tests

The physician may deem it necessary to perform other medical examinations or tests as indicated. The standard provides a mechanism whereby these additional investigations are covered under the standard for occupational exposure to formaldehyde.

D. Emergencies

The examination of workers exposed in an emergency should be directed at the organ systems most likely to be affected. Much of the content of the examination will be similar to the periodic examination unless the patient has received a severe acute exposure requiring immediate attention to prevent serious consequences. If a severe overexposure requiring medical intervention or hospitalization has occurred, the physician must be alert to the possibility of delayed symptoms. Followup nonroutine examinations may be necessary to assure the patient's well-being.

E. Employer Obligations

The employer is required to provide the physician with the following information: A copy of this standard and appendices A, C, D, and E; a description of the affected employee's duties as they relate to his or her exposure concentration; an estimate of the employee's exposure including duration (e.g. 15 hr/wk, three 8-hour shifts, full-time); a description of any personal protective equipment, including respirators, used by the employee; and the results of any previous medical determinations for the affected employee related to formaldehyde exposure to the extent that this information is within the employer's control.

F. Physician's Obligations

The standard requires the employer to obtain a written statement from the physician. This statement must contain the physician's opinion as to whether the employee has any medical condition which would place him or her at increased risk of impaired health from exposure to formaldehyde or use of respirators, as appropriate. The physician must also state his opinion regarding any restrictions that should be placed on the employee's exposure to formaldehyde or upon the use of protective clothing or equipment such as respirators. If the employee wears a respirator as a result of his or her exposure to formaldehyde, the physician's opinion must also contain a statement regarding the suitability of the employee to wear the type of respirator assigned. Finally, the physician must inform the employer that the employee has been told the results of the medical examination and of any medical conditions which require further explanation or treatment. This written opinion is not to contain any information on specific findings or diagnoses unrelated to occupational exposure to formaldehyde.

The purpose in requiring the examining physician to supply the employer with a written opinion is to provide the employer with a medical basis to assist the employer in placing employees initially, in assuring that their health is not being impaired by formaldehyde, and to assess the employee's ability to use any required protective equipment.

1910.1048 App D Nonmandatory medical disease questionnaire

APPENDIX D TO 1910.1048 - NONMANDATORY MEDICAL DISEASE QUESTIONNAIRE

A. Identification

Plant Name _____
Date _____
Employee Name _____
S.S. # _____
Job Title _____
Birthdate: _____
Age: _____
Sex: _____
Height: _____
Weight: _____

B. Medical History

1. Have you ever been in the hospital as a patient?

Yes__ No__

If yes, what kind of problem were you having? _____

2. Have you ever had any kind of operation?

Yes__ No__

If yes, what kind? _____

3. Do you take any kind of medicine regularly?

Yes__ No__

If yes, what kind? _____

4. Are you allergic to any drugs, foods, or chemicals?

Yes__ No__

If yes, what kind of allergy is it? _____

What causes the allergy? _____

5. Have you ever been told that you have asthma, hayfever, or sinusitis?

Yes__ No__

6. Have you ever been told that you have emphysema, bronchitis, or any other respiratory problems?

Yes__ No__

7. Have you ever been told you had hepatitis?

Yes__ No__

8. Have you ever been told that you had cirrhosis?

Yes__ No__

9. Have you ever been told that you had cancer?

Yes__ No__

10. Have you ever had arthritis or joint pain?

Yes__ No__

11. Have you ever been told that you had high blood pressure?

Yes__ No__

12. Have you ever had a heart attack or heart trouble?

Yes__ No__

B-1. Medical History Update

1. Have you been in the hospital as a patient any time within the past year?

Yes__ No__

If so, for what condition? _____

2. Have you been under the care of a physician during the past year?

Yes__ No__

If so, for what condition? _____

3. Is there any change in your breathing since last year?

Yes__ No__

Better? _____

Worse? _____

No change? _____

If change, do you know why? _____

4. Is your general health different this year from last year?

Yes__ No__

If different, in what way? _____

5. Have you in the past year or are you now taking any medication on a regular basis?

Yes__ No__

Name Rx _____

Condition being treated _____

C. Occupational History

1. How long have you worked for your present employer?

2. What jobs have you held with this employer? Include job title and length of time in each job.

3. In each of these jobs, how many hours a day were you exposed to

chemicals?

4. What chemicals have you worked with most of the time?

5. Have you ever noticed any type of skin rash you feel was related to your work?

Yes__ No__

6. Have you ever noticed that any kind of chemical makes you cough?

Yes__ No__

Wheeze?

Yes__ No__

Become short of breath or cause your chest to become tight?

Yes__ No__

7. Are you exposed to any dust or chemicals at home?

Yes__ No__

If yes, explain: _____

8. In other jobs, have you ever had exposure to:

Wood dust?

Yes__ No__

Nickel or chromium?

Yes__ No__

Silica (foundry, sand blasting)?

Yes__ No__

Arsenic or asbestos?

Yes__ No__

Organic solvents?

Yes__ No__

Urethane foams?

Yes__ No__

C-1. Occupational History Update

1. Are you working on the same job this year as you were last year?

Yes__ No__

If not, how has your job changed? _____

2. What chemicals are you exposed to on your job?

3. How many hours a day are you exposed to chemicals?

4. Have you noticed any skin rash within the past year you feel was related to your work?

Yes__ No__

If so, explain circumstances: _____

5. Have you noticed that any chemical makes you cough, be short of breath, or wheeze?

Yes__ No__

If so, can you identify it? _____

D. Miscellaneous

1. Do you smoke?

Yes__ No__

If so, how much and for how long? _____

Pipe _____

Cigars _____

Cigarettes _____

2. Do you drink alcohol in any form?

Yes__ No__

If so, how much, how long, and how often? _____

3. Do you wear glasses or contact lenses?

Yes__ No__

4. Do you get any physical exercise other than that required to do your job?

Yes__ No__

If so, explain: _____

5. Do you have any hobbies or "side jobs" that require you to use chemicals, such as furniture stripping, sand blasting, insulation or manufacture of urethane foam, furniture, etc?

Yes__ No__

If so, please describe, giving type of business or hobby, chemicals used and length of exposures.

E. Symptoms Questionnaire

1. Do you ever have any shortness of breath?

Yes__ No__

If yes, do you have to rest after climbing several flights of stairs?

Yes__ No__

If yes, if you walk on the level with people your own age, do you walk slower than they do?

Yes__ No__

If yes, if you walk slower than a normal pace, do you have to limit the distance that you walk?

Yes__ No__

If yes, do you have to stop and rest while bathing or dressing?

Yes__ No__

2. Do you cough as much as three months out of the year?

Yes__ No__

If yes, have you had this cough for more than two years?

Yes__ No__

If yes, do you ever cough anything up from chest?

Yes__ No__

3. Do you ever have a feeling of smothering, unable to take a deep breath, or tightness in your chest?

Yes__ No__

If yes, do you notice that this on any particular day of the week?

Yes__ No__

If yes, what day or the week?

Yes__ No__

If yes, do you notice that this occurs at any particular place?

Yes__ No__

If yes, do you notice that this is worse after you have returned to work after being off for several days?

Yes__ No__

4. Have you ever noticed any wheezing in your chest?

Yes__ No__

If yes, is this only with colds or other infections?

Yes__ No__

Is this caused by exposure to any kind of dust or other material?

Yes__ No__

If yes, what kind? _____

5. Have you noticed any burning, tearing, or redness of your eyes when you are at work?

Yes__ No__

If so, explain circumstances: _____

6. Have you noticed any sore or burning throat or itchy or burning nose when you are at work?

Yes__ No__

If so, explain circumstances: _____

7. Have you noticed any stuffiness or dryness of your nose?

Yes__ No__

8. Do you ever have swelling of the eyelids or face?

Yes__ No__

9. Have you ever been jaundiced?

Yes__ No__

If yes, was this accompanied by any pain?

Yes__ No__

10. Have you ever had a tendency to bruise easily or bleed excessively?

Yes__ No__

11. Do you have frequent headaches that are not relieved by aspirin or tylenol?

Yes__ No__

If yes, do they occur at any particular time of the day or week?

Yes__ No__

If yes, when do they occur? _____

12. Do you have frequent episodes of nervousness or irritability?

Yes__ No__

13. Do you tend to have trouble concentrating or remembering?

Yes__ No__

14. Do you ever feel dizzy, light-headed, excessively drowsy or like you have been drugged?

Yes__ No__

15. Does your vision ever become blurred?

Yes__ No__

16. Do you have numbness or tingling of the hands or feet or other parts of your body?

Yes__ No__

17. Have you ever had chronic weakness or fatigue?

Yes__ No__

18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoes?

Yes__ No__

19. Are you bothered by heartburn or indigestion?

Yes__ No__

20. Do you ever have itching, dryness, or peeling and scaling of the hands?

Yes__ No__

21. Do you ever have a burning sensation in the hands, or reddening of the skin?

Yes__ No__

22. Do you ever have cracking or bleeding of the skin on your hands?

Yes__ No__

23. Are you under a physician's care?

Yes__ No__

If yes, for what are you being treated? _____

24. Do you have any physical complaints today?

Yes ___ No ___

If yes, explain? _____

25. Do you have other health conditions not covered by these questions?

Yes ___ No ___

If yes, explain: _____

1910.1048 App E Qualitative and quantitative fit testing procedures [Reserved]

APPENDIX E TO 1910.1048 - QUALITATIVE AND QUANTITATIVE FIT TESTING PROCEDURES [Reserved]

1910.1050 Methylenedianiline.

(a) Scope and application.

(1) This section applies to all occupational exposures to MDA, Chemical Abstracts Service Registry No. 101-77-9, except as provided in paragraphs (a)(2) through (a)(7) of this section.

(2) Except as provided in paragraphs (a)(8) and (e)(5) of this section, this section does not apply to the processing, use, and handling of products containing MDA where initial monitoring indicates that the product is not capable of releasing MDA in excess of the action level under the expected conditions of processing, use, and handling which will cause the greatest possible release; and where no Adermal exposure to MDA@ can occur.

(3) Except as provided in paragraph (a)(8) of this section, this section does not apply to the processing, use, and handling of products containing MDA where objective data are reasonably relied upon which demonstrate the product is not capable of releasing MDA under the expected conditions of processing, use, and handling which will cause the greatest possible release; and where no ``dermal exposure to MDA" can occur.

(4) This section does not apply to the storage, transportation, distribution or sale of MDA in intact containers sealed in such a manner as to contain the MDA dusts, vapors, or liquids, except for the provisions of 29 CFR 1910.1200 and paragraph (d) of this section.

(5) This section does not apply to the construction industry as defined in 29 CFR 1910.12(b). (Exposure to MDA in the construction industry is covered by 29 CFR 1926.60).

(6) Except as provided in paragraph (a)(8) of this secton, this section does not apply to materials in any form which contain less than 0.1% MDA by weight or volume.

(7) Except as provided in paragraph (a)(8) of this section, this section does not apply to unfinished articles containing MDA.

(8) Where products containing MDA are exempted under paragraphs (a)(2) through (a)(7) of this section, the employer shall maintain records of the initial monitoring results or objective data supporting that exemption and the basis for the employer's reliance on the data, as provided in the recordkeeping provision of paragraph (n) of this section.

(b) Definitions. For the purpose of this section, the following definitions shall apply:

Action level means a concentration of airborne MDA of 5 ppb as an eight (8)-hour time-weighted average.

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

Authorized person means any person specifically authorized by the employer whose duties require the person to enter a regulated area, or any person entering such an area as a designated representative of employees, for the purpose of exercising the right to observe monitoring and measuring procedures under paragraph (o) of this section, or any other person authorized by the Act or regulations issued under the Act.

Container means any barrel, bottle, can, cylinder, drum, reaction vessel, storage tank, commercial packaging or the like, but does not include piping systems.

Dermal exposure to MDA occurs where employees are engaged in the handling, application or use of mixtures or materials containing MDA, with any of the following non-airborne forms of MDA:

(i) Liquid, powdered, granular, or flaked mixtures containing MDA in concentrations greater than 0.1% by weight or volume; and

(ii) Materials other than "finished articles" containing MDA in concentrations greater than 0.1% by weight or volume.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designee.

Emergency means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment which results in an unexpected and potentially hazardous release of MDA.

Employee exposure means exposure to MDA which would occur if the employee were not using respirators or protective work clothing and equipment.

Finished article containing MDA is defined as a manufactured item:

- (i) Which is formed to a specific shape or design during manufacture;
- (ii) Which has end use function(s) dependent in whole or part upon its shape or design during end use; and
- (iii) Where applicable, is an item which is fully cured by virtue of having been subjected to the conditions (temperature, time) necessary to complete the desired chemical reaction.

4,4' Methylene-dianiline or MDA means the chemical, 4,4'-diaminodiphenylmethane, Chemical Abstract Service Registry number 101-77-9, in the form of a vapor, liquid, or solid. The definition also includes the salts of MDA.

Regulated areas means areas where airborne concentrations of MDA exceed or can reasonably be expected to exceed, the permissible exposure limits, or where dermal exposure to MDA can occur.

STEL means short term exposure limit as determined by any 15 minute sample period.

(c) Permissible exposure limits (PEL). The employer shall assure that no employee is exposed to an airborne concentration of MDA in excess of ten parts per billion (10 ppb) as an 8-hour time-weighted average or a STEL of 100 ppb.

(d) Emergency situations

(1) Written plan.

(i) A written plan for emergency situations shall be developed for each workplace where there is a possibility of an emergency. Appropriate portions of the plan shall be implemented in the event of an emergency.

(ii) The plan shall specifically provide that employees engaged in correcting emergency conditions shall be equipped with the appropriate personal protective equipment and clothing as required in paragraphs (h) and (i) of this section until the emergency is abated.

(iii) The plan shall specifically include provisions for alerting and evacuating affected employees as well as the elements prescribed in 29 CFR 1910.38 and 29 CFR 1910.39, A "Emergency action plans" and "Fire prevention plans@respectively.

(2) Alerting employees. Where there is the possibility of employee exposure to MDA due to an emergency, means shall be developed to alert promptly those employees who have the potential to be directly exposed. Affected employees not engaged in correcting emergency conditions shall be evacuated immediately in the event that an emergency occurs. Means shall also be developed and implemented for alerting other employees who may be exposed as a result

of the emergency.

(e) Exposure monitoring

(1) General.

(i) Determinations of employee exposure shall be made from breathing zone air samples that are representative of each employee's exposure to airborne MDA over an eight (8) hour period. Determination of employee exposure to the STEL shall be made from breathing zone air samples collected over a 15 minute sampling period.

(ii) Representative employee exposure shall be determined on the basis of one or more samples representing full shift exposure for each shift for each job classification in each work area where exposure to MDA may occur.

(iii) Where the employer can document that exposure levels are equivalent for similar operations in different work shifts, the employer shall only be required to determine representative employee exposure for that operation during one shift.

(2) Initial monitoring. Each employer who has a workplace or work operation covered by this standard shall perform initial monitoring to determine accurately the airborne concentrations of MDA to which employees may be exposed.

(3) Periodic monitoring and monitoring frequency.

(i) If the monitoring required by paragraph (e)(2) of this section reveals employee exposure at or above the action level, but at or below the PELs, the employer shall repeat such representative monitoring for each such employee at least every six (6) months.

(ii) If the monitoring required by paragraph (e)(2) of this section reveals employee exposure above the PELs, the employer shall repeat such monitoring for each such employee at least every three (3) months.

(iii) The employer may alter the monitoring schedule from every three months to every six months for any employee for whom two consecutive measurements taken at least 7 days apart indicate that the employee exposure has decreased to below the TWA but above the action level.

(4) Termination of monitoring.

(i) If the initial monitoring required by paragraph (e)(2) of this section reveals employee exposure to be below the action level, the employer may discontinue the monitoring for that employee, except as otherwise required by paragraph (e)(5) of this section.

(ii) If the periodic monitoring required by paragraph (e)(3) of this section reveals that

employee exposures, as indicated by at least two consecutive measurements taken at least 7 days apart, are below the action level the employer may discontinue the monitoring for that employee, except as otherwise required by paragraph (e)(5) of this section.

(5) Additional monitoring. The employer shall institute the exposure monitoring required under paragraphs (e)(2) and (e)(3) of this section when there has been a change in production process, chemicals present, control equipment, personnel, or work practices which may result in new or additional exposures to MDA, or when the employer has any reason to suspect a change which may result in new or additional exposures.

(6) Accuracy of monitoring. Monitoring shall be accurate, to a confidence level of 95 percent, to within plus or minus 25 percent for airborne concentrations of MDA.

(7) Employee notification of monitoring results.

(i) The employer shall, within 15 working days after the receipt of the results of any monitoring performed under this standard, notify each employee of these results, in writing, either individually or by posting of results in an appropriate location that is accessible to affected employees.

(ii) The written notification required by paragraph (e)(7)(i) of this section shall contain the corrective action being taken by the employer to reduce the employee exposure to or below the PELs, wherever the PELs are exceeded.

(8) Visual monitoring. The employer shall make routine inspections of employee hands, face and forearms potentially exposed to MDA. Other potential dermal exposures reported by the employee must be referred to the appropriate medical personnel for observation. If the employer determines that the employee has been exposed to MDA the employer shall:

(i) Determine the source of exposure;

(ii) Implement protective measures to correct the hazard; and

(iii) Maintain records of the corrective actions in accordance with paragraph (n) of this section.

(f) Regulated areas

(1) Establishment

(i) Airborne exposures. The employer shall establish regulated areas where airborne concentrations of MDA exceed or can reasonably be expected to exceed, the permissible exposure limits.

(ii) Dermal exposures. Where employees are subject to dermal exposure to MDA the employer shall establish those work areas as regulated areas.

(2) Demarcation. Regulated areas shall be demarcated from the rest of the workplace in a manner that minimizes the number of persons potentially exposed.

(3) Access. Access to regulated areas shall be limited to authorized persons.

(4) Personal protective equipment and clothing. Each person entering a regulated area shall be supplied with, and required to use, the appropriate personal protective clothing and equipment in accordance with paragraphs (h) and (i) of this section.

(5) Prohibited activities. The employer shall ensure that employees do not eat, drink, smoke, chew tobacco or gum, or apply cosmetics in regulated areas.

(g) Methods of compliance

(1) Engineering controls and work practices.

(i) The employer shall institute engineering controls and work practices to reduce and maintain employee exposure to MDA at or below the PELs except to the extent that the employer can establish that these controls are not feasible or where the provisions of paragraph (g)(1)(ii) or (h)(1) (i) through (iv) of this section apply.

(ii) Wherever the feasible engineering controls and work practices which can be instituted are not sufficient to reduce employee exposure to or below the PELs, the employer shall use them to reduce employee exposure to the lowest levels achievable by these controls and shall supplement them by the use of respiratory protective devices which comply with the requirements of paragraph (h) of this section.

(2) Compliance program.

(i) The employer shall establish and implement a written program to reduce employee exposure to or below the PELs by means of engineering and work practice controls, as required by paragraph (g)(1) of this section, and by use of respiratory protection where permitted under this section. The program shall include a schedule for periodic maintenance (e.g., leak detection) and shall include the written plan for emergency situations as specified in paragraph (d) of this section.

(ii) Upon request this written program shall be furnished for examination and copying to the Assistant Secretary, the Director, affected employees, and designated employee representatives. The employer shall review and, as necessary, update such plans at least once every 12 months to make certain they reflect the current status of the program.

(3) Employee rotation. Employee rotation shall not be permitted as a means of reducing exposure.

(h) Respiratory protection

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that comply with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement feasible engineering and work-practice controls;

(ii) Work operations for which the employer establishes that engineering and work-practice controls are not feasible.

(iii) Work operations for which feasible engineering and work-practice controls are not yet sufficient to reduce employee exposure to or below the PEL.

(iv) Emergencies.

(2) Respirator program. The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required by this section to use a respirator.

(3) Respirator selection.

(i) Employer must:

(A) Select, and provide to employees, the appropriate respirators specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134.

(B) Provide HEPA filters for powered and non-powered air-purifying respirators.

(C) For escape, provide employees with one of the following respirator options: Any self-contained breathing apparatus with a full facepiece or hood operated in the positive-pressure or continuous-flow mode; or a full facepiece air-purifying respirator.

(D) Provide a combination HEPA filter and organic vapor canister or cartridge with powered or non-powered air-purifying respirators when MDA is in liquid form or

used as part of a process requiring heat.

(ii) Any employee who cannot use a negative-pressure respirator must be given the option of using a positive-pressure respirator, or a supplied-air respirator operated in the continuous-flow or pressure-demand mode.

(i) Protective work clothing and equipment

(1) Provision and use. Where employees are subject to dermal exposure to MDA, where liquids containing MDA can be splashed into the eyes, or where airborne concentrations of MDA are in excess of the PEL, the employer shall provide, at no cost to the employee, and ensure that the employee uses, appropriate protective work clothing and equipment which prevent contact with MDA such as, but not limited to:

- (i) Aprons, coveralls or other full-body work clothing;
- (ii) Gloves, head coverings, and foot coverings; and
- (iii) Face shields, chemical goggles; or
- (iv) Other appropriate protective equipment which comply with 1910.133.

(2) Removal and storage.

(i) The employer shall ensure that, at the end of their work shift, employees remove MDA-contaminated protective work clothing and equipment that is not routinely removed throughout the day in change rooms provided in accordance with the provisions established for change rooms.

(ii) The employer shall ensure that, during their work shift, employees remove all other MDA-contaminated protective work clothing or equipment before leaving a regulated area.

(iii) The employer shall ensure that no employee takes MDA-contaminated work clothing or equipment out of the change room, except those employees authorized to do so for the purpose of laundering, maintenance, or disposal.

(iv) MDA-contaminated work clothing or equipment shall be placed and stored in closed containers which prevent dispersion of the MDA outside the container.

(v) Containers of MDA-contaminated protective work clothing or equipment which are to be taken out of change rooms or the workplace for cleaning, maintenance, or disposal, shall bear labels warning of the hazards of MDA.

(3) Cleaning and replacement.

(i) The employer shall provide the employee with clean protective clothing and equipment. The employer shall ensure that protective work clothing or equipment required by this paragraph is cleaned, laundered, repaired, or replaced at intervals appropriate to maintain its effectiveness.

(ii) The employer shall prohibit the removal of MDA from protective work clothing or equipment by blowing, shaking, or any methods which allow MDA to re-enter the workplace.

(iii) The employer shall ensure that laundering of MDA-contaminated clothing shall be done so as to prevent the release of MDA in the workplace.

(iv) Any employer who gives MDA-contaminated clothing to another person for laundering shall inform such person of the requirement to prevent the release of MDA.

(v) The employer shall inform any person who launders or cleans protective clothing or equipment contaminated with MDA of the potentially harmful effects of exposure.

(vi) MDA-contaminated clothing shall be transported in properly labeled, sealed, impermeable bags or containers.

(j) Hygiene facilities and practices

(1) Change rooms.

(i) The employer shall provide clean change rooms for employees, who must wear protective clothing, or who must use protective equipment because of their exposure to MDA.

(ii) Change rooms must be equipped with separate storage for protective clothing and equipment and for street clothes which prevents MDA contamination of street clothes.

(2) Showers.

(i) The employer shall ensure that employees, who work in areas where there is the potential for exposure resulting from airborne MDA (e.g., particulates or vapors) above the action level, shower at the end of the work shift.

(A) Shower facilities required by this paragraph shall comply with 1910.141(d)(3).

(B) The employer shall ensure that employees who are required to shower pursuant to the provisions contained herein do not leave the workplace wearing any protective clothing or equipment worn during the work shift.

(ii) Where dermal exposure to MDA occurs, the employer shall ensure that materials spilled or deposited on the skin are removed as soon as possible by methods which do not facilitate the dermal absorption of MDA.

(3) Lunch facilities

(i) Availability and construction.

(A) Whenever food or beverages are consumed at the worksite and employees are exposed to MDA at or above the PEL or are subject to dermal exposure to MDA the employer shall provide readily accessible lunch areas.

(B) Lunch areas located within the workplace and in areas where there is the potential for airborne exposure to MDA at or above the PEL shall have a positive pressure, temperature controlled, filtered air supply.

(C) Lunch areas may not be located in areas within the workplace where the potential for dermal exposure to MDA exists.

(ii) The employer shall ensure that employees who have been subjected to dermal exposure to MDA or who have been exposed to MDA above the PEL wash their hands and faces with soap and water prior to eating, drinking, smoking, or applying cosmetics.

(iii) The employer shall ensure that employees exposed to MDA do not enter lunch facilities with MDA-contaminated protective work clothing or equipment.

(k) Communication of hazards to employees

(1) Signs and labels.

(i) The employer shall post and maintain legible signs demarcating regulated areas and entrances or accessways to regulated areas that bear the following legend:

DANGER MDA MAY CAUSE CANCER LIVER TOXIN AUTHORIZED PERSONNEL ONLY RESPIRATORS AND PROTECTIVE CLOTHING MAY BE REQUIRED TO BE WORN IN THIS AREA

(ii) The employer shall ensure that labels or other appropriate forms of warning are provided for containers of MDA within the workplace. The labels shall comply with the requirements of 29 CFR 1910.1200(f) and shall include the following legend:

(A) For Pure MDA

DANGER CONTAINS MDA MAY CAUSE CANCER LIVER TOXIN

(B) For mixtures containing MDA

DANGER CONTAINS MDA CONTAINS MATERIALS WHICH MAY CAUSE CANCER
LIVER TOXIN

(2) Material safety data sheets (MSDS).

(i) Employers shall obtain or develop, and shall provide access to their employees, to a material safety data sheet (MSDS) for MDA. In meeting this obligation, employers shall make appropriate use of the information found in Appendices A and B.

(ii) Employers who are manufacturers or importers shall:

(A) Comply with paragraph (k) (1) (ii) of this section as appropriate, and

(B) Comply with the requirement in OSHA's Hazard Communication standard, 29 CFR 1910.1200, that they deliver to downstream employers an MSDS for MDA.

(3) Information and training.

(i) The employer shall provide employees with information and training on MDA, in accordance with 29 CFR 1910.1200(h), at the time of initial assignment and at least annually thereafter.

(ii) In addition to the information required under 29 CFR 1910.1200, the employer shall:

(A) Provide an explanation of the contents of this section, including appendices A and B, and indicate to employees where a copy of the standard is available;

(B) Describe the medical surveillance program required under paragraph (m) of this section, and explain the information contained in Appendix C; and

(C) Describe the medical removal provision required under paragraph (m) of this section.

(4) Access to training materials.

(i) The employer shall make readily available to all affected employees, without cost, all written materials relating to the employee training program, including a copy of this regulation.

(ii) The employer shall provide to the Assistant Secretary and the Director, upon request, all information and training materials relating to the employee information and training program.

(1) Housekeeping.

(1) All surfaces shall be maintained as free as practicable of visible accumulations of MDA.

(2) The employer shall institute a program for detecting MDA leaks, spills, and discharges, including regular visual inspections of operations involving liquid or solid MDA.

(3) All leaks shall be repaired and liquid or dust spills cleaned up promptly.

(4) Surfaces contaminated with MDA may not be cleaned by the use of compressed air.

(5) Shoveling, dry sweeping, and other methods of dry clean-up of MDA may be used where HEPA-filtered vacuuming and/or wet cleaning are not feasible or practical.

(6) Waste, scrap, debris, bags, containers, equipment, and clothing contaminated with MDA shall be collected and disposed of in a manner to prevent the re-entry of MDA into the workplace.

(m) Medical surveillance

(1) General.

(i) The employer shall make available a medical surveillance program for employees exposed to MDA:

(A) Employees exposed at or above the action level for 30 or more days per year;

(B) Employees who are subject to dermal exposure to MDA for 15 or more days per year;

(C) Employees who have been exposed in an emergency situation;

(D) Employees whom the employer, based on results from compliance with paragraph (e)(8) of this section, has reason to believe are being dermally exposed; and

(E) Employees who show signs or symptoms of MDA exposure.

(ii) The employer shall ensure that all medical examinations and procedures are performed by, or under the supervision of, a licensed physician, at a reasonable time and place, and provided without cost to the employee.

(2) Initial examinations.

(i) Within 150 days of the effective date of this standard, or before the time of initial assignment, the employer shall provide each employee covered by paragraph (m)(1)(i) of this

section with a medical examination including the following elements:

(A) A detailed history which includes:

- (1) Past work exposure to MDA or any other toxic substances;
- (2) A history of drugs, alcohol, tobacco, and medication routinely taken (duration and quantity); and
- (3) A history of dermatitis, chemical skin sensitization, or previous hepatic disease.

(B) A physical examination which includes all routine physical examination parameters, skin examination, and signs of liver disease.

(C) Laboratory tests including:

- (1) Liver function tests and
- (2) Urinalysis.

(D) Additional tests as necessary in the opinion of the physician.

(ii) No initial medical examination is required if adequate records show that the employee has been examined in accordance with the requirements of this section within the previous six months prior to the effective date of this standard or prior to the date of initial assignment.

(3) Periodic examinations.

(i) The employer shall provide each employee covered by this section with a medical examination at least annually following the initial examination. These periodic examinations shall include at least the following elements:

(A) A brief history regarding any new exposure to potential liver toxins, changes in drug, tobacco, and alcohol intake, and the appearance of physical signs relating to the liver, and the skin;

(B) The appropriate tests and examinations including liver function tests and skin examinations; and

(C) Appropriate additional tests or examinations as deemed necessary by the physician.

(ii) If in the physicians' opinion the results of liver function tests indicate an abnormality, the employee shall be removed from further MDA exposure in accordance with paragraph (m)(9) of this section. Repeat liver function tests shall be conducted on advice of the physician.

(4) Emergency examinations. If the employer determines that the employee has been exposed to a potentially hazardous amount of MDA in an emergency situation as addressed in paragraph (d) of this section, the employer shall provide medical examinations in accordance with paragraphs (m)(3)(i) and (ii) of this section. If the results of liver function testing indicate an abnormality, the employee shall be removed in accordance with paragraph (m)(9) of this section. Repeat liver function tests shall be conducted on the advice of the physician. If the results of the tests are normal, tests must be repeated two to three weeks from the initial testing. If the results of the second set of tests are normal and on the advice of the physician, no additional testing is required.

(5) Additional examinations. Where the employee develops signs and symptoms associated with exposure to MDA, the employer shall provide the employee with an additional medical examination including a liver function test. Repeat liver function tests shall be conducted on the advice of the physician. If the results of the tests are normal, tests must be repeated two to three weeks from the initial testing. If the results of the second set of tests are normal and, on the advice of the physician, no additional testing is required.

(6) Multiple physician review mechanism.

(i) If the employer selects the initial physician who conducts any medical examination or consultation provided to an employee under this section, and the employee has signs or symptoms of occupational exposure to MDA (which could include an abnormal liver function test), and the employee disagrees with the opinion of the examining physician, and this opinion could affect the employee's job status, the employee may designate an appropriate, mutually acceptable second physician:

(A) To review any findings, determinations, or recommendations of the initial physician; and

(B) To conduct such examinations, consultations, and laboratory tests as the second physician deems necessary to facilitate this review.

(ii) The employer shall promptly notify an employee of the right to seek a second medical opinion after each occasion that an initial physician conducts a medical examination or consultation pursuant to this section. The employer may condition its participation in, and payment for, the multiple physician review mechanism upon the employee doing the following within fifteen (15) days after receipt of the foregoing notification, or receipt of the initial physician's written opinion, whichever is later:

(A) The employee informing the employer that he or she intends to seek a second

medical opinion, and

(B) The employee initiating s to make an appointment with a second physician.

(iii) If the findings, determinations, or recommendations of the second physician differ from those of the initial physician, then the employer and the employee shall assure that efforts are made for the two physicians to resolve any disagreement.

(iv) If the two physicians have been unable to resolve quickly their disagreement, then the employer and the employee through their respective physicians shall designate a third physician;

(A) To review any findings, determinations, or recommendations of the prior physicians; and

(B) To conduct such examinations, consultations, laboratory tests, and discussions with the prior physicians as the third physician deems necessary to resolve the disagreement of the prior physicians.

(v) The employer shall act consistent with the findings, determinations, and recommendations of the third physician, unless the employer and the employee reach an agreement which is otherwise consistent with the recommendations of at least one of the three physicians.

(7) Information provided to the examining and consulting physicians.

(i) The employer shall provide the following information to the examining physician:

(A) A copy of this regulation and its appendices;

(B) A description of the affected employee's duties as they relate to the employee's potential exposure to MDA;

(C) The employee's current actual or representative MDA exposure level;

(D) A description of any personal protective equipment used or to be used; and

(E) Information from previous employment-related medical examinations of the affected employee.

(ii) The employer shall provide the foregoing information to a second physician under this section upon request either by the second physician, or by the employee.

(8) Physician's written opinion.

(i) For each examination under this section, the employer shall obtain, and provide the employee with a copy of, the examining physician's written opinion within 15 days of its receipt. The written opinion shall include the following:

(A) The occupationally-pertinent results of the medical examination and tests;

(B) The physician's opinion concerning whether the employee has any detected medical conditions which would place the employee at increased risk of material impairment of health from exposure to MDA;

(C) The physician's recommended limitations upon the employee's exposure to MDA or upon the employee's use of protective clothing or equipment and respirators; and

(D) A statement that the employee has been informed by the physician of the results of the medical examination and any medical conditions resulting from MDA exposure which require further explanation or treatment.

(ii) The written opinion obtained by the employer shall not reveal specific findings or diagnoses unrelated to occupational exposures.

(9) Medical removal

(i) Temporary medical removal of an employee

(A) Temporary removal resulting from occupational exposure. The employee shall be removed from work environments in which exposure to MDA is at or above the action level or where dermal exposure to MDA may occur, following an initial examination (paragraph (m)(2) of this section), periodic examinations (paragraph (m)(3) of this section), an emergency situation paragraph (m)(4) of this section, or an additional examination (paragraph (m)(5) of this section) in the following circumstances:

(1) When the employee exhibits signs and/or symptoms indicative of acute exposure to MDA; or

(2) When the examining physician determines that an employee's abnormal liver function tests are not associated with MDA exposure but that the abnormalities may be exacerbated as a result of occupational exposure to MDA.

(B) Temporary removal due to a final medical determination.

(1) The employer shall remove an employee from work environments in which exposure to MDA is at or above the action level or where dermal exposure to MDA may occur, on each occasion that there is a final medical determination or opinion that the employee has a detected medical condition which places the employee at increased risk of material

impairment to health from exposure to MDA.

(2) For the purposes of this section, the phrase "final medical determination" shall mean the outcome of the physician review mechanism used pursuant to the medical surveillance provisions of this section.

(3) Where a final medical determination results in any recommended special protective measures for an employee, or limitations on an employee's exposure to MDA, the employer shall implement and act consistent with the recommendation.

(ii) Return of the employee to former job status.

(A) The employer shall return an employee to his or her former job status:

(1) When the employee no longer shows signs or symptoms of exposure to MDA, or upon the advice of the physician.

(2) When a subsequent final medical determination results in a medical finding, determination, or opinion that the employee no longer has a detected medical condition which places the employee at increased risk of material impairment to health from exposure to MDA.

(B) For the purposes of this section, the requirement that an employer return an employee to his or her former job status is not intended to expand upon or restrict any rights an employee has or would have had, absent temporary medical removal, to a specific job classification or position under the terms of a collective bargaining agreement.

(iii) Removal of other employee special protective measure or limitations. The employer shall remove any limitations placed on an employee, or end any special protective measures provided to an employee, pursuant to a final medical determination, when a subsequent final medical determination indicates that the limitations or special protective measures are no longer necessary.

(iv) Employer options pending a final medical determination. Where the physician review mechanism used pursuant to the medical surveillance provisions of this section, has not yet resulted in a final medical determination with respect to an employee, the employer shall act as follows:

(A) Removal. The employer may remove the employee from exposure to MDA, provide special protective measures to the employee, or place limitations upon the employee, consistent with the medical findings, determinations, or recommendations of any of the physicians who have reviewed the employee's health status.

(B) Return. The employer may return the employee to his or her former job status,

and end any special protective measures provided to the employee, consistent with the medical findings, determinations, or recommendations of any of the physicians who have reviewed the employee's health status, with two exceptions.

(1) If the initial removal, special protection, or limitation of the employee resulted from a final medical determination which differed from the findings, determinations, or recommendations of the initial physician; or

(2) If the employee has been on removal status for the preceding six months as a result of exposure to MDA, then the employer shall await a final medical determination.

(v) Medical removal protection benefits

(A) Provisions of medical removal protection benefits. The employer shall provide to an employee up to six (6) months of medical removal protection benefits on each occasion that an employee is removed from exposure to MDA or otherwise limited pursuant to this section.

(B) Definition of medical removal protection benefits. For the purposes of this section, the requirement that an employer provide medical removal protection benefits means that the employer shall maintain the earnings, seniority, and other employment rights and benefits of an employee as though the employee had not been removed from normal exposure to MDA or otherwise limited.

(C) Follow-up medical surveillance during the period of employee removal or limitations. During the period of time that an employee is removed from normal exposure to MDA or otherwise limited, the employer may condition the provision of medical removal protection benefits upon the employee's participation in follow-up medical surveillance made available pursuant to this section.

(D) Workers' compensation claims. If a removed employee files a claim for workers' compensation payments for a MDA-related disability, then the employer shall continue to provide medical removal protection benefits pending disposition of the claim. To the extent that an award is made to the employee for earnings lost during the period of removal, the employer's medical removal protection obligation shall be reduced by such amount. The employer shall receive no credit for workers' compensation payments received by the employee for treatment-related expenses.

(E) Other credits. The employer's obligation to provide medical removal protection benefits to a removed employee shall be reduced to the extent that the employee receives compensation for earnings lost during the period of removal either from a publicly or employer-funded compensation program, or receives income from non-MDA-related employment with any employer made possible by virtue of the employee's removal.

(F) Employees who do not recover within the 6 months of removal. The employer shall take the following measures with respect to any employee removed from exposure to MDA:

(1) The employer shall make available to the employee a medical examination pursuant to this section to obtain a final medical determination with respect to the employee;

(2) The employer shall assure that the final medical determination obtained indicates whether or not the employee may be returned to his or her former job status, and, if not, what s should be taken to protect the employee's health;

(3) Where the final medical determination has not yet been obtained, or, once obtained indicates that the employee may not yet be returned to his or her former job status, the employer shall continue to provide medical removal protection benefits to the employee until either the employee is returned to former job status, or a final medical determination is made that the employee is incapable of ever safely returning to his or her former job status; and

(4) Where the employer acts pursuant to a final medical determination which permits the return of the employee to his or her former job status, despite what would otherwise be an abnormal liver function test, later questions concerning removing the employee again shall be decided by a final medical determination. The employer need not automatically remove such an employee pursuant to the MDA removal criteria provided by this section.

(vi) Voluntary removal or restriction of an employee. Where an employer, although not required by this section to do so, removes an employee from exposure to MDA or otherwise places limitations on an employee due to the effects of MDA exposure on the employee's medical condition, the employer shall provide medical removal protection benefits to the employee equal to that required by paragraph (m)(9)(v) of this section.

(n) Recordkeeping

(1) Monitoring data for exempted employers.

(i) Where as a result of the initial monitoring the processing, use, or handling of products made from or containing MDA are exempted from other requirements of this section under paragraph (a)(2) of this section, the employer shall establish and maintain an accurate record of monitoring relied on in support of the exemption.

(ii) This record shall include at least the following information:

(A) The product qualifying for exemption;

(B) The source of the monitoring data (e.g., was monitoring performed by the employer or a private contractor);

(C) The testing protocol, results of testing, and/or analysis of the material for the release of MDA;

(D) A description of the operation exempted and how the data support the exemption (e.g., are the monitoring data representative of the conditions at the affected facility); and

(E) Other data relevant to the operations, materials, processing, or employee exposures covered by the exemption.

(iii) The employer shall maintain this record for the duration of the employer's reliance upon such objective data.

(2) Objective data for exempted employers.

(i) Where the processing, use, or handling of products made from or containing MDA are exempted from other requirements of this section under paragraph (a) of this section, the employer shall establish and maintain an accurate record of objective data relied upon in support of the exemption.

(ii) This record shall include at least the following information:

(A) The product qualifying for exemption;

(B) The source of the objective data;

(C) The testing protocol, results of testing, and/or analysis of the material for the release of MDA;

(D) A description of the operation exempted and how the data support the exemption; and

(E) Other data relevant to the operations, materials, processing, or employee exposures covered by the exemption.

(iii) The employer shall maintain this record for the duration of the employer's reliance upon such objective data.

(3) Exposure measurements.

(i) The employer shall establish and maintain an accurate record of all measurements

required by paragraph (e) of this section, in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The dates, number, duration, and results of each of the samples taken, including a description of the procedure used to determine representative employee exposures;

(B) Identification of the sampling and analytical methods used;

(C) A description of the type of respiratory protective devices worn, if any; and

(D) The name, social security number, job classification and exposure levels of the employee monitored and all other employees whose exposure the measurement is intended to represent.

(iii) The employer shall maintain this record for at least 30 years, in accordance with 29 CFR 1910.20.

(4) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee subject to medical surveillance required by paragraph (m) of this section, in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The name, social security number and description of the duties of the employee;

(B) The employer's copy of the physician's written opinion on the initial, periodic, and any special examinations, including results of medical examination and all tests, opinions, and recommendations;

(C) Results of any airborne exposure monitoring done for that employee and the representative exposure levels supplied to the physician; and

(D) Any employee medical complaints related to exposure to MDA;

(iii) The employer shall keep, or assure that the examining physician keeps, the following medical records:

(A) A copy of this standard and its appendices, except that the employer may keep one copy of the standard and its appendices for all employees provided the employer references the standard and its appendices in the medical surveillance record of each employee;

(B) A copy of the information provided to the physician as required by any paragraphs in the regulatory text;

(C) A description of the laboratory procedures and a copy of any standards or guidelines used to interpret the test results or references to the information;

(D) A copy of the employee's medical and work history related to exposure to MDA; and

(iv) The employer shall maintain this record for at least the duration of employment plus 30 years, in accordance with 29 CFR 1910.20.

(5) Medical removals.

(i) The employer shall establish and maintain an accurate record for each employee removed from current exposure to MDA pursuant to paragraph (m) of this section.

(ii) Each record shall include:

(A) The name and social security number of the employee;

(B) The date of each occasion that the employee was removed from current exposure to MDA as well as the corresponding date on which the employee was returned to his or her former job status;

(C) A brief explanation of how each removal was or is being accomplished; and

(D) A statement with respect to each removal indicating the reason for the removal.

(iii) The employer shall maintain each medical removal record for at least the duration of an employee's employment plus 30 years.

(6) Availability.

(i) The employer shall assure that records required to be maintained by this section shall be made available, upon request, to the Assistant Secretary and the Director for examination and copying.

(ii) Employee exposure monitoring records required by this section shall be provided upon request for examination and copying to employees, employee representatives, and the Assistant Secretary in accordance with 29 CFR 1910.20 (a)-(e) and (g)-(i).

(iii) Employee medical records required by this section shall be provided upon request

for examination and copying, to the subject employee, to anyone having the specific written consent of the subject employee, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(7) Transfer of records.

(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least 90 days prior to disposal, and transmit the records to the Director if so requested by the Director within that period.

(o) Observation of monitoring

(1) Employee observation. The employer shall provide affected employees, or their designated representatives, an opportunity to observe the measuring or monitoring of employee exposure to MDA conducted pursuant to paragraph (e) of this section.

(2) Observation procedures. When observation of the measuring or monitoring of employee exposure to MDA requires entry into areas where the use of protective clothing and equipment or respirators is required, the employer shall provide the observer with personal protective clothing and equipment or respirators required to be worn by employees working in the area, assure the use of such clothing and equipment or respirators, and require the observer to comply with all other applicable safety and health procedures.

(p) [Reserved]

(q) Appendices. The information contained in Appendices A, B, C, and D of this section is not intended, by itself, to create any additional obligations not otherwise imposed by this standard nor detract from any existing obligation.

Appendix A to Section 1910.1050.-Substance Safety Data Sheet for 4,4'-Methylenedianiline

I. Substance Identification

A. Substance: Methylenedianiline (MDA)

B. Permissible Exposure:

1. Airborne: Ten parts per billion parts of air (10 ppb), time-weighted average (TWA) for an 8-hour workday and an action level of five parts per billion parts of air (5 ppb).

2. Dermal: Eye contact and skin contact with MDA are not permitted.

C. Appearance and odor: White to tan solid; amine odor

II. Health Hazard Data

A. Ways in which MDA affects your health. MDA can affect your health if you inhale it, or if it comes in contact with your skin or eyes. MDA is also harmful if you happen to swallow it. Do not get MDA in eyes, on skin, or on clothing.

B. Effects of overexposure.

1. Short-term (acute) overexposure: Overexposure to MDA may produce fever, chills, loss of appetite, vomiting, jaundice. Contact may irritate skin, eyes and mucous membranes. Sensitization may occur.

2. Long-term (chronic) exposure. Repeated or prolonged exposure to MDA, even at relatively low concentrations, may cause cancer. In addition, damage to the liver, kidneys, blood, and spleen may occur with long term exposure.

3. Reporting signs and symptoms: You should inform your employer if you develop any signs or symptoms which you suspect are caused by exposure to MDA including yellow staining of the skin.

III. Protective Clothing and Equipment

A. Respirators. Respirators are required for those operations in which engineering controls or work-practice controls are not adequate or feasible to reduce exposure to the permissible limit. If respirators are worn, they must have a label issued by the National Institute for Occupational Safety and Health under the provisions of 42 CFR part 84 stating that the respirators have been approved for this purpose, and cartridges and canisters must be replaced in accordance with the requirements of 29 CFR 1910.134. If you experience difficulty breathing while wearing a respirator, you may request a positive- pressure respirator from your employer. You must be thoroughly trained to use the assigned respirator, and the training will be provided by your employer.

MDA does not have a detectable odor except at levels well above the permissible exposure limits. Do not depend on odor to warn you when a respirator canister is exhausted. If you can smell MDA while wearing a respirator, proceed immediately to fresh air. If you experience difficulty breathing while wearing a respirator, tell your employer.

B. Protective Clothing. You may be required to wear coveralls, aprons, gloves, face shields, or other appropriate protective clothing to prevent skin contact with MDA. Where protective

clothing is required, your employer is required to provide clean garments to you, as necessary, to assure that the clothing protects you adequately. Replace or repair impervious clothing that has developed leaks.

MDA should never be allowed to remain on the skin. Clothing and shoes which are not impervious to MDA should not be allowed to become contaminated with MDA, and if they do, the clothing and shoes should be promptly removed and decontaminated. The clothing should be laundered to remove MDA or discarded. Once MDA penetrates shoes or other leather articles, they should not be worn again.

C. Eye protection. You must wear splashproof safety goggles in areas where liquid MDA may contact your eyes. Contact lenses should not be worn in areas where eye contact with MDA can occur. In addition, you must wear a face shield if your face could be splashed with MDA liquid.

IV. Emergency and First Aid Procedures

A. Eye and face exposure. If MDA is splashed into the eyes, wash the eyes for at least 15 minutes. See a doctor as soon as possible.

B. Skin exposure. If MDA is spilled on your clothing or skin, remove the contaminated clothing and wash the exposed skin with large amounts of soap and water immediately. Wash contaminated clothing before you wear it again.

C. Breathing. If you or any other person breathes in large amounts of MDA, get the exposed person to fresh air at once. Apply artificial respiration if breathing has stopped. Call for medical assistance or a doctor as soon as possible. Never enter any vessel or confined space where the MDA concentration might be high without proper safety equipment and at least one other person present who will stay outside. A life line should be used.

D. Swallowing. If MDA has been swallowed and the patient is conscious, do not induce vomiting. Call for medical assistance or a doctor immediately.

V. Medical Requirements

If you are exposed to MDA at a concentration at or above the action level for more than 30 days per year, or exposed to liquid mixtures more than 15 days per year, your employer is required to provide a medical examination, including a medical history and laboratory tests, within 60 days of the effective date of this standard and annually thereafter. These tests shall be provided without cost to you. In addition, if you are accidentally exposed to MDA (either by ingestion, inhalation, or skin/eye contact) under conditions known or suspected to constitute toxic exposure to MDA, your employer is required to make special examinations and tests available to you.

VI. Observation of Monitoring

Your employer is required to perform measurements that are representative of your exposure to MDA and you or your designated representative are entitled to observe the monitoring procedure. You are entitled to observe the s taken in the measurement procedure and to record the results obtained. When the monitoring procedure is taking place in an area where respirators or personal protective clothing and equipment are required to be worn, you and your representative must also be provided with, and must wear, the protective clothing and equipment.

VII. Access to Records

You or your representative are entitled to see the records of measurements of your exposure to MDA upon written request to your employer. Your medical examination records can be furnished to your physician or designated representative upon request by you to your employer.

VIII. Precautions for Safe Use, Handling and Storage

A. Material is combustible. Avoid strong acids and their anhydrides. Avoid strong oxidants. Consult supervisor for disposal requirements.

B. Emergency clean-up. Wear self-contained breathing apparatus and fully clothe the body in the appropriate personal protective clothing and equipment.

Appendix B to Section 1910.1050-Substance Technical Guidelines, MDA

I. Identification

A. Substance identification.

1. Synonyms: CAS No. 101-77-9. 4,4'-methylenedianiline; 4,4'-methylenebisaniline; methylenedianiline; dianilinomethane.

2. Formula: C₁₃H₁₄N₂

II. Physical Data

1. Appearance and Odor: White to tan solid; amine odor

2. Molecular Weight: 198.26

3. Boiling Point: 398-399 degrees C at 760 mm Hg

4. Melting Point: 88-93 degrees C (190-100 degrees F)

5. Vapor Pressure: 9 mmHg at 232 degrees C

6. Evaporation Rate (n-butyl acetate = 1): Negligible
7. Vapor Density (Air=1): Not Applicable
8. Volatile Fraction by Weight: Negligible
9. Specific Gravity (Water=1): Slight
10. Heat of Combustion: -8.40 kcal/g
11. Solubility in Water: Slightly soluble in cold water, very soluble in alcohol, benzene, ether, and many organic solvents.

III. Fire, Explosion, and Reactivity Hazard Data

1. Flash Point: 190 degrees C (374 degrees F) Setaflash closed cup
2. Flash Point: 226 degrees C (439 degrees F) Cleveland open cup
3. Extinguishing Media: Water spray; Dry Chemical; Carbon dioxide.
4. Special Fire Fighting Procedures: Wear self-contained breathing apparatus and protective clothing to prevent contact with skin and eyes.
5. Unusual Fire and Explosion Hazards: Fire or excessive heat may cause production of hazardous decomposition products.

IV. Reactivity Data

1. Stability: Stable
2. Incompatibility: Strong oxidizers
3. Hazardous Decomposition Products: As with any other organic material, combustion may produce carbon monoxide. Oxides of nitrogen may also be present.
4. Hazardous Polymerization: Will not occur.

V. Spill and Leak Procedures

1. Sweep material onto paper and place in fiber carton.
2. Package appropriately for safe feed to an incinerator or dissolve in compatible waste solvents prior to incineration.

3. Dispose of in an approved incinerator equipped with afterburner and scrubber or contract with licensed chemical waste disposal service.
4. Discharge treatment or disposal may be subject to federal, state, or local laws.
5. Wear appropriate personal protective equipment.

VI. Special Storage and Handling Precautions

A. High exposure to MDA can occur when transferring the substance from one container to another. Such operations should be well ventilated and good work practices must be established to avoid spills.

B. Pure MDA is a solid with a low vapor pressure. Grinding or heating operations increase the potential for exposure.

C. Store away from oxidizing materials.

D. Employers shall advise employees of all areas and operations where exposure to MDA could occur.

VII. Housekeeping and Hygiene Facilities

A. The workplace should be kept clean, orderly, and in a sanitary condition.

The employer should institute a leak and spill detection program for operations involving MDA in order to detect sources of fugitive MDA emissions.

B. Adequate washing facilities with hot and cold water are to be provided and maintained in a sanitary condition. Suitable cleansing agents should also be provided to assure the effective removal of MDA from the skin.

VIII. Common Operations

Common operations in which exposure to MDA is likely to occur include the following: Manufacture of MDA; Manufacture of Methylene diisocyanate; Curing agent for epoxy resin structures; Wire coating operations; and filament winding.

Appendix C to Section 1910.1050-Medical Surveillance Guidelines for MDA

I. Route of Entry

Inhalation; skin absorption; ingestion. MDA can be inhaled, absorbed through the skin, or

ingested.

II. Toxicology

MDA is a suspect carcinogen in humans. There are several reports of liver disease in humans and animals resulting from acute exposure to MDA. A well documented case of an acute cardiomyopathy secondary to exposure to MDA is on record. Numerous human cases of hepatitis secondary to MDA are known. Upon direct contact MDA may also cause damage to the eyes. Dermatitis and skin sensitization have been observed. Almost all forms of acute environmental hepatic injury in humans involve the hepatic parenchyma and produce hepatocellular jaundice. This agent produces intrahepatic cholestasis. The clinical picture consists of cholestatic jaundice, preceded or accompanied by abdominal pain, fever, and chills. Onset in about 60% of all observed cases is abrupt with severe abdominal pain. In about 30% of observed cases, the illness presented and evolved more slowly and less dramatically, with only slight abdominal pain. In about 10% of the cases only jaundice was evident. The cholestatic nature of the jaundice is evident in the prominence of itching, the histologic predominance of bile stasis, and portal inflammatory infiltration, accompanied by only slight parenchymal injury in most cases, and by the moderately elevated transaminase values. Acute, high doses, however, have been known to cause hepatocellular damage resulting in elevated SGPT, SGOT, alkaline phosphatase and bilirubin.

Absorption through the skin is rapid. MDA is metabolized and excreted over a 48-hour period. Direct contact may be irritating to the skin, causing dermatitis. Also MDA which is deposited on the skin is not thoroughly removed through washing.

MDA may cause bladder cancer in humans. Animal data supporting this assumption is not available nor is conclusive human data. However, human data collected on workers at a helicopter manufacturing facility where MDA is used suggests a higher incidence of bladder cancer among exposed workers.

III. Signs and Symptoms

Skin may become yellow from contact with MDA.

Repeated or prolonged contact with MDA may result in recurring dermatitis (red-itchy, cracked skin) and eye irritation. Inhalation, ingestion or absorption through the skin at high concentrations may result in hepatitis, causing symptoms such as fever and chills, nausea and vomiting, dark urine, anorexia, rash, right upper quadrant pain and jaundice. Corneal burns may occur when MDA is splashed in the eyes.

IV. Treatment of Acute Toxic Effects/Emergency Situation

If MDA gets into the eyes, immediately wash eyes with large amounts of water. If MDA is splashed on the skin, immediately wash contaminated skin with mild soap or detergent.

Employee should be removed from exposure and given proper medical treatment. Medical tests required under the emergency section of the medical surveillance section (M)(4) must be conducted.

If the chemical is swallowed do not induce vomiting but remove by gastric lavage.

Appendix D to Section 1910.1050-Sampling and Analytical Methods for MDA Monitoring and Measurement Procedures

Measurements taken for the purpose of determining employee exposure to MDA are best taken so that the representative average 8-hour exposure may be determined from a single 8-hour sample or two (2) 4-hour samples. Short-time interval samples (or grab samples) may also be used to determine average exposure level if a minimum of five measurements are taken in a random manner over the 8-hour work shift. Random sampling means that any portion of the work shift has the same chance of being sampled as any other. The arithmetic average of all such random samples taken on one work shift is an estimate of an employee's average level of exposure for that work shift. Air samples should be taken in the employee's breathing zone (air that would most nearly represent that inhaled by the employee).

There are a number of methods available for monitoring employee exposures to MDA. The method OSHA currently uses is included below.

The employer, however, has the obligation of selecting any monitoring method which meets the accuracy and precision requirements of the standard under his unique field conditions. The standard requires that the method of monitoring must have an accuracy, to a 95 percent confidence level, of not less than plus or minus 25 percent for the select PEL.

OSHA Methodology

Sampling Procedure

Apparatus

Samples are collected by use of a personal sampling pump that can be calibrated within 5% of the recommended flow rate with the sampling filter in line.

Samples are collected on 37 mm Gelman type A/E glass fiber filters treated with sulfuric acid. The filters are prepared by soaking each filter with 0.5 mL of 0.26N H₂SO₄. (0.26 N H₂SO₄ can be prepared by diluting 1.5 mL of 36N H₂SO₄ to 200 mL with deionized water.) The filters are dried in an oven at 100 degrees C for one hour and then assembled into two-piece 37 mm polystyrene cassettes with backup pads. The cassettes are sealed with shrink bands and the ends are plugged with plastic plugs.

After sampling, the filters are carefully removed from the cassettes and individually transferred

to small vials containing approximately 2 mL deionized water. The vials must be tightly sealed. The water can be added before or after the filters are transferred. The vials must be sealable and capable of holding at least 7 mL of liquid. Small glass scintillation vials with caps containing Teflon liners are recommended.

Reagents

Deionized water is needed for addition to the vials.

Sampling Technique

Immediately before sampling, remove the plastic plugs from the filter cassettes.

Attach the cassette to the sampling pump with flexible tubing and place the cassette in the employee's breathing zone.

After sampling, seal the cassettes with plastic plugs until the filters are transferred to the vials containing deionized water.

At some convenient time within 10 hours of sampling, transfer the sample filters to vials.

Seal the small vials lengthwise.

Submit at least one blank filter with each sample set. Blanks should be handled in the same manner as samples, but no air is drawn through them.

Record sample volumes (in L of air) for each sample, along with any potential interferences.

Retention Efficiency

A retention efficiency study was performed by drawing 100 L of air (80% relative humidity) at 1 L/min through sample filters that had been spiked with 0.814 µg MDA. Instead of using backup pads, blank acid-treated filters were used as backups in each cassette. Upon analysis, the top filters were found to have an average of 91.8% of the spiked amount. There was no MDA found on the bottom filters, so the amount lost was probably due to the slight instability of the MDA salt.

Extraction Efficiency

The average extraction efficiency for six filters spiked at the target concentration is 99.6%.

The stability of extracted and derivatized samples was verified by reanalyzing the above six samples the next day using fresh standards. The average extraction efficiency for the reanalyzed samples is 98.7%.

Recommended Air Volume and Sampling Rate

The recommended air volume is 100 L.

The recommended sampling rate is 1 L/min.

Interferences (Sampling)

MDI appears to be a positive interference. It was found that when MDI was spiked onto an acid-treated filter, the MDI converted to MDA after air was drawn through it.

Suspected interferences should be reported to the laboratory with submitted samples.

Safety Precautions (Sampling)

Attach the sampling equipment to the employees so that it will not interfere with work performance or safety.

Follow all safety procedures that apply to the work area being sampled.

Analytical Procedure

Apparatus: The following are required for analysis.

A GC equipped with an electron capture detector. For this evaluation a Tracor 222 Gas Chromatograph equipped with a Nickel 63 High Temperature Electron Capture Detector and a Linearizer was used.

A GC column capable of separating the MDA derivative from the solvent and interferences. A 6 ft X 2 mm ID glass column packed with 3% OV-101 coated on 100/120 Gas Chrom Q was used in this evaluation.

A electronic integrator or some other suitable means of measuring peak areas or heights.

Small resealable vials with Teflon-lined caps capable of holding 4 mL.

A dispenser or pipet for toluene capable of delivering 2.0 mL.

Pipets (or repipets with plastic or Teflon tips) capable of delivering 1 mL for the sodium hydroxide and buffer solutions.

A repipet capable of delivering 25 μ L HFAA.

Syringes for preparation of standards and injection of standards and samples into a GC.

Volumetric flasks and pipets to dilute the pure MDA in preparation of standards.

Disposable pipets to transfer the toluene layers after the samples are extracted.

Reagents

0.5 NaOH prepared from reagent grade NaOH.

Toluene, pesticide grade. Burdick and Jackson distilled in glass toluene was used.

Heptafluorobutyric acid anhydride (HFAA). HFAA from Pierce Chemical Company was used.

pH 7.0 phosphate buffer, prepared from 136 g potassium dihydrogen phosphate and 1 L deionized water. The pH is adjusted to 7.0 with saturated sodium hydroxide solution.

4,4' -Methylenedianiline (MDA), reagent grade.

Standard Preparation

Concentrated stock standards are prepared by diluting pure MDA with toluene. Analytical standards are prepared by injecting μL amounts of diluted stock standards into vials that contain 2.0 mL toluene.

25 μL HFAA are added to each vial and the vials are capped and shaken for 10 seconds.

After 10 min, 1 mL of buffer is added to each vial.

The vials are recapped and shaken for 10 seconds.

After allowing the layers to separate, aliquots of the toluene (upper) layers are removed with a syringe and analyzed by GC.

Analytical standard concentrations should bracket sample concentrations. Thus, if samples fall out of the range of prepared standards, additional standards must be prepared to ascertain detector response.

Sample Preparation

The sample filters are received in vials containing deionized water.

1 mL of 0.5N NaOH and 2.0 mL toluene are added to each vial.

The vials are recapped and shaken for 10 min.

After allowing the layers to separate, approximately 1 mL aliquots of the toluene (upper) layers are transferred to separate vials with clean disposable pipets.

The toluene layers are treated and analyzed.

Analysis

GC conditions

Zone temperatures:

Column-220 degrees C

Injector-235 degrees C

Detector-335 degrees C

Gas flows, Ar/CH₄ Column-28 mL/min

(95/5) Purge-40 mL/min

Injection volume: 5.0 uL

Column: 6 ft X 1/8 in ID glass, 3% OV-101 on 100/120 Gas Chrom Q

Retention time of MDA derivative: 3.5 min

Chromatogram

Peak areas or heights are measured by an integrator or other suitable means.

A calibration curve is constructed by plotting response (peak areas or heights) of standard injections versus ug of MDA per sample. Sample concentrations must be bracketed by standards.

Interferences (Analytical)

Any compound that gives an electron capture detector response and has the same general retention time as the HFAA derivative of MDA is a potential interference. Suspected interferences reported to the laboratory with submitted samples by the industrial hygienist must be considered before samples are derivatized.

GC parameters may be changed to possibly circumvent interferences.

Retention time on a single column is not considered proof of chemical identity. Analyte identity

should be confirmed by GC/MS if possible.

Calculations

The analyte concentration for samples is obtained from the calibration curve in terms of ug MDA per sample. The extraction efficiency is 100%. If any MDA is found on the blank, that amount is subtracted from the sample amounts. The air concentrations are calculated using the following formulae.

$$\mu\text{g}/\text{m}^3 = (\mu\text{g MDA per sample}) (1000) / (\text{L of air sampled})$$

$$\text{ppb} = (\mu\text{g}/\text{m}^3) (24.46) / (198.3) = (\mu\text{g}/\text{m}^3) (0.1233) \text{ where } 24.46 \text{ is the molar volume at } 25 \text{ degrees C and } 760 \text{ mm Hg}$$

Safety Precautions (Analytical)

Avoid skin contact and inhalation of all chemicals.

Restrict the use of all chemicals to a fume hood if possible.

Wear safety glasses and a lab coat at all times while in the lab area.

1910.1050 App. E Qualitative and Quantitative Fit Testing Procedures

[Reserved]

1910.1051 1,3-Butadiene

(a) Scope and application.

(1) This section applies to all occupational exposures to 1,3-Butadiene (BD), Chemical Abstracts Service Registry No. 106-99-0, except as provided in paragraph (a)(2) of this section.

(2)

(i) Except for the recordkeeping provisions in paragraph (m)(1) of this section, this section does not apply to the processing, use, or handling of products containing BD or to other work operations and streams in which BD is present where objective data are reasonably relied upon that demonstrate the work operation or the product or the group of products or operations to which it belongs may not reasonably be foreseen to release BD in airborne concentrations at or above the action level or in excess of the STEL under the expected conditions of processing, use, or handling that will cause the greatest possible release or in any plausible accident.

(ii) This section also does not apply to work operations, products or streams where the only exposure to BD is from liquid mixtures containing 0.1% or less of BD by volume or the vapors released from such liquids, unless objective data become available that show that airborne concentrations generated by such mixtures can exceed the action level or STEL under reasonably predictable conditions of processing, use or handling that will cause the greatest possible release.

(iii) Except for labeling requirements and requirements for emergency response, this section does not apply to the storage, transportation, distribution or sale of BD or liquid mixtures in intact containers or in transportation pipelines sealed in such a manner as to fully contain BD vapors or liquid.

(3) Where products or processes containing BD are exempted under paragraph (a)(2) of this section, the employer shall maintain records of the objective data supporting that exemption and the basis for the employer's reliance on the data, as provided in paragraph (m)(1) of this section.

(b) Definitions: For the purpose of this section, the following definitions shall apply:

"Action level" means a concentration of airborne BD of 0.5 ppm calculated as an eight (8)-hour time-weighted average.

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

"Authorized person" means any person specifically designated by the employer, whose duties require entrance into a regulated area, or a person entering such an area as a designated representative of employees to exercise the right to observe monitoring and measuring procedures under paragraph (d)(8) of this section, or a person designated under the Act or regulations issued under the Act to enter a regulated area. "1,3-Butadiene" means an organic compound with chemical formula $\text{CH}_2=\text{CH}-\text{CH}=\text{CH}_2$ that has a molecular weight of approximately 54.15 gm/mole.

"Business day" means any Monday through Friday, except those days designated as federal, state, local or company specific holidays.

"Complete Blood Count (CBC)" means laboratory tests performed on whole blood specimens and includes the following: White blood cell count (WBC), hematocrit (Hct), red blood cell count (RBC), hemoglobin (Hgb), differential count of white blood cells, red blood cell morphology, red blood cell indices, and platelet count.

"Day" means any part of a calendar day.

"Director" means the Director of the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health and Human Services, or designee.

"Emergency situation" means any occurrence such as, but not limited to, equipment failure,

rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of BD.

"Employee exposure" means exposure of a worker to airborne concentrations of BD which would occur if the employee were not using respiratory protective equipment.

"Objective data" means monitoring data, or mathematical modelling or calculations based on composition, chemical and physical properties of a material, stream or product.

"Permissible Exposure Limits, PELs" means either the 8 hour Time Weighted Average (8-hr TWA) exposure or the Short-Term Exposure Limit (STEL).

"Physician or other licensed health care professional" is an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide or be delegated the responsibility to provide one or more of the specific health care services required by paragraph (k) of this section.

"Regulated area" means any area where airborne concentrations of BD exceed or can reasonably be expected to exceed the 8-hour time weighted average (8-hr TWA) exposure of 1 ppm or the short-term exposure limit (STEL) of 5 ppm for 15 minutes. "This section" means this 1,3-butadiene standard.

(c) Permissible exposure limits (PELs). --

(1) Time-weighted average (TWA) limit. The employer shall ensure that no employee is exposed to an airborne concentration of BD in excess of one (1) part BD per million parts of air (ppm) measured as an eight (8)-hour time-weighted average.

(2) Short-term exposure limit (STEL). The employer shall ensure that no employee is exposed to an airborne concentration of BD in excess of five parts of BD per million parts of air (5 ppm) as determined over a sampling period of fifteen (15) minutes.

(d) Exposure monitoring

(1) General.

(i) Determinations of employee exposure shall be made from breathing zone air samples that are representative of the 8-hour TWA and 15-minute short-term exposures of each employee.

(ii) Representative 8-hour TWA employee exposure shall be determined on the basis of one or more samples representing full-shift exposure for each shift and for each job classification in each work area.

(iii) Representative 15-minute short-term employee exposures shall be determined on the basis of one or more samples representing 15-minute exposures associated with operations that are most likely to produce exposures above the STEL for each shift and for each job classification in each work area.

(iv) Except for the initial monitoring required under paragraph (d)(2) of this section, where the employer can document that exposure levels are equivalent for similar operations on different work shifts, the employer need only determine representative employee exposure for that operation from the shift during which the highest exposure is expected.

(2) Initial monitoring.

(i) Each employer who has a workplace or work operation covered by this section, shall perform initial monitoring to determine accurately the airborne concentrations of BD to which employees may be exposed, or shall rely on objective data pursuant to paragraph (a)(2)(i) of this section to fulfill this requirement. The initial monitoring required under this paragraph shall be completed within 60 days of the introduction of BD into the workplace.

(ii) Where the employer has monitored within two years prior to the effective date of this section and the monitoring satisfies all other requirements of this section, the employer may rely on such earlier monitoring results to satisfy the requirements of paragraph (d)(2)(i) of this section, provided that the conditions under which the initial monitoring was conducted have not changed in a manner that may result in new or additional exposures.

(3) Periodic monitoring and its frequency.

(i) If the initial monitoring required by paragraph (d)(2) of this section reveals employee exposure to be at or above the action level but at or below both the 8-hour TWA limit and the STEL, the employer shall repeat the representative monitoring required by paragraph (d)(1) of this section every twelve months.

(ii) If the initial monitoring required by paragraph (d)(2) of this section reveals employee exposure to be above the 8-hour TWA limit, the employer shall repeat the representative monitoring required by paragraph (d)(1)(ii) of this section at least every three months until the employer has collected two samples per quarter (each at least 7 days apart) within a two-year period, after which such monitoring must occur at least every six months.

(iii) If the initial monitoring required by paragraph (d)(2) of this section reveals employee exposure to be above the STEL, the employer shall repeat the representative monitoring required by paragraph (d)(1)(iii) of this section at least every three months until the employer has collected two samples per quarter (each at least 7 days apart) within a two-year period, after which such monitoring must occur at least every six months.

(iv) The employer may alter the monitoring schedule from every six months to annually for any required representative monitoring for which two consecutive measurements taken at least 7 days apart indicate that employee exposure has decreased to or below the 8-hour TWA, but is at or above the action level.

(4) Termination of monitoring.

(i) If the initial monitoring required by paragraph (d)(2) of this section reveals employee exposure to be below the action level and at or below the STEL, the employer may discontinue the monitoring for employees whose exposures are represented by the initial monitoring.

(ii) If the periodic monitoring required by paragraph (d)(3) of this section reveals that employee exposures, as indicated by at least two consecutive measurements taken at least 7 days apart, are below the action level and at or below the STEL, the employer may discontinue the monitoring for those employees who are represented by such monitoring.

(5) Additional monitoring.

(i) The employer shall institute the exposure monitoring required under paragraph (d) of this section whenever there has been a change in the production, process, control equipment, personnel or work practices that may result in new or additional exposures to BD or when the employer has any reason to suspect that a change may result in new or additional exposures.

(ii) Whenever spills, leaks, ruptures or other breakdowns occur that may lead to employee exposure above the 8-hr TWA limit or above the STEL, the employer shall monitor [using leak source, such as direct reading instruments, area or personal monitoring], after the cleanup of the spill or repair of the leak, rupture or other breakdown, to ensure that exposures have returned to the level that existed prior to the incident.

(6) Accuracy of monitoring. Monitoring shall be accurate, at a confidence level of 95 percent, to within plus or minus 25 percent for airborne concentrations of BD at or above the 1 ppm TWA limit and to within plus or minus 35 percent for airborne concentrations of BD at or above the action level of 0.5 ppm and below the 1 ppm TWA limit.

(7) Employee notification of monitoring results.

(i) The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to employees.

(ii) The employer shall, within 15 business days after receipt of any monitoring performed under this section indicating the 8-hour TWA or STEL has been exceeded, provide the affected

employees, in writing, with information on the corrective action being taken by the employer to reduce employee exposure to or below the 8-hour TWA or STEL and the schedule for completion of this action.

(8) Observation of monitoring.

(i) Employee observation. The employer shall provide affected employees or their designated representatives an opportunity to observe any monitoring of employee exposure to BD conducted in accordance with paragraph (d) of this section.

(ii) Observation procedures. When observation of the monitoring of employee exposure to BD requires entry into an area where the use of protective clothing or equipment is required, the employer shall provide the observer at no cost with protective clothing and equipment, and shall ensure that the observer uses this equipment and complies with all other applicable safety and health procedures.

(e) Regulated areas.

(1) The employer shall establish a regulated area wherever occupational exposures to airborne concentrations of BD exceed or can reasonably be expected to exceed the permissible exposure limits, either the 8-hr TWA or the STEL.

(2) Access to regulated areas shall be limited to authorized persons.

(3) Regulated areas shall be demarcated from the rest of the workplace in any manner that minimizes the number of employees exposed to BD within the regulated area.

(4) An employer at a multi-employer worksite who establishes a regulated area shall communicate the access restrictions and locations of these areas to other employers with work operations at that worksite whose employees may have access to these areas.

(f) Methods of compliance.

(1) Engineering controls and work practices.

(i) The employer shall institute engineering controls and work practices to reduce and maintain employee exposure to or below the PELs, except to the extent that the employer can establish that these controls are not feasible or where paragraph (h)(1)(i) of this section applies.

(ii) Wherever the feasible engineering controls and work practices which can be instituted are not sufficient to reduce employee exposure to or below the 8-hour TWA or STEL, the employer shall use them to reduce employee exposure to the lowest levels achievable by these controls and shall supplement them by the use of respiratory protection that complies with the requirements of paragraph (h) of this section.

(2) Compliance plan.

(i) Where any exposures are over the PELs, the employer shall establish and implement a written plan to reduce employee exposure to or below the PELs primarily by means of engineering and work practice controls, as required by paragraph (f)(1) of this section, and by the use of respiratory protection where required or permitted under this section. No compliance plan is required if all exposures are under the PELs.

(ii) The written compliance plan shall include a schedule for the development and implementation of the engineering controls and work practice controls including periodic leak detection surveys.

(iii) Copies of the compliance plan required in paragraph (f)(2) of this section shall be furnished upon request for examination and copying to the Assistant Secretary, the Director, affected employees and designated employee representatives. Such plans shall be reviewed at least every 12 months, and shall be updated as necessary to reflect significant changes in the status of the employer's compliance program.

(iv) The employer shall not implement a schedule of employee rotation as a means of compliance with the PELs.

(g) Exposure Goal Program.

(1) For those operations and job classifications where employee exposures are greater than the action level, in addition to compliance with the PELs, the employer shall have an exposure goal program that is intended to limit employee exposures to below the action level during normal operations.

(2) Written plans for the exposure goal program shall be furnished upon request for examination and copying to the Assistant Secretary, the Director, affected employees and designated employee representatives.

(3) Such plans shall be updated as necessary to reflect significant changes in the status of the exposure goal program.

(4) Respirator use is not required in the exposure goal program.

(5) The exposure goal program shall include the following items unless the employer can demonstrate that the item is not feasible, will have no significant effect in reducing employee exposures, or is not necessary to achieve exposures below the action level:

(i) A leak prevention, detection, and repair program.

(ii) A program for maintaining the effectiveness of local exhaust ventilation systems.

(iii) The use of pump exposure control technology such as, but not limited to, mechanical double-sealed or seal-less pumps.

(iv) Gauging devices designed to limit employee exposure, such as magnetic gauges on rail cars.

(v) Unloading devices designed to limit employee exposure, such as a vapor return system.

(vi) A program to maintain BD concentration below the action level in control rooms by use of engineering controls.

(h) Respiratory protection.

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that comply with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement feasible engineering and work-practice controls.

(ii) Non-routine work operations that are performed infrequently and for which employee exposures are limited in duration.

(iii) Work operations for which feasible engineering and work-practice controls are not yet sufficient to reduce employee exposures to or below the PELs

(iv) Emergencies.

(2) Respirator program. [i] The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii), (d)(3)(iii)(B)(1), and (2)), and (f) through (m), which covers each employee required by this section to use a respirator.

[ii] If air-purifying respirators are used, the employer must replace the air-purifying filter elements according to the replacement schedule set for the class of respirators listed in Table 1 of this section, and at the beginning of each work shift.

[iii] Instead of using the replacement schedule listed in Table 1 of this section, the employer may replace cartridges or canisters at 90% of their expiration service life, provided the employer:

(A) Demonstrates that employees will be adequately protected by this procedure.

(B) Uses BD breakthrough data for this purpose that have been derived from tests conducted under worst-case conditions of humidity, temperature, and air-flow rate through the filter element, and the employer also describes the data supporting the cartridge-or canister-change schedule, as well as the basis for using the data in the employer's respirator program.

(iv) A label must be attached to each filter element to indicate the date and time it is first installed on the respirator.

(v) If NIOSH approves an end-of-service-life indicator (ESLI) for an air-purifying filter element, the element may be used until the ESLI shows no further useful service life or until the element is replaced at the beginning of the next work shift, whichever occurs first.

(vi) Regardless of the air-purifying element used, if an employee detects the odor of BD, the employer must replace the air-purifying element immediately.

(3) Respirator selection.

(i) The employer must select appropriate respirators from Table 1 of this section.

TABLE 1.—MINIMUM REQUIREMENTS FOR RESPIRATORY PROTECTION FOR AIRBORNE BD

Concentration of airborne BD (ppm) or condition of use	Minimum required respirator
Less than or equal to 5 ppm (5 times PEL)	(a) Air-purifying half mask or full facemask respirator equipped with approved BD or organic vapor cartridges or canisters. Cartridges or canisters shall be replaced every 4 hours.
Less than or equal to 10 ppm (10 times PEL) ...	(a) Air-purifying half mask or full facemask respirator equipped with approved BD or organic vapor cartridges or canisters. Cartridges or canisters shall be replaced every 3 hours.
Less than or equal to 25 ppm (25 times PEL) ...	(a) Air-purifying full facemask respirator equipped with approved BD or organic vapor cartridges or canisters. Cartridges or canisters shall be replaced every 2 hours. (b) Any powered air-purifying respirator equipped with approved BD or organic vapor cartridges. PAPR cartridges shall be replaced every 2 hours. (c) Continuous flow supplied air respirator equipped with a hood or helmet.
Less than or equal to 50 ppm (50 times PEL) ...	(a) Air-purifying full facemask respirator equipped with approved BD or organic vapor cartridges or canisters. Cartridges or canisters shall be replaced every (1) hour. (b) Powered air-purifying respirator equipped with a tight-fitting facemask and an approved BD or organic vapor cartridges. PAPR cartridges shall be replaced every (1) hour.
Less than or equal to 1,000 ppm (1,000 times PEL).	(a) Supplied air respirator equipped with a half mask or full facemask and operated in a pressure demand or other positive pressure mode.
Greater than 1000 ppm unknown concentration, or firefighting.	(a) Self-contained breathing apparatus equipped with a full facemask and operated in a pressure demand or other positive pressure mode. (b) Any supplied air respirator equipped with a full facemask and operated in a pressure demand or other positive pressure mode in combination with an auxiliary self-contained breathing apparatus operated in a pressure demand or other positive pressure mode.
Escape from IDLH conditions	(a) Any positive pressure self-contained breathing apparatus with an appropriate service life.

Concentration of airborne BD (ppm) or condition of use	Minimum required respirator
	(b) A air-purifying full facemask respirator equipped with a front or back mounted BD or organic vapor canister.

NOTES: Respirators approved for use in higher concentrations are permitted to be used in lower concentrations. Full facemask is required when eye irritation is anticipated.

(ii) Air-purifying respirators must have filter elements approved by NIOSH for organic vapors or BD.

(iii) When an employee whose job requires the use of a respirator cannot use a negative-pressure respirator, the employer must provide the employee with a respirator that has less

breathing resistance than the negative-pressure respirator, such as a powered air-purifying respirator or supplied-air respirator, when the employee is able to use it and if it provides the employee adequate protection.

(4) Respirator use.

[i] Where air-purifying respirators are used, the employer shall replace the air purifying filter element(s) according to the replacement life interval set for the class of respirator listed in Table 1 in paragraph (h)(5) of this section and at the beginning of each work shift.

[ii] In lieu of the replacement intervals listed in Table 1, the employer may replace cartridges or canisters at 90% of the expiration of service life, provided the employer can demonstrate that employees will be adequately protected. BD breakthrough data relied upon by the employer must derive from tests conducted under worst case conditions of humidity, temperature, and air flow rate through the filter element. The employer shall describe the data supporting the cartridge/canister change schedule and the basis for reliance on the data in the employer's respirator program.

[iii] A label shall be attached to the filter element(s) to indicate the date and time it is first installed on the respirator. If an employee detects the odor of BD, the employer shall replace the air-purifying element(s) immediately.

[iv] If a NIOSH-approved end of service life indicator (ESLI) for BD becomes available for an air-purifying filter element, the element may be used until such time as the indicator shows no further useful service life or until replaced at the beginning of the next work shift, whichever comes first. If an employee detects the odor of BD, the employer shall replace the air-purifying element(s) immediately.

[v] The employer shall permit employees who wear respirators to leave the regulated area to wash their faces and respirator facepieces as necessary in order to prevent skin irritation associated with respirator use or to change the filter elements of air-purifying respirators whenever they detect a change in breathing resistance or whenever the odor of BD is detected.

(5) Respirator fit testing.

[i] The employer shall perform either qualitative fit testing (QLFT) or quantitative fit testing (QNFT), as required in Appendix E to this section, at the time of initial fitting and at least annually thereafter for employees who wear tight-fitting negative pressure respirators. Fit testing shall be used to select a respirator facepiece which exhibits minimum leakage and provides the required protection as prescribed in Table 1 in paragraph (h)(5)(ii) of this section.

[ii] For each employee wearing a tight-fitting full facepiece negative pressure respirator who is exposed to airborne concentrations of BD that exceed 10 times the TWA PEL (10 ppm), the employer shall perform

quantitative fit testing as required in Appendix E to this section, at the time of initial fitting and at least annually thereafter.

[iii] The employer shall ensure that employees wearing tight fitting respirators perform a facepiece seal fit check to ensure that a proper facepiece seal is obtained prior to entry into a BD atmosphere. The recommended positive or negative pressure fit check procedures listed in Appendix E to this section or the respirator manufacturer's recommended fit check procedure shall be used.

(i) Protective clothing and equipment. Where appropriate to prevent eye contact and limit dermal exposure to BD, the employer shall provide protective clothing and equipment at no cost to the employee and shall ensure its use. Eye and face protection shall meet the requirements of 29 CFR 1910.133.

(j) Emergency situations. Written plan. A written plan for emergency situations shall be developed, or an existing plan shall be modified, to contain the applicable elements specified in 29 CFR 1910.38 and 29 CFR 1910.39, "Emergency action plans and "Fire prevention plans," respectively, and in 29 CFR 1910.120, "Hazardous Waste Operations and Emergency Responses," for each workplace where there is a possibility of an emergency.

(k) Medical screening and surveillance.

(1) Employees covered. The employer shall institute a medical screening and surveillance program as specified in this paragraph for:

(i) Each employee with exposure to BD at concentrations at or above the action level on 30 or more days or for employees who have or may have exposure to BD at or above the PELs on 10 or more days a year;

(ii) Employers (including successor owners) shall continue to provide medical screening and surveillance for employees, even after transfer to a non-BD exposed job and regardless of when the employee is transferred, whose work histories suggest exposure to BD:

(A) At or above the PELs on 30 or more days a year for 10 or more years;

(B) At or above the action level on 60 or more days a year for 10 or more years; or

(C) Above 10 ppm on 30 or more days in any past year; and

(iii) Each employee exposed to BD following an emergency situation.

(2) Program administration.

[i] The employer shall ensure that the health questionnaire, physical examination and medical procedures are provided without cost to the employee, without loss of pay, and at a reasonable time and place.

[ii] Physical examinations, health questionnaires, and medical procedures shall be performed or administered by a physician or other licensed health care professional.

[iii] Laboratory tests shall be conducted by an accredited laboratory.

(3) Frequency of medical screening activities. The employer shall make medical screening available on the following schedule:

(i) For each employee covered under paragraphs (j)(1)(i) and (ii) of this section, a health questionnaire and complete blood count with differential and platelet count (CBC) every year, and a physical examination as specified below:

[A] An initial physical examination that meets the requirements of this rule, if twelve months or more have elapsed since the last physical examination conducted as part of a medical screening program for BD exposure;

[B] Before assumption of duties by the employee in a job with BD exposure;

[C] Every 3 years after the initial physical examination;

[D] At the discretion of the physician or other licensed health care professional reviewing the annual health questionnaire and CBC;

[E] At the time of employee reassignment to an area where exposure to BD is below the action level, if the employee's past exposure history does not meet the criteria of paragraph (j)(1)(ii) of this section for continued coverage in the screening and surveillance program, and if twelve months or more have elapsed since the last physical examination; and

[F] At termination of employment if twelve months or more have elapsed since the last physical examination.

(ii) Following an emergency situation, medical screening shall be conducted as quickly as possible, but not later than 48 hours after the exposure.

(iii) For each employee who must wear a respirator, physical ability to perform the work and use the respirator must be determined as required by 29 CFR 1910.134.

(4) Content of medical screening.

(i) Medical screening for employees covered by paragraphs (j)(1)(i) and (ii) of this section shall include:

(A) A baseline health questionnaire that includes a comprehensive occupational and health history and is updated annually. Particular emphasis shall be placed on the hematopoietic and reticuloendothelial systems, including exposure to chemicals, in addition to BD, that may have an adverse effect on these systems, the presence of signs and symptoms that might be related to disorders of these systems, and any other information determined by the examining physician or other licensed health care professional to be necessary to evaluate whether the employee is at increased risk of material impairment of health from BD exposure. Health questionnaires shall consist of the sample forms in Appendix C to this section, or be equivalent to those samples;

(B) A complete physical examination, with special emphasis on the liver, spleen, lymph nodes, and skin;

(C) A CBC; and

(D) Any other test which the examining physician or other licensed health care professional deems necessary to evaluate whether the employee may be at increased risk from exposure to BD.

(ii) Medical screening for employees exposed to BD in an emergency situation shall focus on the acute effects of BD exposure and at a minimum include: A CBC within 48 hours of the exposure and then monthly for three months; and a physical examination if the employee reports irritation of the eyes, nose throat, lungs, or skin, blurred vision, coughing, drowsiness, nausea, or headache. Continued employee participation in the medical screening and surveillance program, beyond these minimum requirements, shall be at the discretion of the physician or other licensed health care professional.

(5) Additional medical evaluations and referrals.

(i) Where the results of medical screening indicate abnormalities of the hematopoietic or reticuloendothelial systems, for which a non-occupational cause is not readily apparent, the examining physician or other licensed health care professional shall refer the employee to an appropriate specialist for further evaluation and shall make available to the specialist the results of the medical screening.

(ii) The specialist to whom the employee is referred under this paragraph shall determine the appropriate content for the medical evaluation, e.g., examinations, diagnostic tests and procedures, etc.

(6) Information provided to the physician or other licensed health care professional. The employer shall provide the following information to the examining physician or other licensed

health care professional involved in the evaluation:

- (i) A copy of this section including its appendices;
- (ii) A description of the affected employee's duties as they relate to the employee's BD exposure;
- (iii) The employee's actual or representative BD exposure level during employment tenure, including exposure incurred in an emergency situation;
- (iv) A description of pertinent personal protective equipment used or to be used; and
- (v) Information, when available, from previous employment-related medical evaluations of the affected employee which is not otherwise available to the physician or other licensed health care professional or the specialist.

(7) The written medical opinion.

(i) For each medical evaluation required by this section, the employer shall ensure that the physician or other licensed health care professional produces a written opinion and provides a copy to the employer and the employee within 15 business days of the evaluation. The written opinion shall be limited to the following information:

- (A) The occupationally pertinent results of the medical evaluation;
- (B) A medical opinion concerning whether the employee has any detected medical conditions which would place the employee's health at increased risk of material impairment from exposure to BD;
- (C) Any recommended limitations upon the employee's exposure to BD;and
- (D) A statement that the employee has been informed of the results of the medical evaluation and any medical conditions resulting from BD exposure that require further explanation or treatment.

(ii) The written medical opinion provided to the employer shall not reveal specific records, findings, and diagnoses that have no bearing on the employee's ability to work with BD.

Note: However, this provision does not negate the ethical obligation of the physician or other licensed health care professional to transmit any other adverse findings directly to the employee.

(8) Medical surveillance.

(i) The employer shall ensure that information obtained from the medical screening program activities is aggregated (with all personal identifiers removed) and periodically

reviewed, to ascertain whether the health of the employee population of that employer is adversely affected by exposure to BD.

(ii) Information learned from medical surveillance activities must be disseminated to covered employees, as defined in paragraph (k)(1) of this section, in a manner that ensures the confidentiality of individual medical information.

(l) Communication of BD hazards to employees.

(1) Hazard communication. The employer shall communicate the hazards associated with BD exposure in accordance with the requirements of the Hazard Communication Standard, 29 CFR 1910.1200, 29 CFR 1915.1200, and 29 CFR 1926.59.

(2) Employee information and training.

(i) The employer shall provide all employees exposed to BD with information and training in accordance with the requirements of the Hazard Communication Standard, 29 CFR 1910.1200, 29 CFR 1915.1200, and 29 CFR 1926.59.

(ii) The employer shall train each employee who is potentially exposed to BD at or above the action level or the STEL in accordance with the requirements of this section. The employer shall institute a training program, ensure employee participation in the program, and maintain a record of the contents of such program.

(iii) Training shall be provided prior to or at the time of initial assignment to a job potentially involving exposure to BD at or above the action level or STEL and at least annually thereafter.

(iv) The training program shall be conducted in a manner that the employee is able to understand. The employer shall ensure that each employee exposed to BD over the action level or STEL is informed of the following:

[A] The health hazards associated with BD exposure, and the purpose and a description of the medical screening and surveillance program required by this section;

[B] The quantity, location, manner of use, release, and storage of BD and the specific operations that could result in exposure to BD, especially exposures above the PEL or STEL;

[C] The engineering controls and work practices associated with the employee's job assignment, and emergency procedures and personal protective equipment;

[D] The measures employees can take to protect themselves from

exposure to BD.

[E] The contents of this standard and its appendices, and

[F] The right of each employee exposed to BD at or above the action level or STEL to obtain:

[1] medical examinations as required by paragraph (j) of this section at no cost to the employee;

[2] the employee's medical records required to be maintained by paragraph (m)(4) of this section; and

[3] all air monitoring results representing the employee's exposure to BD and required to be kept by paragraph (m)(2) of this section.

(3) Access to information and training materials.

(i) The employer shall make a copy of this standard and its appendices readily available without cost to all affected employees and their designated representatives and shall provide a copy if requested.

(ii) The employer shall provide to the Assistant Secretary or the Director, or the designated employee representatives, upon request, all materials relating to the employee information and the training program.

(m) Recordkeeping. --

(1) Objective data for exemption from initial monitoring.

(i) Where the processing, use, or handling of products or streams made from or containing BD are exempted from other requirements of this section under paragraph (a)(2) of this section, or where objective data have been relied on in lieu of initial monitoring under paragraph (d)(2)(ii) of this section, the employer shall establish and maintain a record of the objective data reasonably relied upon in support of the exemption.

(ii) This record shall include at least the following information:

(A) The product or activity qualifying for exemption;

(B) The source of the objective data;

(C) The testing protocol, results of testing, and analysis of the material for the release of BD;

(D) A description of the operation exempted and how the data support the

exemption; and

(E) Other data relevant to the operations, materials, processing, or employee exposures covered by the exemption.

(ii) The employer shall maintain this record for the duration of the employer's reliance upon such objective data.

(2) Exposure measurements.

(i) The employer shall establish and maintain an accurate record of all measurements taken to monitor employee exposure to BD as prescribed in paragraph (d) of this section.

(ii) The record shall include at least the following information:

(A) The date of measurement;

(B) The operation involving exposure to BD which is being monitored;

(C) Sampling and analytical methods used and evidence of their accuracy;

(D) Number, duration, and results of samples taken;

(E) Type of protective devices worn, if any; and

(F) Name, social security number and exposure of the employees whose exposures are represented.

(G) The written corrective action and the schedule for completion of this action required by paragraph (d)(7)(ii) of this section.

(iii) The employer shall maintain this record for at least 30 years in accordance with 29 CFR 1910.20.

(3) Respirator Fit-test.

(i) The employer shall establish a record of the fit tests administered to an employee including:

(A) The name of the employee,

(B) Type of respirator,

(C) Brand and size of respirator,

(D) Date of test, and

(E) Where QNFT is used, the fit factor, strip chart recording or other recording of the results of the test.

(ii) Fit test records shall be maintained for respirator users until the next fit test is administered.

(4) Medical screening and surveillance.

(i) The employer shall establish and maintain an accurate record for each employee subject to medical screening and surveillance under this section.\

(ii) The record shall include at least the following information:

(A) The name and social security number of the employee;

(B) Physician's or other licensed health care professional's written opinions as described in paragraph (k)(7) of this section;

(C) A copy of the information provided to the physician or other licensed health care professional as required by paragraphs (k)(7)(ii)-(iv) of this section.

(iii) Medical screening and surveillance records shall be maintained for each employee for the duration of employment plus 30 years, in accordance with 29 CFR 1910.20.

(5) Availability.

(i) The employer, upon written request, shall make all records required to be maintained by this section available for examination and copying to the Assistant Secretary and the Director.

(ii) Access to records required to be maintained by paragraphs (l)(1)-(3) of this section shall be granted in accordance with 29 CFR 1910.20(e).

(6) Transfer of records.

(i) Whenever the employer ceases to do business, the employer shall transfer records required by this section to the successor employer. The successor employer shall receive and maintain these records. If there is no successor employer, the employer shall notify the Director, at least three (3) months prior to disposal, and transmit them to the Director if requested by the Director within that period.

(ii) The employer shall transfer medical and exposure records as set forth in 29 CFR 1910.20(h).

(n) [Reserved]

(o) Appendices.

(1) Appendix E to this section is mandatory.

(2) Appendices A, B, C, D, and F to this section are informational and are not intended to create any additional obligations not otherwise imposed or to detract from any existing obligations.

[61 FR 56746, Nov. 4, 1996]

1910.1051 App A Substance Safety Data Sheet For 1,3-Butadiene

Substance Safety Data Sheet For 1,3-Butadiene (Non-Mandatory)

I. Substance Identification

A. Substance: 1,3-Butadiene ($\text{CH}_2=\text{CH}-\text{CH}=\text{CH}_2$).

B. Synonyms: 1,3-Butadiene (BD); butadiene; biethylene; bi-vinyl;divinyl; butadiene-1,3; buta-1,3-diene; erythrene; NCI-C50602;CAS-106-99-0.

C. BD can be found as a gas or liquid.

D. BD is used in production of styrene-butadiene rubber and polybutadiene rubber for the tire industry. Other uses include copolymer latexes for carpet backing and paper coating, as well as resins and polymers for pipes and automobile and appliance parts. It is also used as an intermediate in the production of such chemicals as fungicides.

E. Appearance and odor: BD is a colorless, non-corrosive, flammable gas with a mild aromatic odor at standard ambient temperature and pressure.

F. Permissible exposure: Exposure may not exceed 1 part BD per million parts of air averaged over the 8-hour workday, nor may short-term exposure exceed 5 parts of BD per million parts of air averaged over any 15-minute period in the 8-hour workday.

II. Health Hazard Data

A. BD can affect the body if the gas is inhaled or if the liquid form, which is very cold (cryogenic), comes in contact with the eyes or skin.

B. Effects of overexposure: Breathing very high levels of BD for a short time can cause central nervous system effects, blurred vision, nausea, fatigue, headache, decreased blood pressure and pulse rate, and unconsciousness. There are no recorded cases of accidental exposures at high levels that have caused death in humans, but this could occur. Breathing lower levels of BD may cause irritation of the eyes, nose, and throat. Skin contact with liquefied BD can cause irritation and frostbite.

C. Long-term (chronic) exposure: BD has been found to be a potent carcinogen in rodents, inducing neoplastic lesions at multiple target sites in mice and rats. A recent study of BD-exposed workers showed that exposed workers have an increased risk of developing leukemia. The risk of leukemia increases with increased exposure to BD. OSHA has concluded that there is strong evidence that workplace exposure to BD poses an increased risk of death from cancers of the lymphohematopoietic system.

D. Reporting signs and symptoms: You should inform your supervisor if you develop any of these signs or symptoms and suspect that they are caused by exposure to BD.

III. Emergency First Aid Procedures

In the event of an emergency, follow the emergency plan and procedures designated for your work area. If you have been trained in first aid procedures, provide the necessary first aid measures. If necessary, call for additional assistance from co-workers and emergency medical personnel.

A. Eye and Skin Exposures: If there is a potential that liquefied BD can come in contact with eye or skin, face shields and skin protective equipment must be provided and used. If liquefied BD comes in contact with the eye, immediately flush the eyes with large amounts of water, occasionally lifting the lower and the upper lids. Flush repeatedly. Get medical attention immediately. Contact lenses should not be worn when working with this chemical. In the event of skin contact, which can cause frostbite, remove any contaminated clothing and flush the affected area repeatedly with large amounts of tepid water.

B. Breathing: If a person breathes in large amounts of BD, move the exposed person to fresh air at once. If breathing has stopped, begin cardiopulmonary resuscitation (CPR) if you have been trained in this procedure. Keep the affected person warm and at rest. Get medical attention immediately.

C. Rescue: Move the affected person from the hazardous exposure. If the exposed person has been overcome, call for help and begin emergency rescue procedures. Use extreme caution so that you do not become a casualty. Understand the plant's emergency rescue procedures and know the locations of rescue equipment before the need arises.

IV. Respirators and Protective Clothing

A. Respirators: Good industrial hygiene practices recommend that engineering and work practice controls be used to reduce environmental concentrations to the permissible exposure level. However, there are some exceptions where respirators may be used to control exposure. Respirators may be used when engineering and work practice controls are not technically feasible, when such controls are in the process of being installed, or when these controls fail and need to be supplemented or during brief, non-routine, intermittent exposure. Respirators may also be used in situations involving non-routine work operations which are performed infrequently and in which exposures are limited in duration, and in emergency situations. In some instances cartridge respirator use is allowed, but only with strict time constraints. For example, at exposure below 5 ppm BD, a cartridge (or canister) respirator, either full or half face, may be used, but the cartridge must be replaced at least every 4 hours, and it must be replaced every 3 hours when the exposure is between 5 and 10 ppm. If the use of respirators is necessary, the only respirators permitted are those that have been approved by the National Institute for Occupational Safety and Health (NIOSH). In addition to respirator selection, a complete respiratory protection program must be instituted which includes regular training, maintenance, fit testing, inspection, cleaning, and evaluation of respirators. If you can smell BD while wearing a respirator, proceed immediately to fresh air, and change cartridge (or canister) before re-entering an area where there is BD exposure. If you experience difficulty in breathing while wearing a respirator, tell your supervisor.

B. Protective Clothing: Employees should be provided with and required to use impervious clothing, gloves, face shields (eight-inch minimum), and other appropriate protective clothing necessary to prevent the skin from becoming frozen by contact with liquefied BD (or a vessel containing liquid BD). Employees should be provided with and required to use splash-proof safety goggles where liquefied BD may contact the eyes.

V. Precautions for Safe Use, Handling, and Storage

A. Fire and Explosion Hazards: BD is a flammable gas and can easily form explosive mixtures in air. It has a lower explosive limit of 2%, and an upper explosive limit of 11.5%. It has an autoignition temperature of 420 deg. C (788 deg. F). Its vapor is heavier than air (vapor density, 1.9) and may travel a considerable distance to a source of ignition and flash back. Usually it contains inhibitors to prevent self-polymerization (which is accompanied by evolution of heat) and to prevent formation of explosive peroxides. At elevated temperatures, such as in fire conditions, polymerization may take place. If the polymerization takes place in a container, there is a possibility of violent rupture of the container.

B. Hazard: Slightly toxic. Slight respiratory irritant. Direct contact of liquefied BD on skin may cause freeze burns and frostbite.

C. Storage: Protect against physical damage to BD containers. Outside or detached storage of BD containers is preferred. Inside storage should be in a cool, dry, well-ventilated, noncombustible location, away from all possible sources of ignition. Store cylinders vertically

and do not stack. Do not store with oxidizing material.

D. Usual Shipping Containers: Liquefied BD is contained in steel pressure apparatus.

E. Electrical Equipment: Electrical installations in Class hazardous locations, as defined in Article 500 of the National Electrical Code, should be in accordance with Article 501 of the Code. If explosion-proof electrical equipment is necessary, it shall be suitable for use in Group B. Group D equipment may be used if such equipment is isolated in accordance with Section 501-5(a) by sealing all conduit 1/2-inch size or larger. See Venting of Deflagrations (NFPA No. 68, 1994), National Electrical Code (NFPA No. 70, 1996), Static Electricity (NFPA No. 77, 1993), Lightning Protection Systems (NFPA No. 780, 1995), and Fire Hazard Properties of Flammable Liquids, Gases and Volatile Solids (NFPA No. 325, 1994).

F. Fire Fighting: Stop flow of gas. Use water to keep fire-exposed containers cool. Fire extinguishers and quick drenching facilities must be readily available, and you should know where they are and how to operate them.

G. Spill and Leak: Persons not wearing protective equipment and clothing should be restricted from areas of spills or leaks until clean-up has been completed. If BD is spilled or leaked, the following s should be taken:

1. Eliminate all ignition sources.
2. Ventilate area of spill or leak.
3. If in liquid form, for small quantities, allow to evaporate in a safe manner.
4. Stop or control the leak if this can be done without risk. If source of leak is a cylinder and the leak cannot be stopped in place, remove the leaking cylinder to a safe place and repair the leak or allow the cylinder to empty.

H. Disposal: This substance, when discarded or disposed of, is a hazardous waste according to Federal regulations (40 CFR part 261). It is listed as hazardous waste number D001 due to its ignitability. The transportation, storage, treatment, and disposal of this waste material must be conducted in compliance with 40 CFR parts 262, 263, 264, 268 and 270. Disposal can occur only in properly permitted facilities. Check state and local regulation of any additional requirements as these may be more restrictive than federal laws and regulation.

I. You should not keep food, beverages, or smoking materials in areas where there is BD exposure, nor should you eat or drink in such areas.

J. Ask your supervisor where BD is used in your work area and ask for any additional plant safety and health rules.

VI. Medical Requirements

Your employer is required to offer you the opportunity to participate in a medical screening and surveillance program if you are exposed to BD at concentrations exceeding the action level (0.5 ppm BD as an 8-hour TWA) on 30 days or more a year, or at or above the 8 hr TWA (1 ppm) or STEL (5 ppm for 15 minutes) on 10 days or more a year. Exposure for any part of a day counts. If you have had exposure to BD in the past, but have been transferred to another job, you may still be eligible to participate in the medical screening and surveillance program. The OSHA rule specifies the past exposures that would qualify you for participation in the program. These past exposures are work histories that suggest the following:

- (1) That you have been exposed at or above the PELs on 30 days a year for 10 or more years;
- (2) that you have been exposed at or above the action level on 60 days a year for 10 or more years; or
- (3) that you have been exposed above 10 ppm on 30 days in any past year. Additionally, if you are exposed to BD in an emergency situation, you are eligible for a medical examination within 48 hours. The basic medical screening program includes a health questionnaire, physical examination, and blood test. These medical evaluations must be offered to you at a reasonable time and place, and without cost or loss of pay.

VII. Observation of Monitoring

Your employer is required to perform measurements that are representative of your exposure to BD and you or your designated representative are entitled to observe the monitoring procedure. You are entitled to observe the s taken in the measurement procedure, and to record the results obtained. When the monitoring procedure is taking place in an area where respirators or personal protective clothing and equipment are required to be worn, you or your representative must also be provided with, and must wear, the protective clothing and equipment.

VIII. Access to Information

A. Each year, your employer is required to inform you of the information contained in this appendix. In addition, your employer must instruct you in the proper work practices for using BD, emergency procedures, and the correct use of protective equipment.

B. Your employer is required to determine whether you are being exposed to BD. You or your representative has the right to observe employee measurements and to record the results obtained. Your employer is required to inform you of your exposure. If your employer determines that you are being overexposed, he or she is required to inform you of the actions which are being taken to reduce your exposure to within permissible exposure limits and of the schedule to implement these actions.

C. Your employer is required to keep records of your exposures and medical examinations. These records must be kept by the employer for at least thirty (30) years.

D. Your employer is required to release your exposure and medical records to you or your representative upon your request.

[61 FR 56746, Nov. 4, 1996]

1910.1051 App B

Substance Technical Guidelines for 1,3-Butadiene (Non-Mandatory)

Subpart Z

1910.1051 App B, Toxic and Hazardous Substances

I. Physical and Chemical Data

A. Substance identification:

1. Synonyms: 1,3-Butadiene (BD); butadiene; biethylene; bivinyl; divinyl; butadiene-1,3; buta-1,3-diene; erythrene; NCI-C50620; CAS-106-99-0.
2. Formula: $\text{CH}_2=\text{CH}-\text{CH}=\text{CH}_2$.
3. Molecular weight: 54.1.

B. Physical data:

1. Boiling point (760 mm Hg): -4.7 deg. C (23.5 deg. F).
2. Specific gravity (water=1): 0.62 at 20 deg. C (68 deg. F).
3. Vapor density (air=1 at boiling point of BD): 1.87.
4. Vapor pressure at 20 deg. C (68 deg. F): 910 mm Hg.
5. Solubility in water, g/100 g water at 20 deg. C (68 deg. F): 0.05.
6. Appearance and odor: Colorless, flammable gas with a mildly aromatic odor. Liquefied BD is a colorless liquid with a mildly aromatic odor.

II. Fire, Explosion, and Reactivity Hazard Data

A. Fire:

1. Flash point: -76 deg. C (-105 deg. F) for take out; liquefied BD; Not applicable to BD gas.
2. Stability: A stabilizer is added to the monomer to inhibit formation of polymer during storage. Forms explosive peroxides in air in absence of inhibitor.

3. Flammable limits in air, percent by volume: Lower: 2.0; Upper: 11.5.
4. Extinguishing media: Carbon dioxide for small fires, polymer or alcohol foams for large fires.
5. Special fire fighting procedures: Fight fire from protected location or maximum possible distance. Stop flow of gas before extinguishing fire. Use water spray to keep fire-exposed cylinders cool.
6. Unusual fire and explosion hazards: BD vapors are heavier than air and may travel to a source of ignition and flash back. Closed containers may rupture violently when heated.
7. For purposes of compliance with the requirements of 29 CFR 191.106, BD is classified as a flammable gas. For example, 7,500 ppm, approximately one-fourth of the lower flammable limit, would be considered to pose a potential fire and explosion hazard.
8. For purposes of compliance with 29 CFR 1910.155, BD is classified as a Class B fire hazard.
9. For purposes of compliance with 29 CFR 1910.307, locations classified as hazardous due to the presence of BD shall be Class I.

B. Reactivity:

1. Conditions contributing to instability: Heat. Peroxides are formed when inhibitor concentration is not maintained at proper level. At elevated temperatures, such as in fire conditions, polymerization may take place.
2. Incompatibilities: Contact with strong oxidizing agents may cause fires and explosions. The contacting of crude BD (not BD monomer) with copper and copper alloys may cause formations of explosive copper compounds.
3. Hazardous decomposition products: Toxic gases (such as carbon monoxide) may be released in a fire involving BD.
4. Special precautions: BD will attack some forms of plastics, rubber, and coatings. BD in storage should be checked for proper inhibitor content, for self-polymerization, and for formation of peroxides when in contact with air and iron. Piping carrying BD may become plugged by formation of rubbery polymer.

C. Warning Properties:

1. Odor Threshold: An odor threshold of 0.45 ppm has been reported in The American Industrial Hygiene Association (AIHA) Report, Odor Thresholds for Chemicals with Established Occupational Health Standards. (Ex. 32-28C)
2. Eye Irritation Level: Workers exposed to vapors of BD (concentration or purity unspecified) have complained of irritation of eyes, nasal passages, throat, and lungs. Dogs and rabbits exposed experimentally to as much as 6700 ppm for 7 1/2 hours a day for 8 months have developed no histologically demonstrable abnormality of the eyes.
3. Evaluation of Warning Properties: Since the mean odor threshold is about half of the 1 ppm PEL, and more than 10-fold below the 5 ppm STEL, most wearers of air purifying respirators should still be able to detect breakthrough before a significant overexposure to BD occurs.

III. Spill, Leak, and Disposal Procedures

A. Persons not wearing protective equipment and clothing should be restricted from areas of spills or leaks until cleanup has been completed. If BD is spilled or leaked, the following s should be taken:

1. Eliminate all ignition sources.
2. Ventilate areas of spill or leak.
3. If in liquid form, for small quantities, allow to evaporate in a safe manner.
4. Stop or control the leak if this can be done without risk. If source of leak is a cylinder and the leak cannot be stopped in place, remove the leaking cylinder to a safe place and repair the leak or allow the cylinder to empty.

B. Disposal: This substance, when discarded or disposed of, is a hazardous waste according to Federal regulations (40 CFR part 261). It is listed by the EPA as hazardous waste number D001 due to its ignitability. The transportation, storage, treatment, and disposal of this waste material must be conducted in compliance with 40 CFR parts 262, 263, 264, 268 and 270. Disposal can occur only in properly permitted facilities. Check state and local regulations for any additional requirements because these may be more restrictive than federal laws and regulations.

IV. Monitoring and Measurement Procedures

A. Exposure above the Permissible Exposure Limit (8-hr TWA) or Short-Term Exposure Limit (STEL):

1. 8-hr TWA exposure evaluation: Measurements taken for the purpose of determining employee exposure under this standard are best taken with consecutive samples covering the full shift. Air samples must be taken in the employee's breathing zone (air that would most nearly represent that inhaled by the employee).

2. STEL exposure evaluation: Measurements must represent 15 minute exposures associated with operations most likely to exceed the STEL in each job and on each shift.

3. Monitoring frequencies: Table 1 gives various exposure scenarios and their required monitoring frequencies, as required by the final standard for occupational exposure to butadiene.

Table 1. -- Five Exposure Scenarios and Their Associated Monitoring Frequencies

Action level	8-hr TWA	STEL	Required monitoring activity
-(*)	-	-	No 8-hr TWA or STEL monitoring required.
+(*)	-	-	No STEL monitoring required. Monitor 8-hr TWA annually.

+	+	-	No STEL monitoring required. Periodic monitoring 8-hr TWA, in accordance with (d)(3)(ii).(**)
+	+	+	Periodic monitoring 8-hr TWA, in accordance with (d)(3)(ii)(**). Periodic monitoring STEL, in accordance with (d)(3)(iii).
+	-	+	Periodic monitoring STEL, in accordance with (d)(3)(iii). Monitor 8-hr TWA, annually.

Footnote(*) Exposure Scenario, Limit Exceeded: + = Yes, - = No.

Footnote(**) The employer may decrease the frequency of exposure monitoring to annually when at least 2 consecutive measurements taken at least 7 days apart show exposures to be below the 8 hr TWA, but at or above the action level.

4. Monitoring techniques: Appendix D describes the validated method of sampling and analysis which has been tested by OSHA for use with BD. The employer has the obligation of selecting a monitoring method which meets the accuracy and precision requirements of the standard under his or her unique field conditions. The standard requires that the method of monitoring must be accurate, to a 95 percent confidence level, to plus or minus 25 percent for concentrations of BD at or above 1 ppm, and to plus or minus 35 percent for concentrations below 1 ppm.

V. Personal Protective Equipment

A. Employees should be provided with and required to use impervious clothing, gloves, face shields (eight-inch minimum), and other appropriate protective clothing necessary to prevent the skin from becoming frozen from contact with liquid BD.

B. Any clothing which becomes wet with liquid BD should be removed immediately and not re-worn until the butadiene has evaporated.

C. Employees should be provided with and required to use splash proof safety goggles where liquid BD may contact the eyes.

VI. Housekeeping and Hygiene Facilities

For purposes of complying with 29 CFR 1910.141, the following items should be emphasized:

A. The workplace should be kept clean, orderly, and in a sanitary condition.

B. Adequate washing facilities with hot and cold water are to be provided and maintained in a sanitary condition.

VII. Additional Precautions

A. Store BD in tightly closed containers in a cool, well-ventilated area and take all necessary precautions to avoid any explosion hazard.

B. Non-sparking tools must be used to open and close metal containers. These containers must be effectively grounded.

C. Do not incinerate BD cartridges, tanks or other containers.

D. Employers must advise employees of all areas and operations where exposure to BD might occur.

[61 FR 56746, Nov. 4, 1996]

1910.1051 App C Medical Screening and Surveillance for 1,3-Butadiene (Non-Mandatory)

I. Basis for Medical Screening and Surveillance Requirements

A. Route of Entry

Inhalation

B. Toxicology

Inhalation of BD has been linked to an increased risk of cancer, damage to the reproductive organs, and fetotoxicity. Butadiene can be converted via oxidation to epoxybutene and diepoxybutane, two genotoxic metabolites that may play a role in the expression of BD's toxic effects.

BD has been tested for carcinogenicity in mice and rats. Both species responded to BD exposure by developing cancer at multiple primary organ sites. Early deaths in mice were caused by malignant lymphomas, primarily lymphocytic type, originating in the thymus.

Mice exposed to BD have developed ovarian or testicular atrophy. Sperm head morphology tests also revealed abnormal sperm in mice exposed to BD; lethal mutations were found in a dominant lethal test. In light of these results in animals, the possibility that BD may adversely affect the reproductive systems of male and female workers must be considered.

Additionally, anemia has been observed in animals exposed to butadiene. In some cases, this anemia appeared to be a primary response to exposure; in other cases, it may have been secondary to a neoplastic response.

C. Epidemiology

Epidemiologic evidence demonstrates that BD exposure poses an increased risk of leukemia. Mild alterations of hematologic parameters have also been observed in synthetic rubber workers exposed to BD.

II. Potential Adverse Health Effects

A. Acute

Skin contact with liquid BD causes characteristic burns or frostbite. BD in gaseous form can irritate the eyes, nasal passages, throat, and lungs. Blurred vision, coughing, and drowsiness may also occur. Effects are mild at 2,000 ppm and pronounced at 8,000 ppm for exposures occurring over the full workshift.

At very high concentrations in air, BD is an anesthetic, causing narcosis, respiratory paralysis, unconsciousness, and death. Such concentrations are unlikely, however, except in an extreme emergency because BD poses an explosion hazard at these levels.

B. Chronic

The principal adverse health effects of concern are BD-induced lymphoma, leukemia and potential reproductive toxicity. Anemia and other changes in the peripheral blood cells may be indicators of excessive exposure to BD.

C. Reproductive

Workers may be concerned about the possibility that their BD exposure may be affecting their ability to procreate a healthy child. For workers with high exposures to BD, especially those who have experienced difficulties in conceiving, miscarriages, or stillbirths, appropriate medical and laboratory evaluation of fertility may be necessary to determine if BD is having any adverse effect on the reproductive system or on the health of the fetus.

III. Medical Screening Components At-A-Glance

A. Health Questionnaire

The most important goal of the health questionnaire is to elicit information from the worker regarding potential signs or symptoms generally related to leukemia or other blood abnormalities. Therefore, physicians or other licensed health care professionals should be aware of the presenting symptoms and signs of lymphohematopoietic disorders and cancers, as well as the procedures necessary to confirm or exclude such diagnoses. Additionally, the health questionnaire will assist with the identification of workers at greatest risk of developing leukemia or adverse reproductive effects from their exposures to BD.

Workers with a history of reproductive difficulties or a personal or family history of immune deficiency syndromes, blood dyscrasias, lymphoma, or leukemia, and those who are or have been exposed to medicinal drugs or chemicals known to affect the hematopoietic or lymphatic systems may be at higher risk from their exposure to BD. After the initial administration, the health questionnaire must be updated annually.

B. Complete Blood Count (CBC)

The medical screening and surveillance program requires an annual CBC, with differential and platelet count, to be provided for each employee with BD exposure. This test is to be performed on a blood sample obtained by phlebotomy of the venous system or, if technically feasible, from a fingerstick sample of capillary blood. The sample is to be analyzed by an accredited laboratory.

Abnormalities in a CBC may be due to a number of different etiologies. The concern for workers exposed to BD includes, but is not limited to, timely identification of lymphohematopoietic cancers, such as leukemia and non-Hodgkin's lymphoma. Abnormalities of portions of the CBC are identified by comparing an individual's results to those of an established range of normal values for males and females. A substantial change in any individual employee's CBC may also be viewed as "abnormal" for that individual even if all measurements fall within the population-based range of normal values. It is suggested that a flowsheet for laboratory values be included in each employee's medical record so that comparisons and trends in annual CBCs can be easily made.

A determination of the clinical significance of an abnormal CBC shall be the responsibility of the examining physician, other licensed health care professional, or medical specialist to whom the employee is referred. Ideally, an abnormal CBC should be compared to previous CBC measurements for the same employee, when available. Clinical common sense may dictate that a CBC value that is very slightly outside the normal range does not warrant medical concern. A CBC abnormality may also be the result of a temporary physical stressor, such as a transient viral illness, blood donation, or menorrhagia, or laboratory error. In these cases, the CBC should be repeated in a timely fashion, i.e., within 6 weeks, to verify that return to the normal range has occurred. A clinically significant abnormal CBC should result in removal of the employee from further exposure to BD. Transfer of the employee to other work duties in a BD-free environment would be the preferred recommendation.

C. Physical Examination

The medical screening and surveillance program requires an initial physical examination for workers exposed to BD; this examination is repeated once every three years. The initial physical examination should assess each worker's baseline general health and rule out clinical signs of medical conditions that may be caused by or aggravated by occupational BD exposure. The physical examination should be directed at identification of signs of lymphohematopoietic disorders, including lymph node enlargement, splenomegaly, and hepatomegaly.

Repeated physical examinations should update objective clinical findings that could be indicative of interim development of a lymphohematopoietic disorder, such as lymphoma, leukemia, or other blood abnormality. Physical examinations may also be provided on an as needed basis in order to follow up on a positive answer on the health questionnaire, or in response to an abnormal CBC. Physical examination of workers who will no longer be working in jobs with BD exposure are intended to rule out lymphohematopoietic disorders.

The need for physical examinations for workers concerned about

adverse reproductive effects from their exposure to BD should be identified by the physician or other licensed health care professional and provided accordingly. For these workers, such consultations and examinations may relate to developmental toxicity and reproductive capacity.

Physical examination of workers acutely exposed to significant levels of BD should be especially directed at the respiratory system, eyes, sinuses, skin, nervous system, and any region associated with particular complaints. If the worker has received a severe acute exposure, hospitalization may be required to assure proper medical management. Since this type of exposure may place workers at greater risk of blood abnormalities, a CBC must be obtained within 48 hours and repeated at one, two, and three months.

[61 FR 56746, Nov. 4, 1996]

1910.1051 App D Sampling and Analytical Method for 1,3-Butadiene (Non-Mandatory)

OSHA Method No.: 56.

Matrix: Air.

Target concentration: 1 ppm (2.21 mg/m³)

Procedure: Air samples are collected by drawing known volumes of air through sampling tubes containing charcoal adsorbent which has been coated with 4-tert-butylcatechol. The samples are desorbed with carbon disulfide and then analyzed by gas chromatography using a flame ionization detector.

Recommended sampling rate and air volume: 0.05 L/min and 3 L.

Detection limit of the overall procedure: 90 ppb (200 ug/m³)
(based on 3 L air volume).

Reliable quantitation limit: 155 ppb (343 ug/m³) (based on 3 L air volume).

Standard error of estimate at the target concentration: 6.5%.

Special requirements: The sampling tubes must be coated with 4-tert-butylcatechol. Collected samples should be stored in a freezer.

Status of method: A sampling and analytical method has been subjected to the established evaluation procedures of the Organic Methods Evaluation Branch, OSHA Analytical Laboratory, Salt Lake City, Utah 84165.

1. Background

This work was undertaken to develop a sampling and analytical procedure for BD at 1 ppm. The current method recommended by OSHA for collecting BD uses activated coconut shell charcoal as the sampling medium (Ref. 5.2). This method was found to be inadequate for use at low BD levels because of sample instability.

The stability of samples has been significantly improved through the use of a specially cleaned charcoal which is coated with 4-tert-butylcatechol (TBC). TBC is a polymerization inhibitor for BD (Ref. 5.3).

1.1.1 Toxic effects

Symptoms of human exposure to BD include irritation of the eyes, nose and throat. It can also cause coughing, drowsiness and fatigue. Dermatitis and frostbite can result from skin exposure to liquid BD. (Ref. 5.1)

NIOSH recommends that BD be handled in the workplace as a potential occupational carcinogen. This recommendation is based on two inhalation studies that resulted in cancers at multiple sites in rats and in mice. BD has also demonstrated mutagenic activity in the presence of a liver microsomal activating system. It has also been reported to have adverse reproductive effects. (Ref. 5.1)

1.1.2. Potential workplace exposure

About 90% of the annual production of BD is used to manufacture styrene-butadiene rubber and Polybutadiene rubber. Other uses include: Polychloroprene rubber, acrylonitrile butadiene-styrene resins, nylon intermediates, styrene-butadiene latexes, butadiene polymers, thermoplastic elastomers, nitrile resins, methyl methacrylate-butadiene styrene resins and chemical intermediates. (Ref. 5.1)

1.1.3. Physical properties (Ref. 5.1)

CAS No.: 106-99-0

Molecular weight: 54.1

Appearance: Colorless gas

Boiling point: -4.41 deg. C (760 mm Hg)

Freezing point: -108.9 deg. C

Vapor pressure: 2 atm @ 15.3 deg. C; 5 atm @ 47 deg. C

Explosive limits: 2 to 11.5% (by volume in air)

Odor threshold: 0.45 ppm

Structural formula: H(2)C:CHCH:CH(2)

Synonyms: BD; biethylene; bivinyl; butadiene; divinyl; buta-1,3-diene; alpha-gamma-butadiene; erythrene; NCI-C50602; pyrrolylene; vinylethylene.

1.2. Limit defining parameters

The analyte air concentrations listed throughout this method are based on an air volume of 3 L and a desorption volume of 1 mL. Air concentrations listed in ppm are referenced to 25 deg. C and 760 mm Hg.

1.2.1. Detection limit of the analytical procedure

The detection limit of the analytical procedure was 304 pg per injection. This was the amount of BD which gave a response relative to the interferences present in a standard.

1.2.2. Detection limit of the overall procedure

The detection limit of the overall procedure was 0.60 ug per sample (90 ppb or 200 ug/m³). This amount was determined graphically. It was the amount of analyte which, when spiked on the sampling device, would allow recovery approximately equal to the detection limit of the analytical procedure.

1.2.3. Reliable quantitation limit

The reliable quantitation limit was 1.03 ug per sample (155 ppb or 343 ug/m³). This was the smallest amount of analyte which could be quantitated within the limits of a recovery of at least 75% and a precision (+/- 1.96 SD) of +/- 25% or better.

1.2.4. Sensitivity(1)

The sensitivity of the analytical procedure over a concentration range representing 0.6 to 2 times the target concentration, based on the recommended air volume, was 387 area units per ug/mL. This value was determined from the slope of the calibration curve. The sensitivity may vary with the particular instrument used in the analysis.

1.2.5. Recovery

The recovery of BD from samples used in storage tests remained above 77% when the samples were stored at ambient temperature and above 94% when the samples were stored at refrigerated temperature. These values were determined from regression lines which were calculated from the storage data. The recovery of the analyte from the collection device must be at least 75% following storage.

1.2.6. Precision (analytical method only)

The pooled coefficient of variation obtained from replicate determinations of analytical standards over the range of 0.6 to 2 times the target concentration was 0.011.

1.2.7. Precision (overall procedure)

The precision at the 95% confidence level for the refrigerated temperature storage test was +/- 12.7%. This value includes an additional +/- 5% for sampling error. The overall procedure must provide results at the target concentrations that are +/- 25% at the 95% confidence level.

Footnote(1) The reliable quantitation limit and detection limits reported in the method are based upon optimization of the instrument for the smallest possible amount of analyte. When the target concentration of an analyte is exceptionally higher than these limits, they may not be attainable at the routine operation parameters.

1.2.8. Reproducibility

Samples collected from a controlled test atmosphere and a draft copy of this procedure were given to a chemist unassociated with this evaluation. The average recovery was 97.2% and the standard deviation was 6.2%.

2. Sampling procedure

2.1. Apparatus

2.1.1. Samples are collected by use of a personal sampling pump that can be calibrated to within +/- 5% of the recommended 0.05 L/min sampling rate with the sampling tube in line.

2.1.2. Samples are collected with laboratory prepared sampling tubes. The sampling tube is constructed of silane-treated glass and is about 5-cm long. The ID is 4 mm and the OD is 6 mm. One end of the tube is tapered so that a glass wool end plug will hold the contents of the tube in place during sampling. The opening in the tapered end of the sampling tube is at least one-half the ID of the tube (2 mm). The other end of the sampling tube is open to its full 4-mm ID to facilitate packing of the tube. Both ends of the tube are fire-polished for safety. The tube is packed with 2 sections of pretreated charcoal which has been coated with TBC. The tube is packed with a 50-mg backup section, located nearest the tapered end, and with a 100-mg sampling section of charcoal. The two sections of coated adsorbent are separated and retained with small plugs of silanized glass wool. Following packing, the sampling tubes are sealed with two 7/32 inch OD plastic end caps. Instructions for the pretreatment and coating of the charcoal are presented in Section 4.1 of this method.

2.2. Reagents

None required.

2.3. Technique

2.3.1. Properly label the sampling tube before sampling and then remove the plastic end caps.

2.3.2. Attach the sampling tube to the pump using a section of flexible plastic tubing

such that the larger front section of the sampling tube is exposed directly to the atmosphere. Do not place any tubing ahead of the sampling tube. The sampling tube should be attached in the worker's breathing zone in a vertical manner such that it does not impede work performance.

2.3.3. After sampling for the appropriate time, remove the sampling tube from the pump and then seal the tube with plastic end caps. Wrap the tube lengthwise.

2.3.4. Include at least one blank for each sampling set. The blank should be handled in the same manner as the samples with the exception that air is not drawn through it.

2.3.5. List any potential interferences on the sample data sheet.

2.3.6. The samples require no special shipping precautions under normal conditions. The samples should be refrigerated if they are to be exposed to higher than normal ambient temperatures. If the samples are to be stored before they are shipped to the laboratory, they should be kept in a freezer. The samples should be placed in a freezer upon receipt at the laboratory.

2.4. Breakthrough

(Breakthrough was defined as the relative amount of analyte found on the backup section of the tube in relation to the total amount of analyte collected on the sampling tube. Five-percent breakthrough occurred after sampling a test atmosphere containing 2.0 ppm BD for 90 min at 0.05 L/min. At the end of this time 4.5 L of air had been sampled and 20.1 ug of the analyte was collected. The relative humidity of the sampled air was 80% at 23 deg. C.) Breakthrough studies have shown that the recommended sampling procedure can be used at air concentrations higher than the target concentration. The sampling time, however, should be reduced to 45 min if both the expected BD level and the relative humidity of the sampled air are high.

2.5. Desorption efficiency

The average desorption efficiency for BD from TBC coated charcoal over the range from 0.6 to 2 times the target concentration was 96.4%. The efficiency was essentially constant over the range studied.

2.6. Recommended air volume and sampling rate

2.6.1. The recommended air volume is 3L.

2.6.2. The recommended sampling rate is 0.05 L/min for 1 hour.

2.7. Interferences

There are no known interferences to the sampling method.

2.8. Safety precautions

2.8.1. Attach the sampling equipment to the worker in such a manner that it will not interfere with work performance or safety.

2.8.2. Follow all safety practices that apply to the work area being sampled.

3. Analytical procedure

3.1. Apparatus

3.1.1. A gas chromatograph (GC), equipped with a flame ionization detector (FID).(2)

3.1.2. A GC column capable of resolving the analytes from any interference.(3)

3.1.3. Vials, glass 2-mL with Teflon-lined caps.

3.1.4. Disposable Pasteur-type pipets, volumetric flasks, pipets and syringes for preparing samples and standards, making dilutions and performing injections.

3.2. Reagents

3.2.1. Carbon disulfide.(4)

The benzene contaminant that was present in the carbon disulfide was used as an internal standard (ISTD) in this evaluation.

3.2.2. Nitrogen, hydrogen and air, GC grade.

3.2.3. BD of known high purity.(5)

3.3. Standard preparation

3.3.1. Prepare standards by diluting known volumes of BD gas with carbon disulfide. This can be accomplished by injecting the appropriate volume of BD into the headspace above the 1-mL of carbon disulfide contained in sealed 2-mL vial. Shake the vial after the needle is removed from the septum.(6)

Footnote(2) A Hewlett-Packard Model 5840A GC was used for this evaluation. Injections were performed using a Hewlett-Packard Model 7671A automatic sampler.

Footnote(3) A 20-ft x 1/8-inch OD stainless steel GC column containing 20% FFAP on 80/100 mesh Chromabsorb W-AW-DMCS was used for this evaluation.

Footnote(4) Fisher Scientific Company A.C.S. Reagent Grade solvent was used in this evaluation.

Footnote(5) Matheson Gas Products, CP Grade 1,3-butadiene was used in this study.

Footnote(6) A standard containing 7.71 ug/mL (at ambient temperature and pressure) was prepared by diluting 4 uL of the gas with 1-mL of carbon disulfide.

3.3.2. The mass of BD gas used to prepare standards can be determined by use of the following equations:

$$MV=(760/BP)(273+t)/(273)(22.41)$$

Where:

MV = ambient molar volume

BP = ambient barometric pressure

T = ambient temperature

ug/uL = 54.09/MV

ug/standard = (ug/uL)(uL) BD used to prepare the standard

3.4. Sample preparation

3.4.1. Transfer the 100-mg section of the sampling tube to a 2-mL vial. Place the 50-mg section in a separate vial. If the glass wool plugs contain a significant amount of charcoal, place them with the appropriate sampling tube section.

3.4.2. Add 1-mL of carbon disulfide to each vial.

3.4.3. Seal the vials with Teflon-lined caps and then allow them to desorb for one hour. Shake the vials by hand vigorously several times during the desorption period.

3.4.4. If it is not possible to analyze the samples within 4 hours, separate the carbon disulfide from the charcoal, using a disposable Pasteur-type pipet, following the one hour. This separation will improve the stability of desorbed samples.

3.4.5. Save the used sampling tubes to be cleaned and repacked with fresh adsorbent.

3.5. Analysis

3.5.1. GC Conditions

Column temperature: 95 deg. C
Injector temperature: 180 deg. C
Detector temperature: 275 deg. C
Carrier gas flow rate: 30 mL/min
Injection volume: 0.80 uL
GC column: 20-ft x 1/8-in OD stainless steel GC column
containing 20%
FFAP on 80/100 Chromabsorb W-AW-DMCS.

3.5.2. Chromatogram. See Section 4.2.

3.5.3. Use a suitable method, such as electronic or peak heights, to measure detector response.

3.5.4. Prepare a calibration curve using several standard solutions of different concentrations. Prepare the calibration curve daily. Program the integrator to report the results in ug/mL.

3.5.5. Bracket sample concentrations with standards.

3.6. Interferences (analytical)

3.6.1. Any compound with the same general retention time as the analyte and which also gives a detector response is a potential interference. Possible interferences should be reported by the industrial hygienist to the laboratory with submitted samples.

3.6.2. GC parameters (temperature, column, etc.) may be changed to circumvent interferences.

3.6.3. A useful means of structure designation is GC/MS. It is recommended that this procedure be used to confirm samples whenever possible.

3.7. Calculations

3.7.1. Results are obtained by use of calibration curves. Calibration curves are prepared by plotting detector response against concentration for each standard. The best line through the data points is determined by curve fitting.

3.7.2. The concentration, in ug/mL, for a particular sample is determined by comparing its detector response to the calibration curve. If any analyte is found on the backup section, this amount is added to the amount found on the front section. Blank corrections should be performed before adding the results together.

3.7.3. The BD air concentration can be expressed using the following equation:

$$\text{mg/m}^3 = (A)(B)/(C)(D)$$

Where:

A = $\mu\text{g/mL}$ from Section 3.7.2

B = volume

C = L of air sampled

D = efficiency

3.7.4. The following equation can be used to convert results in mg/m^3 to ppm:

$$\text{ppm} = (\text{mg/m}^3)(24.46)/54.09$$

Where:

mg/m^3 = result from Section 3.7.3.

24.46 = molar volume of an ideal gas at 760 mm Hg and 25 deg.C.

3.8. Safety precautions (analytical)

3.8.1. Avoid skin contact and inhalation of all chemicals.

3.8.2. Restrict the use of all chemicals to a fume hood whenever possible.

3.8.3. Wear safety glasses and a lab coat in all laboratory areas.

4. Additional Information

4.1. A procedure to prepare specially cleaned charcoal coated with TBC

4.1.1. Apparatus.

4.1.1.1. Magnetic stirrer and stir bar.

4.1.1.2. Tube furnace capable of maintaining a temperature of 700 deg.C and equipped with a quartz tube that can hold 30 g of charcoal.(8)

4.1.1.3. A means to purge nitrogen gas through the charcoal inside the quartz tube.

4.1.1.4. Water bath capable of maintaining a temperature of 60 deg.C.

4.1.1.5. Miscellaneous laboratory equipment: One-liter vacuum

flask, 1-L Erlenmeyer flask, 350-M1 Buchner funnel with a coarse fitted disc, 4-oz brown bottle, rubber stopper, Teflon tape etc.

4.1.2. Reagents

4.1.2.1. Phosphoric acid, 10% by weight, in water.(9)

4.1.2.2. 4-tert-Butylcatechol (TBC).(10)

4.1.2.3. Specially cleaned coconut shell charcoal, 20/40 mesh.(11)

4.1.2.4. Nitrogen gas, GC grade.

4.1.3. Procedure.

Footnote(8) A Lindberg Type 55035 Tube furnace was used in this evaluation.

Footnote(9) Baker Analyzed" Reagent grade was diluted with water for use in this evaluation.

Footnote(10) The Aldrich Chemical Company 99% grade was used in this evaluation.

Footnote(11) Specially cleaned charcoal was obtained from Supelco, Inc. for use in this evaluation. The cleaning process used by Supelco is proprietary.

Weigh 30g of charcoal into a 500-mL Erlenmeyer flask. Add about 250 mL of 10% phosphoric acid to the flask and then swirl the mixture. Stir the mixture for 1 hour using a magnetic stirrer. Filter the mixture using a fitted Buchner funnel. Wash the charcoal several times with 250-mL portions of deionized water to remove all traces of the acid. Transfer the washed charcoal to the tube furnace quartz tube. Place the quartz tube in the furnace and then connect the nitrogen gas purge to the tube. Fire the charcoal to 700 deg. C. Maintain that temperature for at least 1 hour. After the charcoal has cooled to room temperature, transfer it to a tared beaker. Determine the weight of the charcoal and then add an amount of TBC which is 10% of the charcoal, by weight.

CAUTION-TBC is toxic and should only be handled in a fume hood while wearing gloves.

Carefully mix the contents of the beaker and then transfer the mixture to a 4-oz bottle. Stopper the bottle with a clean rubber stopper which has been wrapped with Teflon tape. Clamp the bottle in a water bath so that the water level is above the charcoal level. Gently heat the bath to 60 deg. C and then maintain that temperature for 1 hour. Cool the charcoal to room temperature and then transfer the coated charcoal to a suitable container.

The coated charcoal is now ready to be packed into sampling tubes. The sampling tubes should

be stored in a sealed container to prevent contamination. Sampling tubes should be stored in the dark at room temperature. The sampling tubes should be segregated by coated adsorbent lot number.

4.2 Chromatograms

The chromatograms were obtained using the recommended analytical method. The chart speed was set at 1 cm/min for the first three min and then at 0.2 cm/min for the time remaining in the analysis.

The peak which elutes just before BD is a reaction product between an impurity on the charcoal and TBC. This peak is always present, but it is easily resolved from the analyte. The peak which elutes immediately before benzene is an oxidation product of TBC.

5. References

5.1. "Current Intelligence Bulletin 41, 1,3-Butadiene", U.S. Dept. of Health and Human Services, Public Health Service, Center for Disease Control, NIOSH.

5.2. "NIOSH Manual of Analytical Methods", 2nd ed; U.S. Dept. of Health Education and Welfare, National Institute for Occupational Safety and Health: Cincinnati, OH. 1977, Vol. 2, Method No. S91 DHEW (NIOSH) Publ. (US), No. 77-157-B.

5.3. Hawley, G.C., Ed. "The Condensed Chemical Dictionary", 8th ed.; Van Nostrand Rienhold Company: New York, 1971; 139.5.4. Chem. Eng. News (June 10, 1985), (63), 22-66.

[61 FR 56746, Nov. 4, 1996]

1910.1051 App E Respirator Fit Testing Procedures (Mandatory) [Reserved]

APPENDIX F. MEDICAL QUESTIONNAIRES, (Non-mandatory)

1,3-Butadiene (BD) Initial Health Questionnaire

DIRECTIONS:

You have been asked to answer the questions on this form because you work with BD (butadiene). These questions are about your work, medical history, and health concerns. Please do your best to answer all of the questions. If you need help, please tell the doctor or health care professional who reviews this form.

This form is a confidential medical record. Only information directly related to your health and safety on the job may be given to your employer. Personal health information will not be given

to anyone without your consent.

Date: _____

Name: _____ SSN ____/____/____
Last First MI

Job Title: _____

Company's Name: _____

Supervisor's Name: _____ Supervisor's
Phone No.: () ____-____

Work History

1. Please list all jobs you have had in the past, starting with the job you have now and moving back in time to your first job. (For more space, write on the back of this page.)

Main Job Duty	Years	Company Name, City, State	Chemicals
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2. Please describe what you do during a typical work day. Be sure to tell about you work with BD.

3. Please check any of these chemicals that you work with now or have worked with in the past:

benzene	_____
glues	_____
toluene	_____
inks, dyes	_____
other solvents, grease cutters	_____
insecticides (like DDT, lindane, etc.)	_____
paints, varnishes, thinners, strippers	_____
dusts	_____
carbon tetrachloride ("carbon tet")	_____
arsine	_____
carbon disulfide	_____
lead	_____
cement	_____
petroleum products	_____
nitrites	_____

4. Please check the protective clothing or equipment you use at the job you have now:

gloves	_____
coveralls	_____
respirator	_____
dust mask	_____
safety glasses, goggles	_____

Please circle your answer of yes or no.

5. Does your protective clothing or equipment fit you properly?

yes no

6. Have you ever made changes in your protective clothing or equipment to make it fit better?

yes no

7. Have you been exposed to BD when you were not wearing protective clothing or equipment?

yes no

8. Where do you eat, drink and/or smoke when you are at work?

(Please check all that apply.)

Cafeteria/restaurant/snack bar	_____
Break room/employee lounge	_____
Smoking lounge	_____
At my work station	_____

Please circle your answer.

9. Have you been exposed to radiation (like x-rays or nuclear material) at the job you have now or at past jobs?

yes no

10. Do you have any hobbies that expose you to dusts or chemicals (including paints, glues, etc.)?

yes no

11. Do you have any second or side jobs?

yes no

If yes, what are your duties there? _____

12. Were you in the military?

yes no

If yes, what did you do in the military? _____

Family Health History

1. In the FAMILY MEMBER column, across from the disease name, write which family member, if any, had the disease.

DISEASE	FAMILY MEMBER
Cancer	
Lymphoma	
Sickle Cell Disease or Trait	
Immune Disease	
Leukemia	
Anemia	

2. Please fill in the following information about family health:

RELATIVE	ALIVE?	AGE AT DEATH?	CAUSE OF DEATH?
Father			
Mother			
Brother/Sister			
Brother/Sister			
Brother/Sister			

PERSONAL HEALTH HISTORY

Birth Date ___/___/___ Age ___ Sex ___ Height ___ Weight ___

Please circle your answer.

1. Do you smoke any tobacco products?

yes no

2. Have you ever had any kind of surgery or operation?

yes no

If yes, what type of surgery: _____

3. Have you ever been in the hospital for any other reasons?

yes no

If yes, please describe the reason: _____

4. Do you have any on-going or current medical problems or conditions?

yes no

If yes, please describe: _____

5. Do you now have or have you ever had any of the following?

Please check all that apply to you.

- unexplained fever _____
- anemia ("low blood") _____
- HIV/AIDS _____
- weakness _____
- sickle cell _____
- miscarriage _____
- skin rash _____
- bloody stools _____
- leukemia/lymphoma _____
- neck mass/swelling _____
- wheezing _____
- yellowing of skin _____
- bruising easily _____
- lupus _____
- weight loss _____
- kidney problems _____
- enlarged lymph nodes _____
- liver disease _____
- cancer _____
- infertility _____
- drinking problems _____
- thyroid problems _____
- night sweats _____
- chest pain _____
- still birth _____
- eye redness _____
- lumps you can feel _____
- child with birth defect _____
- autoimmune disease _____
- overly tired _____
- lung problems _____
- rheumatoid arthritis _____
- mononucleosis("mono") _____
- nagging cough _____

Please circle your answer.

6. Do you have any symptoms or health problems that you think may be related to your work with BD?

yes no

If yes, please describe: _____

7. Have any of your co-workers had similar symptoms or problems?

yes no don't know

If yes, please describe: _____

8. Do you notice any irritation of your eyes, nose, throat, lungs, or skin when working with BD?

yes no

9. Do you notice any blurred vision, coughing, drowsiness, nausea, or headache when working with BD?

yes no

10. Do you take any medications (including birth control or over-the-counter)?

yes no

If yes, please list: _____

11. Are you allergic to any medication, food, or chemicals?

yes no

If yes, please list: _____

12. Do you have any health conditions not covered by this questionnaire that you think are affected by your work with BD?

yes no

If yes, please explain: _____

13. Did you understand all the questions?

yes no

Signature

1,3-Butadiene (BD) Update Health Questionnaire

DIRECTIONS:

You have been asked to answer the questions on this form because you work with BD (butadiene). These questions ask about changes in your work, medical history, and health

concerns since the last time you were evaluated. Please do your best to answer all of the questions. If you need help, please tell the doctor or health care professional who reviews this form.

This form is a confidential medical record. Only information directly related to your health and safety on the job may be given to your employer. Personal health information will not be given to anyone without your consent.

Date: _____

Name: _____ SSN ____/____/____
Last First MI

Job Title: _____

Company's Name: _____

Supervisor's Name: _____ Supervisor's
Phone No.: () ____-_____

Present Work History

1. Please describe any NEW duties that you have at your job: _____

2. Please list any additional job titles you have:

Please circle your answer.

3. Are you exposed to any other chemicals in your work since the last time you were evaluated for exposure to BD?

yes no

If yes, please list what they are: _____

4. Does your personal protective equipment and clothing fit you properly?

yes no

5. Have you made changes in this equipment or clothing to make it

fit better?

yes no

6. Have you been exposed to BD when you were not wearing protective equipment or clothing?

yes no

7. Are you exposed to any NEW chemicals at home or while working on hobbies?

yes no

If yes, please list what they are: _____

8. Since your last BD health evaluation, have you started working any new second or side jobs?

yes no

If yes, what are your duties there? _____

Personal Health History

1. What is your current weight? _____ pounds

2. Have you been diagnosed with any new medical conditions or illness since your last evaluation?

yes no

If yes, please tell what they are: _____

3. Since your last evaluation, have you been in the hospital for any illnesses, injuries, or surgery?

yes no

If yes, please describe: _____

4. Do you have any of the following?

Please place a check for all that apply to you.

- unexplained fever _____
- anemia ("low blood") _____
- HIV/AIDS _____
- weakness _____

- sickle cell _____
- miscarriage _____
- skin rash _____
- bloody rash _____
- leukemia/lymphoma _____
- neck mass/swelling _____
- wheezing _____
- chest pain _____
- bruising easily _____
- lupus _____
- weight loss _____
- kidney problems _____
- enlarged lymph nodes _____
- liver disease _____
- cancer _____
- infertility _____
- drinking problems _____
- thyroid problems _____
- night sweats _____
- still birth _____
- eye redness _____
- lumps you can feel _____
- child with birth defect _____
- autoimmune disease _____
- overly tired _____
- lung problems _____
- rheumatoid arthritis _____
- mononucleosis "mono" _____
- nagging cough _____
- yellowing of skin _____

Please circle your answer.

5. Do you have any symptoms or health problems that you think may be related to your work with BD?

yes no

If yes, please describe: _____

6. Have any of your co-workers had similar symptoms or problems?

yes no don't know

If yes, please describe: _____

7. Do you notice any irritation of your eyes, nose, throat, lungs, or skin when working with BD?

yes no

8. Do you notice any blurred vision, coughing, drowsiness, nausea,

or headache when working with BD?

yes no

9. Have you been taking any NEW medications (including birth control or over-the-counter)?

yes no

If yes, please list:

10. Have you developed any NEW allergies to medications, foods, or chemicals?

yes no

If yes, please list:

11. Do you have any health conditions not covered by this questionnaire that you think are affected by your work with BD?

yes no

If yes, please explain: _____

12. Did you understand all the questions?

yes no

Signature

[61 FR 56746, Nov. 4, 1996]

1910.1052 - Methylene Chloride

This occupational health standard establishes requirements for employers to control occupational exposure to methylene chloride (MC). Employees exposed to MC are at increased risk of developing cancer, adverse effects on the heart, central nervous system and liver, and skin or eye irritation. Exposure may occur through inhalation, by absorption through the skin, or through contact with the skin. MC is a solvent which is used in many different types of work activities, such as paint stripping, polyurethane foam manufacturing, and cleaning and degreasing. Under the requirements of paragraph (d) of this section, each covered employer must make an initial determination of each employee's exposure to MC. If the employer

determines that employees are exposed below the action level, the only other provisions of this section that apply are that a record must be made of the determination, the employees must receive information and training under paragraph (l) of this section and, where appropriate, employees must be protected from contact with liquid MC under paragraph (h) of this section. The provisions of the MC standard are as follows:

(a) Scope and application. This section applies to all occupational exposures to methylene chloride (MC), *Chemical Abstracts Service Registry Number 75-09-2*, in general industry, construction and shipyard employment.

(b) Definitions. For the purposes of this section, the following definitions shall apply:

Action level@ means a concentration of airborne MC of 12.5 parts per million (ppm) calculated as an eight (8)-hour time-weighted average (TWA).

Assistant Secretary@ means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

Authorized person@ means any person specifically authorized by the employer and required by work duties to be present in regulated areas, or any person entering such an area as a designated representative of employees for the purpose of exercising the right to observe monitoring and measuring procedures under paragraph (d) of this section, or any other person authorized by the OSH Act or regulations issued under the Act.

Director@ means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designee.

Emergency@ means any occurrence, such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment, which results, or is likely to result in an uncontrolled release of MC. If an incidental release of MC can be controlled by employees such as maintenance personnel at the time of release and in accordance with the leak/spill provisions required by paragraph (f) of this section, it is not considered an emergency as defined by this standard.

Employee exposure@ means exposure to airborne MC which occurs or would occur if the employee were not using respiratory protection.

Methylene chloride@ [MC] means an organic compound with chemical formula, CH₂Cl₂. Its *Chemical Abstracts Service Registry Number* is 75-09-2. Its molecular weight is 84.9 g/mole.

Physician or other licensed health care professional@ is an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide some or all of the

health care services required by paragraph (j) of this section.

Regulated area@ means an area, demarcated by the employer, where an employee's exposure to airborne concentrations of MC exceeds or can reasonably be expected to exceed either the 8-hour TWA PEL or the STEL.

Symptom@ means central nervous system effects such as headaches, disorientation, dizziness, fatigue, and decreased attention span; skin effects such as chapping, erythema, cracked skin, or skin burns; and cardiac effects such as chest pain or shortness of breath.

AThis section@ means this methylene chloride standard.

(c) Permissible exposure limits (PELs).

(1) Eight-hour time-weighted average (TWA) PEL. The employer shall ensure that no employee is exposed to an airborne concentration of MC in excess of twenty-five parts of MC per million parts of air (25 ppm) as an 8-hour TWA.

(2) Short-term exposure limit (STEL). The employer shall ensure that no employee is exposed to an airborne concentration of MC in excess of one hundred and twenty-five parts of MC per million parts of air (125 ppm) as determined over a sampling period of fifteen minutes.

(d) Exposure monitoring.

(1) Characterization of employee exposure.

(i) Where MC is present in the workplace, the employer shall determine each employee's exposure by either:

(A) Taking a personal breathing zone air sample of each employee's exposure; or

(B) Taking personal breathing zone air samples that are representative of each employee's exposure.

(ii) Representative samples. The employer may consider personal breathing zone air samples to be representative of employee exposures when they are taken as follows:

(A) 8-hour TWA PEL. The employer has taken one or more personal breathing zone air samples for at least one employee in each job classification in a work area during every work shift, and the employee sampled is expected to have the highest MC exposure.

(B) Short-term exposure limits. The employer has taken one or more personal breathing zone air samples which indicate the highest likely 15-minute exposures during such operations for at least one employee in each job classification in the work area during every work shift, and the employee sampled is expected to have the highest MC exposure.

(C) Exception. Personal breathing zone air samples taken during one work shift may be used to represent employee exposures on other work shifts where the employer can document that the tasks performed and conditions in the workplace are similar across shifts.

(iii) Accuracy of monitoring. The employer shall ensure that the methods used to perform exposure monitoring produce results that are accurate to a confidence level of 95 percent, and are:

(A) Within plus or minus 25 percent for airborne concentrations of MC above the 8-hour TWA PEL or the STEL; or

(B) Within plus or minus 35 percent for airborne concentrations of MC at or above the action level but at or below the 8-hour TWA PEL.

(2) Initial determination. Each employer whose employees are exposed to MC shall perform initial exposure monitoring to determine each affected employee's exposure, except under the following conditions:

(i) Where objective data demonstrate that MC cannot be released in the workplace in airborne concentrations at or above the action level or above the STEL. The objective data shall represent the highest MC exposures likely to occur under reasonably foreseeable conditions of processing, use, or handling. The employer shall document the objective data exemption as specified in paragraph (m) of this section;

(ii) Where the employer has performed exposure monitoring within 12 months prior to April 10, 1997 and that exposure monitoring meets all other requirements of this section, and was conducted under conditions substantially equivalent to existing conditions; or

(iii) Where employees are exposed to MC on fewer than 30 days per year (e.g., on a construction site), and the employer has measurements by direct-reading instruments which give

immediate results (such as a detector tube) and which provide sufficient information regarding employee exposures to determine what control measures are necessary to reduce exposures to acceptable levels.

(3) Periodic monitoring. Where the initial determination shows employee exposures at or above the action level or above the STEL, the employer shall establish an exposure monitoring program for periodic monitoring of employee exposure to MC in accordance with Table 1:

Table 1 - Initial Determination Exposure Scenarios And Their Associated Monitoring Frequencies

Exposure Scenario	Required monitoring activity
Below the action level and at or below the STEL	No 8-hour TWA or STEL monitoring required.
Below the action level and above the STEL.....	No 8-hour TWA monitoring required; monitor STEL exposures every three months. Monitor 8-hour TWA level every six months.
At or above the action level, at or below the TWA, and at or below the STEL	Monitor 8-hour TWA exposures every six months and monitor STEL exposures every three months.
At or above the action level, at or below the TWA, and above the STEL	Monitor 8-hour TWA exposures every three months. In addition, without regard to the last sentence of the note to paragraph (d)(3), the following employers must monitor STEL exposures every three months until either the date by which they must achieve the 8-hour TWA PEL under paragraph (n) of this section or the date by which they in fact archive the 8-hour TWA PEL, whichever comes first. Employers engaged in polyurethane foam manufacturing, foam fabrication, furniture refinishing, general aviation aircraft stripping, product formulation, use of MC-based adhesives for boat building and repair, recreational vehicle manufacturing, van conversion, or upholstery, and use of MC in construction work for restoration and preservation of buildings, painting and paint removal, cabinet making, or floor refinishing and resurfacing.
Above the TWA and at or below the STEL.....	Above the TWA and above the STEL.....

	Monitor 6-hour TWA exposures and STEL exposures every three months.
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[Note to paragraph (d)(3): The employer may decrease the frequency of 8-hour TWA exposure monitoring to every six months when at least two consecutive measurements taken at least seven days apart show exposures to be at or below the 8-hour TWA PEL. The employer may discontinue the periodic 8-hour TWA monitoring for employees where at least two consecutive measurements taken at least seven days apart are below the action level. The employer may discontinue the periodic STEL monitoring for employees where at least two consecutive measurements taken at least 7 days apart are at or below the STEL.]

(4) Additional monitoring.

(i) The employer shall perform exposure monitoring when a change in workplace conditions indicates that employee exposure may have increased. Examples of situations that may require additional monitoring include changes in production, process, control equipment, or work practices, or a leak, rupture, or other breakdown.

(ii) Where exposure monitoring is performed due to a spill, leak, rupture or equipment breakdown, the employer shall clean-up the MC and perform the appropriate repairs before monitoring.

(5) Employee notification of monitoring results.

(i) The employer shall, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results in writing, either individually or by posting of results in an appropriate location that is accessible to affected employees.

(ii) Whenever monitoring results indicate that employee exposure is above the 8-hour TWA PEL or the STEL, the employer shall describe in the written notification the corrective action being taken to reduce employee exposure to or below the 8-hour TWA PEL or STEL and the schedule for completion of this action.

(6) Observation of monitoring.

(i) Employee observation. The employer shall provide affected employees or their designated representatives an opportunity to observe any monitoring of employee exposure to MC conducted in accordance with this section.

(ii) Observation procedures. When observation of the monitoring of employee exposure to MC requires entry into an area where the use of protective clothing or equipment is required, the employer shall provide, at no cost to the observer(s), and the observer(s) shall be required to use such clothing and equipment and shall comply with all other applicable safety and health procedures.

(e) Regulated areas.

(1) The employer shall establish a regulated area wherever an employee's exposure to airborne concentrations of MC exceeds or can reasonably be expected to exceed either the 8-hour TWA PEL or the STEL.

(2) The employer shall limit access to regulated areas to authorized persons.

(3) The employer shall supply a respirator, selected in accordance with paragraph (g)(3) of this section, to each person who enters a regulated area and shall require each affected employee to use that respirator whenever MC exposures are likely to exceed the 8-hour TWA PEL or STEL.

[Note to paragraph (e)(3): An employer who has implemented all feasible engineering, work practice and administrative controls (as required in paragraph (f) of this section), and who has established a regulated area (as required by paragraph (e)(1) of this section) where MC exposure can be reliably predicted to exceed the 8-hour TWA PEL or the STEL only on certain days (for example, because of work or process schedule) would need to have affected employees use respirators in that regulated area only on those days.]

(4) The employer shall ensure that, within a regulated area, employees do not engage in non-work activities which may increase dermal or oral MC exposure.

(5) The employer shall ensure that while employees are wearing respirators, they do not engage in activities (such as taking medication or chewing gum or tobacco) which interfere with respirator seal or performance.

(6) The employer shall demarcate regulated areas from the rest of the workplace in any manner that adequately establishes and alerts employees to the boundaries of the area and

minimizes the number of authorized employees exposed to MC within the regulated area.

(7) An employer at a multi-employer worksite who establishes a regulated area shall communicate the access restrictions and locations of these areas to all other employers with work operations at that worksite.

(f) Methods of compliance.

(1) Engineering and work practice controls. The employer shall institute and maintain the effectiveness of engineering controls and work practices to reduce employee exposure to or below the PELs except to the extent that the employer can demonstrate that such controls are not feasible. Wherever the feasible engineering controls and work practices which can be instituted are not sufficient to reduce employee exposure to or below the 8-TWA PEL or STEL, the employer shall use them to reduce employee exposure to the lowest levels achievable by these controls and shall supplement them by the use of respiratory protection that complies with the requirements of paragraph (g) of this section.

(2) Prohibition of rotation. The employer shall not implement a schedule of employee rotation as a means of compliance with the PELs.

(3) Leak and spill detection.

(i) The employer shall implement procedures to detect leaks of MC in the workplace. In work areas where spills may occur, the employer shall make provisions to contain any spills and to safely dispose of any MC-contaminated waste materials.

(ii) The employer shall ensure that all incidental leaks are repaired and that incidental spills are cleaned promptly by employees who use the appropriate personal protective equipment and are trained in proper methods of cleanup.

[Note to paragraph (f)(3)(ii): See Appendix A of this section for examples of procedures that satisfy this requirement. Employers covered by this standard may also be subject to the hazardous waste and emergency response provisions contained in 29 CFR 1910.120 (q).]

(g) Respiratory protection.

(1) General. For employees who use respirators required by this section, the employer must provide each employee an appropriate respirator that comply with the requirements of this paragraph. Respirators must be used during:

(i) Periods when an employee's exposure to MC exceeds the 8-hour TWA PEL, or STEL (for example, when an employee is using MC in a regulated area).

(ii) Periods necessary to install or implement feasible engineering and work-practice controls.

(iii) A few work operations, such as some maintenance operations and repair activities, for which the employer demonstrates that engineering and work-practice controls are infeasible.

(iv) Work operations for which feasible engineering and work-practice controls are not sufficient to reduce employee exposures to or below the PELs.

(v) Emergencies.

(2) Respirator program.

(i) The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (m) (except (d)(1)(iii)), which covers each employee required by this section to use a respirator.

(ii) Employers who provide employees with gas masks with organic-vapor canisters for the purpose of emergency escape must replace the canisters after any emergency use and before the gas masks are returned to service.

(3) Respirator selection. Employers must:

(i) Select, and provide to employees, the appropriate atmosphere-supplying respirator specified in paragraph (d)(3)(i)(A) of 29 CFR 1910.134; however, employers must not select or use half masks of any type because MC may cause eye irritation or damage.

(ii) For emergency escape, provide employees with one of the following respirator options: A self-contained breathing apparatus operated in the continuous-flow or pressure-demand mode; or a gas mask with an organic vapor canister.

(4) Medical evaluation. Before having an employee use a supplied-air respirator in the negative-pressure mode, or a gas mask with an organic-vapor canister for emergency escape, the employer must:

(i) Have a physician or other licensed health-care professional (PLHCP) evaluate the employee's ability to use such respiratory protection.

(ii) Ensure that the PLHCP provides their findings in a written opinion to the employee and the employer.

(h) Protective Work Clothing and Equipment.

(1) Where needed to prevent MC-induced skin or eye irritation, the employer shall provide clean protective clothing and equipment which is resistant to MC, at no cost to the employee,

and shall

ensure that each affected employee uses it. Eye and face protection shall meet the requirements of 29 CFR 1910.133 or 29 CFR 1915.153, as applicable.

(2) The employer shall clean, launder, repair and replace all protective clothing and equipment required by this paragraph as needed to maintain their effectiveness.

(3) The employer shall be responsible for the safe disposal of such clothing and equipment.

[Note to paragraph (h)(3): See Appendix A for examples of disposal procedures that will satisfy this requirement.]

(i) Hygiene facilities.

(1) If it is reasonably foreseeable that employees' skin may contact solutions containing 0.1 percent or greater MC (for example, through splashes, spills or improper work practices), the employer shall provide conveniently located washing facilities capable of removing the MC, and shall ensure that affected employees use these facilities as needed.

(2) If it is reasonably foreseeable that an employee's eyes may contact solutions containing 0.1 percent or greater MC (for example through splashes, spills or improper work practices), the employer shall provide appropriate eyewash facilities within the immediate work area for emergency use, and shall ensure that affected employees use those facilities when necessary.

(j) Medical surveillance.

(1) Affected employees. The employer shall make medical surveillance available for employees who are or may be exposed to MC as follows:

(i) At or above the action level on 30 or more days per year, or above the 8-hour TWA PEL or the STEL on 10 or more days per year;

(ii) Above the 8-TWA PEL or STEL for any time period where an employee has been identified by a physician or other licensed health care professional as being at risk from cardiac disease or from some other serious MC-related health condition and such employee requests inclusion in the medical surveillance program;

(iii) During an emergency.

(2) Costs. The employer shall provide all required medical surveillance at no cost to affected employees, without loss of pay and at a reasonable time and place.

(3) Medical personnel. The employer shall ensure that all medical surveillance procedures are performed by a physician or other licensed health care professional, as defined in paragraph (b) of this section.

(4) Frequency of medical surveillance. The employer shall make medical surveillance

available to each affected employee as follows: (i) Initial surveillance. The employer shall provide initial medical surveillance under the schedule provided by paragraph (n)(2)(iii) of this section, or before the time of initial assignment of the employee, whichever is later. The employer need not provide the initial surveillance if medical records show that an affected employee has been provided with medical surveillance that complies with this section within 12 months before April 10, 1997.

(ii) Periodic medical surveillance. The employer shall update the medical and work history for each affected employee annually. The employer shall provide periodic physical examinations, including appropriate laboratory surveillance, as follows:

(A) For employees 45 years of age or older, within 12 months of the initial surveillance or any subsequent medical surveillance; and

(B) For employees younger than 45 years of age, within 36 months of the initial surveillance or any subsequent medical surveillance.

(iii) Termination of employment or reassignment. When an employee leaves the employer's workplace, or is reassigned to an area where exposure to MC is consistently at or below the action level and STEL, medical surveillance shall be made available if six months or more have elapsed since the last medical surveillance.

(iv) Additional surveillance. The employer shall provide additional medical surveillance at frequencies other than those listed above when recommended in the written medical opinion. (For example, the physician or other licensed health care professional may determine an examination is warranted in less than 36 months for employees younger than 45 years of age based upon evaluation of the results of the annual medical and work history.)

(5) Content of medical surveillance.

(i) Medical and work history. The comprehensive medical and work history shall emphasize neurological symptoms, skin conditions, history of hematologic or liver disease, signs or symptoms suggestive of heart disease (angina, coronary artery disease), risk factors for cardiac disease, MC exposures, and work practices and personal protective equipment used during such exposures.

[Note to paragraph (j)(5)(i): See Appendix B of this section for an example of a medical and work history format that would satisfy this requirement.]

(ii) Physical examination. Where physical examinations are provided as required above, the physician or other licensed health care professional shall accord particular attention to the lungs, cardiovascular system (including blood pressure and pulse), liver, nervous system, and skin. The physician or other licensed health care professional shall determine the extent and nature of the physical examination based on the health status of the employee and analysis of the medical and work history.

(iii) Laboratory surveillance. The physician or other licensed health care professional shall determine the extent of any required laboratory surveillance based on the employee's observed health status and the medical and work history.

[Note to paragraph (j)(5)(iii): See Appendix B of this section for information regarding medical tests. Laboratory surveillance may include before- and after-shift carboxyhemoglobin determinations, resting ECG, hematocrit, liver function tests and cholesterol levels.]

(iv) Other information or reports. The medical surveillance shall also include any other information or reports the physician or other licensed health care professional determines are necessary to assess the employee's health in relation to MC exposure.

(6) Content of emergency medical surveillance. The employer shall ensure that medical surveillance made available when an employee has been exposed to MC in emergency situations includes, at a minimum:

(i) Appropriate emergency treatment and decontamination of the exposed employee;

(ii) Comprehensive physical examination with special emphasis on the nervous system, cardiovascular system, lungs, liver and skin, including blood pressure and pulse;

(iii) Updated medical and work history, as appropriate for the medical condition of the employee; and

(iv) Laboratory surveillance, as indicated by the employee's health status.

[Note to paragraph (j)(6)(iv): See Appendix B for examples of tests which may be appropriate.]

(7) Additional examinations and referrals. Where the physician or other licensed health care professional determines it is necessary, the scope of the medical examination shall be expanded and the appropriate additional medical surveillance, such as referrals for consultation or examination, shall be provided.

(8) Information provided to the physician or other licensed health care professional. The employer shall provide the following information to a physician or other licensed health care professional who is involved in the diagnosis of MC-induced health effects:

(i) A copy of this section including its applicable appendices;

(ii) A description of the affected employee's past, current and anticipated future duties as they relate to the employee's MC exposure;

(iii) The employee's former or current exposure levels or, for employees not yet occupationally exposed to MC, the employee's anticipated exposure levels and the frequency and exposure levels anticipated to be associated with emergencies;

(iv) A description of any personal protective equipment, such as respirators, used or to be used; and

(v) Information from previous employment-related medical surveillance of the affected employee which is not otherwise available to the physician or other licensed health care professional.

(9) Written medical opinions.

(i) For each physical examination required by this section, the employer shall ensure that the physician or other licensed health care professional provides to the employer and to the affected employee a written opinion regarding the results of that examination within 15 days of completion of the evaluation of medical and laboratory findings, but not more than 30 days after the examination. The written medical opinion shall be limited to the following information:

(A) The physician or other licensed health care professional's opinion concerning whether exposure to MC may contribute to or aggravate the employee's existing cardiac, hepatic, neurological (including stroke) or dermal disease or whether the employee has any other medical condition(s) that would place the employee's health at increased risk of material impairment from exposure to MC.

(B) Any recommended limitations upon the employee's exposure to MC, including removal from MC exposure, or upon the employee's use of respirators, protective clothing, or other protective equipment.

(C) A statement that the employee has been informed by the physician or other licensed health care professional that MC is a potential occupational carcinogen, of risk factors for heart disease, and the potential for exacerbation of underlying heart disease by exposure to MC through its metabolism to carbon monoxide; and

(D) A statement that the employee has been informed by the physician or other licensed health care professional of the results of the medical examination and any medical conditions resulting from MC exposure which require further explanation or treatment.

(ii) The employer shall instruct the physician or other licensed health care professional not to reveal to the employer, orally or in the written opinion, any specific records, findings, and diagnoses that have no bearing on occupational exposure to MC.

[Note to paragraph (j)(9)(ii): The written medical opinion may also include information and opinions generated to comply with other OSHA health standards.]

(10) Medical Presumption. For purposes of this paragraph (j) of this section, the physician or other licensed health care professional shall presume, unless medical evidence indicates to the contrary, that a medical condition is unlikely to require medical removal from MC exposure if the employee is not exposed to MC above the 8-hour TWA PEL. If the physician or other licensed health care professional recommends removal for an employee exposed below the

8-hour TWA PEL, the physician or other licensed health care professional shall cite specific medical evidence, sufficient to rebut the presumption that exposure below the 8-hour TWA PEL is unlikely to require removal, to support the recommendation. If such evidence is cited by the physician or other licensed health care professional, the employer must remove the employee. If such evidence is not cited by the physician or other licensed health care professional, the employer is not required to remove the employee.

(11) Medical Removal Protection (MRP).

(i) Temporary medical removal and return of an employee.

(A) Except as provided in paragraph (j)(10) of this section, when a medical determination recommends removal because the employee's exposure to MC may contribute to or aggravate the employee's existing cardiac, hepatic, neurological (including stroke), or skin disease, the employer must provide medical removal protection benefits to the employee and either:

(1) Transfer the employee to comparable work where methylene chloride exposure is below the action level; or

(2) Remove the employee from MC exposure.

(B) If comparable work is not available and the employer is able to demonstrate that removal and the costs of extending MRP benefits to an additional employee, considering feasibility in relation to the size of the employer's business and the other requirements of this standard, make further reliance on MRP an inappropriate remedy, the employer may retain the additional employee in the existing job until transfer or removal becomes appropriate, provided:

(1) The employer ensures that the employee receives additional medical surveillance, including a physical examination at least every 60 days until transfer or removal occurs; and

(2) The employer or PLHCP informs the employee of the risk to the employee's health from continued MC exposure.

(C) The employer shall maintain in effect any job-related protective measures or limitations, other than removal, for as long as a medical determination recommends them to be necessary.

(ii) End of MRP benefits and return of the employee to former job status.

(A) The employer may cease providing MRP benefits at the earliest of the following:

(1) Six months;

(2) Return of the employee to the employee's former job status following receipt

of a medical determination concluding that the employee's exposure to MC no longer will aggravate any cardiac, hepatic, neurological (including stroke), or dermal disease;

(3) Receipt of a medical determination concluding that the employee can never return to MC exposure.

(B) For the purposes of this paragraph (j), the requirement that an employer return an employee to the employee's former job status is not intended to expand upon or restrict any rights an employee has or would have had, absent temporary medical removal, to a specific job classification or position under the terms of a collective bargaining agreement.

(12) Medical Removal Protection Benefits.

(i) For purposes of this paragraph (j), the term medical removal protection benefits means that, for each removal, an employer must maintain for up to six months the earnings, seniority, an other employment rights and benefits of the employee as though the employee had not been removed from MC exposure or transferred to a comparable job.

(ii) During the period of time that an employee is removed from exposure to MC, the employer may condition the provision of medical removal protection benefits upon the employee's participation in follow-up medical surveillance made available pursuant to this section.

(iii) If a removed employee files a workers' compensation claim for a MC-related disability, the employer shall continue the MRP benefits required by this paragraph until either the claim is resolved or the 6-month period for payment of MRP benefits has passed, whichever occurs first. To the extent the employee is entitled to indemnity payments for earnings lost during the period of removal, the employer's obligation to provide medical removal protection benefits to the employee shall be reduced by the amount of such indemnity payments.

(iv) The employer's obligation to provide medical removal protection benefits to a removed employee shall be reduced to the extent that the employee receives compensation for earnings lost during the period of removal from either a publicly or an employer-funded compensation program, or receives income from employment with another employer made possible by virtue of the employee's removal.

(13) Voluntary Removal or Restriction of an Employee. Where an employer, although not required by this section to do so, removes an employee from exposure to MC or otherwise places any limitation on an employee due to the effects of MC exposure on the employee's medical condition, the employer shall provide medical removal protection benefits to the employee equal to those required by paragraph (j)(12) of this section.

(14) Multiple Health Care Professional Review Mechanism.

(i) If the employer selects the initial physician or licensed health care professional (PLHCP) to conduct any medical examination or consultation provided to an employee under this

paragraph (j)(11), the employer shall notify the employee of the right to seek a second medical opinion each time the employer provides the employee with a copy of the written opinion of that PLHCP.

(ii) If the employee does not agree with the opinion of the employer-selected PLHCP, notifies the employer of that fact, and takes steps to make an appointment with a second PLHCP within 15 days of receiving a copy of the written opinion of the initial PLHCP, the employer shall pay for the PLHCP chosen by the employee to perform at least the following:

(A) Review any findings, determinations or recommendations of the initial PLHCP; and

(B) conduct such examinations, consultations, and laboratory tests as the PLHCP deems necessary to facilitate this review.

(iii) If the findings, determinations or recommendations of the second PLHCP differ from those of the initial PLHCP, then the employer and the employee shall instruct the two health care professionals to resolve the disagreement.

(iv) If the two health care professionals are unable to resolve their disagreement within 15 days, then those two health care professionals shall jointly designate a PLHCP who is a specialist in the field at issue. The employer shall pay for the specialist to perform at least the following:

(A) Review the findings, determinations, and recommendations of the first two PLHCPs; and

(B) Conduct such examinations, consultations, laboratory tests and discussions with the prior PLHCPs as the specialist deems necessary to resolve the disagreements of the prior health care professionals.

(v) The written opinion of the specialist shall be the definitive medical determination. The employer shall act consistent with the definitive medical determination, unless the employer and employee agree that the written opinion of one of the other two PLHCPs shall be the definitive medical determination.

(vi) The employer and the employee or authorized employee representative may agree upon the use of any expeditious alternate health care professional determination mechanism in lieu of the multiple health care professional review mechanism provided by this paragraph so long as the alternate mechanism otherwise satisfies the requirements contained in this paragraph.

(k) Hazard communication. The employer shall communicate the following hazards associated with MC on labels and in material safety data sheets in accordance with the requirements of the Hazard Communication Standard, 29 CFR 1910.1200, 29 CFR 1915.1200, or 29 CFR 1926.59, as appropriate: cancer, cardiac effects (including elevation of carboxyhemoglobin), central nervous system effects, liver effects, and skin and eye irritation.

(l) Employee information and training.

(1) The employer shall provide information and training for each affected employee prior to or

at the time of initial assignment to a job involving potential exposure to MC.

(2) The employer shall ensure that information and training is presented in a manner that is understandable to the employees.

(3) In addition to the information required under the Hazard Communication Standard at 29 CFR 1910.1200, 29 CFR 1915.1200, or 29 CFR 1926.59, as appropriate:

(i) The employer shall inform each affected employee of the requirements of this section and information available in its appendices, as well as how to access or obtain a copy of it in the workplace;

(ii) Wherever an employee's exposure to airborne concentrations of MC exceeds or can reasonably be expected to exceed the action level, the employer shall inform each affected employee of the quantity, location, manner of use, release, and storage of MC and the specific operations in the workplace that could result in exposure to MC, particularly noting where exposures may be above the 8-hour TWA PEL or STEL;

(4) The employer shall train each affected employee as required under the Hazard Communication standard at 29 CFR 1910.1200, 29 CFR 1915.1200, or 29 CFR 1926.59, as appropriate.

(5) The employer shall re-train each affected employee as necessary to ensure that each employee exposed above the action level or the STEL maintains the requisite understanding of the principles of safe use and handling of MC in the workplace.

(6) Whenever there are workplace changes, such as modifications of tasks or procedures or the institution of new tasks or procedures, which increase employee exposure, and where those exposures exceed or can reasonably be expected to exceed the action level, the employer shall update the training as necessary to ensure that each affected employee has the requisite proficiency.

(7) An employer whose employees are exposed to MC at a multi-employer worksite shall notify the other employers with work operations at that site in accordance with the requirements of the Hazard Communication Standard, 29 CFR 1910.1200, 29 CFR 1915.1200, or 29 CFR 1926.59, as appropriate.

(8) The employer shall provide to the Assistant Secretary or the Director, upon request, all available materials relating to employee information and training.

(m) Record keeping.

(1) Objective data. (i) Where an employer seeks to demonstrate that initial monitoring is unnecessary through reasonable reliance on objective data showing that any materials in the workplace containing MC will not release MC at levels which exceed the action level or the STEL under foreseeable conditions of exposure, the employer shall establish and maintain an

accurate record of the objective data relied upon in support of the exemption.

(ii) This record shall include at least the following information:

- (A) The MC-containing material in question;
- (B) The source of the objective data;
- (C) The testing protocol, results of testing, and/or analysis of the material for the release of MC;
- (D) A description of the operation exempted under paragraph (d)(2)(i) of this section and how the data support the exemption; and
- (E) Other data relevant to the operations, materials, processing, or employee exposures covered by the exemption.

(iii) The employer shall maintain this record for the duration of the employer's reliance upon such objective data.

(2) Exposure measurements. (i) The employer shall establish and keep an accurate record of all measurements taken to monitor employee exposure to MC as prescribed in paragraph (d) of this section.

(ii) Where the employer has 20 or more employees, this record shall include at least the following information:

- (A) The date of measurement for each sample taken;
- (B) The operation involving exposure to MC which is being monitored;
- (C) Sampling and analytical methods used and evidence of their accuracy;
- (D) Number, duration, and results of samples taken;
- (E) Type of personal protective equipment, such as respiratory protective devices, worn, if any; and
- (F) Name, social security number, job classification and exposure of all of the employees represented by monitoring, indicating which employees were actually monitored.

(iii) Where the employer has fewer than 20 employees, the record shall include at least the following information:

- (A) The date of measurement for each sample taken;

(B) Number, duration, and results of samples taken; and

(C) Name, social security number, job classification and exposure of all of the employees represented by monitoring, indicating which employees were actually monitored.

(iv) The employer shall maintain this record for at least thirty (30) years, in accordance with 29 CFR 1910.1020.

(3) Medical surveillance.

(i) The employer shall establish and maintain an accurate record for each employee subject to medical surveillance under paragraph (j) of this section.

(ii) The record shall include at least the following information:

(A) The name, social security number and description of the duties of the employee;

(B) Written medical opinions; and

(C) Any employee medical conditions related to exposure to MC.

(iii) The employer shall ensure that this record is maintained for the duration of employment plus thirty (30) years, in accordance with 29 CFR 1910.1020.

(4) Availability. (i) The employer, upon written request, shall make all records required to be maintained by this section available to the Assistant Secretary and the Director for examination and copying in accordance with 29 CFR 1910.1020.

[Note to paragraph (m)(4)(i): All records required to be maintained by this section may be kept in the most administratively convenient form (for example, electronic or computer records would satisfy this requirement).]

(ii) The employer, upon request, shall make any employee exposure and objective data records required by this section available for examination and copying by affected employees, former employees, and designated representatives in accordance with 29 CFR 1910.1020.

(iii) The employer, upon request, shall make employee medical records required to be kept by this section available for examination and copying by the subject employee and by anyone having the specific written consent of the subject employee in accordance with 29 CFR 1910.1020.

(5) Transfer of records. The employer shall comply with the requirements concerning transfer of records set forth in 29 CFR 1910.1020(h).

(n) [Reserved]

(o) Appendices. The information contained in the appendices does not, by itself, create any additional obligations not otherwise imposed or detract from any existing obligation.

[Note to paragraph (o): The requirement of 29 CFR 1910.1052(g)(1) to use respiratory protection whenever an employee's exposure to methylene chloride exceeds or can reasonably be expected to exceed the 8-hour TWA PEL is hereby stayed until August 31, 1998 for employers engaged in polyurethane foam manufacturing; foam fabrication; furniture refinishing; general aviation aircraft stripping; formulation of products containing methylene chloride; boat building and repair; recreational vehicle manufacture; van conversion; upholstery; and use of methylene chloride in construction work for restoration and preservation of buildings, painting and paint removal, cabinet making and/or floor refinishing and resurfacing. The requirement of 29 CFR 1910.1052(f)(1) to implement engineering controls to achieve the 8-hour TWA PEL and STEL is hereby stayed until December 10, 1998 for employers with more than 100 employees engaged in polyurethane foam manufacturing and for employers with more than 20 employees engaged in foam fabrication; furniture refinishing; general aviation aircraft stripping; formulation of products containing methylene chloride; boat building and repair; recreational vehicle manufacture; van conversion; upholstery; and use of methylene chloride in construction work for restoration and preservation of buildings, painting and paint removal, cabinet making and/or floor refinishing and resurfacing.]

[62 FR 1493, Jan. 10, 1997; 62 FR 42666, Aug. 8, 1997; 62 FR 48175, Sept. 15, 1997; 62 FR 54383, Oct. 20, 1997; 62 FR 66275, Dec. 18, 1997; 63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998; 63 FR 50729 Sept. 22, 1998; 64 FR 13700, March 22, 1999]

1910.1101 Asbestos. REMOVED-JUNE 8, 1992

[51 FR 37004, Oct. 17, 1986, as amended at 52 FR 15723, Apr. 30, 1987; 54 FR 24334, June 7, 1989; 54 FR 30705, July 21, 1989; 55 FR 50687, Dec. 10, 1991; 57 FR 24310, JUNE 8, 1992]

1910.1096 Ionizing radiation.

(a) Definitions applicable to this section.

(1) "Radiation" includes alpha rays, beta rays, gamma rays, X-rays, neutrons, high-speed electrons, high-speed protons, and other atomic particles; but such term does not include sound or radio waves, or visible light, or infrared or ultraviolet light.

(2) "Radioactive material" means any material which emits, by spontaneous nuclear disintegration, corpuscular or electromagnetic emanations.

(3) "Restricted area" means any area access to which is controlled by the employer for purposes of protection of individuals from exposure to radiation or radioactive materials.

(4) "Unrestricted area" means any area access to which is not controlled by the employer for

purposes of protection of individuals from exposure to radiation or radioactive materials.

(5) "Dose" means the quantity of ionizing radiation absorbed, per unit of mass, by the body or by any portion of the body. When the provisions in this section specify a dose during a period of time, the dose is the total quantity of radiation absorbed, per unit of mass, by the body or by any portion of the body during such period of time. Several different units of dose are in current use. Definitions of units used in this section are set forth in paragraphs (a) (6) and (7) of this section.

(6) "Rad" means a measure of the dose of any ionizing radiation to body tissues in terms of the energy absorbed per unit of mass of the tissue. One rad is the dose corresponding to the absorption of 100 ergs per gram of tissue (1 millirad (mrad)=0.001 rad).

(7) "Rem" means a measure of the dose of any ionizing radiation to body tissue in terms of its estimated biological effect relative to a dose of 1 roentgen (r) of X-rays (1 millirem (mrem)=0.001 rem). The relation of the rem to other dose units depends upon the biological effect under consideration and upon the conditions for irradiation. Each of the following is considered to be equivalent to a dose of 1 rem:

- (i) A dose of 1 roentgen due to X- or gamma radiation;
- (ii) A dose of 1 rad due to X-, gamma, or beta radiation;
- (iii) A dose of 0.1 rad due to neutrons or high energy protons;

(iv) A dose of 0.05 rad due to particles heavier than protons and with sufficient energy to reach the lens of the eye;

(v) If it is more convenient to measure the neutron flux, or equivalent, than to determine the neutron dose in rads, as provided in paragraph (a)(7)(iii) of this section, 1 rem of neutron radiation may, for purposes of the provisions in this section be assumed to be equivalent to 14 million neutrons per square centimeter incident upon the body; or, if there is sufficient information to estimate with reasonable accuracy the approximate distribution in energy of the neutrons, the incident number of neutrons per square centimeter equivalent to 1 rem may be estimated from Table G-17:

TABLE G-17 - NEUTRON FLUX DOSE EQUIVALENTS

Neutron energy (million electron volts (Mev))	Number of neutrons per square centimeter equivalent to a dose of 1 rem (neutrons/cm(2))	Average flux to deliver 100 millirem in 40 hours (neutrons/cm(2) per sec)
Thermal	970 X 10(6)	670
0.0001	720 X 10(6)	500
0.005	820 X 10(6)	570
0.02	400 X 10(6)	280

0.1	120 X 10(6)	80
0.5	43 X 10(6)	30
1.0	26 X 10(6)	18
2.5	29 X 10(6)	20
5.0	26 X 10(6)	18
7.5	24 X 10(6)	17
10	24 X 10(6)	17
10 to 30	14 X 10(6)	10

(8) For determining exposures to X- or gamma rays up to 3 Mev., the dose limits specified in this section may be assumed to be equivalent to the "air dose". For the purpose of this section "air dose" means that the dose is measured by a properly calibrated appropriate instrument in air at or near the body surface in the region of the highest dosage rate.

(b) Exposure of individuals to radiation in restricted areas.

(1) Except as provided in paragraph (b)(2) of this section, no employer shall possess, use, or transfer sources of ionizing radiation in such a manner as to cause any individual in a restricted area to receive in any period of one calendar quarter from sources in the employer's possession or control a dose in excess of the limits specified in Table G-18:

TABLE G-18

	Rems per calendar quarter
Whole body: Head and trunk; active blood-forming organs; lens of eyes; or gonads	1 1/4
Hands and forearms; feet and ankles	18 3/4
Skin of whole body	7 1/2

(2) An employer may permit an individual in a restricted area to receive doses to the whole body greater than those permitted under subparagraph (1) of this paragraph, so long as:

(i) During any calendar quarter the dose to the whole body shall not exceed 3 rems;
and

(ii) The dose to the whole body, when added to the accumulated occupational dose to the whole body, shall not exceed 5 (N-18) rems, where "N" equals the individual's age in years at his last birthday; and

(iii) The employer maintains adequate past and current exposure records which show that the addition of such a dose will not cause the individual to exceed the amount authorized

in this subparagraph. As used in this subparagraph "Dose to the whole body" shall be deemed to include any dose to the whole body, gonad, active bloodforming organs, head and trunk, or lens of the eye.

(3) No employer shall permit any employee who is under 18 years of age to receive in any period of one calendar quarter a dose in excess of 10 percent of the limits specified in Table G-18.

(4) "Calendar quarter" means any 3-month period determined as follows:

(i) The first period of any year may begin on any date in January: Provided, That the second, third, and fourth periods accordingly begin on the same date in April, July, and October, respectively, and that the fourth period extends into January of the succeeding year, if necessary to complete a 3-month quarter. During the first year of use of this method of determination, the first period for that year shall also include any additional days in January preceding the starting date for the first period; or

(ii) The first period in a calendar year of 13 complete, consecutive calendar weeks; the second period in a calendar year of 13 complete, consecutive weeks; the third period in a calendar year of 13 complete, consecutive calendar weeks; the fourth period in a calendar year of 13 complete, consecutive calendar weeks. If at the end of a calendar year there are any days not falling within a complete calendar week of that year, such days shall be included within the last complete calendar week of that year. If at the beginning of any calendar year there are days not falling within a complete calendar week of that year, such days shall be included within the last complete calendar week of the previous year; or

(iii) The four periods in a calendar year may consist of the first 14 complete, consecutive calendar weeks; the next 12 complete, consecutive calendar weeks, the next 14 complete, consecutive calendar weeks, and the last 12 complete, consecutive calendar weeks. If at the end of a calendar year there are any days not falling within a complete calendar week of that year, such days shall be included (for purposes of this section) within the last complete calendar week of the year. If at the beginning of any calendar year there are days not falling within a complete calendar week of that year, such days shall be included (for purposes of this section) within the last complete week of the previous year.

(c) Exposure to airborne radioactive material.

(1) No employer shall possess, use or transport radioactive material in such a manner as to cause any employee, within a restricted area, to be exposed to airborne radioactive material in an average concentration in excess of the limits specified in Table 1 of Appendix B to 10 CFR Part 20. The limits given in Table 1 are for exposure to the concentrations specified for 40 hours in any workweek of 7 consecutive days. In any such period where the number of hours of exposure is less than 40, the limits specified in the table may be increased proportionately. In any such period where the number of hours of exposure is greater than 40, the limits specified in the table shall be decreased proportionately.

(2) No employer shall possess, use, or transfer radioactive material in such a manner as to

cause any individual within a restricted area, who is under 18 years of age, to be exposed to airborne radioactive material in an average concentration in excess of the limits specified in Table II of Appendix B to 10 CFR Part 20. For purposes of this paragraph, concentrations may be averaged over periods not greater than 1 week.

(3) "Exposed" as used in this paragraph means that the individual is present in an airborne concentration. No allowance shall be made for the use of protective clothing or equipment, or particle size.

(d) Precautionary procedures and personal monitoring.

(1) Every employer shall make such surveys as may be necessary for him to comply with the provisions in this section. "Survey" means an evaluation of the radiation hazards incident to the production, use, release, disposal, or presence of radioactive materials or other sources of radiation under a specific set of conditions. When appropriate, such evaluation includes a physical survey of the location of materials and equipment, and measurements of levels of radiation or concentrations of radioactive material present.

(2) Every employer shall supply appropriate personnel monitoring equipment, such as film badges, pocket chambers, pocket dosimeters, or film rings, and shall require the use of such equipment by:

(i) Each employee who enters a restricted area under such circumstances that he receives, or is likely to receive, a dose in any calendar quarter in excess of 25 percent of the applicable value specified in paragraph (b)(1) of this section; and

(ii) Each employee under 18 years of age who enters a restricted area under such circumstances that he receives, or is likely to receive, a dose in any calendar quarter in excess of 5 percent of the applicable value specified in paragraph (b)(1) of this section; and

(iii) Each employee who enters a high radiation area.

(3) As used in this section:

(i) "Personnel monitoring equipment" means devices designed to be worn or carried by an individual for the purpose of measuring the dose received (e.g., film badges, pocket chambers, pocket dosimeters, film rings, etc.);

(ii) "Radiation area" means any area, accessible to personnel, in which there exists radiation at such levels that a major portion of the body could receive in any 1 hour a dose in excess of 5 millirem, or in any 5 consecutive days a dose in excess of 100 millirem; and

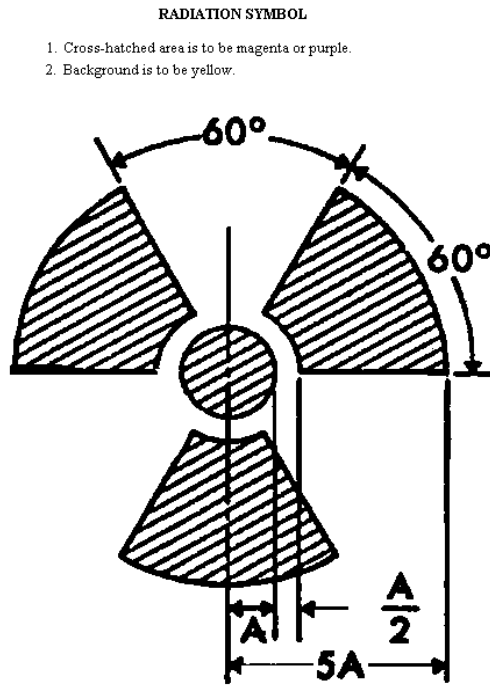
(iii) "High radiation area" means any area, accessible to personnel, in which there exists radiation at such levels that a major portion of the body could receive in any one hour a dose in excess of 100 millirem.

(e) Caution signs, labels, and signals

(1) General.

(i) Symbols prescribed by this paragraph shall use the conventional radiation caution colors (magenta or purple on yellow background). The symbol prescribed by this paragraph is the conventional three-bladed design:

FIGURE G-10 RADIATION SYMBOL



(2) Radiation area. Each radiation area shall be conspicuously posted with a sign or signs bearing the radiation caution symbol described in subparagraph (1) of this paragraph and the words:

CAUTION

RADIATION AREA

(3) High radiation area.

(i) Each high radiation area shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words:

CAUTION

HIGH RADIATION AREA

(ii) Each high radiation area shall be equipped with a control device which shall either cause the level of radiation to be reduced below that at which an individual might receive a dose of 100 millirems in 1 hour upon entry into the area or shall energize a conspicuous visible or audible alarm signal in such a manner that the individual entering and the employer or a supervisor of the activity are made aware of the entry. In the case of a high radiation area established for a period of 30 days or less, such control device is not required.

(4) Airborne radioactivity area.

(i) As used in the provisions of this section, "airborne radioactivity area" means:

(a) Any room, enclosure, or operating area in which airborne radioactive materials, composed wholly or partly of radioactive material, exist in concentrations in excess of the amounts specified in column 1 of Table 1 of Appendix B to 10 CFR Part 20 or

(b) Any room, enclosure, or operating area in which airborne radioactive materials exist in concentrations which, averaged over the number of hours in any week during which individuals are in the area, exceed 25 percent of the amounts specified in column 1 of Table 1 of Appendix B to 10 CFR Part 20.

(ii) Each airborne radioactivity area shall be conspicuously posted with a sign or signs bearing the radiation caution symbol described in paragraph (e)(1) of this section and the words:

CAUTION

AIRBORNE RADIOACTIVITY AREA

(5) Additional requirements.

(i) Each area or room in which radioactive material is used or stored and which contains any radioactive material (other than natural uranium or thorium) in any amount exceeding 10 times the quantity of such material specified in Appendix C to 10 CFR Part 20 shall be conspicuously posted with a sign or signs bearing the radiation caution symbol described in paragraph (e)(1) of this section and the words:

CAUTION

RADIOACTIVE MATERIALS

(ii) Each area or room in which natural uranium or thorium is used or stored in an amount exceeding 100 times the quantity of such material specified in 10 CFR Part 20 shall be conspicuously posted with a sign or signs bearing the radiation caution symbol described in

paragraph (e)(1) of this section and the words:

CAUTION

RADIOACTIVE MATERIALS

(6) Containers.

(i) Each container in which is transported, stored, or used a quantity of any radioactive material (other than natural uranium or thorium) greater than the quantity of such material specified in Appendix C to 10 CFR Part 20 shall bear a durable, clearly visible label bearing the radiation caution symbol described in paragraph (e)(1) of this section and the words:

CAUTION

RADIOACTIVE MATERIALS

(ii) Each container in which natural uranium or thorium is transported, stored, or used in a quantity greater than 10 times the quantity specified in Appendix C to 10 CFR Part 20 shall bear a durable, clearly visible label bearing the radiation caution symbol described in paragraph (e)(1) of this section and the words:

CAUTION

RADIOACTIVE MATERIALS

(iii) Notwithstanding the provisions of paragraphs (e)(6) (i) and (ii) of this section a label shall not be required:

(a) If the concentration of the material in the container does not exceed that specified in column 2 of Table 1 of Appendix B to 10 CFR Part 20, or

(b) For laboratory containers, such as beakers, flasks, and test tubes, used transiently in laboratory procedures, when the user is present.

(iv) Where containers are used for storage, the labels required in this subparagraph shall state also the quantities and kinds of radioactive materials in the containers and the date of measurement of the quantities.

(f) Immediate evacuation warning signal

(1) Signal characteristics.

(i) The signal shall be a midfrequency complex sound wave amplitude modulated at a subsonic frequency. The complex sound wave in free space shall have a fundamental frequency (f(1)) between 450 and 500 hertz (Hz) modulated at a subsonic rate between 4 and 5 hertz.

(ii) The signal generator shall not be less than 75 decibels at every location where an individual may be present whose immediate, rapid, and complete evacuation is essential.

(iii) A sufficient number of signal units shall be installed such that the requirements of paragraph (f)(1)(ii) of this section are met at every location where an individual may be present whose immediate, rapid, and complete evacuation is essential.

(iv) The signal shall be unique in the plant or facility in which it is installed.

(v) The minimum duration of the signal shall be sufficient to insure that all affected persons hear the signal.

(vi) The signal-generating system shall respond automatically to an initiating event without requiring any human action to sound the signal.

(2) Design objectives.

(i) The signal-generating system shall be designed to incorporate components which enable the system to produce the desired signal each time it is activated within one-half second of activation.

(ii) The signal-generating system shall be provided with an automatically activated secondary power supply which is adequate to simultaneously power all emergency equipment to which it is connected, if operation during power failure is necessary, except in those systems using batteries as the primary source of power.

(iii) All components of the signal-generating system shall be located to provide maximum practicable protection against damage in case of fire, explosion, corrosive atmosphere, or other environmental extremes consistent with adequate system performance.

(iv) The signal-generating system shall be designed with the minimum number of components necessary to make it function as intended, and should utilize components which do not require frequent servicing such as lubrication or cleaning.

(v) Where several activating devices feed activating information to a central signal generator, failure of any activating device shall not render the signal-generator system inoperable to activating information from the remaining devices.

(vi) The signal-generating system shall be designed to enhance the probability that alarm occurs only when immediate evacuation is warranted. The number of false alarms shall not be so great that the signal will come to be disregarded and shall be low enough to minimize personal injuries or excessive property damage that might result from such evacuation.

(3) Testing.

(i) Initial tests, inspections, and checks of the signal-generating system shall be

made to verify that the fabrication and installation were made in accordance with design plans and specifications and to develop a thorough knowledge of the performance of the system and all components under normal and hostile conditions.

(ii) Once the system has been placed in service, periodic tests, inspections, and checks shall be made to minimize the possibility of malfunction.

(iii) Following significant alterations or revisions to the system, tests and checks similar to the initial installation tests shall be made.

(iv) Tests shall be designed to minimize hazards while conducting the tests.

(v) Prior to normal operation the signal-generating system shall be checked physically and functionally to assure reliability and to demonstrate accuracy and performance. Specific tests shall include:

(a) All power sources.

(b) Calibration and calibration stability.

(c) Trip levels and stability.

(d) Continuity of function with loss and return of required services such as AC or DC power, air pressure, etc.

(e) All indicators.

(f) Trouble indicator circuits and signals, where used.

(g) Air pressure (if used)

(h) Determine that sound level of the signal is within the limit of paragraph (f)(1)(ii) of this section at all points that require immediate evacuation.

(vi) In addition to the initial startup and operating tests, periodic scheduled performance tests and status checks must be made to insure that the system is at all times operating within design limits and capable of the required response. Specific periodic tests or checks or both shall include:

(a) Adequacy of signal activation device.

(b) All power sources.

(c) Function of all alarm circuits and trouble indicator circuits including trip levels.

(d) Air pressure (if used).

(e) Function of entire system including operation without power where required.

(f) Complete operational tests including sounding of the signal and determination that sound levels are adequate.

(vii) Periodic tests shall be scheduled on the basis of need, experience, difficulty, and disruption of operations. The entire system should be operationally tested at least quarterly.

(viii) All employees whose work may necessitate their presence in an area covered by the signal shall be made familiar with the actual sound of the signal-preferably as it sounds at their work location. Before placing the system into operation, all employees normally working in the area shall be made acquainted with the signal by actual demonstration at their work locations.

(g) Exceptions from posting requirements. Notwithstanding the provisions of paragraph (e) of this section:

(1) A room or area is not required to be posted with a caution sign because of the presence of a sealed source, provided the radiation level 12 inches from the surface of the source container or housing does not exceed 5 millirem per hour.

(2) Rooms or other areas in onsite medical facilities are not required to be posted with caution signs because of the presence of patients containing radioactive material, provided that there are personnel in attendance who shall take the precautions necessary to prevent the exposure of any individual to radiation or radioactive material in excess of the limits established in the provisions of this section.

(3) Caution signs are not required to be posted at areas or rooms containing radioactive materials for periods of less than 8 hours: Provided, That

(i) The materials are constantly attended during such periods by an individual who shall take the precautions necessary to prevent the exposure of any individual to radiation or radioactive materials in excess of the limits established in the provisions of this section; and

(ii) Such area or room is subject to the employer's control.

(h) Exemptions for radioactive materials packaged for shipment. Radioactive materials packaged and labeled in accordance with regulations of the Department of Transportation published in 49 CFR Chapter I, are exempt from the labeling and posting requirements of this subpart during shipment, provided that the inside containers are labeled in accordance with the provisions of paragraph (e) of this section.

(i) Instruction of personnel, posting.

(1) Employers regulated by the Nuclear Regulatory Commission shall be governed by 10 CFR Part 20 standards. Employers in a State named in paragraph (p)(3) of this section shall be governed by the requirements of the laws and regulations of that State. All other employers shall be regulated by the following:

(2) All individuals working in or frequenting any portion of a radiation area shall be informed of the occurrence of radioactive materials or of radiation in such portions of the radiation area; shall be instructed in the safety problems associated with exposure to such materials or radiation and in precautions or devices to minimize exposure; shall be instructed in the applicable provisions of this section for the protection of employees from exposure to radiation or radioactive materials; and shall be advised of reports of radiation exposure which employees may request pursuant to the regulations in this section.

(3) Each employer to whom this section applies shall post a current copy of its provisions and a copy of the operating procedures applicable to the work conspicuously in such locations as to insure that employees working in or frequenting radiation areas will observe these documents on the way to and from their place of employment, or shall keep such documents available for examination of employees upon request.

(j) Storage of radioactive materials. Radioactive materials stored in a non-radiation area shall be secured against unauthorized removal from the place of storage.

(k) Waste disposal. No employer shall dispose of radioactive material except by transfer to an authorized recipient, or in a manner approved by the Nuclear Regulatory Commission or a State named in paragraph (p)(3) of this section.

(l) Notification of incidents

(1) Immediate notification. Each employer shall immediately notify the Assistant Secretary of Labor or his duly authorized representative, for employees not protected by the Nuclear Regulatory Commission by means of 10 CFR Part 20; paragraph (p)(2) of this section, or the requirements of the laws and regulations of States named in paragraph (p)(3) of this section, by telephone or telegraph of any incident involving radiation which may have caused or threatens to cause:

(i) Exposure of the whole body of any individual to 25 rems or more of radiation; exposure of the skin of the whole body of any individual to 150 rems or more of radiation; or exposure of the feet, ankles, hands, or forearms of any individual to 375 rems or more of radiation; or

(ii) The release of radioactive material in concentrations which, if averaged over a period of 24 hours, would exceed 5,000 times the limit specified for such materials in Table II of Appendix B to 10 CFR Part 20.

(2) Twenty-four hour notification. Each employer shall within 24 hours following its occurrence notify the Assistant Secretary of Labor or his duly authorized representative for

employees not protected by the Nuclear Regulatory Commission by means of 10 CFR Part 20; paragraph (p)(2) of this section, or the requirements of the laws and applicable regulations of States named in paragraph (p)(3) of this section, by telephone or telegraph of any incident involving radiation which may have caused or threatens to cause:

(i) Exposure of the whole body of any individual to 5 rems or more of radiation; exposure of the skin of the whole body of any individual to 30 rems or more of radiation; or exposure of the feet, ankles, hands, or forearms to 75 rems or more of radiation; or

(m) Reports of overexposure and excessive levels and concentrations.

(1) In addition to any notification required by paragraph (1) of this section each employer shall make a report in writing within 30 days to the Assistant Secretary of Labor or his duly authorized representative, for employees not protected by the Nuclear Regulatory Commission by means of 10 CFR Part 20; or under paragraph (p)(2) of this section, or the requirements of the laws and regulations of States named in paragraph (p)(3) of this section, of each exposure of an individual to radiation or concentrations of radioactive material in excess of any applicable limit in this section. Each report required under this paragraph shall describe the extent of exposure of persons to radiation or to radioactive material; levels of radiation and concentration of radioactive material involved, the cause of the exposure, levels of concentrations; and corrective steps taken or planned to assure against a recurrence.

(2) In any case where an employer is required pursuant to the provisions of this paragraph to report to the U.S. Department of Labor any exposure of an individual to radiation or to concentrations of radioactive material, the employer shall also notify such individual of the nature and extent of exposure. Such notice shall be in writing and shall contain the following statement: "You should preserve this report for future reference."

(n) Records.

(1) Every employer shall maintain records of the radiation exposure of all employees for whom personnel monitoring is required under paragraph (d) of this section and advise each of his employees of his individual exposure on at least an annual basis.

(2) Every employer shall maintain records in the same units used in tables in paragraph (b) of this section and Appendix B to 10 CFR Part 20.

(o) Disclosure to former employee of individual employee's record.

(1) At the request of a former employee an employer shall furnish to the employee a report of the employee's exposure to radiation as shown in records maintained by the employer pursuant to paragraph (n)(1) of this section. Such report shall be furnished within 30 days from the time the request is made, and shall cover each calendar quarter of the individual's employment involving exposure to radiation or such lesser period as may be requested by the employee. The report shall also include the results of any calculations and analysis of radioactive material deposited in the body of the employee. The report shall be in writing and contain the following statement: "You should

preserve this report for future reference."

(p) Nuclear Regulatory Commission licensees - NRC contractors operating NRC plants and facilities - NRC Agreement State licensees or registrants.

(1) Any employer who possesses or uses source material, byproduct material, or special nuclear material, as defined in the Atomic Energy Act of 1954, as amended, under a license issued by the Nuclear Regulatory Commission and in accordance with the requirements of 10 CFR Part 20 shall be deemed to be in compliance with the requirements of this section with respect to such possession and use.

(2) NRC contractors operating NRC plants and facilities: Any employer who possesses or uses source material, byproduct material, special nuclear material, or other radiation sources under a contract with the Nuclear Regulatory Commission for the operation of NRC plants and facilities and in accordance with the standards, procedures, and other requirements for radiation protection established by the Commission for such contract pursuant to the Atomic Energy Act of 1954 as amended (42 U.S.C. 2011 et seq.), shall be deemed to be in compliance with the requirements of this section with respect to such possession and use.

(3) NRC-agreement State licensees or registrants:

(i) Atomic Energy Act sources. Any employer who possesses or uses source material, byproduct material, or special nuclear material, as defined in the Atomic Energy Act of 1954, as amended (42 U.S.C. 2011 et seq.), and has either registered such sources with, or is operating under a license issued by, a State which has an agreement in effect with the Nuclear Regulatory Commission pursuant to section 274(b) (42 U.S.C. 2021(b)) of the Atomic Energy Act of 1954, as amended, and in accordance with the requirements of that State's laws and regulations shall be deemed to be in compliance with the radiation requirements of this section, insofar as his possession and use of such material is concerned, unless the Secretary of Labor, after conference with the Nuclear Regulatory Commission, shall determine that the State's program for control of these radiation sources is incompatible with the requirements of this section. Such agreements currently are in effect only in the States of Alabama, Arkansas, California, Kansas, Kentucky, Florida, Mississippi, New Hampshire, New York, North Carolina, Texas, Tennessee, Oregon, Idaho, Arizona, Colorado, Louisiana, Nebraska, Washington, Maryland, North Dakota, South Carolina, and Georgia.

(ii) Other sources. Any employer who possesses or uses radiation sources other than source material, byproduct material, or special nuclear material, as defined in the Atomic Energy Act of 1954, as amended (42 U.S.C. 2011 et seq.), and has either registered such sources with, or is operating under a license issued by a State which has an agreement in effect with the Nuclear Regulatory Commission pursuant to section 274(b) (42 U.S.C. 2021(b)) of the Atomic Energy Act of 1954, as amended, and in accordance with the requirements of that State's laws and regulations shall be deemed to be in compliance with the radiation requirements of this section, insofar as his possession and use of such material is concerned, provided the State's program for control of these radiation sources is the subject of a currently effective determination by the Assistant Secretary of Labor that such program is compatible with the requirements of this section. Such determinations

currently are in effect only in the States of Alabama, Arkansas, California, Kansas, Kentucky, Florida, Mississippi, New Hampshire, New York, North Carolina, Texas, Tennessee, Oregon, Idaho, Arizona, Colorado, Louisiana, Nebraska, Washington, Maryland, North Dakota, South Carolina, and Georgia.

(Approved by the Office of Management and Budget under control number 1218-0103)

[39 FR 23502, June 27, 1974, as amended at 43 FR 49746, Oct. 24, 1978; 43 FR 51759, Nov. 7, 1978; 49 FR 18295, Apr. 30, 1984; 58 FR 35309, June 30, 1993; 61 FR 5507, Feb. 13, 1996; 61 FR 31427, June 20, 1996]

1910.1200 Hazard communication. STD 2.1 CPL 2-2.38C CPL 2-2.39

(a) Purpose.

(1) The purpose of this section is to ensure that the hazards of all chemicals produced or imported are evaluated, and that information concerning their hazards is transmitted to employers and employees. This transmittal of information is to be accomplished by means of comprehensive hazard communication programs, which are to include container labeling and other forms of warning, material safety data sheets and employee training.

(2) This occupational safety and health standard is intended to address comprehensively the issue of evaluating the potential hazards of chemicals, and communicating information concerning hazards and appropriate protective measures to employees, and to preempt any legal requirements of a state, or political subdivision of a state, pertaining to this subject. Evaluating the potential hazards of chemicals, and communicating information concerning hazards and appropriate protective measures to employees, may include, for example, but is not limited to, provisions for: developing and maintaining a written hazard communication program for the workplace, including lists of hazardous chemicals present; labeling of containers of chemicals in the workplace, as well as of containers of chemicals being shipped to other workplaces; preparation and distribution of material safety data sheets to employees and downstream employers; and development and implementation of employee training programs regarding hazards of chemicals and protective measures. Under section 18 of the Act, no state or political subdivision of a state may adopt or enforce, through any court or agency, any requirement relating to the issue addressed by this Federal standard, except pursuant to a Federally-approved state plan.

(b) Scope and application.

(1) This section requires chemical manufacturers or importers to assess the hazards of chemicals which they produce or import, and all employers to provide information to their employees about the hazardous chemicals to which they are exposed, by means of a hazard communication program, labels and other forms of warning, material safety data sheets, and information and training. In addition, this section requires distributors to transmit the required information to employers. (Employers who do not produce or import chemicals need only focus on those parts of this rule that deal with establishing a workplace program and communicating information to their workers. Appendix E of this section is a general guide for such employers to

help them determine their compliance obligations under the rule.)

(2) This section applies to any chemical which is known to be present in the workplace in such a manner that employees may be exposed under normal conditions of use or in a foreseeable emergency.

(3) This section applies to laboratories only as follows:

(i) Employers shall ensure that labels on incoming containers of hazardous chemicals are not removed or defaced;

(ii) Employers shall maintain any material safety data sheets that are received with incoming shipments of hazardous chemicals, and ensure that they are readily accessible during each workshift to laboratory employees when they are in their work areas;

(iii) Employers shall ensure that laboratory employees are provided information and training in accordance with paragraph (h) of this section, except for the location and availability of the written hazard communication program under paragraph (h)(2)(iii) of this section; and,

(iv) Laboratory employers that ship hazardous chemicals are considered to be either a chemical manufacturer or a distributor under this rule, and thus must ensure that any containers of hazardous chemicals leaving the laboratory are labeled in accordance with paragraph (f)(1) of this section, and that a material safety data sheet is provided to distributors and other employers in accordance with paragraphs (g)(6) and (g)(7) of this section.

(4) In work operations where employees only handle chemicals in sealed containers which are not opened under normal conditions of use (such as are found in marine cargo handling, warehousing, or retail sales), this section applies to these operations only as follows:

(i) Employers shall ensure that labels on incoming containers of hazardous chemicals are not removed or defaced;

(ii) Employers shall maintain copies of any material safety data sheets that are received with incoming shipments of the sealed containers of hazardous chemicals, shall obtain a material safety data sheet as soon as possible for sealed containers of hazardous chemicals received without a material safety data sheet if an employee requests the material safety data sheet, and shall ensure that the material safety data sheets are readily accessible during each work shift to employees when they are in their work area(s); and,

(iii) Employers shall ensure that employees are provided with information and training in accordance with paragraph (h) of this section (except for the location and availability of the written hazard communication program under paragraph (h)(2)(iii) of this section), to the extent necessary to protect them in the event of a spill or leak of a hazardous chemical from a sealed container.

(5) This section does not require labeling of the following chemicals:

(i) Any pesticide as such term is defined in the Federal Insecticide, Fungicide, and Rodenticide Act (7 U.S.C. 136 et seq.), when subject to the labeling requirements of that Act and labeling regulations issued under that Act by the Environmental Protection Agency;

(ii) Any hazardous substance as such term is defined by the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) (42 U.S.C. 9601 et seq.) when the hazardous substance is the focus of remedial or removal action being conducted under CERCLA in accordance with Environmental Protection Agency regulations.

(iii) Any food, food additive, color additive, drug, cosmetic, or medical or veterinary device or product, including materials intended for use as ingredients in such products (e.g. flavors and fragrances), as such terms are defined in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) or the Virus-Serum-Toxin Act of 1913 (21 U.S.C. 151 et seq.), and regulations issued under those Acts, when they are subject to the labeling requirements under those Acts by either the Food and Drug Administration or the Department of Agriculture;

(iv) Any distilled spirits (beverage alcohols), wine, or malt beverage intended for nonindustrial use, as such terms are defined in the Federal Alcohol Administration Act (27 U.S.C. 201 et seq.) and regulations issued under that Act, when subject to the labeling requirements of that Act and labeling regulations issued under that Act by the Bureau of Alcohol, Tobacco, and Firearms;

(v) Any consumer product or hazardous substance as those terms are defined in the Consumer Product Safety Act (15 U.S.C. 2051 et seq.) and Federal Hazardous Substances Act (15 U.S.C. 1261 et seq.) respectively, when subject to a consumer product safety standard or labeling requirement of those Acts, or regulations issued under those Acts by the Consumer Product Safety Commission; and,

(vi) Agricultural or vegetable seed treated with pesticides and labeled in accordance with the Federal Seed Act (7 U.S.C. 1551 et seq.) and the labeling regulations issued under that Act by the Department of Agriculture.

(6) This section does not apply to:

(i) Any hazardous waste as such term is defined by the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976, as amended (42 U.S.C. 6901 et seq.), when subject to regulations issued under that Act by the Environmental Protection Agency;

(ii) Any hazardous substance as such term is defined by the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA)(42 U.S.C. 9601 et seq.), when the hazardous substance is the focus of remedial or removal action being conducted under CERCLA in accordance with Environmental Protection Agency regulations.

(iii) Tobacco or tobacco products;

(iv) Wood or wood products, including lumber which will not be processed, where the chemical manufacturer or importer can establish that the only hazard they pose to employees is the potential for flammability or combustibility (wood or wood products which have been treated with a hazardous chemical covered by this standard, and wood which may be subsequently sawed or cut, generating dust, are not exempted);

(v) Articles (as that term is defined in paragraph (c) of this section);

(vi) Food or alcoholic beverages which are sold, used, or prepared in a retail establishment (such as a grocery store, restaurant, or drinking place), and foods intended for personal consumption by employees while in the workplace;

(vii) Any drug, as that term is defined in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.), when it is in solid, final form for direct administration to the patient (e.g., tablets or pills); drugs which are packaged by the chemical manufacturer for sale to consumers in a retail establishment (e.g., over-the-counter drugs); and drugs intended for personal consumption by employees while in the workplace (e.g., first aid supplies);

(viii) Cosmetics which are packaged for sale to consumers in a retail establishment, and cosmetics intended for personal consumption by employees while in the workplace;

(ix) Any consumer product or hazardous substance, as those terms are defined in the Consumer Product Safety Act (15 U.S.C. 2051 et seq.) and Federal Hazardous Substances Act (15 U.S.C. 1261 et seq.) respectively, where the employer can show that it is used in the workplace for the purpose intended by the chemical manufacturer or importer of the product, and the use results in a duration and frequency of exposure which is not greater than the range of exposures that could reasonably be experienced by consumers when used for the purpose intended;

(x) Nuisance particulates where the chemical manufacturer or importer can establish that they do not pose any physical or health hazard covered under this section;

(xi) Ionizing and nonionizing radiation; and,

(xii) Biological hazards.

(c) Definitions.

Article means a manufactured item other than a fluid or particle:

(i) which is formed to a specific shape or design during manufacture;

(ii) which has end use function(s) dependent in whole or in part upon its shape or design during end use; and

(iii) which under normal conditions of use does not release more than very small quantities, e.g., minute or trace amounts of a hazardous chemical (as determined under paragraph (d) of this section), and does not pose a physical hazard or health risk to employees.

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

Chemical means any element, chemical compound or mixture of elements and/or compounds.

Chemical manufacturer means an employer with a workplace where chemical(s) are produced for use or distribution.

Chemical name means the scientific designation of a chemical in accordance with the nomenclature system developed by the International Union of Pure and Applied Chemistry (IUPAC) or the Chemical Abstracts Service (CAS) rules of nomenclature, or a name which will clearly identify the chemical for the purpose of conducting a hazard evaluation.

Combustible liquid means any liquid having a flashpoint at or above 100 deg. F (37.8 deg. C), but below 200 deg. F (93.3 deg. C), except any mixture having components with flashpoints of 200 deg. F (93.3 deg. C), or higher, the total volume of which make up 99 percent or more of the total volume of the mixture.

Commercial account means an arrangement whereby a retail distributor sells hazardous chemicals to an employer, generally in large quantities over time and/or at costs that are below the regular retail price.

Common name means any designation or identification such as code name, code number, trade name, brand name or generic name used to identify a chemical other than by its chemical name.

Compressed gas means:

- (i) A gas or mixture of gases having, in a container, an absolute pressure exceeding 40 psi at 70 deg. F (21.1 deg. C); or
- (ii) A gas or mixture of gases having, in a container, an absolute pressure exceeding 104 psi at 130 deg. F (54.4 deg. C) regardless of the pressure at 70 deg. F (21.1 deg. C); or
- (iii) A liquid having a vapor pressure exceeding 40 psi at 100 deg. F (37.8 deg. C) as determined by ASTM D-323-72.

Container means any bag, barrel, bottle, box, can, cylinder, drum, reaction vessel, storage tank, or the like that contains a hazardous chemical. For purposes of this section, pipes or piping systems, and engines, fuel tanks, or other operating systems in a vehicle, are not considered to be containers.

Designated representative means any individual or organization to whom an employee gives written authorization to exercise such employee's rights under this section. A recognized or certified collective bargaining agent shall be treated automatically as a designated representative without regard to written employee authorization.

Director means the Director, National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designee.

Distributor means a business, other than a chemical manufacturer or importer, which supplies

hazardous chemicals to other distributors or to employers.

Employee means a worker who may be exposed to hazardous chemicals under normal operating conditions or in foreseeable emergencies. Workers such as office workers or bank tellers who encounter hazardous chemicals only in non-routine, isolated instances are not covered.

Employer means a person engaged in a business where chemicals are either used, distributed, or are produced for use or distribution, including a contractor or subcontractor.

Explosive means a chemical that causes a sudden, almost instantaneous release of pressure, gas, and heat when subjected to sudden shock, pressure, or high temperature.

Exposure or exposed means that an employee is subjected in the course of employment to a chemical that is a physical or health hazard, and includes potential (e.g. accidental or possible) exposure. "Subjected" in terms of health hazards includes any route of entry (e.g. inhalation, ingestion, skin contact or absorption.)

Flammable means a chemical that falls into one of the following categories:

(i) Aerosol, flammable means an aerosol that, when tested by the method described in 16 CFR 1500.45, yields a flame projection exceeding 18 inches at full valve opening, or a flashback (a flame extending back to the valve) at any degree of valve opening;

(ii) Gas, flammable means:

(A) A gas that, at ambient temperature and pressure, forms a flammable mixture with air at a concentration of thirteen (13) percent by volume or less; or

(B) A gas that, at ambient temperature and pressure, forms a range of flammable mixtures with air wider than twelve (12) percent by volume, regardless of the lower limit;

(iii) Liquid, flammable means any liquid having a flashpoint below 100 deg. F (37.8 deg. C), except any mixture having components with flashpoints of 100 deg. F (37.8 deg. C) or higher, the total of which make up 99 percent or more of the total volume of the mixture.

(iv) Solid, flammable means a solid, other than a blasting agent or explosive as defined in 1910.109(a), that is liable to cause fire through friction, absorption of moisture, spontaneous chemical change, or retained heat from manufacturing or processing, or which can be ignited readily and when ignited burns so vigorously and persistently as to create a serious hazard. A chemical shall be considered to be a flammable solid if, when tested by the method described in 16 CFR 1500.44, it ignites and burns with a self-sustained flame at a rate greater than one-tenth of an inch per second along its major axis.

Flashpoint means the minimum temperature at which a liquid gives off a vapor in sufficient concentration to ignite when tested as follows:

(i) Tagliabue Closed Tester (See American National Standard Method of Test for Flash Point by Tag Closed Tester, Z11.24-1979 (ASTM D 56-79)) for liquids with a viscosity of less than 45 Saybolt Universal Seconds (SUS) at 100 deg. F (37.8 deg. C), that do not contain suspended solids and do not have a tendency to form a surface film under test; or

(ii) Pensky-Martens Closed Tester (See American National Standard Method of Test for Flash Point by Pensky-Martens Closed Tester, Z11.7- 1979 (ASTM D 93-79)) for liquids with a

viscosity equal to or greater than 45 SUS at 100 deg. F (37.8 deg. C), or that contain suspended solids, or that have a tendency to form a surface film under test; or

(iii) Setaflash Closed Tester (see American National Standard Method of Test for Flash Point by Setaflash Closed Tester (ASTM D 3278-78)).

Organic peroxides, which undergo autoaccelerating thermal decomposition, are excluded from any of the flashpoint determination methods specified above.

Foreseeable emergency means any potential occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment which could result in an uncontrolled release of a hazardous chemical into the workplace.

Hazardous chemical means any chemical which is a physical hazard or a health hazard.

Hazard warning means any words, pictures, symbols, or combination thereof appearing on a label or other appropriate form of warning which convey the specific physical and health hazard(s), including target organ effects, of the chemical(s) in the container(s). (See the definitions for "physical hazard" and "health hazard" to determine the hazards which must be covered.)

Health hazard means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic system, and agents which damage the lungs, skin, eyes, or mucous membranes. Appendix A provides further definitions and explanations of the scope of health hazards covered by this section, and Appendix B describes the criteria to be used to determine whether or not a chemical is to be considered hazardous for purposes of this standard.

Identity means any chemical or common name which is indicated on the material safety data sheet (MSDS) for the chemical. The identity used shall permit cross-references to be made among the required list of hazardous chemicals, the label and the MSDS.

Immediate use means that the hazardous chemical will be under the control of and used only by the person who transfers it from a labeled container and only within the work shift in which it is transferred.

Importer means the first business with employees within the Customs Territory of the United States which receives hazardous chemicals produced in other countries for the purpose of supplying them to distributors or employers within the United States.

Label means any written, printed, or graphic material displayed on or affixed to containers of hazardous chemicals.

Material safety data sheet (MSDS) means written or printed material concerning a hazardous

chemical which is prepared in accordance with paragraph (g) of this section.

Mixture means any combination of two or more chemicals if the combination is not, in whole or in part, the result of a chemical reaction.

Organic peroxide means an organic compound that contains the bivalent -O-O-structure and which may be considered to be a structural derivative of hydrogen peroxide where one or both of the hydrogen atoms has been replaced by an organic radical.

Oxidizer means a chemical other than a blasting agent or explosive as defined in 1910.109(a), that initiates or promotes combustion in other materials, thereby causing fire either of itself or through the release of oxygen or other gases.

Physical hazard means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.

Produce means to manufacture, process, formulate, blend, extract, generate, emit, or repackage.

Pyrophoric means a chemical that will ignite spontaneously in air at a temperature of 130 deg. F (54.4 deg. C) or below.

Responsible party means someone who can provide additional information on the hazardous chemical and appropriate emergency procedures, if necessary.

Specific chemical identity means the chemical name, Chemical Abstracts Service (CAS) Registry Number, or any other information that reveals the precise chemical designation of the substance.

Trade secret means any confidential formula, pattern, process, device, information or compilation of information that is used in an employer's business, and that gives the employer an opportunity to obtain an advantage over competitors who do not know or use it. Appendix D sets out the criteria to be used in evaluating trade secrets.

Unstable (reactive) means a chemical which in the pure state, or as produced or transported, will vigorously polymerize, decompose, condense, or will become self-reactive under conditions of shocks, pressure or temperature.

Use means to package, handle, react, emit, extract, generate as a byproduct, or transfer.

Water-reactive means a chemical that reacts with water to release a gas that is either flammable or presents a health hazard.

Work area means a room or defined space in a workplace where hazardous chemicals are produced or used, and where employees are present.

Workplace means an establishment, job site, or project, at one geographical location containing one or more work areas.

(d) Hazard determination.

(1) Chemical manufacturers and importers shall evaluate chemicals produced in their workplaces or imported by them to determine if they are hazardous. Employers are not required to evaluate chemicals unless they choose not to rely on the evaluation performed by the chemical manufacturer or importer for the chemical to satisfy this requirement.

(2) Chemical manufacturers, importers or employers evaluating chemicals shall identify and consider the available scientific evidence concerning such hazards. For health hazards, evidence which is statistically significant and which is based on at least one positive study conducted in accordance with established scientific principles is considered to be sufficient to establish a hazardous effect if the results of the study meet the definitions of health hazards in this section. Appendix A shall be consulted for the scope of health hazards covered, and Appendix B shall be consulted for the criteria to be followed with respect to the completeness of the evaluation, and the data to be reported.

(3) The chemical manufacturer, importer or employer evaluating chemicals shall treat the following sources as establishing that the chemicals listed in them are hazardous:

(i) 29 CFR part 1910, subpart Z, Toxic and Hazardous Substances, Occupational Safety and Health Administration (OSHA); or,

(ii) Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment, American Conference of Governmental Industrial Hygienists (ACGIH) (latest edition). The chemical manufacturer, importer, or employer is still responsible for evaluating the hazards associated with the chemicals in these source lists in accordance with the requirements of this standard.

(4) Chemical manufacturers, importers and employers evaluating chemicals shall treat the following sources as establishing that a chemical is a carcinogen or potential carcinogen for hazard communication purposes:

(i) National Toxicology Program (NTP), Annual Report on Carcinogens (latest edition);

(ii) International Agency for Research on Cancer (IARC) Monographs (latest editions); or

(iii) 29 CFR part 1910, subpart Z, Toxic and Hazardous Substances, Occupational Safety and Health Administration. Note: The Registry of Toxic Effects of Chemical Substances published by the National Institute for Occupational Safety and Health indicates whether a chemical has been found by NTP or IARC to be a potential carcinogen.

(5) The chemical manufacturer, importer or employer shall determine the hazards of mixtures of chemicals as follows:

(i) If a mixture has been tested as a whole to determine its hazards, the results of such testing shall be used to determine whether the mixture is hazardous;

(ii) If a mixture has not been tested as a whole to determine whether the mixture is a health hazard, the mixture shall be assumed to present the same health hazards as do the components which comprise one percent (by weight or volume) or greater of the mixture, except that the mixture shall be assumed to present a carcinogenic hazard if it contains a component in concentrations of 0.1 percent or greater which is considered to be a carcinogen under paragraph (d)(4) of this section;

(iii) If a mixture has not been tested as a whole to determine whether the mixture is a physical hazard, the chemical manufacturer, importer, or employer may use whatever scientifically valid data is available to evaluate the physical hazard potential of the mixture; and,

(iv) If the chemical manufacturer, importer, or employer has evidence to indicate that a component present in the mixture in concentrations of less than one percent (or in the case of carcinogens, less than 0.1 percent) could be released in concentrations which would exceed an established OSHA permissible exposure limit or ACGIH Threshold Limit Value, or could present a health risk to employees in those concentrations, the mixture shall be assumed to present the same hazard.

(6) Chemical manufacturers, importers, or employers evaluating chemicals shall describe in writing the procedures they use to determine the hazards of the chemical they evaluate. The written procedures are to be made available, upon request, to employees, their designated representatives, the Assistant Secretary and the Director. The written description may be incorporated into the written hazard communication program required under paragraph (e) of this section.

(e) Written hazard communication program.

(1) Employers shall develop, implement, and maintain at each workplace, a written hazard communication program which at least describes how the criteria specified in paragraphs (f), (g), and (h) of this section for labels and other forms of warning, material safety data sheets, and employee information and training will be met, and which also includes the following:

(i) A list of the hazardous chemicals known to be present using an identity that is referenced on the appropriate material safety data sheet (the list may be compiled for the workplace as a whole or for individual work areas); and,

(ii) The methods the employer will use to inform employees of the hazards of non-routine tasks (for example, the cleaning of reactor vessels), and the hazards associated with chemicals contained in unlabeled pipes in their work areas.

(2) Multi-employer workplaces. Employers who produce, use, or store hazardous chemicals at a workplace in such a way that the employees of other employer(s) may be exposed (for example, employees of a construction contractor working on-site) shall additionally ensure that the hazard communication programs developed and implemented under this paragraph (e) include the following:

(i) The methods the employer will use to provide the other employer(s) on-site access to material safety data sheets for each hazardous chemical the other employer(s)' employees may be exposed to while working;

(ii) The methods the employer will use to inform the other employer(s) of any precautionary measures that need to be taken to protect employees during the workplace's normal operating conditions and in foreseeable emergencies; and,

(iii) The methods the employer will use to inform the other employer(s) of the labeling system used in the workplace.

(3) The employer may rely on an existing hazard communication program to comply with these requirements, provided that it meets the criteria established in this paragraph (e).

(4) The employer shall make the written hazard communication program available, upon request, to employees, their designated representatives, the Assistant Secretary and the Director, in accordance with the requirements of 29 CFR 1910.20 (e).

(5) Where employees must travel between workplaces during a workshift, i.e., their work is carried out at more than one geographical location, the written hazard communication program may be kept at the primary workplace facility.

(f) Labels and other forms of warning.

(1) The chemical manufacturer, importer, or distributor shall ensure that each container of hazardous chemicals leaving the workplace is labeled, tagged or marked with the following information:

(i) Identity of the hazardous chemical(s);

(ii) Appropriate hazard warnings; and

(iii) Name and address of the chemical manufacturer, importer, or other responsible party.

(2)

(i) For solid metal (such as a steel beam or a metal casting), solid wood, or plastic items that are not exempted as articles due to their downstream use, or shipments of whole grain, the required label may be transmitted to the customer at the time of the initial shipment, and need not be included with subsequent shipments to the same employer unless the information on the

label changes;

(ii) The label may be transmitted with the initial shipment itself, or with the material safety data sheet that is to be provided prior to or at the time of the first shipment; and,

(iii) This exception to requiring labels on every container of hazardous chemicals is only for the solid material itself, and does not apply to hazardous chemicals used in conjunction with, or known to be present with, the material and to which employees handling the items in transit may be exposed (for example, cutting fluids or pesticides in grains).

(3) Chemical manufacturers, importers, or distributors shall ensure that each container of hazardous chemicals leaving the workplace is labeled, tagged, or marked in accordance with this section in a manner which does not conflict with the requirements of the Hazardous Materials Transportation Act (49 U.S.C. 1801 et seq.) and regulations issued under that Act by the Department of Transportation.

(4) If the hazardous chemical is regulated by OSHA in a substance- specific health standard, the chemical manufacturer, importer, distributor or employer shall ensure that the labels or other forms of warning used are in accordance with the requirements of that standard.

(5) Except as provided in paragraphs (f)(6) and (f)(7) of this section, the employer shall ensure that each container of hazardous chemicals in the workplace is labeled, tagged or marked with the following information:

(i) Identity of the hazardous chemical(s) contained therein; and,

(ii) Appropriate hazard warnings, or alternatively, words, pictures, symbols, or combination thereof, which provide at least general information regarding the hazards of the chemicals, and which, in conjunction with the other information immediately available to employees under the hazard communication program, will provide employees with the specific information regarding the physical and health hazards of the hazardous chemical.

(6) The employer may use signs, placards, process sheets, batch tickets, operating procedures, or other such written materials in lieu of affixing labels to individual stationary process containers, as long as the alternative method identifies the containers to which it is applicable and conveys the information required by paragraph (f)(5) of this section to be on a label. The written materials shall be readily accessible to the employees in their work area throughout each work shift.

(7) The employer is not required to label portable containers into which hazardous chemicals are transferred from labeled containers, and which are intended only for the immediate use of the employee who performs the transfer. For purposes of this section, drugs which are dispensed by a pharmacy to a health care provider for direct administration to a patient are exempted from labeling.

(8) The employer shall not remove or deface existing labels on incoming containers of hazardous chemicals, unless the container is immediately marked with the required information.

(9) The employer shall ensure that labels or other forms of warning are legible, in English, and prominently displayed on the container, or readily available in the work area throughout each work shift. Employers having employees who speak other languages may add the information in their language to the material presented, as long as the information is presented in English as well.

(10) The chemical manufacturer, importer, distributor or employer need not affix new labels to comply with this section if existing labels already convey the required information.

(11) Chemical manufacturers, importers, distributors, or employers who become newly aware of any significant information regarding the hazards of a chemical shall revise the labels for the chemical within three months of becoming aware of the new information. Labels on containers of hazardous chemicals shipped after that time shall contain the new information. If the chemical is not currently produced or imported, the chemical manufacturer, importers, distributor, or employer shall add the information to the label before the chemical is shipped or introduced into the workplace again.

(g) Material safety data sheets.

(1) Chemical manufacturers and importers shall obtain or develop a material safety data sheet for each hazardous chemical they produce or import. Employers shall have a material safety data sheet in the workplace for each hazardous chemical which they use.

(2) Each material safety data sheet shall be in English (although the employer may maintain copies in other languages as well), and shall contain at least the following information:

(i) The identity used on the label, and, except as provided for in paragraph (i) of this section on trade secrets:

(A) If the hazardous chemical is a single substance, its chemical and common name(s);

(B) If the hazardous chemical is a mixture which has been tested as a whole to determine its hazards, the chemical and common name(s) of the ingredients which contribute to these known hazards, and the common name(s) of the mixture itself; or,

(C) If the hazardous chemical is a mixture which has not been tested as a whole:

(1) The chemical and common name(s) of all ingredients which have been determined to be health hazards, and which comprise 1% or greater of the composition, except that chemicals identified as carcinogens under paragraph (d) of this section shall be listed if the concentrations are 0.1% or greater; and,

(2) The chemical and common name(s) of all ingredients which have been

determined to be health hazards, and which comprise less than 1% (0.1% for carcinogens) of the mixture, if there is evidence that the ingredient(s) could be released from the mixture in concentrations which would exceed an established OSHA permissible exposure limit or ACGIH Threshold Limit Value, or could present a health risk to employees; and,

(3) The chemical and common name(s) of all ingredients which have been determined to present a physical hazard when present in the mixture;

(ii) Physical and chemical characteristics of the hazardous chemical (such as vapor pressure, flash point);

(iii) The physical hazards of the hazardous chemical, including the potential for fire, explosion, and reactivity;

(iv) The health hazards of the hazardous chemical, including signs and symptoms of exposure, and any medical conditions which are generally recognized as being aggravated by exposure to the chemical;

(v) The primary route(s) of entry;

(vi) The OSHA permissible exposure limit, ACGIH Threshold Limit Value, and any other exposure limit used or recommended by the chemical manufacturer, importer, or employer preparing the material safety data sheet, where available;

(vii) Whether the hazardous chemical is listed in the National Toxicology Program (NTP) Annual Report on Carcinogens (latest edition) or has been found to be a potential carcinogen in the International Agency for Research on Cancer (IARC) Monographs (latest editions), or by OSHA;

(viii) Any generally applicable precautions for safe handling and use which are known to the chemical manufacturer, importer or employer preparing the material safety data sheet, including appropriate hygienic practices, protective measures during repair and maintenance of contaminated equipment, and procedures for clean-up of spills and leaks;

(ix) Any generally applicable control measures which are known to the chemical manufacturer, importer or employer preparing the material safety data sheet, such as appropriate engineering controls, work practices, or personal protective equipment;

(x) Emergency and first aid procedures;

(xi) The date of preparation of the material safety data sheet or the last change to it; and,

(xii) The name, address and telephone number of the chemical manufacturer, importer, employer or other responsible party preparing or distributing the material safety data sheet, who can provide additional information on the hazardous chemical and appropriate emergency procedures, if necessary.

(3) If no relevant information is found for any given category on the material safety data sheet, the chemical manufacturer, importer or employer preparing the material safety data sheet shall mark it to indicate that no applicable information was found.

(4) Where complex mixtures have similar hazards and contents (i.e. the chemical ingredients are essentially the same, but the specific composition varies from mixture to mixture), the chemical manufacturer, importer or employer may prepare one material safety data sheet to apply to all of these similar mixtures.

(5) The chemical manufacturer, importer or employer preparing the material safety data sheet shall ensure that the information recorded accurately reflects the scientific evidence used in making the hazard determination. If the chemical manufacturer, importer or employer preparing the material safety data sheet becomes newly aware of any significant information regarding the hazards of a chemical, or ways to protect against the hazards, this new information shall be added to the material safety data sheet within three months. If the chemical is not currently being produced or imported the chemical manufacturer or importer shall add the information to the material safety data sheet before the chemical is introduced into the workplace again.

(6)

(i) Chemical manufacturers or importers shall ensure that distributors and employers are provided an appropriate material safety data sheet with their initial shipment, and with the first shipment after a material safety data sheet is updated;

(ii) The chemical manufacturer or importer shall either provide material safety data sheets with the shipped containers or send them to the distributor or employer prior to or at the time of the shipment;

(iii) If the material safety data sheet is not provided with a shipment that has been labeled as a hazardous chemical, the distributor or employer shall obtain one from the chemical manufacturer or importer as soon as possible; and,

(iv) The chemical manufacturer or importer shall also provide distributors or employers with a material safety data sheet upon request.

(7)

(i) Distributors shall ensure that material safety data sheets, and updated information, are provided to other distributors and employers with their initial shipment and with the first shipment after a material safety data sheet is updated;

(ii) The distributor shall either provide material safety data sheets with the shipped containers, or send them to the other distributor or employer prior to or at the time of the shipment;

(iii) Retail distributors selling hazardous chemicals to employers having a commercial

account shall provide a material safety data sheet to such employers upon request, and shall post a sign or otherwise inform them that a material safety data sheet is available;

(iv) Wholesale distributors selling hazardous chemicals to employers over-the-counter may also provide material safety data sheets, provide material safety data sheets upon the request of the employer at the time of the over-the-counter purchase, and shall post a sign or otherwise inform such employers that a material safety data sheet is available;

(v) If an employer without a commercial account purchases a hazardous chemical from a retail distributor not required to have material safety data sheets on file (i.e., the retail distributor does not have commercial accounts and does not use the materials), the retail distributor shall provide the employer, upon request, with the name, address, and telephone number of the chemical manufacturer, importer, or distributor from which a material safety data sheet can be obtained;

(vi) Wholesale distributors shall also provide material safety data sheets to employers or other distributors upon request; and,

(vii) Chemical manufacturers, importers, and distributors need not provide material safety data sheets to retail distributors that have informed them that the retail distributor does not sell the product to commercial accounts or open the sealed container to use it in their own workplaces.

(8) The employer shall maintain in the workplace copies of the required material safety data sheets for each hazardous chemical, and shall ensure that they are readily accessible during each work shift to employees when they are in their work area(s). (Electronic access, microfiche, and other alternatives to maintaining paper copies of the material safety data sheets are permitted as long as no barriers to immediate employee access in each workplace are created by such options.)

(9) Where employees must travel between workplaces during a workshift, i.e., their work is carried out at more than one geographical location, the material safety data sheets may be kept at the primary workplace facility. In this situation, the employer shall ensure that employees can immediately obtain the required information in an emergency.

(10) Material safety data sheets may be kept in any form, including operating procedures, and may be designed to cover groups of hazardous chemicals in a work area where it may be more appropriate to address the hazards of a process rather than individual hazardous chemicals. However, the employer shall ensure that in all cases the required information is provided for each hazardous chemical, and is readily accessible during each work shift to employees when they are in in their work area(s).

(11) Material safety data sheets shall also be made readily available, upon request, to designated representatives and to the Assistant Secretary, in accordance with the requirements of 29 CFR 1910.20(e). The Director shall also be given access to material safety data sheets in the same manner.

(h) Employee information and training.

(1) Employers shall provide employees with effective information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new physical or health hazard the employees have not previously been trained about is introduced into their work area. Information and training may be designed to cover categories of hazards (e.g., flammability, carcinogenicity) or specific chemicals. Chemical-specific information must always be available through labels and material safety data sheets.

(2) Information. Employees shall be informed of:

(i) The requirements of this section;

(ii) Any operations in their work area where hazardous chemicals are present; and,

(iii) The location and availability of the written hazard communication program, including the required list(s) of hazardous chemicals, and material safety data sheets required by this section.

(3) Training. Employee training shall include at least:

(i) Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);

(ii) The physical and health hazards of the chemicals in the work area;

(iii) The measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and,

(iv) The details of the hazard communication program developed by the employer, including an explanation of the labeling system and the material safety data sheet, and how employees can obtain and use the appropriate hazard information.

(i) Trade secrets.

(1) The chemical manufacturer, importer, or employer may withhold the specific chemical identity, including the chemical name and other specific identification of a hazardous chemical, from the material safety data sheet, provided that:

(i) The claim that the information withheld is a trade secret can be supported;

(ii) Information contained in the material safety data sheet concerning the properties and

effects of the hazardous chemical is disclosed;

(iii) The material safety data sheet indicates that the specific chemical identity is being withheld as a trade secret; and,

(iv) The specific chemical identity is made available to health professionals, employees, and designated representatives in accordance with the applicable provisions of this paragraph.

(2) Where a treating physician or nurse determines that a medical emergency exists and the specific chemical identity of a hazardous chemical is necessary for emergency or first-aid treatment, the chemical manufacturer, importer, or employer shall immediately disclose the specific chemical identity of a trade secret chemical to that treating physician or nurse, regardless of the existence of a written statement of need or a confidentiality agreement. The chemical manufacturer, importer, or employer may require a written statement of need and confidentiality agreement, in accordance with the provisions of paragraphs (i) (3) and (4) of this section, as soon as circumstances permit.

(3) In non-emergency situations, a chemical manufacturer, importer, or employer shall, upon request, disclose a specific chemical identity, otherwise permitted to be withheld under paragraph (i)(1) of this section, to a health professional (i.e. physician, industrial hygienist, toxicologist, epidemiologist, or occupational health nurse) providing medical or other occupational health services to exposed employee(s), and to employees or designated representatives, if:

(i) The request is in writing;

(ii) The request describes with reasonable detail one or more of the following occupational health needs for the information:

(A) To assess the hazards of the chemicals to which employees will be exposed;

(B) To conduct or assess sampling of the workplace atmosphere to determine employee exposure levels;

(C) To conduct pre-assignment or periodic medical surveillance of exposed employees;

(D) To provide medical treatment to exposed employees;

(E) To select or assess appropriate personal protective equipment for exposed employees;

(F) To design or assess engineering controls or other protective measures for exposed employees; and,

(G) To conduct studies to determine the health effects of exposure.

(iii) The request explains in detail why the disclosure of the specific chemical identity is essential and that, in lieu thereof, the disclosure of the following information to the health professional, employee, or designated representative, would not satisfy the purposes described in paragraph (i)(3)(ii) of this section:

- (A) The properties and effects of the chemical;
- (B) Measures for controlling workers' exposure to the chemical;
- (C) Methods of monitoring and analyzing worker exposure to the chemical; and,
- (D) Methods of diagnosing and treating harmful exposures to the chemical;

(iv) The request includes a description of the procedures to be used to maintain the confidentiality of the disclosed information; and,

(v) The health professional, and the employer or contractor of the services of the health professional (i.e. downstream employer, labor organization, or individual employee), employee, or designated representative, agree in a written confidentiality agreement that the health professional, employee, or designated representative, will not use the trade secret information for any purpose other than the health need(s) asserted and agree not to release the information under any circumstances other than to OSHA, as provided in paragraph (i)(6) of this section, except as authorized by the terms of the agreement or by the chemical manufacturer, importer, or employer.

(4) The confidentiality agreement authorized by paragraph (i)(3)(iv) of this section:

(i) May restrict the use of the information to the health purposes indicated in the written statement of need;

(ii) May provide for appropriate legal remedies in the event of a breach of the agreement, including stipulation of a reasonable pre- estimate of likely damages; and,

(iii) May not include requirements for the posting of a penalty bond.

(5) Nothing in this standard is meant to preclude the parties from pursuing non-contractual remedies to the extent permitted by law.

(6) If the health professional, employee, or designated representative receiving the trade secret information decides that there is a need to disclose it to OSHA, the chemical manufacturer, importer, or employer who provided the information shall be informed by the health professional, employee, or designated representative prior to, or at the same time as, such disclosure.

(7) If the chemical manufacturer, importer, or employer denies a written request for disclosure of a specific chemical identity, the denial must:

(i) Be provided to the health professional, employee, or designated representative, within thirty days of the request;

(ii) Be in writing;

(iii) Include evidence to support the claim that the specific chemical identity is a trade secret;

(iv) State the specific reasons why the request is being denied; and,

(v) Explain in detail how alternative information may satisfy the specific medical or occupational health need without revealing the specific chemical identity.

(8) The health professional, employee, or designated representative whose request for information is denied under paragraph (i)(3) of this section may refer the request and the written denial of the request to OSHA for consideration.

(9) When a health professional, employee, or designated representative refers the denial to OSHA under paragraph (i)(8) of this section, OSHA shall consider the evidence to determine if:

(i) The chemical manufacturer, importer, or employer has supported the claim that the specific chemical identity is a trade secret;

(ii) The health professional, employee, or designated representative has supported the claim that there is a medical or occupational health need for the information; and,

(iii) The health professional, employee or designated representative has demonstrated adequate means to protect the confidentiality.

(10)

(i) If OSHA determines that the specific chemical identity requested under paragraph (i)(3) of this section is not a bona fide trade secret, or that it is a trade secret, but the requesting health professional, employee, or designated representative has a legitimate medical or occupational health need for the information, has executed a written confidentiality agreement, and has shown adequate means to protect the confidentiality of the information, the chemical manufacturer, importer, or employer will be subject to citation by OSHA.

(ii) If a chemical manufacturer, importer, or employer demonstrates to OSHA that the execution of a confidentiality agreement would not provide sufficient protection against the potential harm from the unauthorized disclosure of a trade secret specific chemical identity, the Assistant Secretary may issue such orders or impose such additional limitations or conditions upon the disclosure of the requested chemical information as may be appropriate to assure that the occupational health services are provided without an undue risk of harm to the chemical manufacturer, importer, or employer.

(11) If a citation for a failure to release specific chemical identity information is contested by the chemical manufacturer, importer, or employer, the matter will be adjudicated before the Occupational Safety and Health Review Commission in accordance with the Act's enforcement scheme and the applicable Commission rules of procedure. In accordance with the Commission rules, when a chemical manufacturer, importer, or employer continues to withhold the information during the contest, the Administrative Law Judge may review the citation and supporting documentation in camera or issue appropriate orders to protect the confidentiality of such matters.

(12) Notwithstanding the existence of a trade secret claim, a chemical manufacturer, importer, or employer shall, upon request, disclose to the Assistant Secretary any information which this section requires the chemical manufacturer, importer, or employer to make available. Where there is a trade secret claim, such claim shall be made no later than at the time the information is provided to the Assistant Secretary so that suitable determinations of trade secret status can be made and the necessary protections can be implemented.

(13) Nothing in this paragraph shall be construed as requiring the disclosure under any circumstances of process or percentage of mixture information which is a trade secret.

(j) Effective dates. Chemical manufacturers, importers, distributors, and employers shall be in compliance with all provisions of this section by March 11, 1994.

Note: The effective date of the clarification that the exemption of wood and wood products from the Hazard Communication standard in paragraph (b)(6)(iv) only applies to wood and wood products including lumber which will not be processed, where the manufacturer or importer can establish that the only hazard they pose to employees is the potential for flammability or combustibility, and that the exemption does not apply to wood or wood products which have been treated with a hazardous chemical covered by this standard, and wood which may be subsequently sawed or cut generating dust has been stayed from March 11, 1994 to August 11, 1994.

Appendix A to 1910.1200 - Health Hazard Definitions (Mandatory)

Although safety hazards related to the physical characteristics of a chemical can be objectively defined in terms of testing requirements (e.g. flammability), health hazard definitions are less precise and more subjective. Health hazards may cause measurable changes in the body-such as decreased pulmonary function. These changes are generally indicated by the occurrence of signs and symptoms in the exposed employees-such as shortness of breath, a non-measurable, subjective feeling. Employees exposed to such hazards must be apprised of both the change in body function and the signs and symptoms that may occur to signal that change. The determination of occupational health hazards is complicated by the fact that many of the effects or signs and symptoms occur commonly in non-occupationally exposed populations, so that effects of exposure are difficult to separate from normally occurring illnesses. Occasionally, a substance causes an effect that is rarely seen in the population at large, such as angiosarcomas caused by vinyl chloride exposure, thus making it easier to ascertain that the occupational

exposure was the primary causative factor. More often, however, the effects are common, such as lung cancer. The situation is further complicated by the fact that most chemicals have not been adequately tested to determine their health hazard potential, and data do not exist to substantiate these effects. There have been many attempts to categorize effects and to define them in various ways. Generally, the terms "acute" and "chronic" are used to delineate between effects on the basis of severity or duration. "Acute" effects usually occur rapidly as a result of short-term exposures, and are of short duration. "Chronic" effects generally occur as a result of long-term exposure, and are of long duration. The acute effects referred to most frequently are those defined by the American National Standards Institute (ANSI) standard for Precautionary Labeling of Hazardous Industrial Chemicals (Z129.1-1988)-irritation, corrosivity, sensitization and lethal dose. Although these are important health effects, they do not adequately cover the considerable range of acute effects which may occur as a result of occupational exposure, such as, for example, narcosis. Similarly, the term chronic effect is often used to cover only carcinogenicity, teratogenicity, and mutagenicity. These effects are obviously a concern in the workplace, but again, do not adequately cover the area of chronic effects, excluding, for example, blood dyscrasias (such as anemia), chronic bronchitis and liver atrophy. The goal of defining precisely, in measurable terms, every possible health effect that may occur in the workplace as a result of chemical exposures cannot realistically be accomplished. This does not negate the need for employees to be informed of such effects and protected from them. Appendix B, which is also mandatory, outlines the principles and procedures of hazard assessment. For purposes of this section, any chemicals which meet any of the following definitions, as determined by the criteria set forth in Appendix B are health hazards. However, this is not intended to be an exclusive categorization scheme. If there are available scientific data that involve other animal species or test methods, they must also be evaluated to determine the applicability of the HCS.

1. Carcinogen: A chemical is considered to be a carcinogen if:

(a) It has been evaluated by the International Agency for Research on Cancer (IARC), and found to be a carcinogen or potential carcinogen; or

(b) It is listed as a carcinogen or potential carcinogen in the Annual Report on Carcinogens published by the National Toxicology Program (NTP) (latest edition); or,

(c) It is regulated by OSHA as a carcinogen.

2. Corrosive: A chemical that causes visible destruction of, or irreversible alterations in, living tissue by chemical action at the site of contact. For example, a chemical is considered to be corrosive if, when tested on the intact skin of albino rabbits by the method described by the U.S. Department of Transportation in appendix A to 49 CFR part 173, it destroys or changes irreversibly the structure of the tissue at the site of contact following an exposure period of four hours. This term shall not refer to action on inanimate surfaces.

3. Highly toxic: A chemical falling within any of the following categories:

(a) A chemical that has a median lethal dose (LD50) of 50 milligrams or less per kilogram of

body weight when administered orally to albino rats weighing between 200 and 300 grams each.

(b) A chemical that has a median lethal dose (LD50) of 200 milligrams or less per kilogram of body weight when administered by continuous contact for 24 hours (or less if death occurs within 24 hours) with the bare skin of albino rabbits weighing between two and three kilograms each.

(c) A chemical that has a median lethal concentration (LC50) in air of 200 parts per million by volume or less of gas or vapor, or 2 milligrams per liter or less of mist, fume, or dust, when administered by continuous inhalation for one hour (or less if death occurs within one hour) to albino rats weighing between 200 and 300 grams each.

4. Irritant: A chemical, which is not corrosive, but which causes a reversible inflammatory effect on living tissue by chemical action at the site of contact. A chemical is a skin irritant if, when tested on the intact skin of albino rabbits by the methods of 16 CFR 1500.41 for four hours exposure or by other appropriate techniques, it results in an empirical score of five or more. A chemical is an eye irritant if so determined under the procedure listed in 16 CFR 1500.42 or other appropriate techniques.

5. Sensitizer: A chemical that causes a substantial proportion of exposed people or animals to develop an allergic reaction in normal tissue after repeated exposure to the chemical.

6. Toxic. A chemical falling within any of the following categories:

(a) A chemical that has a median lethal dose (LD50) of more than 50 milligrams per kilogram but not more than 500 milligrams per kilogram of body weight when administered orally to albino rats weighing between 200 and 300 grams each.

(b) A chemical that has a median lethal dose (LD50) of more than 200 milligrams per kilogram but not more than 1,000 milligrams per kilogram of body weight when administered by continuous contact for 24 hours (or less if death occurs within 24 hours) with the bare skin of albino rabbits weighing between two and three kilograms each.

(c) A chemical that has a median lethal concentration (LC50) in air of more than 200 parts per million but not more than 2,000 parts per million by volume of gas or vapor, or more than two milligrams per liter but not more than 20 milligrams per liter of mist, fume, or dust, when administered by continuous inhalation for one hour (or less if death occurs within one hour) to albino rats weighing between 200 and 300 grams each.

7. Target organ effects. The following is a target organ categorization of effects which may occur, including examples of signs and symptoms and chemicals which have been found to cause such effects. These examples are presented to illustrate the range and diversity of effects and hazards found in the workplace, and the broad scope employers must consider in this area, but are not intended to be all-inclusive.

a. Hepatotoxins: Chemicals which produce liver damage Signs & Symptoms: Jaundice; liver

enlargement Chemicals: Carbon tetrachloride; nitrosamines

b. Nephrotoxins: Chemicals which produce kidney damage Signs & Symptoms: Edema; proteinuria Chemicals: Halogenated hydrocarbons; uranium

c. Neurotoxins: Chemicals which produce their primary toxic effects on the nervous system Signs & Symptoms: Narcosis; behavioral changes; decrease in motor functions Chemicals: Mercury; carbon disulfide

d. Agents which act on the blood or hemato-poietic system: Decrease hemoglobin function; deprive the body tissues of oxygen Signs & Symptoms: Cyanosis; loss of consciousness Chemicals: Carbon monoxide; cyanides

e. Agents which damage the lung: Chemicals which irritate or damage pulmonary tissue Signs & Symptoms: Cough; tightness in chest; shortness of breath Chemicals: Silica; asbestos

f. Reproductive toxins: Chemicals which affect the reproductive capabilities including chromosomal damage (mutations) and effects on fetuses (teratogenesis) Signs & Symptoms: Birth defects; sterility Chemicals: Lead; DBCP

g. Cutaneous hazards: Chemicals which affect the dermal layer of the body Signs & Symptoms: Defatting of the skin; rashes; irritation Chemicals: Ketones; chlorinated compounds

h. Eye hazards: Chemicals which affect the eye or visual capacity Signs & Symptoms: Conjunctivitis; corneal damage Chemicals: Organic solvents; acids

Appendix B to 1910.1200 - Hazard Determination (Mandatory)

The quality of a hazard communication program is largely dependent upon the adequacy and accuracy of the hazard determination. The hazard determination requirement of this standard is performance-oriented. Chemical manufacturers, importers, and employers evaluating chemicals are not required to follow any specific methods for determining hazards, but they must be able to demonstrate that they have adequately ascertained the hazards of the chemicals produced or imported in accordance with the criteria set forth in this Appendix.

Hazard evaluation is a process which relies heavily on the professional judgment of the evaluator, particularly in the area of chronic hazards. The performance-orientation of the hazard determination does not diminish the duty of the chemical manufacturer, importer or employer to conduct a thorough evaluation, examining all relevant data and producing a scientifically defensible evaluation. For purposes of this standard, the following criteria shall be used in making hazard determinations that meet the requirements of this standard.

1. Carcinogenicity: As described in paragraph (d)(4) of this section and Appendix A of this section, a determination by the National Toxicology Program, the International Agency for Research on Cancer, or OSHA that a chemical is a carcinogen or potential carcinogen will be considered conclusive evidence for purposes of this section. In addition, however, all available

scientific data on carcinogenicity must be evaluated in accordance with the provisions of this Appendix and the requirements of the rule.

2. Human data: Where available, epidemiological studies and case reports of adverse health effects shall be considered in the evaluation.

3. Animal data: Human evidence of health effects in exposed populations is generally not available for the majority of chemicals produced or used in the workplace. Therefore, the available results of toxicological testing in animal populations shall be used to predict the health effects that may be experienced by exposed workers. In particular, the definitions of certain acute hazards refer to specific animal testing results (see Appendix A).

4. Adequacy and reporting of data. The results of any studies which are designed and conducted according to established scientific principles, and which report statistically significant conclusions regarding the health effects of a chemical, shall be a sufficient basis for a hazard determination and reported on any material safety data sheet. In vitro studies alone generally do not form the basis for a definitive finding of hazard under the HCS since they have a positive or negative result rather than a statistically significant finding.

The chemical manufacturer, importer, or employer may also report the results of other scientifically valid studies which tend to refute the findings of hazard.

Appendix C to 1910.1200 - Information Sources (Advisory) is removed.

Appendix D to 1910.1200 - Definition of "Trade Secret"
(Mandatory)

The following is a reprint of the Restatement of Torts section 757, comment b (1939):

b. Definition of trade secret.

A trade secret may consist of any formula, pattern, device or compilation of information which is used in one's business, and which gives him an opportunity to obtain an advantage over competitors who do not know or use it.

It may be a formula for a chemical compound, a process of manufacturing, treating or preserving materials, a pattern for a machine or other device, or a list of customers.

It differs from other secret information in a business (see §759 of the Restatement of Torts which is not included in this Appendix) in that it is not simply information as to single or ephemeral events in the conduct of the business, as, for example, the amount or other terms of a secret bid for a contract or the salary of certain employees, or the security investments made or contemplated, or the date fixed for the announcement of a new policy or for bringing out a new model or the like.

A trade secret is a process or device for continuous use in the operations of the business.

Generally it relates to the production of goods, as, for example, a machine or formula for the production of an article.

It may, however, relate to the sale of goods or to other operations in the business, such as a code for determining discounts, rebates or other concessions in a price list or catalogue, or a list of specialized customers, or a method of bookkeeping or other office management.

Secrecy.

The subject matter of a trade secret must be secret.

Matters of public knowledge or of general knowledge in an industry cannot be appropriated by one as his secret.

Matters which are completely disclosed by the goods which one markets cannot be his secret.

Substantially, a trade secret is known only in the particular business in which it is used.

It is not requisite that only the proprietor of the business know it.

He may, without losing his protection, communicate it to employees involved in its use.

He may likewise communicate it to others pledged to secrecy.

Others may also know of it independently, as, for example, when they have discovered the process or formula by independent invention and are keeping it secret.

Nevertheless, a substantial element of secrecy must exist, so that, except by the use of improper means, there would be difficulty in acquiring the information.

An exact definition of a trade secret is not possible.

Some factors to be considered in determining whether given information is one's trade secret are: (1) The extent to which the information is known outside of his business; (2) the extent to which it is known by employees and others involved in his business; (3) the extent of measures taken by him to guard the secrecy of the information; (4) the value of the information to him and his competitors; (5) the amount of effort or money expended by him in developing the information; (6) the ease or difficulty with which the information could be properly acquired or duplicated by others.

Novelty and prior art.

A trade secret may be a device or process which is patentable; but it need not be that.

It may be a device or process which is clearly anticipated in the prior art or one which is merely

a mechanical improvement that a good mechanic can make.

Novelty and invention are not requisite for a trade secret as they are for patentability.

These requirements are essential to patentability because a patent protects against unlicensed use of the patented device or process even by one who discovers it properly through independent research.

The patent monopoly is a reward to the inventor.

But such is not the case with a trade secret.

Its protection is not based on a policy of rewarding or otherwise encouraging the development of secret processes or devices.

The protection is merely against breach of faith and reprehensible means of learning another's secret.

For this limited protection it is not appropriate to require also the kind of novelty and invention which is a requisite of patentability.

The nature of the secret is, however, an important factor in determining the kind of relief that is appropriate against one who is subject to liability under the rule stated in this Section.

Thus, if the secret consists of a device or process which is a novel invention, one who acquires the secret wrongfully is ordinarily enjoined from further use of it and is required to account for the profits derived from his past use.

If, on the other hand, the secret consists of mechanical improvements that a good mechanic can make without resort to the secret, the wrongdoer's liability may be limited to damages, and an injunction against future use of the improvements made with the aid of the secret may be inappropriate.

Appendix E to 1910.1200 (Advisory) - Guidelines for Employer Compliance

The Hazard Communication Standard (HCS) is based on a simple concept-that employees have both a need and a right to know the hazards and identities of the chemicals they are exposed to when working. They also need to know what protective measures are available to prevent adverse effects from occurring. The HCS is designed to provide employees with the information they need. Knowledge acquired under the HCS will help employers provide safer workplaces for their employees. When employers have information about the chemicals being used, they can take steps to reduce exposures, substitute less hazardous materials, and establish proper work

practices. These efforts will help prevent the occurrence of work-related illnesses and injuries caused by chemicals. The HCS addresses the issues of evaluating and communicating hazards to workers. Evaluation of chemical hazards involves a number of technical concepts, and is a process that requires the professional judgment of experienced experts. That's why the HCS is designed so that employers who simply use chemicals, rather than produce or import them, are not required to evaluate the hazards of those chemicals. Hazard determination is the responsibility of the producers and importers of the materials. Producers and importers of chemicals are then required to provide the hazard information to employers that purchase their products. Employers that don't produce or import chemicals need only focus on those parts of the rule that deal with establishing a workplace program and communicating information to their workers. This appendix is a general guide for such employers to help them determine what's required under the rule. It does not supplant or substitute for the regulatory provisions, but rather provides a simplified outline of the s an average employer would follow to meet those requirements.

1. Becoming Familiar With The Rule. OSHA has provided a simple summary of the HCS in a pamphlet entitled "Chemical Hazard Communication," OSHA Publication Number 3084. Some employers prefer to begin to become familiar with the rule's requirements by reading this pamphlet. A copy may be obtained from your local OSHA Area Office, or by contacting the OSHA Publications Office at (202) 523-9667. The standard is long, and some parts of it are technical, but the basic concepts are simple. In fact, the requirements reflect what many employers have been doing for years. You may find that you are already largely in compliance with many of the provisions, and will simply have to modify your existing programs somewhat. If you are operating in an OSHA-approved State Plan State, you must comply with the State's requirements, which may be different than those of the Federal rule. Many of the State Plan States had hazard communication or "right-to-know" laws prior to promulgation of the Federal rule. Employers in State Plan States should contact their State OSHA offices for more information regarding applicable requirements. The HCS requires information to be prepared and transmitted regarding all hazardous chemicals. The HCS covers both physical hazards (such as flammability), and health hazards (such as irritation, lung damage, and cancer). Most chemicals used in the workplace have some hazard potential, and thus will be covered by the rule. One difference between this rule and many others adopted by OSHA is that this one is performance-oriented. That means that you have the flexibility to adapt the rule to the needs of your workplace, rather than having to follow specific, rigid requirements. It also means that you have to exercise more judgment to implement an appropriate and effective program. The standard's design is simple. Chemical manufacturers and importers must evaluate the hazards of the chemicals they produce or import. Using that information, they must then prepare labels for containers, and more detailed technical bulletins called material safety data sheets (MSDS). Chemical manufacturers, importers, and distributors of hazardous chemicals are all required to provide the appropriate labels and material safety data sheets to the employers to which they ship the chemicals. The information is to be provided automatically. Every container of hazardous chemicals you receive must be labeled, tagged, or marked with the required information. Your suppliers must also send you a properly completed material safety data sheet (MSDS) at the time of the first shipment of the chemical, and with the next shipment after the MSDS is updated with new and significant information about the hazards. You can rely on the information received from your suppliers. You have no independent duty to analyze the chemical or evaluate the hazards of it. Employers that "use" hazardous chemicals must have a program to ensure the information is provided to exposed employees. "Use" means to package, handle, react, or

transfer. This is an intentionally broad scope, and includes any situation where a chemical is present in such a way that employees may be exposed under normal conditions of use or in a foreseeable emergency. The requirements of the rule that deal specifically with the hazard communication program are found in this section in paragraphs (e), written hazard communication program; (f), labels and other forms of warning; (g), material safety data sheets; and (h), employee information and training. The requirements of these paragraphs should be the focus of your attention. Concentrate on becoming familiar with them, using paragraphs (b), scope and application, and (c), definitions, as references when needed to help explain the provisions. There are two types of work operations where the coverage of the rule is limited. These are laboratories and operations where chemicals are only handled in sealed containers (e.g., a warehouse). The limited provisions for these workplaces can be found in paragraph (b) of this section, scope and application. Basically, employers having these types of work operations need only keep labels on containers as they are received; maintain material safety data sheets that are received, and give employees access to them; and provide information and training for employees. Employers do not have to have written hazard communication programs and lists of chemicals for these types of operations. The limited coverage of laboratories and sealed container operations addresses the obligation of an employer to the workers in the operations involved, and does not affect the employer's duties as a distributor of chemicals. For example, a distributor may have warehouse operations where employees would be protected under the limited sealed container provisions. In this situation, requirements for obtaining and maintaining MSDSs are limited to providing access to those received with containers while the substance is in the workplace, and requesting MSDSs when employees request access for those not received with the containers. However, as a distributor of hazardous chemicals, that employer will still have responsibilities for providing MSDSs to downstream customers at the time of the first shipment and when the MSDS is updated. Therefore, although they may not be required for the employees in the work operation, the distributor may, nevertheless, have to have MSDSs to satisfy other requirements of the rule.

2. Identify Responsible Staff Hazard communication is going to be a continuing program in your facility. Compliance with the HCS is not a "one shot deal." In order to have a successful program, it will be necessary to assign responsibility for both the initial and ongoing activities that have to be undertaken to comply with the rule. In some cases, these activities may already be part of current job assignments. For example, site supervisors are frequently responsible for on-the-job training sessions. Early identification of the responsible employees, and involvement of them in the development of your plan of action, will result in a more effective program design. Evaluation of the effectiveness of your program will also be enhanced by involvement of affected employees. For any safety and health program, success depends on commitment at every level of the organization. This is particularly true for hazard communication, where success requires a change in behavior. This will only occur if employers understand the program, and are committed to its success, and if employees are motivated by the people presenting the information to them.

3. Identify Hazardous Chemicals in the Workplace. The standard requires a list of hazardous chemicals in the workplace as part of the written hazard communication program. The list will eventually serve as an inventory of everything for which an MSDS must be maintained. At this point, however, preparing the list will help you complete the rest of the program since it will give you some idea of the scope of the program required for compliance in your facility. The best way to prepare a comprehensive list is to survey the workplace. Purchasing records may also help, and certainly employers should establish procedures to ensure that in the future purchasing procedures result in MSDSs being

received before a material is used in the workplace. The broadest possible perspective should be taken when doing the survey. Sometimes people think of "chemicals" as being only liquids in containers. The HCS covers chemicals in all physical forms-liquids, solids, gases, vapors, fumes, and mists-whether they are "contained" or not. The hazardous nature of the chemical and the potential for exposure are the factors which determine whether a chemical is covered. If it's not hazardous, it's not covered. If there is no potential for exposure (e.g., the chemical is inextricably bound and cannot be released), the rule does not cover the chemical. Look around. Identify chemicals in containers, including pipes, but also think about chemicals generated in the work operations. For example, welding fumes, dusts, and exhaust fumes are all sources of chemical exposures. Read labels provided by suppliers for hazard information. Make a list of all chemicals in the workplace that are potentially hazardous. For your own information and planning, you may also want to note on the list the location(s) of the products within the workplace, and an indication of the hazards as found on the label. This will help you as you prepare the rest of your program. Paragraph (b) of this section, scope and application, includes exemptions for various chemicals or workplace situations. After compiling the complete list of chemicals, you should review paragraph (b) of this section to determine if any of the items can be eliminated from the list because they are exempted materials. For example, food, drugs, and cosmetics brought into the workplace for employee consumption are exempt. So rubbing alcohol in the first aid kit would not be covered. Once you have compiled as complete a list as possible of the potentially hazardous chemicals in the workplace, the next is to determine if you have received material safety data sheets for all of them. Check your files against the inventory you have just compiled. If any are missing, contact your supplier and request one. It is a good idea to document these requests, either by copy of a letter or a note regarding telephone conversations. If you have MSDSs for chemicals that are not on your list, figure out why. Maybe you don't use the chemical anymore. Or maybe you missed it in your survey. Some suppliers do provide MSDSs for products that are not hazardous. These do not have to be maintained by you. You should not allow employees to use any chemicals for which you have not received an MSDS. The MSDS provides information you need to ensure proper protective measures are implemented prior to exposure.

4. Preparing and Implementing a Hazard Communication Program

All workplaces where employees are exposed to hazardous chemicals must have a written plan which describes how the standard will be implemented in that facility. Preparation of a plan is not just a paper exercise-all of the elements must be implemented in the workplace in order to be in compliance with the rule. See paragraph (e) of this section for the specific requirements regarding written hazard communication programs. The only work operations which do not have to comply with the written plan requirements are laboratories and work operations where employees only handle chemicals in sealed containers. See paragraph (b) of this section, scope and application, for the specific requirements for these two types of workplaces. The plan does not have to be lengthy or complicated. It is intended to be a blueprint for implementation of your program-an assurance that all aspects of the requirements have been addressed. Many trade associations and other professional groups have provided sample programs and other assistance materials to affected employers. These have been very helpful to many employers since they tend to be tailored to the particular industry involved. You may wish to investigate whether your industry trade groups have developed such materials. Although such general guidance may be helpful, you must remember that the written program has to reflect what you are doing in your workplace. Therefore, if you use a generic program it must be adapted to address the facility it covers. For example, the written plan must list the chemicals present at the site, indicate who is to be

responsible for the various aspects of the program in your facility, and indicate where written materials will be made available to employees. If OSHA inspects your workplace for compliance with the HCS, the OSHA compliance officer will ask to see your written plan at the outset of the inspection. In general, the following items will be considered in evaluating your program. The written program must describe how the requirements for labels and other forms of warning, material safety data sheets, and employee information and training, are going to be met in your facility. The following discussion provides the type of information compliance officers will be looking for to decide whether these elements of the hazard communication program have been properly addressed:

A. Labels and Other Forms of Warning In-plant containers of hazardous chemicals must be labeled, tagged, or marked with the identity of the material and appropriate hazard warnings. Chemical manufacturers, importers, and distributors are required to ensure that every container of hazardous chemicals they ship is appropriately labeled with such information and with the name and address of the producer or other responsible party. Employers purchasing chemicals can rely on the labels provided by their suppliers. If the material is subsequently transferred by the employer from a labeled container to another container, the employer will have to label that container unless it is subject to the portable container exemption. See paragraph (f) of this section for specific labeling requirements. The primary information to be obtained from an OSHA-required label is an identity for the material, and appropriate hazard warnings. The identity is any term which appears on the label, the MSDS, and the list of chemicals, and thus links these three sources of information. The identity used by supplier may be a common or trade name ("Black Magic Formula"), or a chemical name (1,1,1,-trichloroethane). The hazard warning is a brief statement of the hazardous effects of the chemical ("flammable," "causes lung damage"). Labels frequently contain other information, such as precautionary measures ("do not use near open flame"), but this information is provided voluntarily and is not required by the rule. Labels must be legible, and prominently displayed. There are no specific requirements for size or color, or any specified text. With these requirements in mind, the compliance officer will be looking for the following types of information to ensure that labeling will be properly implemented in your facility: 1. Designation of person(s) responsible for ensuring labeling of in-plant containers; 2. Designation of person(s) responsible for ensuring labeling of any shipped containers; 3. Description of labeling system(s) used; 4. Description of written alternatives to labeling of in-plant containers (if used); and, 5. Procedures to review and update label information when necessary. Employers that are purchasing and using hazardous chemicals-rather than producing or distributing them-will primarily be concerned with ensuring that every purchased container is labeled. If materials are transferred into other containers, the employer must ensure that these are labeled as well, unless they fall under the portable container exemption (paragraph (f)(7) of this section). In terms of labeling systems, you can simply choose to use the labels provided by your suppliers on the containers. These will generally be verbal text labels, and do not usually include numerical rating systems or symbols that require special training. The most important thing to remember is that this is a continuing duty-all in-plant containers of hazardous chemicals must always be labeled. Therefore, it is important to designate someone to be responsible for ensuring that the labels are maintained as required on the containers in your facility, and that newly purchased materials are checked for labels prior to use.

B. Material Safety Data Sheets Chemical manufacturers and importers are required to obtain or develop a material safety data sheet for each hazardous chemical they produce or import. Distributors are responsible for ensuring that their customers are provided a copy of these MSDSs. Employers must have an MSDS for each

hazardous chemical which they use. Employers may rely on the information received from their suppliers. The specific requirements for material safety data sheets are in paragraph (g) of this section. There is no specified format for the MSDS under the rule, although there are specific information requirements. OSHA has developed a non-mandatory format, OSHA Form 174, which may be used by chemical manufacturers and importers to comply with the rule. The MSDS must be in English. You are entitled to receive from your supplier a data sheet which includes all of the information required under the rule. If you do not receive one automatically, you should request one. If you receive one that is obviously inadequate, with, for example, blank spaces that are not completed, you should request an appropriately completed one. If your request for a data sheet or for a corrected data sheet does not produce the information needed, you should contact your local OSHA Area Office for assistance in obtaining the MSDS. The role of MSDSs under the rule is to provide detailed information on each hazardous chemical, including its potential hazardous effects, its physical and chemical characteristics, and recommendations for appropriate protective measures. This information should be useful to you as the employer responsible for designing protective programs, as well as to the workers. If you are not familiar with material safety data sheets and with chemical terminology, you may need to learn to use them yourself. A glossary of MSDS terms may be helpful in this regard. Generally speaking, most employers using hazardous chemicals will primarily be concerned with MSDS information regarding hazardous effects and recommended protective measures. Focus on the sections of the MSDS that are applicable to your situation. MSDSs must be readily accessible to employees when they are in their work areas during their workshifts. This may be accomplished in many different ways. You must decide what is appropriate for your particular workplace. Some employers keep the MSDSs in a binder in a central location (e.g., in the pick-up truck on a construction site). Others, particularly in workplaces with large numbers of chemicals, computerize the information and provide access through terminals. As long as employees can get the information when they need it, any approach may be used. The employees must have access to the MSDSs themselves—simply having a system where the information can be read to them over the phone is only permitted under the mobile worksite provision, paragraph (g)(9) of this section, when employees must travel between workplaces during the shift. In this situation, they have access to the MSDSs prior to leaving the primary worksite, and when they return, so the telephone system is simply an emergency arrangement. In order to ensure that you have a current MSDS for each chemical in the plant as required, and that employee access is provided, the compliance officers will be looking for the following types of information in your written program: 1. Designation of person(s) responsible for obtaining and maintaining the MSDSs; 2. How such sheets are to be maintained in the workplace (e.g., in notebooks in the work area(s) or in a computer with terminal access), and how employees can obtain access to them when they are in their work area during the work shift; 3. Procedures to follow when the MSDS is not received at the time of the first shipment; 4. For producers, procedures to update the MSDS when new and significant health information is found; and, 5. Description of alternatives to actual data sheets in the workplace, if used. For employers using hazardous chemicals, the most important aspect of the written program in terms of MSDSs is to ensure that someone is responsible for obtaining and maintaining the MSDSs for every hazardous chemical in the workplace. The list of hazardous chemicals required to be maintained as part of the written program will serve as an inventory. As new chemicals are purchased, the list should be updated. Many companies have found it convenient to include on their purchase orders the name and address of the person designated in their company to receive MSDSs. C. Employee Information

and Training Each employee who may be "exposed" to hazardous chemicals when working must be provided information and trained prior to initial assignment to work with a hazardous chemical, and whenever the hazard changes. "Exposure" or "exposed" under the rule means that "an employee is subjected to a hazardous chemical in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.) and includes potential (e.g., accidental or possible) exposure." See paragraph (h) of this section for specific requirements. Information and training may be done either by individual chemical, or by categories of hazards (such as flammability or carcinogenicity). If there are only a few chemicals in the workplace, then you may want to discuss each one individually. Where there are large numbers of chemicals, or the chemicals change frequently, you will probably want to train generally based on the hazard categories (e.g., flammable liquids, corrosive materials, carcinogens). Employees will have access to the substance-specific information on the labels and MSDSs. Information and training is a critical part of the hazard communication program. Information regarding hazards and protective measures are provided to workers through written labels and material safety data sheets. However, through effective information and training, workers will learn to read and understand such information, determine how it can be obtained and used in their own workplaces, and understand the risks of exposure to the chemicals in their workplaces as well as the ways to protect themselves. A properly conducted training program will ensure comprehension and understanding. It is not sufficient to either just read material to the workers, or simply hand them material to read. You want to create a climate where workers feel free to ask questions. This will help you to ensure that the information is understood. You must always remember that the underlying purpose of the HCS is to reduce the incidence of chemical source illnesses and injuries. This will be accomplished by modifying behavior through the provision of hazard information and information about protective measures. If your program works, you and your workers will better understand the chemical hazards within the workplace. The procedures you establish regarding, for example, purchasing, storage, and handling of these chemicals will improve, and thereby reduce the risks posed to employees exposed to the chemical hazards involved. Furthermore, your workers' comprehension will also be increased, and proper work practices will be followed in your workplace.

If you are going to do the training yourself, you will have to understand the material and be prepared to motivate the workers to learn. This is not always an easy task, but the benefits are worth the effort. More information regarding appropriate training can be found in OSHA Publication No. 2254 which contains voluntary training guidelines prepared by OSHA's Training Institute. A copy of this document is available from OSHA's Publications Office at (202) 219-4667. In reviewing your written program with regard to information and training, the following items need to be considered:

1. Designation of person(s) responsible for conducting training;
2. Format of the program to be used (audiovisuals, classroom instruction, etc.);
3. Elements of the training program (should be consistent with the elements in paragraph (h) of this section); and,
4. Procedure to train new employees at the time of their initial assignment to work with a hazardous chemical, and to train employees when a new hazard is introduced into the workplace.

The written program should provide enough details about the employer's plans in this area to assess whether or not a good faith effort is being made to train employees. OSHA does not expect that every worker will be able to recite all of the information about each chemical in the workplace. In general, the most important aspects of training under the HCS are to ensure that employees are aware that they are exposed to hazardous chemicals, that they know how to read and use labels and material safety data sheets, and that, as a consequence of learning this information, they are following the appropriate protective measures established by the employer. OSHA compliance officers will be talking to employees to determine if they have received training, if they know they are exposed to hazardous chemicals, and if they know where to obtain substance-specific information on labels and MSDSs. The rule does not require employers to maintain records of employee training, but many employers choose to do so. This may help you monitor your own program to ensure that all employees are appropriately trained. If you already have a training program, you may simply have to supplement it with whatever additional information is required under the HCS. For example, construction employers that are already in compliance with the construction training standard (29 CFR 1926.21) will have little extra training to do. An employer can provide employees information and training through whatever means are found appropriate and protective. Although there would always have to be some training on-site (such as informing employees of the location and availability of the written program and MSDSs), employee training may be satisfied in part by general training about the requirements of the HCS and about chemical hazards on the job which is provided by, for example, trade associations, unions, colleges, and professional schools. In addition, previous training, education and experience of a worker may relieve the employer of some of the burdens of informing and training that worker. Regardless of the method relied upon, however, the employer is always ultimately responsible for ensuring that employees are adequately trained. If the compliance officer finds that the training is deficient, the employer will be cited for the deficiency regardless of who actually provided the training on behalf of the employer.

D. Other Requirements In addition to these specific items, compliance officers will also be asking the following questions in assessing the adequacy of the program: Does a list of the hazardous chemicals exist in each work area or at a central location? Are methods the employer will use to inform employees of the hazards of non-routine tasks outlined? Are employees informed of the hazards associated with chemicals contained in unlabeled pipes in their work areas? On multi-employer worksites, has the employer provided other employers with information about labeling systems and precautionary measures where the other employers have employees exposed to the initial employer's chemicals? Is the written program made available to employees and their designated representatives? If your program adequately addresses the means of communicating information to employees in your workplace, and provides answers to the basic questions outlined above, it will be found to be in compliance with the rule.

5. Checklist for Compliance The following checklist will help to ensure you are in compliance with the rule:

Obtained a copy of the rule. _____

Read and understood the requirements. _____

Assigned responsibility for tasks. _____

Prepared an inventory of chemicals. _____

Ensured containers are labeled. _____

Obtained MSDS for each chemical. _____

Prepared written program. _____

Made MSDSs available to workers. _____

Conducted training of workers. _____

Established procedures to maintain current program. _____

Established procedures to evaluate effectiveness. _____

6. Further Assistance If you have a question regarding compliance with the HCS, you should contact your local OSHA Area Office for assistance. In addition, each OSHA Regional Office has a Hazard Communication Coordinator who can answer your questions. Free consultation services are also available to assist employers, and information regarding these services can be obtained through the Area and Regional offices as well. The telephone number for the OSHA office closest to you should be listed in your local telephone directory. If you are not able to obtain this information, you may contact OSHA's Office of Information and Consumer Affairs at (202) 219-8151 for further assistance in identifying the appropriate contacts.

[59 FR 65947, December 22, 1994]

1910.1201 Retention of DOT markings, placards and labels.

(a) Any employer who receives a package of hazardous material which is required to be marked, labeled or placarded in accordance with the U. S. Department of Transportation's Hazardous Materials Regulations (49 CFR Parts 171 through 180) shall retain those markings, labels and placards on the package until the packaging is sufficiently cleaned of residue and purged of vapors to remove any potential hazards.

(b) Any employer who receives a freight container, rail freight car, motor vehicle, or transport vehicle that is required to be marked or placarded in accordance with the Hazardous Materials Regulations shall retain those markings and placards on the freight container, rail freight car, motor vehicle or transport vehicle until the hazardous materials which require the marking or placarding are sufficiently removed to prevent any potential hazards.

(c) Markings, placards and labels shall be maintained in a manner that ensures that they are readily visible.

(d) For non-bulk packages which will not be reshipped, the provisions of this section are met if a label or other acceptable marking is affixed in accordance with the Hazard Communication Standard (29 CFR 1910.1200).

(e) For the purposes of this section, the term "hazardous material" and any other terms not defined in this section have the same definition as in the Hazardous Materials Regulations (49 CFR Parts 171 through 180).

1910.1450 Occupational exposure to hazardous chemicals in laboratories.

* (Section 1910.1450 was added by 55 FR 3327, Jan. 31, 1990)

(a) Scope and application.

(1) This section shall apply to all employers engaged in the laboratory use of hazardous chemicals as defined below.

(2) Where this section applies, it shall supersede, for laboratories, the requirements of all other OSHA health standards in 29 CFR part 1910, subpart Z, except as follows:

(i) For any OSHA health standard, only the requirement to limit employee exposure to the specific permissible exposure limit shall apply for laboratories, unless that particular standard states otherwise or unless the conditions of paragraph (a)(2)(iii) of this section apply.

(ii) Prohibition of eye and skin contact where specified by any OSHA health standard shall be observed.

(iii) Where the action level (or in the absence of an action level, the permissible exposure limit) is routinely exceeded for an OSHA regulated substance with exposure monitoring and medical surveillance requirements paragraphs (d) and (g)(1)(ii) of this section shall apply.

(3) This section shall not apply to:

(i) Uses of hazardous chemicals which do not meet the definition of laboratory use, and in such cases, the employer shall comply with the relevant standard in 29 CFR part 1910, subpart Z, even if such use occurs in a laboratory.

(ii) Laboratory uses of hazardous chemicals which provide no potential for employee exposure. Examples of such conditions might include:

(A) Procedures using chemically-impregnated test media such as Dip-and-Read tests where a reagent strip is dipped into the specimen to be tested and the results are interpreted by comparing the color reaction to a color chart supplied by the manufacturer of the test strip; and

(B) Commercially prepared kits such as those used in performing pregnancy tests in which all of the reagents needed to conduct the test are contained in the kit.

(b) Definitions -

"Action level" means a concentration designated in 29 CFR part 1910 for a specific substance, calculated as an eight (8)-hour time-weighted average, which initiates certain required activities such as exposure monitoring and medical surveillance.

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

"Carcinogen" (see "select carcinogen").

"Chemical Hygiene Officer" means an employee who is designated by the employer, and who is qualified by training or experience, to provide technical guidance in the development and implementation of the provisions of the Chemical Hygiene Plan. This definition is not intended to place limitations on the position description or job classification that the designated individual shall hold within the employer's organizational structure.

"Chemical Hygiene Plan" means a written program developed and implemented by the employer which sets forth procedures, equipment, personal protective equipment and work practices that (i) are capable of protecting employees from the health hazards presented by hazardous chemicals used in that particular workplace and (ii) meets the requirements of paragraph (e) of this section.

"Combustible liquid" means any liquid having a flashpoint at or above 100 deg. F (37.8 deg. C), but below 200 deg. F (93.3 deg. C), except any mixture having components with flashpoints of 200 deg. F (93.3 deg. C), or higher, the total volume of which make up 99 percent or more of the total volume of the mixture.

"Compressed gas" means:

(i) A gas or mixture of gases having, in a container, an absolute pressure exceeding 40 psi at 70 deg. F (21.1 deg. C); or

(ii) A gas or mixture of gases having, in a container, an absolute pressure exceeding 104 psi at

130 deg. F (54.4 deg C) regardless of the pressure at 70 deg. F (21.1 deg. C); or

(iii) A liquid having a vapor pressure exceeding 40 psi at 100 deg. F (37.8 C) as determined by ASTM D-323-72.

"Designated area" means an area which may be used for work with "select carcinogens," reproductive toxins or substances which have a high degree of acute toxicity. A designated area may be the entire laboratory, such as a laboratory hood.

"Emergency" means any occurrence such as, but not limited to, equipment failure, rupture of containers or failure of control equipment which results in an uncontrolled release of a hazardous chemical into the workplace.

"Employee" means an individual employed in a laboratory workplace who may be exposed to hazardous chemicals in the course of his or her assignments.

"Explosive" means a chemical that causes a sudden, almost instantaneous release of pressure, gas, and heat when subjected to sudden shock, pressure, or high temperature.

"Flammable" means a chemical that falls into one of the following categories:

(i) "Aerosol, flammable" means an aerosol that, when tested by the method described in 16 CFR 1500.45, yields a flame protection exceeding 18 inches at full valve opening, or a flashback (a flame extending back to the valve) at any degree of valve opening;

(ii) "Gas, flammable" means:

(A) A gas that, at ambient temperature and pressure, forms a flammable mixture with air at a concentration of 13 percent by volume or less; or

(B) A gas that, at ambient temperature and pressure, forms a range of flammable mixtures with air wider than 12 percent by volume, regardless of the lower limit.

(iii) "Liquid, flammable" means any liquid having a flashpoint below 100 deg F (37.8 deg. C), except any mixture having components with flashpoints of 100 deg. C) or higher, the total of which make up 99 percent or more of the total volume of the mixture.

(iv) "Solid, flammable" means a solid, other than a blasting agent or explosive as defined in 1910.109(a), that is liable to cause fire through friction, absorption of moisture, spontaneous chemical change, or retained heat from manufacturing or processing, or which can be ignited

readily and when ignited burns so vigorously and persistently as to create a serious hazard. A chemical shall be considered to be a flammable solid if, when tested by the method described in 16 CFR 1500.44, it ignites and burns with a self-sustained flame at a rate greater than one-tenth of an inch per second along its major axis.

"Flashpoint" means the minimum temperature at which a liquid gives off a vapor in sufficient concentration to ignite when tested as follows:

(i) Tagliabue Closed Tester (See American National Standard Method of Test for Flash Point by Tag Closed Tester, Z11.24 - 1979 (ASTM D 56-79)) - for liquids with a viscosity of less than 45 Saybolt Universal Seconds (SUS) at 100 deg. F (37.8 deg. C), that do not contain suspended solids and do not have a tendency to form a surface film under test; or

(ii) Pensky-Martens Closed Tester (See American National Standard Method of Test for Flashpoint by Pensky-Martens Closed Tester, Z11.7 - 1979 (ASTM D 93-79)) - for liquids with a viscosity equal to or greater than 45 SUS at 100 deg. F (37.8 deg. C), or that contain suspended solids, or that have a tendency to form a surface film under test; or

(iii) Setaflash Closed Tester (see American National Standard Method of test for Flash Point by Setaflash Closed Tester (ASTM D 3278-78)).

Organic peroxides, which undergo autoaccelerating thermal decomposition, are excluded from any of the flashpoint determination methods specified above.

"Hazardous chemical" means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems, and agents which damage the lungs, skin, eyes, or mucous membranes.

Appendices A and B of the Hazard Communication Standard (29 CFR 1910.1200) provide further guidance in defining the scope of health hazards and determining whether or not a chemical is to be considered hazardous for purposes of this standard.

"Laboratory" means a facility where the "laboratory use of hazardous chemicals" occurs. It is a workplace where relatively small quantities of hazardous chemicals are used on a non-production basis.

"Laboratory scale" means work with substances in which the containers used for reactions, transfers, and other handling of substances are designed to be easily and safely manipulated by

one person. "Laboratory scale" excludes those workplaces whose function is to produce commercial quantities of materials.

"Laboratory-type hood" means a device located in a laboratory, enclosure on five sides with a movable sash or fixed partial enclosed on the remaining side; constructed and maintained to draw air from the laboratory and to prevent or minimize the escape of air contaminants into the laboratory; and allows chemical manipulations to be conducted in the enclosure without insertion of any portion of the employee's body other than hands and arms.

Walk-in hoods with adjustable sashes meet the above definition provided that the sashes are adjusted during use so that the airflow and the exhaust of air contaminants are not compromised and employees do not work inside the enclosure during the release of airborne hazardous chemicals.

"Laboratory use of hazardous chemicals" means handling or use of such chemicals in which all of the following conditions are met:

- (i) Chemical manipulations are carried out on a "laboratory scale;"
- (ii) Multiple chemical procedures or chemicals are used;
- (iii) The procedures involved are not part of a production process, nor in any way simulate a production process; and
- (iv) "Protective laboratory practices and equipment" are available and in common use to minimize the potential for employee exposure to hazardous chemicals.

"Medical consultation" means a consultation which takes place between an employee and a licensed physician for the purpose of determining what medical examinations or procedures, if any, are appropriate in cases where a significant exposure to a hazardous chemical may have taken place.

"Organic peroxide" means an organic compound that contains the bivalent -O-O- structure and which may be considered to be a structural derivative of hydrogen peroxide where one or both of the hydrogen atoms has been replaced by an organic radical.

"Oxidizer" means a chemical other than a blasting agent or explosive as defined in 1910.109(a), that initiates or promotes combustion in other materials, thereby causing fire either of itself or through the release of oxygen or other gases.

"Physical hazard" means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer

pyrophoric, unstable (reactive) or water-reactive.

"Protective laboratory practices and equipment" means those laboratory procedures, practices and equipment accepted by laboratory health and safety experts as effective, or that the employer can show to be effective, in minimizing the potential for employee exposure to hazardous chemicals.

"Reproductive toxins" means chemicals which affect the reproductive chemicals which affect the reproductive capabilities including chromosomal damage (mutations) and effects on fetuses (teratogenesis).

"Select carcinogen" means any substance which meets one of the following criteria:

(i) It is regulated by OSHA as a carcinogen; or

(ii) It is listed under the category, "known to be carcinogens," in the Annual Report on Carcinogens published by the National Toxicology Program (NTP)(latest edition); or

(iii) It is listed under Group 1 ("carcinogenic to humans") by the International Agency for research on Cancer Monographs (IARC)(latest editions); or

(iv) It is listed in either Group 2A or 2B by IARC or under the category, "reasonably anticipated to be carcinogens" by NTP, and causes statistically significant tumor incidence in experimental animals in accordance with any of the following criteria:

(A) After inhalation exposure of 6 - 7 hours per day, 5 days per week, for a significant portion of a lifetime to dosages of less than 10 mg/m³;

(B) After repeated skin application of less than 300 (mg/kg of body weight) per week; or

(C) After oral dosages of less than 50 mg/kg of body weight per day.

"Unstable (reactive)" means a chemical which is the pure state, or as produced or transported, will vigorously polymerize, decompose, condense, or will become self-reactive under conditions of shocks, pressure or temperature.

"Water-reactive" means a chemical that reacts with water to release a gas that is either flammable or presents a health hazard.

(c) Permissible exposure limits. For laboratory uses of OSHA regulated substances, the employer shall assure that laboratory employees' exposures to such substances do not exceed the permissible exposure limits specified in 29 CFR part 1910, subpart Z.

(d) Employee exposure determination

(1) Initial monitoring. The employer shall measure the employee's exposure to any substance regulated by a standard which requires monitoring if there is reason to believe that exposure levels for that substance routinely exceed the action level (or in the absence of an action level, the PEL).

(2) Periodic monitoring. If the initial monitoring prescribed by paragraph (d)(1) of this section discloses employee exposure over the action level (or in the absence of an action level, the PEL), the employer shall immediately comply with the exposure monitoring provisions of the relevant standard.

(3) Termination of monitoring. Monitoring may be terminated in accordance with the relevant standard.

(4) Employee notification of monitoring results. The employer shall, within 15 working days after the receipt of any monitoring results, notify the employee of these results in writing either individually or by posting results in an appropriate location that is accessible to employees.

(e) Chemical hygiene plan - General. (Appendix A of this section is non-mandatory but provides guidance to assist employers in the development of the Chemical Hygiene Plan.)

(1) Where hazardous chemicals as defined by this standard are used in the workplace, the employer shall develop and carry out the provisions of a written Chemical Hygiene Plan which is:

(i) Capable of protecting employees from health hazards associated with hazardous chemicals in that laboratory and

(ii) Capable of keeping exposures below the limits specified in paragraph (c) of this section.

(2) The Chemical Hygiene Plan shall be readily available to employees, employee representatives and, upon request, to the Assistant Secretary.

(3) The Chemical Hygiene Plan shall include each of the following elements and shall indicate specific measures that the employer will take to ensure laboratory employee protection;

(i) Standard operating procedures relevant to safety and health considerations to be followed when laboratory work involves the use of hazardous chemicals;

(ii) Criteria that the employer will use to determine and implement control measures to reduce employee exposure to hazardous chemicals including engineering controls, the use of personal protective equipment and hygiene practices; particular attention shall be given to the selection of control measures for chemicals that are known to be extremely hazardous;

(iii) A requirement that fume hoods and other protective equipment are functioning properly and specific measures that shall be taken to ensure proper and adequate performance of such equipment;

(iv) Provisions for employee information and training as prescribed in paragraph (f) of this section;

(v) The circumstances under which a particular laboratory operation, procedure or activity shall require prior approval from the employer or the employer's designee before implementation;

(vi) Provisions for medical consultation and medical examinations in accordance with paragraph (g) of this section;

(vii) Designation of personnel responsible for implementation of the Chemical Hygiene Plan including the assignment of a Chemical Hygiene Officer, and, if appropriate, establishment of a Chemical Hygiene Committee; and

(viii) Provisions for additional employee protection for work with particularly hazardous substances. These include "select carcinogens," reproductive toxins and substances which have a high degree of acute toxicity. Specific consideration shall be given to the following provisions which shall be included where appropriate:

(A) Establishment of a designated area;

(B) Use of containment devices such as fume hoods or glove boxes;

(C) Procedures for safe removal of contaminated waste; and

(D) Decontamination procedures.

(4) The employer shall review and evaluate the effectiveness of the Chemical Hygiene Plan at least annually and update it as necessary.

(f) Employee information and training.

(1) The employer shall provide employees with information and training to ensure that they

are apprised of the hazards of chemicals present in their work area.

(2) Such information shall be provided at the time of an employee's initial assignment to a work area where hazardous chemicals are present and prior to assignments involving new exposure situations. The frequency of refresher information and training shall be determined by the employer.

(3) Information. Employees shall be informed of:

(i) The contents of this standard and its appendices which shall be made available to employees;

(ii) the location and availability of the employer's Chemical Hygiene Plan;

(iii) The permissible exposure limits for OSHA regulated substances or recommended exposure limits for other hazardous chemicals where there is no applicable OSHA standard;

(iv) Signs and symptoms associated with exposures to hazardous chemicals used in the laboratory; and

(v) The location and availability of known reference material on the hazards, safe handling, storage and disposal of hazardous chemicals found in the laboratory including, but not limited to, Material Safety Data Sheets received from the chemical supplier.

(4) Training.

(i) Employee training shall include:

(A) Methods and observations that may be used to detect the presence or release of a hazardous chemical (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);

(B) The physical and health hazards of chemicals in the work area; and

(C) The measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used.

(ii) The employee shall be trained on the applicable details of the employer's written Chemical Hygiene Plan.

(g) Medical consultation and medical examinations.

(1) The employer shall provide all employees who work with hazardous chemicals an opportunity to receive medical attention, including any follow-up examinations which the examining physician determines to be necessary, under the following circumstances:

(i) Whenever an employee develops signs or symptoms associated with a hazardous chemical to which the employee may have been exposed in the laboratory, the employee shall be provided an opportunity to receive an appropriate medical examination.

(ii) Where exposure monitoring reveals an exposure level routinely above the action level (or in the absence of an action level, the PEL) for an OSHA regulated substance for which there are exposure monitoring and medical surveillance requirements, medical surveillance shall be established for the affected employee as prescribed by the particular standard.

(iii) Whenever an event takes place in the work area such as a spill, leak, explosion or other occurrence resulting in the likelihood of a hazardous exposure, the affected employee shall be provided an opportunity for a medical consultation. Such consultation shall be for the purpose of determining the need for a medical examination.

(2) All medical examinations and consultations shall be performed by or under the direct supervision of a licensed physician and shall be provided without cost to the employee, without loss of pay and at a reasonable time and place.

(3) Information provided to the physician. The employer shall provide the following information to the physician:

(i) The identity of the hazardous chemical(s) to which the employee may have been exposed;

(ii) A description of the conditions under which the exposure occurred including quantitative exposure data, if available; and

(iii) A description of the signs and symptoms of exposure that the employee is experiencing, if any.

(4) Physician's written opinion.

(i) For examination or consultation required under this standard, the employer shall obtain a written opinion from the examining physician which shall include the following:

(A) Any recommendation for further medical follow-up;

(B) The results of the medical examination and any associated tests;

(C) Any medical condition which may be revealed in the course of the examination which may place the employee at increased risk as a result of exposure to a hazardous workplace; and

(D) A statement that the employee has been informed by the physician of the results of the consultation or medical examination and any medical condition that may require further examination or treatment.

(ii) The written opinion shall not reveal specific findings of diagnoses unrelated to occupational exposure.

(h) Hazard identification.

(1) With respect to labels and material safety data sheets:

(i) Employers shall ensure that labels on incoming containers of hazardous chemicals are not removed or defaced.

(ii) Employers shall maintain any material safety data sheets that are received with incoming shipments of hazardous chemicals, and ensure that they are readily accessible to laboratory employees.

(2) The following provisions shall apply to chemical substances developed in the laboratory:

(i) If the composition of the chemical substance which is produced exclusively for the laboratory's use is known, the employer shall determine if it is a hazardous chemical as defined in paragraph (b) of this section. If the chemical is determined to be hazardous, the employer shall provide appropriate training as required under paragraph (f) of this section.

(ii) If the chemical produced is a byproduct whose composition is not known, the employer shall assume that the substance is hazardous and shall implement paragraph (e) of this section.

(iii) If the chemical substance is produced for another user outside of the laboratory, the employer shall comply with the Hazard Communication Standard (29 CFR 1910.120) including the requirements for preparation of material safety data sheets and labeling.

(i) Use of respirators. Where the use of respirators is necessary to maintain exposure below

permissible exposure limits, the employer shall provide, at no cost to the employee, the proper respiratory equipment. Respirators shall be selected and used in accordance with the requirements of 29 CFR 1910.134.

(j) Recordkeeping.

(1) The employer shall establish and maintain for each employee an accurate record of any measurements taken to monitor employee exposures and any medical consultation and examinations including tests or written opinions required by this standard.

(2) The employer shall assure that such records are kept, transferred, and made available in accordance with 29 CFR 1910.20.

(k) [Reserved]

(l) Appendices. The information contained in the appendices is not intended, by itself, to create any additional obligations not otherwise imposed or to detract from any existing obligation.

1910.1450 App A National Research Council Recommendations Concerning Chemical Hygiene in Laboratories (Non-Mandatory)

Appendix A to 1910.1450 - National Research Council Recommendations Concerning Chemical Hygiene in Laboratories (Non-Mandatory)

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Foreword

As guidance for each employer's development of an appropriate laboratory Chemical Hygiene Plan, the following non-mandatory recommendations are provided. They were extracted from "Prudent Practices" for Handling Hazardous Chemicals in Laboratories" (referred to below as "Prudent Practices"), which was published in 1981 by the National Research Council and is available from the National Academy Press, 2101 Constitution Ave., NW., Washington DC 20418.

"Prudent Practices" is cited because of its wide distribution and acceptance and because of its

preparation by members of the laboratory community through the sponsorship of the National Research Council. However, none of the recommendations given here will modify any requirements of the laboratory standard. This Appendix merely presents pertinent recommendations from "Prudent Practices", organized into a form convenient for quick reference during operation of a laboratory facility and during development and application of a Chemical Hygiene Plan. Users of this appendix should consult "Prudent Practices" for a more extended presentation and justification for each recommendation.

"Prudent Practices" deal with both safety and chemical hazards while the laboratory standard is concerned primarily with chemical hazards. Therefore, only those recommendations directed primarily toward control of toxic exposures are cited in this appendix, with the term "chemical Hygiene" being substituted for the word "safety". However, since conditions producing or threatening physical injury often pose toxic risks as well, page references concerning major categories of safety hazards in the laboratory are given in section F.

The recommendations from "Prudent Practices" have been paraphrased, combined, or otherwise reorganized, and headings have been added. However, their sense has not been changed.

Corresponding Sections of the Standard and this Appendix

The following table is given for the convenience of those who are developing a Chemical Hygiene Plan which will satisfy the requirements of paragraph (e) of the standard. It indicates those sections of this appendix which are most pertinent to each of the sections of paragraph (e) and related paragraphs.

Paragraph and topic in laboratory standard	: Relevant : appendix : section
(e)(3)(i) Standard operating procedures for handling toxic chemicals.	: C, D, E
(e)(3)(ii) Criteria to be used for implementation of measures to reduce exposures.	: D
(e)(3)(iii) Fume hood performance	: C4b
(e)(3)(iv) Employee information and training (including emergency procedures).	: D10, D9
(e)(3)(v) Requirements for prior approval of	: E2b, E4b

laboratory activities.	:	
(e)(3)(vi) Medical consultation and medical examinations.	:	D5, E4f
(e)(3)(vii) Chemical hygiene responsibilities.	:	B
(e)(3)(viii) Special precautions for work with particularly hazardous substances.	:	E2, E3, E4

In this appendix, those recommendations directed primarily at administrators and supervisors are given in sections A - D. Those recommendations of primary concern to employees who are actually handling laboratory chemicals are given in section E. (Reference to page numbers in "Prudent Practices" are given in parentheses.)

A. General Principles for Work with Laboratory Chemicals

In addition to the more detailed recommendations listed below in sections B-E, "Prudent Practices" expresses certain general principles, including the following:

1. It is prudent to minimize all chemical exposures. Because few laboratory chemicals are without hazards, general precautions for handling all laboratory chemicals should be adopted, rather than specific guidelines for particular chemicals (2,10). Skin contact with chemicals should be avoided as a cardinal rule (198).
2. Avoid underestimation of risk. Even for substances of no known significant hazard, exposure should be minimized; for work with substances which present special hazards, special precautions should be taken (10, 37, 38). One should assume that any mixture will be more toxic than its most toxic component (30, 103) and that all substances of unknown toxicity are toxic (3, 34).
3. Provide adequate ventilation. The best way to prevent exposure to airborne substances is to prevent their escape into the working atmosphere by use of hoods and other ventilation devices (32, 198).
4. Institute a chemical hygiene program. A mandatory chemical hygiene program designed to minimize exposures is needed; it should be a regular, continuing effort, not merely a standby or short-term activity (6,11). Its recommendations should be followed in academic teaching laboratories as well as by full-time laboratory workers (13).
5. Observe the PELs, TLVs. The Permissible Exposure Limits of OSHA and the Threshold

Limit Values of the American Conference of Governmental Industrial Hygienists should not be exceeded (13).

B. Chemical Hygiene Responsibilities

Responsibility for chemical hygiene rests at all levels (6, 11, 21) including the:

1. Chief executive officer, who has ultimate responsibility for chemical hygiene within the institution and must, with other administrators, provide continuing support for institutional chemical hygiene (7, 11).
2. Supervisor of the department or other administrative unit, who is responsible for chemical hygiene in that unit (7).
3. chemical hygiene officer(s), whose appointment is essential (7) and who must:
 - (a) Work with administrators and other employees to develop and implement appropriate chemical hygiene policies and practices (7);
 - (b) Monitor procurement, use, and disposal of chemicals used in the lab (8);
 - (c) See that appropriate audits are maintained (8);
 - (d) Help project directors develop precautions and adequate facilities (10);
 - (e) Know the current legal requirements concerning regulated substances (50); and
 - (f) Seek ways to improve the chemical hygiene program (8, 11).
4. Laboratory supervisor, who has overall responsibility for chemical hygiene in the laboratory (21) including responsibility to:
 - (a) Ensure that workers know and follow the chemical hygiene rules, that protective equipment is available and in working order, and that appropriate training has been provided (21, 22);
 - (b) Provide regular, formal chemical hygiene and housekeeping inspections including routine inspections of emergency equipment (21, 171);
 - (c) Know the current legal requirements concerning regulated substances (50, 231);
 - (d) Determine the required levels of protective apparel and equipment (156, 160, 162); and
 - (e) Ensure that facilities and training for use of any material being ordered are adequate (215).

5. Project director or director of other specific operation, who has primary responsibility for chemical hygiene procedures for that operation (7).

6. Laboratory worker, who is responsible for:

(a) Planning and conducting each operation in accordance with the institutional chemical hygiene procedures (7, 21, 22, 230); and

(b) Developing good personal chemical hygiene habits (22).

C. The Laboratory Facility

1. Design. The laboratory facility should have:

(a) An appropriate general ventilation system (see C4 below) with air intakes and exhausts located so as to avoid intake of contaminated air (194);

(b) Adequate, well-ventilated stockrooms/storerooms (218, 219).

(c) Laboratory hoods and sinks (12, 162);

(d) Other safety equipment including eyewash fountains and drench showers (162, 169); and

(e) Arrangements for waste disposal (12, 240).

2. Maintenance. Chemical-hygiene-related equipment (hoods, incinerator, etc.) should undergo continual appraisal and be modified if inadequate (11, 12).

3. Usage. The work conducted (10) and its scale (12) must be appropriate to the physical facilities available and, especially, to the quality of ventilation (13).

4. Ventilation - (a) General laboratory ventilation. This system should: Provide a source of air for breathing and for input to local ventilation devices (199); it should not be relied on for protection from toxic substances released into the laboratory (198); ensure that laboratory air is continually replaced, preventing increase of air concentrations of toxic substances during the working day (194); direct air flow into the laboratory from non-laboratory areas and out to the exterior of the building (194).

(b) Hoods. A laboratory hood with 2.5 linear feet of hood space per person should be provided

for every 2 workers if they spend most of their time working with chemicals (199); each hood should have a continuous monitoring device to allow convenient confirmation of adequate hood performance before use (200, 209). If this is not possible, work with substances of unknown toxicity should be avoided (13) or other types of local ventilation devices should be provided (199). See pp. 201-206 for a discussion of hood design, construction, and evaluation.

(c) Other local ventilation devices. Ventilated storage cabinets, canopy hoods, snorkels, etc. should be provided as needed (199). Each canopy hood and snorkel should have a separate exhaust duct (207).

(d) Special ventilation areas. Exhaust air from glove boxes and isolation rooms should be passed through scrubbers or other treatment before release into the regular exhaust system (208). Cold rooms and warm rooms should have provisions for rapid escape and for escape in the event of electrical failure (209).

(e) Modifications. Any alteration of the ventilation system should be made only if thorough testing indicates that worker protection from airborne toxic substances will continue to be adequate (12, 193, 204).

(f) Performance. Rate: 4-12 room air changes/hour is normally adequate general ventilation if local exhaust systems such as hoods are used as the primary method of control (194).

(g) Quality. General air flow should not be turbulent and should be relatively uniform throughout the laboratory, with no high velocity or static areas (194, 195); airflow into and within the hood should not be excessively turbulent (200); hood face velocity should be adequate (typically 60-100 lfm) (200, 204).

(h) Evaluation. Quality and quantity of ventilation should be evaluated on installation (202), regularly monitored (at least every 3 months) (6, 12, 14, 195), and reevaluated whenever a change in local ventilation devices is made (12, 195, 207). See pp 195-198 for methods of evaluation and for calculation of estimated airborne contaminant concentrations.

D. Components of the Chemical Hygiene Plan

1. Basic Rules and Procedures (Recommendations for these are given in section E, below)
2. Chemical Procurement, Distribution, and Storage

(a) Procurement. Before a substance is received, information on proper handling, storage, and disposal should be known to those who will be involved (215, 216). No container should be

accepted without an adequate identifying label (216). Preferably, all substances should be received in a central location (216).

(b) Stockrooms/storerooms. Toxic substances should be segregated in a well-identified area with local exhaust ventilation (221). Chemicals which are highly toxic (227) or other chemicals whose containers have been opened should be in unbreakable secondary containers (219). Stored chemicals should be examined periodically (at least annually) for replacement, deterioration, and container integrity (218-19).

Stockrooms/storerooms should not be used as preparation or repackaging areas, should be open during normal working hours, and should be controlled by one person (219).

(c) Distribution. When chemicals are hand carried, the container should be placed in an outside container or bucket. Freight-only elevators should be used if possible (223).

(d) Laboratory storage. Amounts permitted should be as small as practical. Storage on bench tops and in hoods is inadvisable. Exposure to heat or direct sunlight should be avoided. Periodic inventories should be conducted, with unneeded items being discarded or returned to the storeroom/stockroom (225-6, 229).

3. Environmental Monitoring

Regular instrumental monitoring of airborne concentrations is not usually justified or practical in laboratories but may be appropriate when testing or redesigning hoods or other ventilation devices (12) or when a highly toxic substance is stored or used regularly (e.g., 3 times/week) (13).

4. Housekeeping, Maintenance, and Inspections

(a) Cleaning. Floors should be cleaned regularly (24).

(b) Inspections. Formal housekeeping and chemical hygiene inspections should be held at least quarterly (6, 21) for units which have frequent personnel changes and semiannually for others; informal inspections should be continual (21).

(c) Maintenance. Eye wash fountains should be inspected at intervals of not less than 3 months (6). Respirators for routine use should be inspected periodically by the laboratory supervisor (169). Other safety equipment should be inspected regularly. (e.g., every 3-6 months) (6, 24, 171). Procedures to prevent restarting of out-of-service equipment should be established (25).

(d) Passageways. Stairways and hallways should not be used as storage areas (24). Access to exits, emergency equipment, and utility controls should never be blocked (24).

5. Medical Program

(a) Compliance with regulations. Regular medical surveillance should be established to the extent required by regulations (12).

(b) Routine surveillance. Anyone whose work involves regular and frequent handling of toxicologically significant quantities of a chemical should consult a qualified physician to determine on an individual basis whether a regular schedule of medical surveillance is desirable (11, 50).

(c) First aid. Personnel trained in first aid should be available during working hours and an emergency room with medical personnel should be nearby (173). See pp. 176-178 for description of some emergency first aid procedures.

6. Protective Apparel and Equipment

These should include for each laboratory:

(a) Protective apparel compatible with the required degree of protection for substances being handled (158-161);

(b) An easily accessible drench-type safety shower (162, 169);

(c) An eyewash fountain (162)

(d) A fire extinguisher (162-164);

(e) Respiratory protection (164-9), fire alarm and telephone for emergency use (162) should be available nearby; and

(f) Other items designated by the laboratory supervisor (156, 160).

7. Records

(a) Accident records should be written and retained (174).

(b) Chemical Hygiene Plan records should document that the facilities and precautions were compatible with current knowledge and regulations (7).

(c) Inventory and usage records for high-risk substances should be kept as specified in sections E3e below.

(d) Medical records should be retained by the institution in accordance with the requirements of state and federal regulations (12).

8. Signs and Labels

Prominent signs and labels of the following types should be posted:

(a) Emergency telephone numbers of emergency personnel/facilities, supervisors, and laboratory workers (28);

(b) Identity labels, showing contents of containers (including waste receptacles) and associated hazards (27, 48);

(c) Location signs for safety showers, eyewash stations, other safety and first aid equipment, exits (27) and areas where food and beverage consumption and storage are permitted (24); and

(d) Warnings at areas or equipment where special or unusual hazards exist (27).

9. Spills and Accidents

(a) A written emergency plan should be established and communicated to all personnel; it should include procedures for ventilation failure (200), evacuation, medical care, reporting, and drills (172).

(b) There should be an alarm system to alert people in all parts of the facility including isolation areas such as cold rooms (172).

(c) A spill control policy should be developed and should include consideration of prevention, containment, cleanup, and reporting (175).

(d) All accidents or near accidents should be carefully analyzed with the results distributed to all who might benefit (8, 28).

10. Information and Training Program

(a) Aim: To assure that all individuals at risk are adequately informed about the work in the laboratory, its risks, and what to do if an accident occurs (5, 15).

(b) Emergency and Personal Protection Training: Every laboratory worker should know the location and proper use of available protective apparel and equipment (154, 169).

Some of the full-time personnel of the laboratory should be trained in the proper use of emergency equipment and procedures (6).

Such training as well as first aid instruction should be available to (154) and encouraged for (176) everyone who might need it.

(c) Receiving and stockroom/storeroom personnel should know about hazards, handling equipment, protective apparel, and relevant regulations (217).

(d) Frequency of Training: The training and education program should be a regular, continuing activity - not simply an annual presentation (15).

(e) Literature/Consultation: Literature and consulting advice concerning chemical hygiene should be readily available to laboratory personnel, who should be encouraged to use these information resources (14).

11. Waste Disposal Program.

(a) Aim: To assure that minimal harm to people, other organisms, and the environment will result from the disposal of waste laboratory chemicals (5).

(b) Content (14, 232, 233, 240): The waste disposal program should specify how waste is to be collected, segregated, stored, and transported and include consideration of what materials can be incinerated. Transport from the institution must be in accordance with DOT regulations (244).

(c) Discarding Chemical Stocks: Unlabeled containers of chemicals and solutions should undergo prompt disposal; if partially used, they should not be opened (24, 27).

Before a worker's employment in the laboratory ends, chemicals for which that person was responsible should be discarded or returned to storage (226).

(d) Frequency of Disposal: Waste should be removed from laboratories to a central waste storage area at least once per week and from the central waste storage area at regular intervals (14).

(e) Method of Disposal: Incineration in an environmentally acceptable manner is the most practical disposal method for combustible laboratory waste (14, 238, 241).

Indiscriminate disposal by pouring waste chemicals down the drain (14, 231, 242) or adding them to mixed refuse for landfill burial is unacceptable (14).

Hoods should not be used as a means of disposal for volatile chemicals (40, 200).

Disposal by recycling (233, 243) or chemical decontamination (40, 230) should be used when possible.

E. Basic Rules and Procedures for Working with Chemicals

The Chemical Hygiene Plan should require that laboratory workers know and follow its rules and procedures. In addition to the procedures of the sub programs mentioned above, these should include the rules listed below.

1. General Rules

The following should be used for essentially all laboratory work with chemicals:

(a) Accidents and spills - Eye Contact: Promptly flush eyes with water for a prolonged period (15 minutes) and seek medical attention (33, 172).

Ingestion: Encourage the victim to drink large amounts of water (178).

Skin Contact: Promptly flush the affected area with water (33, 172, 178) and remove any contaminated clothing (172, 178). If symptoms persist after washing, seek medical attention (33).

Clean-up. Promptly clean up spills, using appropriate protective apparel and equipment and proper disposal (24, 33). See pp. 233-237 for specific clean-up recommendations.

(b) Avoidance of "routine" exposure: Develop and encourage safe habits (23); avoid unnecessary exposure to chemicals by any route (23);

Do not smell or taste chemicals (32). Vent apparatus which may discharge toxic chemicals (vacuum pumps, distillation columns, etc.) into local exhaust devices (199).

Inspect gloves (157) and test glove boxes (208) before use.

Do not allow release of toxic substances in cold rooms and warm rooms, since these have contained recirculated atmospheres (209).

(c) Choice of chemicals: Use only those chemicals for which the quality of the available ventilation system is appropriate (13).

(d) Eating, smoking, etc.: Avoid eating, drinking, smoking, gum chewing, or application of cosmetics in areas where laboratory chemicals are present (22, 24, 32, 40); wash hands before conducting these activities (23, 24).

Avoid storage, handling, or consumption of food or beverages in storage areas, refrigerators, glassware or utensils which are also used for laboratory operations (23, 24, 226).

(e) Equipment and glassware: Handle and store laboratory glassware with care to avoid damage; do not use damaged glassware (25). Use extra care with Dewar flasks and other evacuated glass apparatus; shield or wrap them to contain chemicals and fragments should implosion occur (25). Use equipment only for its designed purpose (23, 26).

(f) Exiting: Wash areas of exposed skin well before leaving the laboratory (23).

(g) Horseplay: Avoid practical jokes or other behavior which might confuse, startle or distract another worker (23).

(h) Mouth suction: Do not use mouth suction for pipeting or starting a siphon (23, 32).

(i) Personal apparel: Confine long hair and loose clothing (23, 158). Wear shoes at all times in the laboratory but do not wear sandals, perforated shoes, or sneakers (158).

(j) Personal housekeeping: Keep the work area clean and uncluttered, with chemicals and equipment being properly labeled and stored; clean up the work area on completion of an operation or at the end of each day (24).

(k) Personal protection: Assure that appropriate eye protection (154-156) is worn by all persons, including visitors, where chemicals are stored or handled (22, 23, 33, 154).

Wear appropriate gloves when the potential for contact with toxic materials exists (157);

inspect the gloves before each use, wash them before removal, and replace them periodically (157). (A table of resistance to chemicals of common glove materials is given p. 159).

Use appropriate (164-168) respiratory equipment when air contaminant concentrations are not sufficiently restricted by engineering controls (164-5), inspecting the respirator before use (169).

Use any other protective and emergency apparel and equipment as appropriate (22, 157-162).

Avoid use of contact lenses in the laboratory unless necessary; if they are used, inform supervisor so special precautions can be taken (155).

Remove laboratory coats immediately on significant contamination (161).

(l) Planning: Seek information and advice about hazards (7), plan appropriate protective procedures, and plan positioning of equipment before beginning any new operation (22, 23).

(m) Unattended operations: Leave lights on, place an appropriate sign on the door, and provide for containment of toxic substances in the event of failure of a utility service (such as cooling water) to an unattended operation (27, 128).

(n) Use of hood: Use the hood for operations which might result in release of toxic chemical vapors or dust (198-9).

As a rule of thumb, use a hood or other local ventilation device when working with any appreciably volatile substance with a TLV of less than 50 ppm (13).

Confirm adequate hood performance before use; keep hood closed at all times except when adjustments within the hood are being made (200); keep materials stored in hoods to a minimum and do not allow them to block vents or air flow (200).

Leave the hood "on" when it is not in active use if toxic substances are stored in it or if it is uncertain whether adequate general laboratory ventilation will be maintained when it is "off" (200).

(o) Vigilance: Be alert to unsafe conditions and see that they are corrected when detected (22).

(p) Waste disposal: Assure that the plan for each laboratory operation includes plans and training for waste disposal (230).

Deposit chemical waste in appropriately labeled receptacles and follow all other waste disposal procedures of the Chemical Hygiene Plan (22, 24).

Do not discharge to the sewer concentrated acids or bases (231); highly toxic, malodorous, or lachrymatory substances (231); or any substances which might interfere with the biological activity of waste water treatment plants, create fire or explosion hazards, cause structural damage or obstruct flow (242).

(q) Working alone: Avoid working alone in a building; do not work alone in a laboratory if the procedures being conducted are hazardous (28).

2. Working with Allergens and Embryotoxins

(a) Allergens (examples: diazomethane, isocyanates, bichromates): Wear suitable gloves to prevent hand contact with allergens or substances of unknown allergenic activity (35).

(b) Embryotoxins (34-5) (examples: organomercurials, lead compounds, formamide): If you are a woman of childbearing age, handle these substances only in a hood whose satisfactory performance has been confirmed, using appropriate protective apparel (especially gloves) to prevent skin contact.

Review each use of these materials with the research supervisor and review continuing uses annually or whenever a procedural change is made.

Store these substances, properly labeled, in an adequately ventilated area in an unbreakable secondary container.

Notify supervisors of all incidents of exposure or spills; consult a qualified physician when appropriate.

3. Work with Chemicals of Moderate Chronic or High Acute Toxicity

Examples: diisopropylfluorophosphate (41), hydrofluoric acid (43), hydrogen cyanide (45).

Supplemental rules to be followed in addition to those mentioned above (Procedure B of "Prudent Practices", pp. 39-41):

(a) Aim: To minimize exposure to these toxic substances by any route using all reasonable precautions (39).

(b) Applicability: These precautions are appropriate for substances with moderate chronic or

high acute toxicity used in significant quantities (39).

(c) Location: Use and store these substances only in areas of restricted access with special warning signs (40, 229).

Always use a hood (previously evaluated to confirm adequate performance with a face velocity of at least 60 linear feet per minute) (40) or other containment device for procedures which may result in the generation of aerosols or vapors containing the substance (39); trap released vapors to prevent their discharge with the hood exhaust (40).

(d) Personal protection: Always avoid skin contact by use of gloves and long sleeves (and other protective apparel as appropriate) (39). Always wash hands and arms immediately after working with these materials (40).

(e) Records: Maintain records of the amounts of these materials on hand, amounts used, and the names of the workers involved (40, 229).

(f) Prevention of spills and accidents: Be prepared for accidents and spills (41).

Assure that at least 2 people are present at all times if a compound in use is highly toxic or of unknown toxicity (39).

Store breakable containers of these substances in chemically resistant trays; also work and mount apparatus above such trays or cover work and storage surfaces with removable, absorbent, plastic backed paper (40).

If a major spill occurs outside the hood, evacuate the area; assure that cleanup personnel wear suitable protective apparel and equipment (41).

(g) Waste: Thoroughly decontaminate or incinerate contaminated clothing or shoes (41). If possible, chemically decontaminate by chemical conversion (40).

Store contaminated waste in closed, suitably labeled, impervious containers (for liquids, in glass or plastic bottles half-filled with vermiculite) (40).

4. Work with Chemicals of High Chronic Toxicity

(Examples: dimethylmercury and nickel carbonyl (48), benzo-a-pyrene (51), N-nitrosodiethylamine (54), other human carcinogens or substances with high carcinogenic potency in animals (38).)

Further supplemental rules to be followed, in addition to all these mentioned above, for work with substances of known high chronic toxicity (in quantities above a few milligrams to a few grams, depending on the substance) (47). (Procedure A of "Prudent Practices" pp. 47-50).

(a) Access: Conduct all transfers and work with these substances in a "controlled area": a restricted access hood, glove box, or portion of a lab, designated for use of highly toxic substances, for which all people with access are aware of the substances being used and necessary precautions (48).

(b) Approvals: Prepare a plan for use and disposal of these materials and obtain the approval of the laboratory supervisor (48).

(c) Non-contamination/Decontamination: Protect vacuum pumps against contamination by scrubbers or HEPA filters and vent them into the hood (49). Decontaminate vacuum pumps or other contaminated equipment, including glassware, in the hood before removing them from the controlled area (49, 50).

Decontaminate the controlled area before normal work is resumed there (50).

(d) Exiting: On leaving a controlled area, remove any protective apparel (placing it in an appropriate, labeled container) and thoroughly wash hands, forearms, face, and neck (49).

(e) Housekeeping: Use a wet mop or a vacuum cleaner equipped with a HEPA filter instead of dry sweeping if the toxic substance was a dry powder (50).

(f) Medical surveillance: If using toxicologically significant quantities of such a substance on a regular basis (e.g., 3 times per week), consult a qualified physician concerning desirability of regular medical surveillance (50).

(g) Records: Keep accurate records of the amounts of these substances stored (229) and used, the dates of use, and names of users (48).

(h) Signs and labels: Assure that the controlled area is conspicuously marked with warning and restricted access signs (49) and that all containers of these substances are appropriately labeled with identity and warning labels (48).

(i) Spills: Assure that contingency plans, equipment, and materials to minimize exposures of people and property in case of accident are available (233-4).

(j) Storage: Store containers of these chemicals only in a ventilated, limited access (48, 227,

229) area in appropriately labeled, unbreakable, chemically resistant, secondary containers (48, 229).

(k) Glove boxes: For a negative pressure glove box, ventilation rate must be at least 2 volume changes/hour and pressure at least 0.5 inches of water (48). For a positive pressure glove box, thoroughly check for leaks before each use (49). In either case, trap the exit gases or filter them through a HEPA filter and then release them into the hood (49).

(l) Waste: Use chemical decontamination whenever possible; ensure that containers of contaminated waste (including washings from contaminated flasks) are transferred from the controlled area in a secondary container under the supervision of authorized personnel (49, 50, 233).

5. Animal Work with Chemicals of High Chronic Toxicity

(a) Access: For large scale studies, special facilities with restricted access are preferable (56).

(b) Administration of the toxic substance: When possible, administer the substance by injection or gavage instead of in the diet. If administration is in the diet, use a caging system under negative pressure or under laminar air flow directed toward HEPA filters (56).

(c) Aerosol suppression: Devise procedures which minimize formation and dispersal of contaminated aerosols, including those from food, urine, and feces (e.g., use HEPA filtered vacuum equipment for cleaning, moisten contaminated bedding before removal from the cage, mix diets in closed containers in a hood) (55, 56).

(d) Personal protection: When working in the animal room, wear plastic or rubber gloves, fully buttoned laboratory coat or jumpsuit and, if needed because of incomplete suppression of aerosols, other apparel and equipment (shoe and head coverings, respirator) (56).

(e) Waste disposal: Dispose of contaminated animal tissues and excreta by incineration if the available incinerator can convert the contaminant to non-toxic products (238); otherwise, package the waste appropriately for burial in an EPA-approved site (239).

F. Safety Recommendations

The above recommendations from "Prudent Practices" do not include those which are directed primarily toward prevention of physical injury rather than toxic exposure. However, failure of precautions against injury will often have the secondary effect of causing toxic exposures.

Therefore, we list below page references for recommendations concerning some of the major categories of safety hazards which also have implications for chemical hygiene:

1. Corrosive agents: (35-6)
2. Electrically powered laboratory apparatus: (179-92)
3. Fires, explosions: (26, 57-74, 162-64, 174-5, 219-20, 226-7)
4. Low temperature procedures: (26, 88)
5. Pressurized and vacuum operations (including use of compressed gas cylinders): (27, 75-101)

G. Material Safety Data Sheets

Material safety data sheets are presented in "Prudent Practices" for the chemicals listed below. (Asterisks denote that comprehensive material safety data sheets are provided).

- *Acetyl peroxide (105)
- *Acrolein (106)
- *Acrylonitrile
- Ammonia (anhydrous)(91)
- *Aniline (109)
- *Benzene (110)
- *Benzo[a]pyrene (112)
- *Bis(chloromethyl) ether (113)
- Boron trichloride (91)
- Boron trifluoride (92)
- Bromine (114)
- *Tert-butyl hydroperoxide (148)
- *Carbon disulfide (116)
- Carbon monoxide (92)
- *Carbon tetrachloride (118)
- *Chlorine (119)
- Chlorine trifluoride (94)
- *Chloroform (121)
- Chloromethane (93)
- *Diethyl ether (122)
- Diisopropyl fluorophosphate (41)
- *Dimethylformamide (123)
- *Dimethyl sulfate (125)
- *Dioxane (126)
- *Ethylene dibromide (128)
- *Fluorine (95)
- *Formaldehyde (130)
- *Hydrazine and salts (132)
- Hydrofluoric acid (43)

Hydrogen bromide (98)
Hydrogen chloride (98)
*Hydrogen cyanide (133)
*Hydrogen sulfide (135)
Mercury and compounds (52)
*Methanol (137)
*Morpholine (138)
*Nickel carbonyl (99)
*Nitrobenzene (139)
Nitrogen dioxide (100)
N-nitrosodiethylamine (54)
*Peracetic acid (141)
*Phenol (142)
*Phosgene (143)
*Pyridine (144)
*Sodium azide (145)
*Sodium cyanide (147)
Sulfur dioxide (101)
*Trichloroethylene (149)
*Vinyl chloride (150)

1910.1450 App B References (Non-Mandatory)
Appendix B to 1910.1450 - References (Non-Mandatory)

The following references are provided to assist the employer in the development of a Chemical Hygiene Plan. The materials listed below are offered as non-mandatory guidance. References listed here do not imply specific endorsement of a book, opinion, technique, policy or a specific solution for a safety or health problem. Other references not listed here may better meet the needs of a specific laboratory. (a) Materials for the development of the Chemical Hygiene Plan:

1. American Chemical Society, Safety in Academic Chemistry Laboratories, 4th edition, 1985.
2. Fawcett, H.H. and W.S. Wood, Safety and Accident Prevention in Chemical Operations, 2nd edition, Wiley-Interscience, New York, 1982.
3. Flury, Patricia A., Environmental Health and Safety in the Hospital Laboratory, Charles C. Thomas Publisher, Springfield IL, 1978.
4. Green, Michael E. and Turk, Amos, Safety in Working with Chemicals, Macmillan

Publishing Co., NY, 1978.

5. Kaufman, James A., Laboratory Safety Guidelines, Dow Chemical Co., Box 1713, Midland, MI 48640, 1977.

6. National Institutes of Health, NIH Guidelines for the Laboratory use of Chemical Carcinogens, NIH Pub. No. 81-2385, GPO, Washington, DC 20402, 1981.

7. National Research Council, Prudent Practices for Disposal of Chemicals from Laboratories, National Academy Press, Washington, DC, 1983.

8. National Research Council, Prudent Practices for Handling Hazardous Chemicals in Laboratories, National Academy Press, Washington, DC, 1981.

9. Renfrew, Malcolm, Ed., Safety in the Chemical Laboratory, Vol. IV, J. Chem. Ed., American Chemical Society, Easlton, PA, 1981.

10. Steere, Norman V., Ed., Safety in the Chemical Laboratory, J. Chem. Ed. American Chemical Society, Easlton, PA, 18042, Vol.I, 1967, Vol. II, 1971, Vol. III, 1974.

11. Steere, Norman V., Handbook of Laboratory Safety, the Chemical Rubber Company Cleveland, OH, 1971.

12. Young, Jay A., Ed., Improving Safety in the Chemical Laboratory, John Wiley & Sons, Inc. New York, 1987.

(b) Hazardous Substances Information:

1. American Conference of Governmental Industrial Hygienists, Threshold Limit Values for Chemical Substances and Physical Agents in the Workroom Environment with Intended Changes, 6500 Glenway Avenue, Bldg. D-7, Cincinnati, Ohio 45211-4438 (latest edition).

2. Annual Report on Carcinogens, National Toxicology Program U.S. Department of Health and Human Services, Public Health Service, U.S. Government Printing Office, Washington, DC, (latest edition).

3. Best Company, Best Safety Directory, Vols. I and II, Oldwick, N.J., 1981.

4. Bretherick, L., Handbook of Reactive Chemical Hazards, 2nd edition, Butterworths, London, 1979.

5. Bretherick, L., Hazards in the Chemical Laboratory, 3rd edition, Royal Society of Chemistry,

London, 1986.

6. Code of Federal Regulations, 29 CFR part 1910 subpart Z. U.S. Govt. Printing Office, Washington, DC 20402 (latest edition).

7. IARC Monographs on the Evaluation of the Carcinogenic Risk of chemicals to Man, World Health Organization Publications Center, 49 Sheridan Avenue, Albany, New York 12210 (latest editions).

8. NIOSH/OSHA Pocket Guide to Chemical Hazards. NIOSH Pub. No. 85-114, U.S. Government Printing Office, Washington, DC, 1985 (or latest edition).

9. Occupational Health Guidelines, NIOSH/OSHA. NIOSH Pub. No. 81-123 U.S. Government Printing Office, Washington, DC, 1981.

10. Patty, F.A., Industrial Hygiene and Toxicology, John Wiley & Sons, Inc., New York, NY (Five Volumes).

11. Registry of Toxic Effects of Chemical Substances, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, National Institute for Occupational Safety and Health, Revised Annually, for sale from Superintendent of documents US. Govt. Printing Office, Washington, DC 20402.

12. The Merck Index: An Encyclopedia of Chemicals and Drugs. Merck and Company Inc. Rahway, N.J., 1976 (or latest edition).

13. Sax, N.I. Dangerous Properties of Industrial Materials, 5th edition, Van Nostrand Reinhold, NY., 1979.

14. Sittig, Marshall, Handbook of Toxic and Hazardous Chemicals, Noyes Publications. Park Ridge, NJ, 1981.

(c) Information on Ventilation:

1. American Conference of Governmental Industrial Hygienists Industrial Ventilation (latest edition), 6500 Glenway Avenue, Bldg. D-7, Cincinnati, Ohio 45211-4438.

2. American National Standards Institute, Inc. American National Standards Fundamentals Governing the Design and Operation of Local Exhaust Systems ANSI Z 9.2-1979 American National Standards Institute, N.Y. 1979.

3. Imad, A.P. and Watson, C.L. Ventilation Index: An Easy Way to Decide about Hazardous Liquids, Professional Safety pp 15-18, April 1980.

4. National Fire Protection Association, Fire Protection for Laboratories Using Chemicals NFPA-45, 1982.

Safety Standard for Laboratories in Health Related Institutions, NFPA, 56c, 1980.

Fire Protection Guide on Hazardous Materials, 7th edition, 1978.

National Fire Protection Association, Batterymarch Park, Quincy, MA 02269.

5. Scientific Apparatus Makers Association (SAMA), Standard for Laboratory Fume Hoods, SAMA LF7-1980, 1101 16th Street, NW., Washington, DC 20036.

(d) Information on Availability of Referenced Material:

1. American National Standards Institute (ANSI), 1430 Broadway, New York, NY 10018.

2. American Society for Testing and Materials (ASTM), 1916 Race Street, Philadelphia, PA 19103.

(Approved by the Office of Management and Budget under control number 1218-0131)

* [55 FR 3327, Jan. 31, 1990]

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Chapter 26

1926.1126 Chromium (VI)

* * *

(d) Exposure determination

* * *

(4) Employee notification of determination results.

(i) ~~Where the exposure determination indicates that employee exposure exceeds the PEL, within 15 working days the employer shall either post the results in an appropriate location that is accessible to all affected employees or shall notify each affected employee individually in writing of the results.~~ Within 15 work days after making an exposure determination in accordance with paragraph (d)(2) or paragraph (d)(3) of this section, the employer shall individually notify each affected employee in writing of the results of that determination or post the results in an appropriate location accessible to all affected employees.

Subpart Q - Welding, Cutting, and Brazing.

1910.251	Definitions.
1910.252	General requirements.
1910.253	Oxygen-fuel gas welding and cutting.
1910.254	Arc welding and cutting.
1910.255	Resistance welding.
1910.256	Sources of standards.
1910.257	Standards organizations.

AUTHORITY: Secs. 4, 6, 8, Occupational Safety and Health Act of 1970 (29 U.S.C. 653, 655, 657); Secretary of Labor's Order No. 12-71 (36 FR 8754), * 8-76 (41 FR 25059), 9-83 (48 FR 35736), or 1-90 (55 FR 9033), 6-96 (62 FR 111), 3-2000 (65 FR 50017), or 5-2007 (72 FR 31159), as applicable; and 29 CFR part 1911.

SOURCE: 55 FR 13696, Apr. 11, 1990, unless otherwise noted.
[61 FR 9227, March 7, 1996; 63 FR 1152, Jan. 8, 1998; 70 FR 53929, Sept. 13, 2005; 72 FR 71070, Dec. 14, 2007]

1910.251 Definitions. * As used in this subpart:

(a) "Welder" and "welding operator" mean any operator of electric or gas welding and cutting equipment.

(b) "Approved" means listed or approved by a nationally recognized testing laboratory. Refer to 1910.155(c)(3) for definitions of listed and approved, and 1910.7 for nationally recognized testing laboratory.

(c) [Removed]

[39 FR 23502, Jun 27, 1974, as amended at 53 FR 12122, Apr. 12, 1988; 55 FR 13696, Apr 11, 1990]

1910.252 * General requirements.

* This section was revised by 55 FR 13696, effective May 11, 1990.

(a) Fire prevention and protection

(1) Basic precautions. For elaboration of these basic precautions and of the special precautions of paragraph (d)(2) of this section as well as a delineation of the fire protection and prevention responsibilities of welders and cutters, their supervisors (including outside contractors) and those in management on whose property cutting and welding is to be performed, see, Standard for Fire Prevention in Use of Cutting and Welding Processes, NFPA Standard 51B, 1962, which is incorporated by reference as specified in 1910.6. The basic precautions for fire prevention in welding or cutting work are:

(i) Fire hazards. If the object to be welded or cut cannot readily be moved, all movable fire hazards in the vicinity shall be taken to a safe place.

(ii) Guards. If the object to be welded or cut cannot be moved and if all the fire hazards cannot be removed, then guards shall be used to confine the heat, sparks, and slag, and to protect the immovable fire hazards. STEP

(iii) Restrictions. If the requirements stated in paragraphs(a)(1)(i) and (a)(1)(ii) of this section cannot be followed then welding and cutting shall not be performed.

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(2) Special precautions. When the nature of the work to be performed falls within the scope of paragraph (a)(1)(ii) of this section certain additional precautions may be necessary:

(i) Combustible material. Wherever there are floor openings or cracks in the flooring that cannot be closed, precautions shall be taken so that no readily combustible materials on the floor below will be exposed to sparks which might drop through the floor. The same precautions shall be observed with regard to cracks or holes in walls, open doorways and open or broken windows.

(ii) Fire extinguishers. Suitable fire extinguishing equipment shall be maintained in a state of readiness for instant use. Such equipment may consist of pails of water, buckets of sand, hose or portable extinguishers depending upon the nature and quantity of the combustible material exposed.

(iii) Fire watch.

(A) Fire watchers shall be required whenever welding or cutting is performed in locations where other than a minor fire might develop, or any of the following conditions exist:

(1) Appreciable combustible material, in building construction or contents, closer than 35 feet (10.7 m) to the point of operation.

(2) Appreciable combustibles are more than 35 feet (10.7 m) away but are easily ignited by sparks.

(3) Wall or floor openings within a 35-foot (10.7 m) radius expose combustible material in adjacent areas including concealed spaces in walls or floors.

(4) Combustible materials are adjacent to the opposite side of metal partitions, walls, ceilings, or roofs and are likely to be ignited by conduction or radiation.

(B) Fire watchers shall have fire extinguishing equipment readily available and be trained in its use. They shall be familiar with facilities for sounding an alarm in the event of a fire. They shall watch for fires in all exposed areas, try to extinguish them only when obviously within the capacity of the equipment available, or otherwise sound the alarm. A fire watch shall be maintained for at least a half hour after completion of welding or cutting operations to detect and extinguish possible smoldering fires.

(iv) Authorization. Before cutting or welding is permitted, the area shall be inspected by the individual responsible for authorizing cutting and welding operations. He shall designate precautions to be followed in granting authorization to proceed preferably in the form of a written permit.

(v) Floors. Where combustible materials such as paper clippings, wood shavings, or textile fibers are on the floor, the floor shall be swept clean for a radius of 35 feet (10.7 m). Combustible floors shall be kept wet, covered with damp sand, or protected by fire-resistant shields. Where floors have been wet down, personnel operating arc welding or cutting equipment shall be protected from possible shock.

(vi) Prohibited areas. Cutting or welding shall not be permitted in the following situations:

(A) In areas not authorized by management.

(B) In sprinklered buildings while such protection is impaired.

(C) In the presence of explosive atmospheres (mixtures of flammable gases, vapors, liquids, or dusts with air), or explosive atmospheres that may develop inside uncleaned or improperly prepared tanks or equipment which have previously contained such materials, or that may develop in areas with an accumulation of combustible dusts.

(D) In areas near the storage of large quantities of exposed, readily ignitable materials such as bulk sulfur, baled paper, or cotton.

(vii) Relocation of combustibles. Where practicable, all combustibles shall be relocated at least 35 feet (10.7 m) from the work site. Where relocation is impracticable, combustibles shall be protected with flameproofed covers or otherwise shielded with metal or asbestos guards or curtains.

(viii) Ducts. Ducts and conveyor systems that might carry sparks to distant combustibles shall be suitably protected or shut down.

(ix) Combustible walls. Where cutting or welding is done near walls, partitions, ceiling or roof of combustible construction, fire-resistant shields or guards shall be provided to prevent ignition.

(x) Noncombustible walls. If welding is to be done on a metal wall, partition, ceiling or roof, precautions shall be taken to prevent ignition of combustibles on the other side, due to conduction or radiation, preferably by relocating combustibles. Where combustibles are not relocated, a fire watch on the opposite side from the work shall be provided.

(xi) Combustible cover. Welding shall not be attempted on a metal partition, wall, ceiling or roof having a combustible covering nor on walls or partitions of combustible sandwich-type panel construction.

(xii) Pipes. Cutting or welding on pipes or other metal in contact with combustible walls, partitions, ceilings or roofs shall not be undertaken if the work is close enough to cause ignition by conduction.

(xiii) Management. Management shall recognize its responsibility for the safe usage of cutting and welding equipment on its property and:

(A) Based on fire potentials of plant facilities, establish areas for cutting and welding, and establish procedures for cutting and welding, in other areas.

(B) Designate an individual responsible for authorizing cutting and welding operations in areas not specifically designed for such processes.

(C) Insist that cutters or welders and their supervisors are suitably trained in the safe operation of their equipment and the safe use of the process.

(D) Advise all contractors about flammable materials or hazardous conditions of which they may not be aware.

(xiv) Supervisor. The Supervisor:

(A) Shall be responsible for the safe handling of the cutting or welding equipment and the safe use of the cutting or welding process.

(B) Shall determine the combustible materials and hazardous areas present or likely to be present in the work location.

(C) Shall protect combustibles from ignition by the following:

(1) Have the work moved to a location free from dangerous combustibles.

(2) If the work cannot be moved, have the combustibles moved to a safe distance from the work or have the combustibles properly shielded against ignition.

(3) See that cutting and welding are so scheduled that plant operations that might expose combustibles to ignition are not started during cutting or welding.

(D) Shall secure authorization for the cutting or welding operations from the designated management representative.

(E) Shall determine that the cutter or welder secures his approval that conditions are safe before going ahead.

(F) Shall determine that fire protection and extinguishing equipment are properly located at the site.

(G) Where fire watches are required, he shall see that they are available at the site.

(xv) Fire prevention precautions. Cutting or welding shall be permitted only in areas that are or have been made fire safe. When work cannot be moved practically, as in most construction work, the area shall be made safe by removing combustibles or protecting combustibles from ignition sources.

(3) Welding or cutting containers

(i) Used containers. No welding, cutting, or other hot work shall be performed on used drums, barrels, tanks or other containers until they have been cleaned so thoroughly as to make absolutely certain that there are no flammable materials present or any substances such as greases, tars, acids, or other materials which when subjected to heat, might produce flammable or toxic vapors. Any pipe lines or connections to the drum or vessel shall be disconnected or blanked.

(ii) Venting and purging. All hollow spaces, cavities or containers shall be vented to permit the escape of air or gases before preheating, cutting or welding. Purging with inert gas is recommended.

(4) Confined spaces

(i) Accidental contact. When arc welding is to be suspended for any substantial period of time, such as during lunch or overnight, all electrodes shall be removed from the holders and the holders carefully located so that accidental contact cannot occur and the machine be disconnected from the power source. STEP

(ii) Torch valve. In order to eliminate the possibility of gas escaping through leaks or improperly closed valves, when gas welding or cutting, the torch valves shall be closed and the gas supply to the torch positively shut off at some point outside the confined area whenever the torch is not to be used for a substantial period of time, such as during lunch hour or overnight. Where practicable, the torch and hose shall also be removed from the confined space.

(b) Protection of personnel

(1) General

(i) Railing. A welder or helper working on platforms, scaffolds, or runways shall be protected against falling. This may be accomplished by the use of railings, safety belts, life lines, or some other equally effective safeguards.

(ii) Welding cable. Welders shall place welding cable and other equipment so that it is clear of passageways, ladders, and stairways.

(2) Eye protection

(i) Selection.

(A) Helmets or hand shields shall be used during all arc welding or arc cutting operations, excluding submerged arc welding. Helpers or attendants shall be provided with proper eye protection. STEP

(B) Goggles or other suitable eye protection shall be used during all gas welding or oxygen cutting operations. Spectacles without side shields, with suitable filter lenses are permitted for use during gas welding operations on light work, for torch brazing or for inspection. STEP

(C) All operators and attendants of resistance welding or resistance brazing equipment shall use transparent face shields or goggles, depending on the particular job, to protect their faces or eyes, as required. STEP

(D) Eye protection in the form of suitable goggles shall be provided where needed for brazing operations not covered in paragraphs (b)(2)(i)(A) through (b)(2)(i)(C) of this section.

(ii) Specifications for protectors.

(A) Helmets and hand shields shall be made of a material which is an insulator for heat and electricity. Helmets, shields and goggles shall be not readily flammable and shall be capable of withstanding sterilization.

(B) Helmets and hand shields shall be arranged to protect the face, neck and ears from direct radiant energy from the arc.

(C) Helmets shall be provided with filter plates and cover plates designed for easy removal.

(D) All parts shall be constructed of a material which will not readily corrode or discolor the skin.

(E) Goggles shall be ventilated to prevent fogging of the lenses as much as practicable.

(F) All glass for lenses shall be tempered, substantially free from striae, air bubbles, waves and other flaws. Except when a lens is ground to provide proper optical correction for defective vision, the front and rear surfaces of lenses and windows shall be smooth and parallel.

(G) Lenses shall bear some permanent distinctive marking by which the source and shade may be readily identified.

(H) The following is a guide for the selection of the proper shade numbers. These recommendations may be varied to suit the individual's needs.

Welding operation	Shade No.
Shielded metal-arc welding - 1/16 -, 3/32 -, 1/8 -, 5/32-inch electrodes.....	10
Gas-shielded arc welding (nonferrous) - 1/16-, 3/32-, 1/8-, 5/32-inch electrodes.....	11
Gas-shielded arc welding (ferrous) - 1/16-, 3/32 -, 1/8 -, 5/32-inch electrodes.....	12
Shielded metal-arc welding: 3/16 -, 7/32 -, 1/4-inch electrodes.....	12
5/16 -, 3/8-inch electrodes.....	14
Atomic hydrogen welding.....	10-14
Carbon arc welding.....	14
Soldering.....	2
Torch brazing.....	3 or 4
Light cutting, up to 1 inch.....	3 or 4
Medium cutting, 1 inch to 6 inches.....	4 or 5
Heavy cutting, 6 inches and over.....	5 or 6
Gas welding (light) up to 1/8 inch.....	4 or 5
Gas welding (medium) 1/8 inch to 1/2 inch.	5 or 6

Gas welding (heavy) 1/2 inch and over..... | 6 or 8

NOTE: In gas welding or oxygen cutting where the torch produces a high yellow light, it is desirable to use a filter or lens that absorbs the yellow or sodium line in the visible light of the operation.

(I) Filter lenses must meet the test for transmission of radiant energy prescribed by any of the consensus standards listed in 29 CFR 1910.133(b)(1).

(iii) Protection from arc welding rays. Where the work permits, the welder should be enclosed in an individual booth painted with a finish of low reflectivity such as zinc oxide (an important factor for absorbing ultraviolet radiations) and lamp black, or shall be enclosed with noncombustible screens similarly painted. Booths and screens shall permit circulation of air at floor level. Workers or other persons adjacent to the welding areas shall be protected from the rays by noncombustible or flameproof screens or shields or shall be required to wear appropriate goggles.
STEP

(3) Protective clothing - General requirements. Employees exposed to the hazards created by welding, cutting, or brazing operations shall be protected by personal protective equipment in accordance with the requirements of 1910.132. Appropriate protective clothing required for any welding operation will vary with the size, nature and location of the work to be performed. STEP

(4) Work in confined spaces

(i) General. As used herein confined space is intended to mean a relatively small or restricted space such as a tank, boiler, pressure vessel, or small compartment of a ship.

(ii) Ventilation. Ventilation is a prerequisite to work in confined spaces. For ventilation requirements see paragraph (c) of this section.

(iii) Securing cylinders and machinery. When welding or cutting is being performed in any confined spaces the gas cylinders and welding machines shall be left on the outside. Before operations are started, heavy portable equipment mounted on wheels shall be securely blocked to prevent accidental movement

(iv) Lifelines. Where a welder must enter a confined space through a manhole or other small opening, means shall be provided for quickly removing him in case of emergency. When safety belts and lifelines are used for this purpose they shall be so attached to the welder's body that his body cannot be jammed in a small exit opening. An attendant with a preplanned rescue procedure shall be stationed outside to observe the welder at all times and be capable of putting rescue operations into effect.

(v) Electrode removal. When arc welding is to be suspended for any substantial period of time, such as during lunch or overnight, all electrodes shall be removed from the holders and the holders carefully located so that accidental contact cannot occur and the machine disconnected from the power source. STEP

(vi) Gas cylinder shutoff. In order to eliminate the possibility of gas escaping through leaks of improperly closed valves, when gas welding or cutting, the torch valves shall be closed and the fuel-gas and oxygen supply to the torch positively shut off at some point outside the confined area whenever the torch is not to be used for a substantial period of time, such as during lunch hour or overnight. Where practicable the torch and hose shall also be removed from the confined space.

(vii) Warning sign. After welding operations are completed, the welder shall mark the hot metal or provide some other means of warning other workers.

(c) Health protection and ventilation

(1) General

(i) Contamination. The requirements in this paragraph have been established on the basis of the following three factors in arc and gas welding which govern the amount of contamination to which welders may be exposed:

(A) Dimensions of space in which welding is to be done (with special regard to height of ceiling).

(B) Number of welders.

(C) Possible evolution of hazardous fumes, gases, or dust according to the metals involved.

(ii) Screens. When welding must be performed in a space entirely screened on all sides, the screens shall be so arranged that no serious restriction of ventilation exists. It is desirable to have the screens so mounted that they are about 2 feet (0.61 m) above the floor unless the work is performed at so low a level that the screen must be extended nearer to the floor to protect nearby workers from the glare of welding.

(iii) Maximum allowable concentration. Local exhaust or general ventilating systems shall be provided and arranged to keep the amount of toxic fumes, gases, or dusts below the maximum allowable concentration as specified in 1910.1000 of this part. STEP

(iv) Precautionary labels. A number of potentially hazardous materials are employed in fluxes, coatings, coverings, and filler metals used in welding and cutting or are released to the atmosphere during welding and cutting. These include but are not limited to the materials itemized

in paragraphs (c)(5) through (c)(12) of this section. The suppliers of welding materials shall determine the hazard, if any, associated with the use of their materials in welding, cutting, etc.
STEP

(A) All filler metals and fusible granular materials shall carry the following notice, as a minimum, on tags, boxes, or other containers:

CAUTION

Welding may produce fumes and gases hazardous to health. Avoid breathing these fumes and gases. Use adequate ventilation. See ANSI Z49.1 - 1967 Safety in Welding and Cutting published by the American Welding Society.

(B) Brazing (welding) filler metals containing cadmium in significant amounts shall carry the following notice on tags, boxes, or other containers:

WARNING

CONTAINS CADMIUM - POISONOUS FUMES MAY BE FORMED ON
HEATING

Do not breathe fumes. Use only with adequate ventilation such as fume collectors, exhaust ventilators, or air-supplied respirators. See ANSI Z49.1 - 1967.

If chest pain, cough, or fever develops after use call physician immediately.

(C) Brazing and gas welding fluxes containing fluorine compounds shall have a cautionary wording to indicate that they contain fluorine compounds. One such cautionary wording recommended by the American Welding Society for brazing and gas welding fluxes reads as follows:

CAUTION

CONTAINS FLUORIDES

This flux when heated gives off fumes that may irritate eyes, nose and throat.

1. Avoid fumes - use only in well-ventilated spaces.

2. Avoid contact of flux with eyes or skin.

3. Do not take internally.

(2) Ventilation for general welding and cutting

(i) General. Mechanical ventilation shall be provided when welding or cutting is done on metals not covered in paragraphs (c)(5) through(c)(12) of this section. (For specific materials, see the ventilation requirements of paragraphs (c)(5) through (c)(12) of this section.)

(A) In a space of less than 10,000 cubic feet (284 m³) per welder.

(B) In a room having a ceiling height of less than 16 feet (5 m).

(C) In confined spaces or where the welding space contains partitions, balconies, or other structural barriers to the extent that they significantly obstruct cross ventilation.

(ii) Minimum rate. Such ventilation shall be at the minimum rate of 2,000 cubic feet (57 m³) per minute per welder, except where local exhaust hoods and booths as per paragraph (c)(3) of this section, or airline respirators approved by the U.S. Bureau of Mines for such purposes are provided. Natural ventilation is considered sufficient for welding or cutting operations where the restrictions in paragraph (c)(2)(i) of this section are not present.

(3) Local exhaust hoods and booths. Mechanical local exhaust ventilation may be by means of either of the following:

(i) Hoods. Freely movable hoods intended to be placed by the welder as near as practicable to the work being welded and provided with a rate of air-flow sufficient to maintain a velocity in the direction of the hood of 100 linear feet (30 m) per minute in the zone of welding when the hood is at its most remote distance from the point of welding. The rates of ventilation required to accomplish this control velocity using a 3-inch (7.6 cm) wide flanged suction opening are shown in the following table:

Welding Zone	: Minimum : air flow (1) : Duct : cubic feet/ : minutes	: diameter, : inches (2)
4 to 6 inches from arc or torch.....:	150	: 3
6 to 8 inches from arc or torch.....:	275	: 3 1/2
8 to 10 inches from arc or torch.....:	425	: 4 1/2
10 to 12 inches from arc or torch.....:	600	: 5 1/2

FOOTNOTE(1) When brazing with cadmium bearing materials or when cutting on such materials increased rates of ventilation may be required.

FOOTNOTE(2) Nearest half-inch duct diameter based on 4,000 feet per minute velocity in pipe.

(ii) Fixed enclosure. A fixed enclosure with a top and not less than two sides which surround the welding or cutting operations and with a rate of airflow sufficient to maintain a velocity away from the welder of not less than 100 linear feet (30 m) per minute.

(4) Ventilation in confined spaces

(i) Air replacement. All welding and cutting operations carried on in confined spaces shall be adequately ventilated to prevent the accumulation of toxic materials or possible oxygen deficiency. This applies not only to the welder but also to helpers and other personnel in the immediate vicinity. All air replacing that withdrawn shall be clean and respirable.

(ii) Airline respirators. In such circumstances where it is impossible to provide such ventilation, airline respirators or hose masks approved by the Mine Safety and Health Administration and the National Institute for Occupational Safety and Health, pursuant to the provisions of 30 CFR part 11, for this purpose, shall be used.

(iii) Self-contained units. In areas immediately hazardous to life, hose masks with blowers or self-contained breathing equipment shall be used. The breathing equipment shall be approved by the Mine Safety and Health Administration and the National Institute for Occupational Safety and Health.

(iv) Outside helper. Where welding operations are carried on in confined spaces and where welders and helpers are provided with hose masks, hose masks with blowers or self-contained breathing equipment approved by the Mine Safety and Health Administration and the National Institute for Occupational Safety and Health, a worker shall be stationed on the outside of such confined spaces to insure the safety of those working within.

(v) Oxygen for ventilation. Oxygen shall never be used for ventilation.

(5) Fluorine compounds

(i) General. In confined spaces, welding or cutting involving fluxes, coverings, or other materials which contain fluorine compounds shall be done in accordance with paragraph (c)(4) of this section. A fluorine compound is one that contains fluorine, as an element in chemical combination, not as a free gas.

(ii) Maximum allowable concentration. The need for local exhaust ventilation or airline respirators for welding or cutting in other than confined spaces will depend upon the

individual circumstances. However, experience has shown such protection to be desirable for fixed-location production welding and for all production welding on stainless steels. Where air samples taken at the welding location indicate that the fluorides liberated are below the maximum allowable concentration, such protection is not necessary.

(6) Zinc

(i) Confined spaces. In confined spaces welding or cutting involving zinc-bearing base or filler metals or metals coated with zinc-bearing materials shall be done in accordance with paragraph (c)(4) of this section.

(ii) Indoors. Indoors, welding or cutting involving zinc-bearing base or filler metals coated with zinc-bearing materials shall be done in accordance with paragraph (c)(3) of this section.

(7) Lead

(i) Confined spaces. In confined spaces, welding involving lead-base metals (erroneously called lead-burning) shall be done in accordance with paragraph (c)(4) of this section.

(ii) Indoors. Indoors, welding involving lead-base metals shall be done in accordance with paragraph (c)(3) of this section.

(iii) Local ventilation. In confined spaces or indoors, welding or cutting involving metals containing lead, other than as an impurity, or involving metals coated with lead-bearing materials, including paint shall be done using local exhaust ventilation or airline respirators. Outdoors such operations shall be done using respiratory protective equipment approved by the Mine Safety and Health Administration and the National Institute for Occupational Safety and Health, pursuant to the provisions of 30 CFR part 11, for such purposes. In all cases, workers in the immediate vicinity of the cutting operation shall be protected as necessary by local exhaust ventilation or airline respirators.

(8) Beryllium. Welding or cutting indoors, outdoors, or in confined spaces involving beryllium-containing base or filler metals shall be done using local exhaust ventilation and airline respirators unless atmospheric tests under the most adverse conditions have established that the workers' exposure is within the acceptable concentrations defined by 1910.1000 of this part. In all cases, workers in the immediate vicinity of the welding or cutting operations shall be protected as necessary by local exhaust ventilation or airline respirators.

(9) Cadmium

(i) General. Welding or cutting indoors or in confined spaces involving cadmium-bearing or cadmium-coated base metals shall be done using local exhaust ventilation or airline respirators unless atmospheric tests under the most adverse conditions have established that the workers' exposure is within the acceptable concentrations defined by 1910.1000. Outdoors such

operations shall be done using respiratory protective equipment such as fume respirators approved by the Mine Safety and Health Administration and the National Institute for Occupational Safety and Health, pursuant to the provisions of 30 CFR part 11, for such purposes.

(ii) Confined space. Welding (brazing) involving cadmium-bearing filler metals shall be done using ventilation as prescribed in paragraph (c)(3) or (c)(4) of this section if the work is to be done in a confined space.

(10) Mercury. Welding or cutting indoors or in a confined space involving metals coated with mercury-bearing materials including paint, shall be done using local exhaust ventilation or airline respirators unless atmospheric tests under the most adverse conditions have established that the workers' exposure is within the acceptable concentrations defined by 1910.1000 of this part. Outdoors such operations shall be done using respiratory protective equipment approved by the Mine Safety and Health Administration and the National Institute for Occupational Safety and Health, pursuant to the provisions of 30 CFR part 11, for such purposes.

(11) Cleaning compounds

(i) Manufacturer's instructions. In the use of cleaning materials, because of their possible toxicity or flammability, appropriate precautions such as manufacturers instructions shall be followed.

(ii) Degreasing. Degreasing and other cleaning operations involving chlorinated hydrocarbons shall be so located that no vapors from these operations will reach or be drawn into the atmosphere surrounding any welding operation. In addition, trichloroethylene and perchlorethylene should be kept out of atmospheres penetrated by the ultraviolet radiation of gas-shielded welding operations.

(12) Cutting of stainless steels. Oxygen cutting, using either a chemical flux or iron powder or gas-shielded arc cutting of stainless steel, shall be done using mechanical ventilation adequate to remove the fumes generated.

(13) First-aid equipment. First-aid equipment shall be available at all times. All injuries shall be reported as soon as possible for medical attention. First aid shall be rendered until medical attention can be provided.

(d) Industrial applications

(1) Transmission pipeline

(i) General. The requirements of paragraphs (b) and (c) of this section and 1910.254 of this part shall be observed.

(ii) Field shop operations. Where field shop operations are involved for fabrication

of fittings, river crossings, road crossings, and pumping and compressor stations the requirements of paragraphs (a), (b), and (c) of this section and 1910.253 and 1910.254 of this part shall be observed.

(iii) Electric shock. When arc welding is performed in wet conditions, or under conditions of high humidity, special protection against electric shock shall be supplied.

(iv) Pressure testing. In pressure testing of pipelines, the workers and the public shall be protected against injury by the blowing out of closures or other pressure restraining devices. Also, protection shall be provided against expulsion of loose dirt that may have become trapped in the pipe.

(v) Construction standards. The welded construction of transmission pipelines shall be conducted in accordance with the Standard for Welding Pipe Lines and Related Facilities, API Std. 1104 - 1968, which is incorporated by reference as specified in 1910.6.

(vi) Flammable substance lines. The connection, by welding, of branches to pipelines carrying flammable substances shall be performed in accordance with Welding or Hot Tapping on Equipment Containing Flammables, API Std. PSD No. 2201 - 1963, which is incorporated by reference as specified in 1910.6.

(vii) X-ray inspection. The use of X-rays and radioactive isotopes for the inspection of welded pipeline joints shall be carried out in conformance with the American National Standard Safety Standard for Non-Medical X-ray and Sealed Gamma-Ray Sources, ANSI Z54.1 - 1963, which is incorporated by reference as specified in 1910.6.

(2) Mechanical piping systems

(i) General. The requirements of paragraphs (a), (b), and (c) of this section and 1910.253 and 1910.254 of this part shall be observed.

(ii) X-ray inspection. The use of X-rays and radioactive isotopes for the inspection of welded piping joints shall be in conformance with the American National Standard Safety Standard for Non-Medical X-ray and Sealed Gamma-Ray Sources, ANSI Z54.1 - 1963.

[39 FR 23502, June 27, 1974, as amended at 40 FR 23073, May 28, 1975; 43 FR 49750, Oct. 24, 1978; 49 FR 5323, Feb. 10, 1984; 51 FR 34562, Sept. 29, 1986; 54 FR 24334, June 7, 1989; 55 FR 13696, Apr 11, 1990]

1910.253 * Oxygen-fuel gas welding and cutting.

(a) General requirements.

(1) Flammable mixture. Mixtures of fuel gases and air or oxygen may be explosive and

shall be guarded against. No device or attachment facilitating or permitting mixtures of air or oxygen with flammable gases prior to consumption, except at the burner or in a standard torch, shall be allowed unless approved for the purpose. STEP

(2) Maximum pressure. Under no condition shall acetylene be generated, piped (except in approved cylinder manifolds) or utilized at a pressure in excess of 15 psig (103 kPa gauge pressure) or 30 psia (206 kPa absolute). (The 30 psia (206 kPa absolute) limit is intended to prevent unsafe use of acetylene in pressurized chambers such as caissons, underground excavations or tunnel construction.) This requirement is not intended to apply to storage of acetylene dissolved in a suitable solvent in cylinders manufactured and maintained according to U.S. Department of Transportation requirements, or to acetylene for chemical use. The use of liquid acetylene shall be prohibited. STEP

(3) Apparatus. Only approved apparatus such as torches, regulators or pressure-reducing valves, acetylene generators, and manifolds shall be used. STEP

(4) Personnel. Workmen in charge of the oxygen or fuel-gas supply equipment, including generators, and oxygen or fuel-gas distribution piping systems shall be instructed and judged competent by their employers for this important work before being left in charge. Rules and instructions covering the operation and maintenance of oxygen or fuel-gas supply equipment including generators, and oxygen or fuel-gas distribution piping systems shall be readily available.

(b) Cylinders and containers

(1) Approval and marking.

(i) All portable cylinders used for the storage and shipment of compressed gases shall be constructed and maintained in accordance with the regulations of the U.S. Department of Transportation, 49 CFR Parts 171 - 179. STEP

(ii) Compressed gas cylinders shall be legibly marked, for the purpose of identifying the gas content, with either the chemical or the trade name of the gas. Such marking shall be by means of stenciling, stamping, or labeling, and shall not be readily removable. Whenever practical, the marking shall be located on the shoulder of the cylinder.

STEP

(iii) Compressed gas cylinders shall be equipped with connections complying with the American National Standard Compressed Gas Cylinder Valve Outlet and Inlet Connections, ANSI B57.1 - 1965, which is incorporated by reference as specified in 1910.6.

(iv) All cylinders with a water weight capacity of over 30 pounds (13.6 kg) shall be equipped with means of connecting a valve protection cap or with a collar or recess to protect the valve.

(2) Storage of cylinders-general.

(i) Cylinders shall be kept away from radiators and other sources of heat. STEP

(ii) Inside of buildings, cylinders shall be stored in a well-protected, well-ventilated, dry location, at least 20 (6.1 m) feet from highly combustible materials such as oil or excelsior. Cylinders should be stored in definitely assigned places away from elevators, stairs, or gangways. Assigned storage spaces shall be located where cylinders will not be knocked over or damaged by passing or falling objects, or subject to tampering by unauthorized persons. Cylinders shall not be kept in unventilated enclosures such as lockers and cupboards. STEP

(iii) Empty cylinders shall have their valves closed. STEP

(iv) Valve protection caps, where cylinder is designed to accept a cap, shall always be in place, hand-tight, except when cylinders are in use or connected for use. STEP

(3) Fuel-gas cylinder storage. Inside a building, cylinders, except those in actual use or attached ready for use, shall be limited to a total gas capacity of 2,000 cubic feet (56 m³) or 300 pounds (135.9 kg) of liquefied petroleum gas.

(i) For storage in excess of 2,000 cubic feet (56 m³) total gas capacity of cylinders or 300 pounds (135.9 kg) of liquefied petroleum gas, a separate room or compartment conforming to the requirements specified in paragraphs (f)(6)(i)(H) and (f)(6)(i)(I) of this section shall be provided, or cylinders shall be kept outside or in a special building. Special buildings, rooms or compartments shall have no open flame for heating or lighting and shall be well ventilated. They may also be used for storage of calcium carbide in quantities not to exceed 600 (271.8 kg) pounds, when contained in metal containers complying with paragraphs (g)(1)(i) and (g)(1)(ii) of this section.

(ii) Acetylene cylinders shall be stored valve end up.
STEP

(4) Oxygen storage.

(i) Oxygen cylinders shall not be stored near highly combustible material, especially oil and grease; or near reserve stocks of carbide and acetylene or other fuel-gas cylinders, or near any other substance likely to cause or accelerate fire; or in an acetylene generator compartment. STEP

(ii) Oxygen cylinders stored in outside generator houses shall be separated from the generator or carbide storage rooms by a noncombustible partition having a fire-resistance rating of at least 1 hour. This partition shall be without openings and shall be gastight. STEP

(iii) Oxygen cylinders in storage shall be separated from fuel-gas cylinders or combustible materials (especially oil or grease), a minimum distance of 20 feet (6.1 m) or by a

noncombustible barrier at least 5 feet (1.5 m) high having a fire-resistance rating of at least one-half hour. STEP

(iv) Where a liquid oxygen system is to be used to supply gaseous oxygen for welding or cutting and the system has a storage capacity of more than 13,000 cubic feet (364 m³) of oxygen (measured at 14.7 psia (101 kPa) and 70 deg. F (21.1 deg. C)), connected in service or ready for service, or more than 25,000 cubic feet (700 m³) of oxygen (measured at 14.7 psia (101 kPa) and 70 deg. F (21.1 deg. C)), including unconnected reserves on hand at the site, it shall comply with the provisions of the Standard for Bulk Oxygen Systems at Consumer Sites, NFPA No. 566 - 1965, which is incorporated by reference as specified in 1910.6. STEP

(5) Operating procedures.

(i) Cylinders, cylinder valves, couplings, regulators, hose, and apparatus shall be kept free from oily or greasy substances. Oxygen cylinders or apparatus shall not be handled with oily hands or gloves. A jet of oxygen must never be permitted to strike an oily surface, greasy clothes, or enter a fuel oil or other storage tank.

STEP

(ii)

(A) When transporting cylinders by a crane or derrick, a cradle, boat, or suitable platform shall be used. Slings or electric magnets shall not be used for this purpose. Valve-protection caps, where cylinder is designed to accept a cap, shall always be in place. STEP

(B) Cylinders shall not be dropped or struck or permitted to strike each other violently.

(C) Valve-protection caps shall not be used for lifting cylinders from one vertical position to another. Bars shall not be used under valves or valve-protection caps to pry cylinders loose when frozen to the ground or otherwise fixed; the use of warm (not boiling) water is recommended. Valve-protection caps are designed to protect cylinder valves from damage.

(D) Unless cylinders are secured on a special truck, regulators shall be removed and valve-protection caps, when provided for, shall be put in place before cylinders are moved.

(E) Cylinders not having fixed hand wheels shall have keys, handles, or nonadjustable wrenches on valve stems while these cylinders are in service. In multiple cylinder installations only one key or handle is required for each manifold.

STEP

(F) Cylinder valves shall be closed before moving cylinders.

(G) Cylinder valves shall be closed when work is finished.
STEP

(H) Valves of empty cylinders shall be closed.

(I) Cylinders shall be kept far enough away from the actual welding or cutting operation so that sparks, hot slag, or flame will not reach them, or fire-resistant shields shall be provided.

(J) Cylinders shall not be placed where they might become part of an electric circuit. Contacts with third rails, trolley wires, etc., shall be avoided. Cylinders shall be kept away from radiators, piping systems, layout tables, etc., that may be used for grounding electric circuits such as for arc welding machines. Any practice such as the tapping of an electrode against a cylinder to strike an arc shall be prohibited.

(K) Cylinders shall never be used as rollers or supports, whether full or empty.

(L) The numbers and markings stamped into cylinders shall not be tampered with.

(M) No person, other than the gas supplier, shall attempt to mix gases in a cylinder. No one, except the owner of the cylinder or person authorized by him, shall refill a cylinder.

(N) No one shall tamper with safety devices in cylinders or valves.

(O) Cylinders shall not be dropped or otherwise roughly handled.

(P) Unless connected to a manifold, oxygen from a cylinder shall not be used without first attaching an oxygen regulator to the cylinder valve. Before connecting the regulator to the cylinder valve, the valve shall be opened slightly for an instant and then closed. Always stand to one side of the outlet when opening the cylinder valve.

(Q) A hammer or wrench shall not be used to open cylinder valves. If valves cannot be opened by hand, the supplier shall be notified.

(R)

(1) Cylinder valves shall not be tampered with nor should any attempt be made to repair them. If trouble is experienced, the supplier should be sent a report promptly indicating the character of the trouble and the cylinder's serial number. Supplier's instructions as to its disposition shall be followed.

(2) Complete removal of the stem from a diaphragm-type cylinder valve shall be avoided.

(iii)

(A) Fuel-gas cylinders shall be placed with valve end up whenever they are in use. Liquefied gases shall be stored and shipped with the valve end up. STEP

(B) Cylinders shall be handled carefully. Rough handling, knocks, or falls are liable to damage the cylinder, valve or safety devices and cause leakage. STEP

(C) Before connecting a regulator to a cylinder valve, the valve shall be opened slightly and closed immediately. The valve shall be opened while standing to one side of the outlet; never in front of it. Never crack a fuel-gas cylinder valve near other welding work or near sparks, flame, or other possible sources of ignition.

(D) Before a regulator is removed from a cylinder valve, the cylinder valve shall be closed and the gas released from the regulator.

(E) Nothing shall be placed on top of an acetylene cylinder when in use which may damage the safety device or interfere with the quick closing of the valve.

(F) If cylinders are found to have leaky valves or fittings which cannot be stopped by closing of the valve, the cylinders shall be taken outdoors away from sources of ignition and slowly emptied.

(G) A warning should be placed near cylinders having leaking fuse plugs or other leaking safety devices not to approach them with a lighted cigarette or other source of ignition. Such cylinders should be plainly tagged; the supplier should be promptly notified and his instructions followed as to their return.

(H) Safety devices shall not be tampered with.

(I) Fuel-gas shall never be used from cylinders through torches or other devices equipped with shutoff valves without reducing the pressure through a suitable regulator attached to the cylinder valve or manifold.

(J) The cylinder valve shall always be opened slowly.

(K) An acetylene cylinder valve shall not be opened more than one and one-half turns of the spindle, and preferably no more than three-fourths of a turn.

(L) Where a special wrench is required it shall be left in position on the stem of the valve while the cylinder is in use so that the fuel-gas flow can be quickly turned off in case of emergency. In the case of manifolded or coupled cylinders at least one such wrench shall always be available for immediate use.

(c) Manifolding of cylinders

(1) Fuel-gas manifolds.

(i) Manifolds shall be approved either separately for each component part or as an assembled unit.

(ii) Except as provided in paragraph (c)(1)(iii) of this section fuel-gas cylinders connected to one manifold inside a building shall be limited to a total capacity not exceeding 300 pounds (135.9 kg) of liquefied petroleum gas or 3,000 cubic feet (84 m³) of other fuel-gas. More than one such manifold with connected cylinders may be located in the same room provided the manifolds are at least 50 feet (15 m) apart or separated by a noncombustible barrier at least 5 feet (1.5 m) high having a fire-resistance rating of at least one-half hour.

(iii) Fuel-gas cylinders connected to one manifold having an aggregate capacity exceeding 300 pounds (135.9 kg) of liquefied petroleum gas or 3,000 cubic feet (84 m³) of other fuel-gas shall be located outdoors, or in a separate building or room constructed in accordance with paragraphs (f)(6)(i)(H) and (f)(6)(i)(I) of this section.

(iv) Separate manifold buildings or rooms may also be used for the storage of drums of calcium carbide and cylinders containing fuel gases as provided in paragraph (b)(3) of this section. Such buildings or rooms shall have no open flames for heating or lighting and shall be well-ventilated.

(v) High-pressure fuel-gas manifolds shall be provided with approved pressure regulating devices.

(2) High-pressure oxygen manifolds (for use with cylinders having a Department of Transportation service pressure above 200 psig (1.36 MPa)).

(i) Manifolds shall be approved either separately for each component part or as an assembled unit.

(ii) Oxygen manifolds shall not be located in an acetylene generator room. Oxygen manifolds shall be separated from fuel-gas cylinders or combustible materials (especially oil or grease), a minimum distance of 20 feet (6.1 m) or by a noncombustible barrier at least 5 feet (1.5 m) high having a fire-resistance rating of at least one-half hour.

(iii) Except as provided in paragraph (c)(2)(iv) of this section, oxygen cylinders connected to one manifold shall be limited to a total gas capacity of 6,000 cubic feet (168 m³). More than one such manifold with connected cylinders may be located in the same room provided the manifolds are at least 50 feet (15 m) apart or separated by a noncombustible barrier at least 5 feet (1.5 m) high having a fire-resistance rating of at least one-half hour.

(iv) An oxygen manifold, to which cylinders having an aggregate capacity of more than 6,000 cubic feet (168 m³) of oxygen are connected, should be located outdoors or in a separate noncombustible building. Such a manifold, if located inside a building having other occupancy, shall be located in a separate room of noncombustible construction having a fire-resistance rating of at least one-half hour or in an area with no combustible material within 20 feet (6.1 m) of the manifold.

(v) An oxygen manifold or oxygen bulk supply system which has storage capacity of more than 13,000 cubic feet (364 m³) of oxygen (measured at 14.7 psia (101 kPa) and 70 deg. F (21.1 deg. C)), connected in service or ready for service, or more than 25,000 cubic feet (700 m³) of oxygen (measured at 14.7 psia (101 kPa) and 70 deg. F (21.1 deg. C)), including unconnected reserves on hand at the site, shall comply with the provisions of the Standard for Bulk Oxygen Systems at Consumer Sites, NFPA No. 566 - 1965.

(vi) High-pressure oxygen manifolds shall be provided with approved pressure-regulating devices.

(3) Low-pressure oxygen manifolds (for use with cylinders having a Department of Transportation service pressure not exceeding 200 psig (1.36 MPa)).

(i) Manifolds shall be of substantial construction suitable for use with oxygen at a pressure of 250 psig (1.7 MPa). They shall have a minimum bursting pressure of 1,000 psig (6.8 MPa) and shall be protected by a safety relief device which will relieve at a maximum pressure of 500 psig (3.4 MPa). DOT-4L200 cylinders have safety devices which relieve at a maximum pressure of 250 psig (1.7 MPa) (or 235 psig (1.6 MPa) if vacuum insulation is used).

(ii) Hose and hose connections subject to cylinder pressure shall comply with paragraph (e)(5) of this section. Hose shall have a minimum bursting pressure of 1,000 psig (6.8 MPa).

(iii) The assembled manifold including leads shall be tested and proven gas-tight at a pressure of 300 psig (2.04 MPa). The fluid used for testing oxygen manifolds shall be oil-free and not combustible.

(iv) The location of manifolds shall comply with paragraphs (c)(2)(ii), (c)(2)(iii), (c)(2)(iv), and (c)(2)(v) of this section.

(v) The following sign shall be conspicuously posted at each manifold:

Low-Pressure Manifold Do Not Connect High-Pressure Cylinders Maximum Pressure - 250 psig (1.7 MPa)

(4) Portable outlet headers.

(i) Portable outlet headers shall not be used indoors except for temporary service where the conditions preclude a direct supply from outlets located on the service piping system.

(ii) Each outlet on the service piping from which oxygen or fuel-gas is withdrawn to supply a portable outlet header shall be equipped with a readily accessible shutoff valve.

(iii) Hose and hose connections used for connecting the portable outlet header to the service piping shall comply with paragraph (e)(5) of this section.

(iv) Master shutoff valves for both oxygen and fuel-gas shall be provided at the entry end of the portable outlet header.

(v) Portable outlet headers for fuel-gas service shall be provided with an approved hydraulic back-pressure valve installed at the inlet and preceding the service outlets, unless an approved pressure-reducing regulator, an approved back-flow check valve, or an approved hydraulic back-pressure valve is installed at each outlet. Outlets provided on headers for oxygen service may be fitted for use with pressure-reducing regulators or for direct hose connection.

(vi) Each service outlet on portable outlet headers shall be provided with a valve assembly that includes a detachable outlet seal cap, chained or otherwise attached to the body of the valve.

(vii) Materials and fabrication procedures for portable outlet headers shall comply with paragraphs (d)(1), (d)(2), and (d)(5) of this section.

(viii) Portable outlet headers shall be provided with frames which will support the equipment securely in the correct operating position and protect them from damage during handling and operation.

(5) Manifold operating procedures.

(i) Cylinder manifolds shall be installed under the supervision of someone familiar with the proper practices with reference to their construction and use.

(ii) All manifolds and parts used in methods of manifolding shall be used only for the gas or gases for which they are approved.

(iii) When acetylene cylinders are coupled, approved flash arresters shall be installed between each cylinder and the coupler block. For outdoor use only, and when the number of cylinders coupled does not exceed three, one flash arrester installed between the coupler block and regulator is acceptable.

(iv) The aggregate capacity of fuel-gas cylinders connected to a portable manifold inside a building shall not exceed 3,000 cubic feet (84 m³) of gas.

(v) Acetylene and liquefied fuel-gas cylinders shall be manifolded in a vertical position.

(vi) The pressure in the gas cylinders connected to and discharged simultaneously through a common manifold shall be approximately equal.

(d) Service piping systems

(1) Materials and design.

(i)

(A) Piping and fittings shall comply with section 2, Industrial Gas and Air Piping Systems, of the American National Standard Code for Pressure Piping ANSI B31.1, 1967 which is incorporated by reference as specified in 1910.6, insofar as it does not conflict with paragraph (d)(1)(i)(A)(1) and (d)(1)(i)(A)(2) of this section:

(1) Pipe shall be at least Schedule 40 and fittings shall be at least standard weight in sizes up to and including 6-inch nominal.

(2) Copper tubing shall be Types K or L in accordance with the Standard Specification for Seamless Copper Water Tube, ASTM B88-66a, which is incorporated by reference as specified in 1910.6.

(B) Piping shall be steel, wrought iron, brass or copper pipe, or seamless copper, brass or stainless steel tubing, except as provided in paragraph (d)(1)(ii) and (d)(1)(iii) of this section.

(ii)

(A) Oxygen piping and fittings at pressures in excess of 700 psi (4.8 MPa), shall be stainless steel or copper alloys.

(B) Hose connections and hose complying with paragraph (e)(5) of this section may be used to connect the outlet of a manifold pressure regulator to piping providing the working pressure of the piping is 250 psi (1.7 MPa) or less and the length of the hose does not exceed 5 feet (1.5 m). Hose shall have a minimum bursting pressure of 1,000 psig (6.8 MPa).

(C) When oxygen is supplied to a service piping system from a low-pressure oxygen manifold without an intervening pressure regulating device, the piping system shall have a

minimum design pressure of 250 psig (1.7 MPa). A pressure regulating device shall be used at each station outlet when the connected equipment is for use at pressures less than 250 psig (1.7 MPa).

(iii)

(A) Piping for acetylene or acetylenic compounds shall be steel or wrought iron.

(B) Unalloyed copper shall not be used for acetylene or acetylenic compounds except in listed equipment.

(2) Piping joints.

(i) Joints in steel or wrought iron piping shall be welded, threaded or flanged. Fittings, such as ells, tees, couplings, and unions, may be rolled, forged or cast steel, malleable iron or nodular iron. Gray or white cast iron fittings are prohibited.

(ii) Joints in brass or copper pipe shall be welded, brazed, threaded, or flanged. If of the socket type, they shall be brazed with silver-brazing alloy or similar high melting point (not less than 800 deg. F (427 deg. C)) filler metal.

(iii) Joints in seamless copper, brass, or stainless steel tubing shall be approved gas tubing fittings or the joints shall be brazed. If of the socket type, they shall be brazed with silver-brazing alloy or similar high melting point (not less than 800 deg. F (427 deg. C)) filler metal.

(3) Installation.

(i) Distribution lines shall be installed and maintained in a safe operating condition.

(ii) All piping shall be run as directly as practicable, protected against physical damage, proper allowance being made for expansion and contraction, jarring and vibration. Pipe laid underground in earth shall be located below the frost line and protected against corrosion. After assembly, piping shall be thoroughly blown out with air, nitrogen, or carbon dioxide to remove foreign materials. For oxygen piping, only oil-free air, oil-free nitrogen, or oil-free carbon dioxide shall be used.

(iii) Only piping which has been welded or brazed shall be installed in tunnels, trenches or ducts. Shutoff valves shall be located outside such conduits. Oxygen piping may be placed in the same tunnel, trench or duct with fuel-gas pipelines, provided there is good natural or forced ventilation.

(iv) Low points in piping carrying moist gas shall be drained into drip pots constructed so as to permit pumping or draining out the condensate at necessary intervals. Drain valves shall be installed for this purpose having outlets normally closed with screw caps or plugs.

No open end valves or petcocks shall be used, except that in drips located out of doors, underground, and not readily accessible, valves may be used at such points if they are equipped with means to secure them in the closed position. Pipes leading to the surface of the ground shall be cased or jacketed where necessary to prevent loosening or breaking.

(v) Gas cocks or valves shall be provided for all buildings at points where they will be readily accessible for shutting off the gas supply to these buildings in any emergency. There shall also be provided a shutoff valve in the discharge line from the generator, gas holder, manifold or other source of supply.

(vi) Shutoff valves shall not be installed in safety relief lines in such a manner that the safety relief device can be rendered ineffective.

(vii) Fittings and lengths of pipe shall be examined internally before assembly and, if necessary freed from scale or dirt. Oxygen piping and fittings shall be washed out with a suitable solution which will effectively remove grease and dirt but will not react with oxygen. Hot water solutions of caustic soda or trisodium phosphate are effective cleaning agents for this purpose.

(viii) Piping shall be thoroughly blown out after assembly to remove foreign materials. For oxygen piping, oil-free air, oil-free nitrogen, or oil-free carbon dioxide shall be used. For other piping, air or inert gas may be used.

(ix) When flammable gas lines or other parts of equipment are being purged of air or gas, open lights or other sources of ignition shall not be permitted near uncapped openings.

(x) No welding or cutting shall be performed on an acetylene or oxygen pipeline, including the attachment of hangers or supports, until the line has been purged. Only oil-free air, oil-free nitrogen, or oil-free carbon dioxide shall be used to purge oxygen lines.

(4) Painting and signs.

(i) Underground pipe and tubing and outdoor ferrous pipe and tubing shall be covered or painted with a suitable material for protection against corrosion.

(ii) Aboveground piping systems shall be marked in accordance with the American National Standard Scheme for the Identification of Piping Systems, ANSI A13.1 - 1956, which is incorporated by reference as specified in 1910.6.

(iii) Station outlets shall be marked to indicate the name of the gas.

(5) Testing.

(i) Piping systems shall be tested and proved gastight at 1 1/2 times the maximum operating pressure, and shall be thoroughly purged of air before being placed in service. The

material used for testing oxygen lines shall be oil free and noncombustible. Flames shall not be used to detect leaks.

(ii) When flammable gas lines or other parts of equipment are being purged of air or gas, sources of ignition shall not be permitted near uncapped openings.

(e) Protective equipment, hose, and regulators

(1) General. Equipment shall be installed and used only in the service for which it is approved and as recommended by the manufacturer.

(2) Pressure relief devices. Service piping systems shall be protected by pressure relief devices set to function at not more than the design pressure of the systems and discharging upwards to a safe location.

(3) Piping protective equipment.

(i) The fuel-gas and oxygen piping systems, including portable outlet headers shall incorporate the protective equipment shown in Figures Q-1, Q-2, and Q-3.

When only a portion of a fuel-gas system is to be used with oxygen, only that portion need comply with this paragraph (e)(3)(i).

(For Figures Q-1, Q-2, and Q-3, see printed copy)

(ii) Approved protective equipment (designated P(F) in Figs. Q-1, Q-2, and Q-3) shall be installed in fuel-gas piping to prevent:

(A) Backflow of oxygen into the fuel-gas supply system;
STEP

(B) Passage of a flash back into the fuel-gas supply system; and STEP

(C) Excessive back pressure of oxygen in the fuel-gas supply system. The three functions of the protective equipment may be combined in one device or may be provided by separate devices.

STEP

(1) The protective equipment shall be located in the main supply line, as in Figure Q-1 or at the head of each branch line, as in Figure Q-2 or at each location where fuel-gas is withdrawn, as in Figure Q-3. Where branch lines are of 2-inch pipe size or larger or of substantial length, protective equipment (designated as P(F)) shall be located as shown in either Q-2 and Q-3.

(2) Backflow protection shall be provided by an approved device that will prevent oxygen from flowing into the fuel-gas system or fuel from flowing into the oxygen system (see S(F), Figs. Q-1 and Q-2)

(3) Flash-back protection shall be provided by an approved device that will prevent flame from passing into the fuel-gas system.

(4) Back-pressure protection shall be provided by an approved pressure-relief device set at a pressure not greater than the pressure rating of the backflow or the flashback protection device, whichever is lower. The pressure-relief device shall be located on the downstream side of the backflow and flashback protection devices. The vent from the pressure-relief device shall be at least as large as the relief device inlet and shall be installed without low points that may collect moisture. If low points are unavoidable, drip pots with drains closed with screw plugs or caps shall be installed at the low points. The vent terminus shall not endanger personnel or property through gas discharge; shall be located away from ignition sources; and shall terminate in a hood or bend.

(iii) If pipeline protective equipment incorporates a liquid, the liquid level shall be maintained, and a suitable antifreeze may be used to prevent freezing.

(iv) Fuel gas for use with equipment not requiring oxygen shall be withdrawn upstream of the piping protective devices.

(4) Station outlet protective equipment.

(i) A check valve, pressure regulator, hydraulic seal, or combination of these devices shall be provided at each station outlet, including those on portable headers, to prevent backflow, as shown in Figures Q-1, Q-2, and Q-3 and designated as S(F) and S(O).

(ii) When approved pipeline protective equipment (designated P(F)) is located at the station outlet as in Figure Q-3, no additional check valve, pressure regulator, or hydraulic seal is required.

(iii) A shutoff valve (designated V(F) and V(O)) shall be installed at each station outlet and shall be located on the upstream side of other station outlet equipment.

(iv) If the station outlet is equipped with a detachable regulator, the outlet shall terminate in a union connection that complies with the Regulator Connection Standards, 1958, Compressed Gas Association, which is incorporated by reference as specified in 1910.6.

(v) If the station outlet is connected directly to a hose, the outlet shall terminate in a union connection complying with the Standard Hose Connection Specifications, 1957, Compressed Gas Association, which is incorporated by reference as specified in 1910.6.

(vi) Station outlets may terminate in pipe threads to which permanent connections are to be made, such as to a machine.

(vii) Station outlets shall be equipped with a detachable outlet seal cap secured in place. This cap shall be used to seal the outlet except when a hose, a regulator, or piping is attached.

(viii) Where station outlets are equipped with approved backflow and flashback protective devices, as many as four torches may be supplied from one station outlet through rigid piping, provided each outlet from such piping is equipped with a shutoff valve and provided the fuel-gas capacity of any one torch does not exceed 15 cubic feet (0.42 m³) per hour. This paragraph (e)(4)(viii) does not apply to machines.

(5) Hose and hose connections.

(i) Hose for oxy-fuel gas service shall comply with the Specification for Rubber Welding Hose, 1958, Compressed Gas Association and Rubber Manufacturers Association, which is incorporated by reference as specified in 1910.6.

(ii) When parallel lengths of oxygen and acetylene hose are taped together for convenience and to prevent tangling, not more than 4 inches (10.2 cm) out of 12 inches (30.5 cm) shall be covered by tape.

(iii) Hose connections shall comply with the Standard Hose Connection Specifications, 1957, Compressed Gas Association.

(iv) Hose connections shall be clamped or otherwise securely fastened in a manner that will withstand, without leakage, twice the pressure to which they are normally subjected in service, but in no case less than a pressure of 300 psi (2.04 MPa). Oil-free air or an oil-free inert gas shall be used for the test.

(v) Hose showing leaks, burns, worn places, or other defects rendering it unfit for service shall be repaired or replaced.

(6) Pressure-reducing regulators.

(i) Pressure-reducing regulators shall be used only for the gas and pressures for which they are intended. The regulator inlet connections shall comply with Regulator Connection Standards, 1958, Compressed Gas Association.

(ii) When regulators or parts of regulators, including gages, need repair, the work shall be performed by skilled mechanics who have been properly instructed.

(iii) Gages on oxygen regulators shall be marked "USE NO OIL."

(iv) Union nuts and connections on regulators shall be inspected before use to detect faulty seats which may cause leakage of gas when the regulators are attached to the cylinder valves.

(f) Acetylene generators

(1) Approval and marking.

(i) Generators shall be of approved construction and shall be plainly marked with the maximum rate of acetylene in cubic feet per hour for which they are designed; the weight and size of carbide necessary for a single charge; the manufacturer's name and address; and the name or number of the type of generator.

(ii) Carbide shall be of the size marked on the generator nameplate.

(2) Rating and pressure limitations.

(i) The total hourly output of a generator shall not exceed the rate for which it is approved and marked. Unless specifically approved for higher ratings, carbide-feed generators shall be rated at 1 cubic foot (0.028 m³) per hour per pound of carbide required for a single complete charge.

(ii) Relief valves shall be regularly operated to insure proper functioning. Relief valves for generating chambers shall be set to open at a pressure not in excess of 15 psig (103 kPa gauge pressure). Relief valves for hydraulic back pressure valves shall be set to open at a pressure not in excess of 20 psig (137 kPa gauge pressure).

(iii) Nonautomatic generators shall not be used for generating acetylene at pressures exceeding 1 psig (7 kPa gauge pressure), and all water overflows shall be visible.

(3) Location. The space around the generator shall be ample for free, unobstructed operation and maintenance and shall permit ready adjustment and charging.

(4) Stationary acetylene generators (automatic and Nonautomatic).

(i)

(A) The foundation shall be so arranged that the generator will be level and so that no excessive strain will be placed on the generator or its connections. Acetylene generators shall be grounded.

(B) Generators shall be placed where water will not freeze. The use of common salt (sodium chloride) or other corrosive chemicals for protection against freezing is not permitted. (For heating systems see paragraph (f)(6)(iii) of this section.)

(C) Except when generators are prepared in accordance with paragraph (f)(7)(v) of this section, sources of ignition shall be prohibited in outside generator houses or inside

generator rooms.

(D) Water shall not be supplied through a continuous connection to the generator except when the generator is provided with an adequate open overflow or automatic water shutoff which will effectively prevent overflowing of the generator. Where a noncontinuous connection is used, the supply line shall terminate at a point not less than 2 inches (5 cm) above the regularly provided opening for filling so that the water can be observed as it enters the generator.

(E) Unless otherwise specifically approved, generators shall not be fitted with continuous drain connections leading to sewers, but shall discharge through an open connection into a suitably vented outdoor receptacle or residue pit which may have such connections. An open connection for the sludge drawoff is desirable to enable the generator operator to observe leakage of generating water from the drain valve or sludge cock.

(ii)

(A) Each generator shall be provided with a vent pipe.

(B) The escape or relief pipe shall be rigidly installed without traps and so that any condensation will drain back to the generator.

(C) The escape or relief pipe shall be carried full size to a suitable point outside the building. It shall terminate in a hood or bend located at least 12 feet (3.7 m) above the ground, preferably above the roof, and as far away as practicable from windows or other openings into buildings and as far away as practicable from sources of ignition such as flues or chimneys and tracks used by locomotives. Generating chamber relief pipes shall not be inter-connected but shall be separately led to the outside air. The hood or bend shall be so constructed that it will not be obstructed by rain, snow, ice, insects, or birds. The outlet shall be at least 3 feet (0.9 m) from combustible construction.

(iii)

(A) Gas holders shall be constructed on the gasometer principle, the bell being suitably guided. The gas bell shall move freely without tendency to bind and shall have a clearance of at least 2 inches (5 cm) from the shell.

(B) The gas holder may be located in the generator room, in a separate room or out of doors. In order to prevent collapse of the gas bell or infiltration of air due to a vacuum caused by the compressor or booster pump or cooling of the gas, a compressor or booster cutoff shall be provided at a point 12 inches (0.3 m) or more above the landing point of the bell. When the gas holder is located indoors, the room shall be ventilated in accordance with paragraph (f)(6)(ii) of this section and heated and lighted in accordance with subdivisions (f)(6)(iii) and (f)(6)(iv) of this section.

(C) When the gas holder is not located within a heated building, gas holder seals shall be protected against freezing.

(D) Means shall be provided to stop the generator-feeding mechanism before the gas holder reaches the upper limit of its travel.

(E) When the gas holder is connected to only one generator, the gas capacity of the holder shall be not less than one-third of the hourly rating of the generator.

(F) If acetylene is used from the gas holder without increase in pressure at some points but with increase in pressure by a compressor or booster pump at other points, approved piping protective devices shall be installed in each supply line. The low-pressure protective device shall be located between the gas holder and the shop piping, and the medium-pressure protective device shall be located between the compressor or booster pump and the shop piping (see Figure Q-4). Approved protective equipment (designated P(F)) is used to prevent: Backflow of oxygen into the fuel-gas supply system; passage of a flashback into the fuel-gas supply system; and excessive back pressure of oxygen in the fuel-gas supply system. The three functions of the protective equipment may be combined in one device or may be provided by separate devices.

(For Figure Q-4, see printed copy)

(iv)

(A) The compressor or booster system shall be of an approved type.

(B) * Wiring and electrical equipment in compressor or booster pump rooms or enclosures shall conform to the provisions of Subpart S of this part for Class I, Division 2 locations.

(C) Compressors and booster pump equipment shall be located in well-ventilated areas away from open flames, electrical or mechanical sparks, or other ignition sources.

(D) Compressor or booster pumps shall be provided with pressure relief valves which will relieve pressure exceeding 15 psig (103 kPa gauge pressure) to a safe outdoor location as provided in paragraph (f)(4)(ii) of this section, or by returning the gas to the inlet side or to the gas supply source.

(E) Compressor or booster pump discharge outlets shall be provided with approved protective equipment. (See paragraph (e) of this section.)

(5) Portable acetylene generators.

(i)

(A) All portable generators shall be of a type approved for portable use.

(B) Portable generators shall not be used within 10 feet (3 m) of combustible material other than the floor.

(C) Portable generators shall not be used in rooms of total volume less than 35 times the total gas-generating capacity per charge of all generators in the room. Generators shall not be used in rooms having a ceiling height of less than 10 feet (3 m). (To obtain the gas-generating capacity in cubic feet per charge, multiply the pounds of carbide per charge by 4.5.)

(D) Portable generators shall be protected against freezing. The use of salt or other corrosive chemical to prevent freezing is prohibited.

(ii)

(A) Portable generators shall be cleaned and recharged and the air mixture blown off outside buildings.

(B) When charged with carbide, portable generators shall not be moved by crane or derrick.

(C) When not in use, portable generators shall not be stored in rooms in which open flames are used unless the generators contain no carbide and have been thoroughly purged of acetylene. Storage rooms shall be well ventilated.

(D) When portable acetylene generators are to be transported and operated on vehicles, they shall be securely anchored to the vehicles. If transported by truck, the motor shall be turned off during charging, cleaning, and generating periods.

(E) Portable generators shall be located at a safe distance from the welding position so that they will not be exposed to sparks, slag, or misdirection of the torch flame or overheating from hot materials or processes.

(6) Outside generator houses and inside generator rooms for stationary acetylene generators.

(i)

(A) No opening in any outside generator house shall be located within 5 feet (1.5 m) of any opening in another building.

(B) Walls, floors, and roofs of outside generator houses shall be of noncombustible construction.

(C) When a part of the generator house is to be used for the storage or manifolding of oxygen cylinders, the space to be so occupied shall be separated from the generator or carbide storage section by partition walls continuous from floor to roof or ceiling, of the type of construction stated in paragraph (f)(6)(i)(H) of this section. Such separation walls shall be without openings and shall be joined to the floor, other walls and ceiling or roof in a manner to effect a permanent gas-tight joint.

(D) Exit doors shall be located so as to be readily accessible in case of emergency.

(E) Explosion venting for outside generator houses and inside generator rooms shall be provided in exterior walls or roofs. The venting areas shall be equal to not less than 1 square foot (0.09 m²) per 50 cubic feet (1.4 m³) of room volume and may consist of any one or any combination of the following: Walls of light, noncombustible material preferably single-thickness, single-strength glass; lightly fastened hatch covers; lightly fastened swinging doors in exterior walls opening outward; lightly fastened walls or roof designed to relieve at a maximum pressure of 25 pounds per square foot (0.001 MPa).

(F) The installation of acetylene generators within buildings shall be restricted to buildings not exceeding one story in height; Provided, however, that this will not be construed as prohibiting such installations on the roof or top floor of a building exceeding such height.

(G) Generators installed inside buildings shall be enclosed in a separate room.

(H) The walls, partitions, floors, and ceilings of inside generator rooms shall be of noncombustible construction having a fire-resistance rating of at least 1 hour. The walls or partitions shall be continuous from floor to ceiling and shall be securely anchored. At least one wall of the room shall be an exterior wall.

(I) Openings from an inside generator room to other parts of the building shall be protected by a swinging type, self-closing fire door for a Class B opening and having a rating of at least 1 hour. Windows in partitions shall be wired glass and approved metal frames with fixed sash. Installation shall be in accordance with the Standard for the Installation of Fire Doors and Windows, NFPA 80-1970, which is incorporated by reference as specified in 1910.6.

(ii) Inside generator rooms or outside generator houses shall be well ventilated with vents located at floor and ceiling levels.

(iii) Heating shall be by steam, hot water, enclosed electrically heated elements or other indirect means. Heating by flames or fires shall be prohibited in outside generator houses or inside generator rooms, or in any enclosure communicating with them.

(iv)

(A) Generator houses or rooms shall have natural light during daylight hours. Where artificial lighting is necessary it shall be restricted to electric lamps installed in a fixed position. Unless specifically approved for use in atmospheres containing acetylene, such lamps shall be provided with enclosures of glass or other noncombustible material so designed and constructed as to prevent gas vapors from reaching the lamp or socket and to resist breakage. Rigid conduit with threaded connections shall be used.

(B) Lamps installed outside of wired-glass panels set in gas-tight frames in the exterior walls or roof of the generator house or room are acceptable.

(v) Electric switches, telephones, and all other electrical apparatus which may cause a spark, unless specifically approved for use inside acetylene generator rooms, shall be located outside the generator house or in a room or space separated from the generator room by a gas-tight partition, except that where the generator system is designed so that no carbide fill opening or other part of the generator is open to the generator house or room during the operation of the generator, and so that residue is carried in closed piping from the residue discharge valve to a point outside the generator house or room, electrical equipment in the generator house or room shall conform to the provisions of Subpart S of this part for Class I, Division 2 locations.

(7) Maintenance and operation.

(i) Unauthorized persons shall not be permitted in outside generator houses or inside generator rooms.

(A) Operating instructions shall be posted in a conspicuous place near the generator or kept in a suitable place available for ready reference.

(B) When recharging generators the order of operations specified in the instructions supplied by the manufacturer shall be followed.

(C) In the case of batch-type generators, when the charge of carbide is exhausted and before additional carbide is added, the generating chamber shall always be flushed out with water, renewing the water supply in accordance with the instruction card furnished by the manufacturer.

(D) The water-carbide residue mixture drained from the generator shall not be discharged into sewer pipes or stored in areas near open flames. Clear water from residue settling pits may be discharged into sewer pipes.

(ii) The carbide added each time the generator is recharged shall be sufficient to refill the space provided for carbide without ramming the charge. Steel or other ferrous tools shall

not be used in distributing the charge.

(iii) Generator water chambers shall be kept filled to proper level at all times except while draining during the recharging operation.

(iv) Whenever repairs are to be made or the generator is to be charged or carbide is to be removed, the water chamber shall be filled to the proper level.

(v) Previous to making repairs involving welding, soldering, or other hot work or other operations which produce a source of ignition, the carbide charge and feed mechanism shall be completely removed. All acetylene shall be expelled by completely flooding the generator shell with water and the generator shall be disconnected from the piping system. The generator shall be kept filled with water, if possible, or positioned to hold as much water as possible.

(vi) Hot repairs shall not be made in a room where there are other generators unless all the generators and piping have been purged of acetylene.

(g) Calcium carbide storage

(1) Packaging.

(i) Calcium carbide shall be contained in metal packages of sufficient strength to prevent rupture. The packages shall be provided with a screw top or equivalent. These packages shall be constructed water- and air-tight. Solder shall not be used in such a manner that the package would fail if exposed to fire.

(ii) Packages containing calcium carbide shall be conspicuously marked "Calcium Carbide - Dangerous If Not Kept Dry" or with equivalent warning.

(iii) Caution: Metal tools, even the so-called spark resistant type may cause ignition of an acetylene and air mixture when opening carbide containers.

(iv) Sprinkler systems shall not be installed in carbide storage rooms.

(2) Storage indoors.

(i) Calcium carbide in quantities not to exceed 600 pounds (272.2 kg) may be stored indoors in dry, waterproof, and well-ventilated locations.

(A) Calcium carbide not exceeding 600 pounds (272.2 kg) may be stored indoors in the same room with fuel-gas cylinders.

(B) Packages of calcium carbide, except for one of each size, shall be kept sealed. The seals shall not be broken when there is carbide in excess of 1 pound (0.5 kg) in any other

unsealed package of the same size of carbide in the room.

(ii) Calcium carbide exceeding 600 pounds (272.2 kg) but not exceeding 5,000 pounds (2,268 kg) shall be stored:

(A) In accordance with paragraph (g)(2)(iii) of this section.

(B) In an inside generator room or outside generator house; or

(C) In a separate room in a one-story building which may contain other occupancies, but without cellar or basement beneath the carbide storage section. Such rooms shall be constructed in accordance with paragraphs (f)(6)(i)(H) and (f)(6)(i)(I) of this subdivision and ventilated in accordance with paragraph (f)(6)(ii) of this section. These rooms shall be used for no other purpose.

(iii) Calcium carbide in excess of 5,000 pounds (2,268 kg) shall be stored in one-story buildings without cellar or basement and used for no other purpose, or in outside generator houses. If the storage building is of noncombustible construction, it may adjoin other one-story buildings if separated therefrom by unpierced firewalls; if it is detached less than 10 feet (3 m) from such building or buildings, there shall be no opening in any of the mutually exposing sides of such buildings within 10 feet (3 m). If the storage building is of combustible construction, it shall be at least 20 feet (6.1 m) from any other one- or two-story building, and at least 30 feet (9.1 m) from any other building exceeding two stories.

(3) Storage outdoors.

(i) Calcium carbide in unopened metal containers may be stored outdoors.

(ii) Carbide containers to be stored outdoors shall be examined to make sure that they are in good condition. Periodic reexaminations shall be made for rusting or other damage to a container that might affect its water or air tightness.

(iii) The bottom tier of each row shall be placed on wooden planking or equivalent, so that the containers will not come in contact with the ground or ground water.

(iv) Containers of carbide which have been in storage the longest shall be used first.

[55 FR 32015, Aug. 6, 1990; 55 FR 46053, Nov. 1, 1990]

1910.254 Arc welding and cutting.

(a) General

(1) Equipment selection. Welding equipment shall be chosen for safe application to the work to be done as specified in paragraph (b) of this section.

(2) Installation. Welding equipment shall be installed safely as specified by paragraph (c) of this section.

(3) Instruction. Workmen designated to operate arc welding equipment shall have been properly instructed and qualified to operate such equipment as specified in paragraph (d) of this section.

(b) Application of arc welding equipment

(1) General. Assurance of consideration of safety in design is obtainable by choosing apparatus complying with the Requirements for Electric Arc-Welding Apparatus, NEMA EW - 1 - 1962, National Electrical Manufacturers Association or the Safety Standard for Transformer-Type Arc-Welding Machines, ANSI C33.2 - 1956, Underwriters' Laboratories, both of which are incorporated by reference as specified in 1910.6.

(2) Environmental conditions.

(i) Standard machines for arc welding service shall be designed and constructed to carry their rated load with rated temperature rises where the temperature of the cooling air does not exceed 40 deg. C. (104 deg. F.) and where the altitude does not exceed 3,300 feet (1,005.8 m), and shall be suitable for operation in atmospheres containing gases, dust, and light rays produced by the welding arc.

(ii) Unusual service conditions may exist, and in such circumstances machines shall be especially designed to safely meet the requirements of the service. Chief among these conditions are:

- (A) Exposure to unusually corrosive fumes.
- (B) Exposure to steam or excessive humidity.
- (C) Exposure to excessive oil vapor.
- (D) Exposure to flammable gases.
- (E) Exposure to abnormal vibration or shock.
- (F) Exposure to excessive dust.
- (G) Exposure to weather.

(H) Exposure to unusual seacoast or shipboard conditions.

(3) Voltage. The following limits shall not be exceeded:

(i) Alternating-current machines

(A) Manual arc welding and cutting - 80 volts.

(B) Automatic (machine or mechanized) arc welding and cutting - 100 volts.

(ii) Direct-current machines

(A) Manual arc welding and cutting - 100 volts.

(B) Automatic (machine or mechanized) arc welding and cutting - 100 volts.

(iii) When special welding and cutting processes require values of open circuit voltages higher than the above, means shall be provided to prevent the operator from making accidental contact with the high voltage by adequate insulation or other means.

(iv) For a.c. welding under wet conditions or warm surroundings where perspiration is a factor, the use of reliable automatic controls for reducing no load voltage is recommended to reduce the shock hazard.

(4) Design.

(i) A controller integrally mounted in an electric motor driven welder shall have capacity for carrying rated motor current, shall be capable of making and interrupting stalled rotor current of the motor, and may serve as the running overcurrent device if provided with the number of overcurrent units as specified by Subpart S of this part. STEP

(ii) On all types of arc welding machines, control apparatus shall be enclosed except for the operating wheels, levers, or handles.

(iii) Input power terminals, tap change devices and live metal parts connected to input circuits shall be completely enclosed and accessible only by means of tools.

(iv) Terminals for welding leads should be protected from accidental electrical contact by personnel or by metal objects i.e., vehicles, crane hooks, etc. Protection may be obtained by use of: Dead-front receptacles for plug connections; recessed openings with nonremovable hinged covers; heavy insulating sleeving or taping or other equivalent electrical and mechanical protection. If a welding lead terminal which is intended to be used exclusively for connection to the work is connected to the grounded enclosure, it must be done by a conductor at least two AWG sizes smaller than the grounding conductor and the terminal shall be marked to indicate that it is

grounded. STEP

(v) No connections for portable control devices such as push buttons to be carried by the operator shall be connected to an a.c. circuit of higher than 120 volts. Exposed metal parts of portable control devices operating on circuits above 50 volts shall be grounded by a grounding conductor in the control cable.

(vi) Auto transformers or a.c. reactors shall not be used to draw welding current directly from any a.c. power source having a voltage exceeding 80 volts.

(c) Installation of arc welding equipment

(1) General. Installation including power supply shall be in accordance with the requirements of Subpart S of this part.

(2) Grounding.

(i) The frame or case of the welding machine (except engine-driven machines shall be grounded under the conditions and according to the methods prescribed in Subpart S of this part.

(ii) Conduits containing electrical conductors shall not be used for completing a work-lead circuit. Pipelines shall not be used as a permanent part of a work-lead circuit, but may be used during construction, extension or repair providing current is not carried through threaded joints, flanged bolted joints, or caulked joints and that special precautions are used to avoid sparking at connection of the work-lead cable.

(iii) Chains, wire ropes, cranes, hoists, and elevators shall not be used to carry welding current.

(iv) Where a structure, conveyor, or fixture is regularly employed as a welding current return circuit, joints shall be bonded or provided with adequate current collecting devices.

(v) All ground connections shall be checked to determine that they are mechanically strong and electrically adequate for the required current.

(3) Supply connections and conductors.

(i) A disconnecting switch or controller shall be provided at or near each welding machine which is not equipped with such a switch or controller mounted as an integral part of the machine. The switch shall be in accordance with Subpart S of this part. Overcurrent protection shall be provided as specified in Subpart S of this part. A disconnect switch with overload protection or equivalent disconnect and protection means, permitted by Subpart S of this part, shall be provided for each outlet intended for connection to a portable welding machine.

(ii) For individual welding machines, the rated current-carrying capacity of the supply conductors shall be not less than the rated primary current of the welding machines.

(iii) For groups of welding machines, the rated current-carrying capacity of conductors may be less than the sum of the rated primary currents of the welding machines supplied. The conductor rating shall be determined in each case according to the machine loading based on the use to be made of each welding machine and the allowance permissible in the event that all the welding machines supplied by the conductors will not be in use at the same time.

(iv) In operations involving several welders on one structure, d.c. welding process requirements may require the use of both polarities; or supply circuit limitations for a.c. welding may require distribution of machines among the phases of the supply circuit. In such cases no load voltages between electrode holders will be 2 times normal in d.c. or 1, 1.41, 1.73, or 2 times normal on a.c. machines. Similar voltage differences will exist if both a.c. and d.c. welding are done on the same structure.

(A) All d.c. machines shall be connected with the same polarity.

(B) All a.c. machines shall be connected to the same phase of the supply circuit and with the same instantaneous polarity.

(d) Operation and maintenance

(1) General. Workers assigned to operate or maintain arc welding equipment shall be acquainted with the requirements of this section and with 1910.252 (a), (b), and (c) of this part.

(2) Machine hook up. Before starting operations all connections to the machine shall be checked to make certain they are properly made. The work lead shall be firmly attached to the work; magnetic work clamps shall be freed from adherent metal particles of spatter on contact surfaces. Coiled welding cable shall be spread out before use to avoid serious overheating and damage to insulation. STEP

(3) Grounding. Grounding of the welding machine frame shall be checked. Special attention shall be given to safety ground connections of portable machines.

(4) Leaks. There shall be no leaks of cooling water, shielding gas or engine fuel.

(5) Switches. It shall be determined that proper switching equipment for shutting down the machine is provided.

(6) Manufacturers' instructions. Printed rules and instructions covering operation of equipment supplied by the manufacturers shall be strictly followed.

(7) Electrode holders. Electrode holders when not in use shall be so placed that they cannot

make electrical contact with persons, conducting objects, fuel or compressed gas tanks. STEP

(8) Electric shock. Cables with splices within 10 feet (3 m) of the holder shall not be used. The welder should not coil or loop welding electrode cable around parts of his body. STEP

(9) Maintenance.

(i) The operator should report any equipment defect or safety hazard to his supervisor and the use of the equipment shall be discontinued until its safety has been assured. Repairs shall be made only by qualified personnel. STEP

(ii) Machines which have become wet shall be thoroughly dried and tested before being used.

(iii) Cables with damaged insulation or exposed bare conductors shall be replaced. Joining lengths of work and electrode cables shall be done by the use of connecting means specifically intended for the purpose. The connecting means shall have insulation adequate for the service conditions. STEP

* [55 FR 13709, Apr. 11, 1990]

1910.255 Resistance welding.

* This section, 1910.255, added by 55 FR 13710, effective May 11, 1990.

(a) General

(1) Installation. All equipment shall be installed by a qualified electrician in conformance with Subpart S of this part. There shall be a safety-type disconnecting switch or a circuit breaker or circuit interrupter to open each power circuit to the machine, conveniently located at or near the machine, so that the power can be shut off when the machine or its controls are to be serviced.

(2) Thermal protection. Ignitron tubes used in resistance welding equipment shall be equipped with a thermal protection switch.

(3) Personnel. Workmen designated to operate resistance welding equipment shall have been properly instructed and judged competent to operate such equipment.

(4) Guarding. Controls of all automatic or air and hydraulic clamps shall be arranged or guarded to prevent the operator from accidentally activating them.

(b) Spot and seam welding machines (nonportable)

(1) Voltage. All external weld initiating control circuits shall operate on low voltage, not over 120 volts, for the safety of the operators.

(2) Capacitor welding. Stored energy or capacitor discharge type of resistance welding equipment and control panels involving high voltage (over 550 volts) shall be suitably insulated and protected by complete enclosures, all doors of which shall be provided with suitable interlocks and contacts wired into the control circuit (similar to elevator interlocks). Such interlocks or contacts shall be so designed as to effectively interrupt power and short circuit all capacitors when the door or panel is open. A manually operated switch or suitable positive device shall be installed, in addition to the mechanical interlocks or contacts, as an added safety measure assuring absolute discharge of all capacitors.

(3) Interlocks. All doors and access panels of all resistance welding machines and control panels shall be kept locked and interlocked to prevent access, by unauthorized persons, to live portions of the equipment. STEP

(4) Guarding. All press welding machine operations, where there is a possibility of the operator's fingers being under the point of operation, shall be effectively guarded by the use of a device such as an electronic eye safety circuit, two hand controls or protection similar to that prescribed for punch press operation, 1910.217. All chains, gears, operating bus linkage, and belts shall be protected by adequate guards, in accordance with 1910.219 of this part. STEP

(5) Shields. The hazard of flying sparks shall be, wherever practical, eliminated by installing a shield guard of safety glass or suitable fire-resistant plastic at the point of operation. Additional shields or curtains shall be installed as necessary to protect passing persons from flying sparks. (See 1910.252(b)(2)(i)(C) of this section.) STEP

(6) Foot switches. All foot switches shall be guarded to prevent accidental operation of the machine. STEP

(7) Stop buttons. Two or more safety emergency stop buttons shall be provided on all special multispot welding machines, including 2-post and 4-post weld presses.

(8) Safety pins. On large machines, four safety pins with plugs and receptacles (one in each corner) shall be provided so that when safety pins are removed and inserted in the ram or platen, the press becomes inoperative.

(9) Grounding. Where technically practical, the secondary of all welding transformers used in multispot, projection and seam welding machines shall be grounded. This may be done by permanently grounding one side of the welding secondary current circuit. Where not technically practical, a center tapped grounding reactor connected across the secondary or the use of a safety disconnect switch in conjunction with the welding control are acceptable alternates. Safety

disconnect shall be arranged to open both sides of the line when welding current is not present.

(c) Portable welding machines

(1) Counterbalance. All portable welding guns shall have suitable counterbalanced devices for supporting the guns, including cables, unless the design of the gun or fixture makes counterbalancing impractical or unnecessary.

(2) Safety chains. All portable welding guns, transformers and related equipment that is suspended from overhead structures, eye beams, trolleys, etc. shall be equipped with safety chains or cables. Safety chains or cables shall be capable of supporting the total shock load in the event of failure of any component of the supporting system.

(3) Clevis. Each clevis shall be capable of supporting the total shock load of the suspended equipment in the event of trolley failure.

(4) Switch guards. All initiating switches, including retraction and dual schedule switches, located on the portable welding gun shall be equipped with suitable guards capable of preventing accidental initiation through contact with fixturing, operator's clothing, etc. Initiating switch voltage shall not exceed 24 volts.

(5) Moving holder. The movable holder, where it enters the gun frame, shall have sufficient clearance to prevent the shearing of fingers carelessly placed on the operating movable holder.

(6) Grounding. The secondary and case of all portable welding transformers shall be grounded. Secondary grounding may be by center tapped secondary or by a center tapped grounding reactor connected across the secondary.

(d) Flash welding equipment

(1) Ventilation and flash guard. Flash welding machines shall be equipped with a hood to control flying flash. In cases of high production, where materials may contain a film of oil and where toxic elements and metal fumes are given off, ventilation shall be provided in accordance with 1910.252(c) of this section.

(2) Fire curtains. For the protection of the operators of nearby equipment, fire-resistant curtains or suitable shields shall be set up around the machine and in such a manner that the operators movements are not hampered.

(e) Maintenance. Periodic inspection shall be made by qualified maintenance personnel, and a certification record maintained. The certification record shall include the date of inspection, the signature of the person who performed the inspection and the serial number, or other identifier, for the equipment inspected. The operator shall be instructed to report any equipment defects to his supervisor and the use of the equipment shall be discontinued until safety repairs have been

completed. STEP

[39 FR 23502, June 27, 1974, as amended at 40 FR 18426, Apr. 28, 1975; 55 FR 13710, Apr. 11, 1990]

1910.256 REMOVED

1910.257 REMOVED

Subpart I - Personal Protective Equipment

- 1910.132 General requirements.
- 1910.133 Eye and face protection.
- 1910.134 Respiratory protection.
- 1910.135 Head protection.
- 1910.136 Foot protection.
- 1910.137 Electrical protective equipment.
- 1910.138 Hand Protection

Appendix A References for further information (Non-mandatory)

Appendix B Non-mandatory Compliance Guidelines for Hazard Assessment and Personal Protective Equipment Selection

SUBPART I -- Personal Protective Equipment

AUTHORITY: Sections 4, 6, and 8 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 653, 655, and 657); Secretary of Labor's Order No. 12-71 (36 FR 8754), 8-76 (41 FR 25059), 9-83 (48 FR 35736), 1-90 (55 FR 9033), 6-96 (62 FR 111), 3-2000 (65 FR 50017), 5-2002 (67 FR 65008), or 5-2007 (72 FR 31160), as applicable, and 29 CFR Part 1911.

1910.132 General requirements.

(a) Application. Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used, and maintained in a sanitary and reliable condition wherever it is necessary by reason of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact. STD 1-1.13
STD 1-6.1

STEP

(b) Employee-owned equipment. Where employees provide their own protective equipment, the employer shall be responsible to assure its adequacy, including proper maintenance, and sanitation of such equipment.

(c) Design. All personal protective equipment shall be of safe design and construction for the work to be performed.

(d) Hazard assessment and equipment selection.

(1) The employer shall assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE). If such

hazards are present, or likely to be present, the employer shall:

- (i) Select, and have each affected employee use, the types of PPE that will protect the affected employee from the hazards identified in the hazard assessment;
- (ii) Communicate selection decisions to each affected employee; and,
- (iii) Select PPE that properly fits each affected employee.

Note: Non-mandatory Appendix B contains an example of procedures that would comply with the requirement for a hazard assessment.

(2) The employer shall verify that the required workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; the date(s) of the hazard assessment; and, which identifies the document as a certification of hazard assessment.

(e) Defective and damaged equipment. Defective or damaged personal protective equipment shall not be used.

(f) Training.

(1) The employer shall provide training to each employee who is required by this section to use PPE. Each such employee shall be trained to know at least the following:

- (i) When PPE is necessary;
- (ii) What PPE is necessary;
- (iii) How to properly don, doff, adjust, and wear PPE;
- (iv) The limitations of the PPE; and,
- (v) The proper care, maintenance, useful life and disposal of the PPE.

(2) Each affected employee shall demonstrate an understanding of the training specified in paragraph (f)(1) of this section, and the ability to use PPE properly, before being allowed to perform work requiring the use of PPE.

(3) When the employer has reason to believe that any affected employee who has already been trained does not have the understanding and skill required by paragraph (f)(2) of this section, the employer shall retrain each such employee. Circumstances where retraining is required include, but are not limited to, situations where:

(i) Changes in the workplace render previous training obsolete; or

(ii) Changes in the types of PPE to be used render previous training obsolete;

or

(iii) Inadequacies in an affected employee's knowledge or use of assigned PPE indicate that the employee has not retained the requisite understanding or skill.

(4) The employer shall verify that each affected employee has received and understood the required training through a written certification that contains the name of each employee trained, the date(s) of training, and that identifies the subject of the certification.

(g) Paragraphs (d) and (f) of this section apply only to 1910.133, 1910.135, 1910.136, and 1910.138. Paragraphs (d) and (f) of this section do not apply to 1910.134 and 1910.137.

(h) Payment for protective equipment.

(1) Except as provided by paragraphs (h)(2) through (h)(6) of this section, the protective equipment, including personal protective equipment (PPE), used to comply with this part, shall be provided by the employer at no cost to employees.

(2) The employer is not required to pay for non-specialty safety-toe protective footwear (including steel-toe shoes or steel-toe boots) and non-specialty prescription safety eyewear, provided that the employer permits such items to be worn off the job-site.

(3) When the employer provides metatarsal guards and allows the employee, at his or her request, to use shoes or boots with built-in metatarsal protection, the employer is not required to reimburse the employee for the shoes or boots.

(4) The employer is not required to pay for:

(i) The logging boots required by 29 CFR 1910.266(d)(1)(v);

(ii) Everyday clothing, such as long-sleeve shirts, long pants, street shoes, and normal work boots; or

(iii) Ordinary clothing, skin creams, or other items, used solely for protection from weather, such as winter coats, jackets, gloves, parkas, rubber boots, hats, raincoats, ordinary sunglasses, and sunscreen.

(5) The employer must pay for replacement PPE, except when the employee has lost or intentionally damaged the PPE.

(6) Where an employee provides adequate protective equipment he or she owns

pursuant to paragraph (b) of this section, the employer may allow the employee to use it and is not required to reimburse the employee for that equipment. The employer shall not require an employee to provide or pay for his or her own PPE, unless the PPE is excepted by paragraphs (h)(2) through (h)(5) of this section.

(7) This paragraph (h) shall become effective on February 13, 2008. Employers must implement the PPE payment requirements no later than May 15, 2008.

Note to Sec. 1910.132(h): When the provisions of another OSHA standard specify whether or not the employer must pay for specific equipment, the payment provisions of that standard shall prevail.

1910.133 Eye and face protection.

(a) General requirements.

(1) The employer shall ensure that each affected employee uses appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.

(2) The employer shall ensure that each affected employee uses eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors (e.g. clip-on or slide-on side shields) meeting the pertinent requirements of this section are acceptable.

(3) The employer shall ensure that each affected employee who wears prescription lenses while engaged in operations that involve eye hazards wears eye protection that incorporates the prescription in its design, or wears eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.

(4) Eye and face PPE shall be distinctly marked to facilitate identification of the manufacturer.

(5) The employer shall ensure that each affected employee uses equipment with filter lenses that have a shade number appropriate for the work being performed for protection from injurious light radiation. The following is a listing of appropriate shade numbers for various operations.

Filter Lenses for Protection Against Radiant Energy

Operations	Electrode Size	Arc Current	Minimum(*) Protective Shade
	1/32 in.		

Shielded metal			
arc welding	Less than 3	Less than 60 ...	7
	3-5	60-160	8
	5-8	160-250	10
	More than 8	250-550	11
<hr/>			
Gas metal arc			
welding and		less than 60 ...	7
flux cored		60-160	10
arc welding		160-250	10
		250-500	10
<hr/>			
Gas Tungsten			
arc welding		less than 50 ...	8
		50-150	8
		150-500	10
<hr/>			
Air carbon	(Light)	less than 500 ..	10
Arc cutting	(Heavy)	500-1000	11
<hr/>			
Plasma arc welding			
		less than 20 ...	6
		20-100	8
		100-400	10
		400-800	11
<hr/>			
Plasma arc	(light)(**)	less than 300 ..	8
cutting	(medium)(**)	300-400	9
	(heavy)(**)	400-800	10
<hr/>			
Torch brazing			3
Torch soldering			2
Carbon arc welding			14

Filter Lenses for Protection Against Radiant Energy

Operations	Plate thickness-inches	Plate thickness-mm	Minimum(*) Protective Shade
Gas Welding:			
Light	Under 1/8	Under 3.2	4
Medium	1/8 to 1/2	3.2 to 12.7	5
Heavy	Over 1/2	Over 12.7	6

Oxygen cutting:

Light	Under 1	Under 25	3
Medium	1 to 6	25 to 150	4
Heavy	Over 6	Over 150	5

Footnote(*) As a rule of thumb, start with a shade that is too dark to see the weld zone. Then go to a lighter shade which gives sufficient view of the weld zone without going below the minimum. In oxyfuel gas welding or cutting where the torch produces a high yellow light, it is desirable to use a filter lens that absorbs the yellow or sodium line in the visible light of the (spectrum) operation.

Footnote(**) These values apply where the actual arc is clearly seen. Experience has shown that lighter filters may be used when the arc is hidden by the workpiece.

(b) Criteria for protective eye and face devices.

(1) Protective eye and face protection devices must comply with any of the following consensus standards:

(i) ANSI Z87.1-2003, "American National Standard Practice for Occupational and Educational Eye and Face Protection," which is incorporated by reference in Sec. 1910.6;

(ii) ANSI Z87.1-1989 (R-1998), "American National Standard Practice for Occupational and Educational Eye and Face Protection," which is incorporated by reference in Sec. 1910.6; or

(iii) ANSI Z87.1-1989, "American National Standard Practice for Occupational and Educational Eye and Face Protection," which is incorporated by reference in Sec. 1910.6.

(2) Protective eye and face protection devices that the employer demonstrates are at least as effective as protective eye and face protection devices that are constructed in accordance with one of the above consensus standards will be deemed to be in compliance with the requirements of this section.

1910.134 Respiratory Protection. This section applies to General Industry (part 1910), Shipyards (part 1915), Marine Terminals (part 1917), Long shoring (part 1918), and Construction (part 1926).

(a) Permissible practice.

(1) In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective

engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used pursuant to this section.

(2) Respirators shall be provided by the employer when such equipment is necessary to protect the health of the employee. The employer shall provide the respirators which are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program, which shall include the requirements outlined in paragraph (c) of this section. The program shall cover each employee required by this section to use a respirator.

(b) Definitions. The following definitions are important terms used in the respiratory protection standard in this section.

"Air-purifying respirator" means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

"Assigned protection factor (APF)" means the workplace level of respiratory protection that a respirator or class of respirators is expected to provide to employees when the employer implements a continuing, effective respiratory protection program as specified by this section.

"Atmosphere-supplying respirator" means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

"Canister or cartridge" means a container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.

"Demand respirator" means an atmosphere-supplying respirator that admits breathing air to the facepiece only when a negative pressure is created inside the facepiece by inhalation.

"Emergency situation" means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.

"Employee exposure" means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

"End-of-service-life indicator (ESLI)" means a system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the sorbent is approaching saturation or is no longer effective.

"Escape-only respirator" means a respirator intended to be used only for emergency exit.

"Filter or air purifying element" means a component used in respirators to remove solid or liquid aerosols from the inspired air.

"Filtering facepiece (dust mask)" means a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

"Fit factor" means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

"Fit test" means the use of a protocol to qualitatively or quantitatively evaluate the fit of a

respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

"Helmet" means a rigid respiratory inlet covering that also provides head protection against impact and penetration.

"High efficiency particulate air (HEPA) filter" means a filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.

"Hood" means a respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

"Immediately dangerous to life or health (IDLH)" means an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

"Interior structural firefighting" means the physical activity of fire suppression, rescue or both, inside of buildings or enclosed structures which are involved in a fire situation beyond the incipient stage. (See 29 CFR 1910.155)

"Loose-fitting facepiece" means a respiratory inlet covering that is designed to form a partial seal with the face.

"Maximum use concentration (MUC)" means the maximum atmospheric concentration of a hazardous substance from which an employee can be expected to be protected when wearing a respirator, and is determined by the assigned protection factor of the respirator or class of respirators and the exposure limit of the hazardous substance. The MUC can be determined mathematically by multiplying the assigned protection factor specified for a respirator by the required OSHA permissible exposure limit, short-term exposure limit, or ceiling limit. When no OSHA exposure limit is available for a hazardous substance, an employer must determine an MUC on the basis of relevant available information and informed professional judgment.

"Negative pressure respirator (tight fitting)" means a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.

"Oxygen deficient atmosphere means" an atmosphere with an oxygen content below 19.5% by volume.

"Physician or other licensed health care professional (PLHCP)" means an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by paragraph (e) of this section.

"Positive pressure respirator" means a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

"Powered air-purifying respirator (PAPR)" means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

"Pressure demand respirator" means a positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.

"Qualitative fit test (QLFT)" means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

"Quantitative fit test (QNFT)" means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

"Respiratory inlet covering" means that portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a facepiece, helmet, hood, suit, or a mouthpiece respirator with nose clamp.

"Self-contained breathing apparatus (SCBA)" means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

"Service life means" the period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

"Supplied-air respirator (SAR) or airline respirator" means an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

"This section" means this respiratory protection standard.

"Tight-fitting facepiece" means a respiratory inlet covering that forms a complete seal with the face.

"User seal check" means an action conducted by the respirator user to determine if the respirator is properly seated to the face.

(c) Respiratory protection program. This paragraph requires the employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator. In addition, certain program elements may be required for voluntary use to prevent potential hazards associated with the use of the respirator. The Small Entity Compliance Guide contains criteria for the selection of a program administrator and a sample program that meets the requirements of this paragraph. Copies of the Small Entity Compliance Guide will be available on or about April 8, 1998 from the Occupational Safety and Health Administration's Office of Publications, Room N 3101, 200 Constitution Avenue, NW, Washington, DC, 20210 (202-219-4667).

(1) In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The employer shall include in the program the following provisions of this section, as applicable:

- (i) Procedures for selecting respirators for use in the workplace;
- (ii) Medical evaluations of employees required to use respirators;
- (iii) Fit testing procedures for tight-fitting respirators;
- (iv) Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;
- (v) Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;

(vi) Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;

(vii) Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;

(viii) Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance; and

(ix) Procedures for regularly evaluating the effectiveness of the program.

(2) Where respirator use is not required:

(i) An employer may provide respirators at the request of employees or permit employees to use their own respirators, if the employer determines that such respirator use will not in itself create a hazard. If the employer determines that any voluntary respirator use is permissible, the employer shall provide the respirator users with the information contained in Appendix D to this section ("Information for Employees Using Respirators When Not Required Under the Standard"); and

(ii) In addition, the employer must establish and implement those elements of a written respiratory protection program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator, and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user. Exception: Employers are not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks).

(3) The employer shall designate a program administrator who is qualified by appropriate training or experience that is commensurate with the complexity of the program to administer or oversee the respiratory protection program and conduct the required evaluations of program effectiveness.

(4) The employer shall provide respirators, training, and medical evaluations at no cost to the employee.

(d) Selection of respirators. This paragraph requires the employer to evaluate respiratory hazard(s) in the workplace, identify relevant workplace and user factors, and base respirator selection on these factors. The paragraph also specifies appropriately protective respirators for use in IDLH atmospheres, and limits the selection and use of air-purifying respirators.

(1) General requirements.

(i) The employer shall select and provide an appropriate respirator based on

the respiratory hazard(s) to which the worker is exposed and workplace and user factors that affect respirator performance and reliability.

(ii) The employer shall select a NIOSH-certified respirator. The respirator shall be used in compliance with the conditions of its certification.

(iii) The employer shall identify and evaluate the respiratory hazard(s) in the workplace; this evaluation shall include a reasonable estimate of employee exposures to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form. Where the employer cannot identify or reasonably estimate the employee exposure, the employer shall consider the atmosphere to be IDLH.

(iv) The employer shall select respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

(2) Respirators for IDLH atmospheres.

(i) The employer shall provide the following respirators for employee use in IDLH atmospheres:

(A) A full facepiece pressure demand SCBA certified by NIOSH for a minimum service life of thirty minutes, or

(B) A combination full facepiece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply.

(ii) Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

(iii) All oxygen-deficient atmospheres shall be considered IDLH. Exception: If the employer demonstrates that, under all foreseeable conditions, the oxygen concentration can be maintained within the ranges specified in Table II of this section (i.e., for the altitudes set out in the table), then any atmosphere-supplying respirator may be used.

(3) Respirators for atmospheres that are not IDLH.

(i) The employer shall provide a respirator that is adequate to protect the health of the employee and ensure compliance with all other OSHA statutory and regulatory requirements, under routine and reasonably foreseeable emergency situations.

(A) Assigned Protection Factors (APFs) Employers must use the assigned protection factors listed in Table 1 to select a respirator that meets or exceeds the required

level of employee protection. When using a combination respirator (e.g., airline respirators with an air-purifying filter), employers must ensure that the assigned protection factor is appropriate to the mode of operation in which the respirator is being used.

Table 1. -- Assigned Protection Factors⁵

Type of respirator ^{1, 2}	Quarter mask	Half mask	Full facepiece	Helmet/hood	Loose-fitting facepiece
1. Air-Purifying Respirator	5	³ 10	50	.....	.....
2. Powered Air-Purifying Respirator (PAPR)	.....	50	1,000	⁴ 25/1,000	25
3. Supplied-Air Respirator (SAR) or Airline Respirator					
• Demand mode	.....	10	50	.....	.....
• Continuous flow mode	.....	50	1,000	⁴ 25/1,000	25
• Pressure-demand or other positive-pressure mode	.....	50	1,000	.....	.....
4. Self-Contained Breathing Apparatus (SCBA)					
• Demand mode	.....	10	50	50	.....
• Pressure-demand or other positive-pressure mode (e.g., open/closed circuit)	.....	.....	10,000	10,000	.....

Notes:

¹Employers may select respirators assigned for use in higher workplace concentrations of a hazardous substance for use at lower concentrations of that substance, or when required respirator use is independent of concentration.

²The assigned protection factors in Table 1 are only effective when the employer implements a continuing, effective respirator program as required by this section (29 CFR 1910.134), including training, fit testing, maintenance, and use requirements.

³This APF category includes filtering facepieces, and half masks with elastomeric facepieces.

⁴The employer must have evidence provided by the respirator manufacturer that testing of these respirators demonstrates performance at a level of protection of 1,000 or greater to receive an APF of 1,000. This level of performance can best be demonstrated by performing a WPF or SWPF study or equivalent testing. Absent such testing, all other PAPRs and SARs with helmets/hoods are to be treated as loose-fitting facepiece respirators, and receive an APF of 25.

⁵These APFs do not apply to respirators used solely for escape. For escape respirators used in association with specific substances covered by 29 CFR 1910 subpart Z, employers must refer to the appropriate substance-specific standards in that subpart. Escape respirators for other IDLH atmospheres are specified by 29 CFR 1910.134 (d)(2)(ii).

(B) Maximum Use Concentration (MUC)

(1) The employer must select a respirator for employee use that maintains the employee's exposure to the hazardous substance, when measured outside the

respirator, at or below the MUC.

(2) Employers must not apply MUCs to conditions that are immediately dangerous to life or health (IDLH); instead, they must use respirators listed for IDLH conditions in paragraph (d)(2) of this standard.

(3) When the calculated MUC exceeds the IDLH level for a hazardous substance, or the performance limits of the cartridge or canister, then employers must set the maximum MUC at that lower limit.

(ii) The respirator selected shall be appropriate for the chemical state and physical form of the contaminant.

(iii) For protection against gases and vapors, the employer shall provide:

(A) An atmosphere-supplying respirator, or

(B) An air-purifying respirator, provided that:

(1) The respirator is equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant; or

(2) If there is no ESLI appropriate for conditions in the employer's workplace, the employer implements a change schedule for canisters and cartridges that is based on objective information or data that will ensure that canisters and cartridges are changed before the end of their service life. The employer shall describe in the respirator program the information and data relied upon and the basis for the canister and cartridge change schedule and the basis for reliance on the data.

(iv) For protection against particulates, the employer shall provide:

(A) An atmosphere-supplying respirator; or

(B) An air-purifying respirator equipped with a filter certified by NIOSH under 30 CFR part 11 as a high efficiency particulate air (HEPA) filter, or an air-purifying respirator equipped with a filter certified for particulates by NIOSH under 42 CFR part 84; or

(C) For contaminants consisting primarily of particles with mass median aerodynamic diameters (MMAD) of at least 2 micrometers, an air-purifying respirator equipped with any filter certified for particulates by NIOSH.

TABLE I. -- Assigned Protection Factors [Reserved]

TABLE II

Altitude (ft.)	Oxygen deficient Atmospheres (% O ₂) for which the employer atmosphere-may rely on supplying respirators
Less than 3,0013,001-4,0004,001-5,0005,001-6,0006,001-7,0007,001-8,000 ¹	16.0-19.516.4-19.517.1-19.517.8-19.518.5-19.519.3-19.5

¹Above 8,000 feet the exception does not apply. Oxygen-enriched breathing air must be supplied above 14,000 feet.

(e) Medical evaluation. Using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Accordingly, this paragraph specifies the minimum requirements for medical evaluation that employers must implement to determine the employee's ability to use a respirator.

(1) General. The employer shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. The employer may discontinue an employee's medical evaluations when the employee is no longer required to use a respirator.

(2) Medical evaluation procedures.

(i) The employer shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire.

(ii) The medical evaluation shall obtain the information requested by the questionnaire in Sections 1 and 2, Part A of Appendix C of this section.

(3) Follow-up medical examination.

(i) The employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C or whose initial medical examination demonstrates the need for a follow-up medical examination.

(ii) The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

(4) Administration of the medical questionnaire and examinations.

(i) The medical questionnaire and examinations shall be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee. The medical questionnaire shall be administered in a manner that ensures that the employee understands its content.

(ii) The employer shall provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP.

(5) Supplemental information for the PLHCP.

(i) The following information must be provided to the PLHCP before the PLHCP makes a recommendation concerning an employee's ability to use a respirator:

- (A) The type and weight of the respirator to be used by the employee;
- (B) The duration and frequency of respirator use (including use for rescue and escape);
- (C) The expected physical work effort;
- (D) Additional protective clothing and equipment to be worn; and
- (E) Temperature and humidity extremes that may be encountered.

(ii) Any supplemental information provided previously to the PLHCP regarding an employee need not be provided for a subsequent medical evaluation if the information and the PLHCP remain the same.

(iii) The employer shall provide the PLHCP with a copy of the written respiratory protection program and a copy of this section.

Note to Paragraph (e)(5)(iii): When the employer replaces a PLHCP, the employer must ensure that the new PLHCP obtains this information, either by providing the documents directly to the PLHCP or having the documents transferred from the former PLHCP to the new PLHCP. However, OSHA does not expect employers to have employees medically reevaluated solely because a new PLHCP has been selected.

(6) Medical determination. In determining the employee's ability to use a respirator, the employer shall:

(i) Obtain a written recommendation regarding the employee's ability to use the respirator from the PLHCP. The recommendation shall provide only the following information:

(A) Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;

(B) The need, if any, for follow-up medical evaluations; and

(C) A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.

(ii) If the respirator is a negative pressure respirator and the PLHCP finds a medical condition that may place the employee's health at increased risk if the respirator is used, the employer shall provide a PAPR if the PLHCP's medical evaluation finds that the employee can use such a respirator; if a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then the employer is no longer required to provide a PAPR.

(7) Additional medical evaluations. At a minimum, the employer shall provide additional medical evaluations that comply with the requirements of this section if:

(i) An employee reports medical signs or symptoms that are related to ability to use a respirator;

(ii) A PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated;

(iii) Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or

(iv) A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

(f) Fit testing. This paragraph requires that, before an employee may be required to use any respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit tested with the same make, model, style, and size of respirator that will be used. This paragraph specifies the kinds of fit tests allowed, the procedures for conducting them, and how the results of the fit tests must be used.

(1) The employer shall ensure that employees using a tight-fitting facepiece respirator pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT) as stated in this paragraph.

(2) The employer shall ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece

(size, style, model or make) is used, and at least annually thereafter.

(3) The employer shall conduct an additional fit test whenever the employee reports, or the employer, PLHCP, supervisor, or program administrator makes visual observations of, changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

(4) If after passing a QLFT or QNFT, the employee subsequently notifies the employer, program administrator, supervisor, or PLHCP that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator facepiece and to be retested.

(5) The fit test shall be administered using an OSHA-accepted QLFT or QNFT protocol. The OSHA-accepted QLFT and QNFT protocols and procedures are contained in Appendix A of this section.

(6) QLFT may only be used to fit test negative pressure air-purifying respirators that must achieve a fit factor of 100 or less.

(7) If the fit factor, as determined through an OSHA-accepted QNFT protocol, is equal to or greater than 100 for tight-fitting half facepieces, or equal to or greater than 500 for tight-fitting full facepieces, the QNFT has been passed with that respirator.

(8) Fit testing of tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators shall be accomplished by performing quantitative or qualitative fit testing in the negative pressure mode, regardless of the mode of operation (negative or positive pressure) that is used for respiratory protection.

(i) Qualitative fit testing of these respirators shall be accomplished by temporarily converting the respirator user's actual facepiece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure air-purifying respirator facepiece with the same sealing surfaces as a surrogate for the atmosphere-supplying or powered air-purifying respirator facepiece.

(ii) Quantitative fit testing of these respirators shall be accomplished by modifying the facepiece to allow sampling inside the facepiece in the breathing zone of the user, midway between the nose and mouth. This requirement shall be accomplished by installing a permanent sampling probe onto a surrogate facepiece, or by using a sampling adapter designed to temporarily provide a means of sampling air from inside the facepiece.

(iii) Any modifications to the respirator facepiece for fit testing shall be completely removed, and the facepiece restored to NIOSH-approved configuration, before that facepiece can be used in the workplace.

(g) Use of respirators. This paragraph requires employers to establish and implement procedures for the proper use of respirators. These requirements include prohibiting conditions that may result in facepiece seal leakage, preventing employees from removing respirators in hazardous environments, taking actions to ensure continued effective respirator operation throughout the work shift, and establishing procedures for the use of respirators in IDLH atmospheres or in interior structural firefighting situations.

(1) Facepiece seal protection.

(i) The employer shall not permit respirators with tight-fitting facepieces to be worn by employees who have:

(A) Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function; or

(B) Any condition that interferes with the face-to-facepiece seal or valve function.

(ii) If an employee wears corrective glasses or goggles or other personal protective equipment, the employer shall ensure that such equipment is worn in a manner that does not interfere with the seal of the facepiece to the face of the user.

(iii) For all tight-fitting respirators, the employer shall ensure that employees perform a user seal check each time they put on the respirator using the procedures in Appendix B-1 or procedures recommended by the respirator manufacturer that the employer demonstrates are as effective as those in Appendix B-1 of this section.

(2) Continuing respirator effectiveness.

(i) Appropriate surveillance shall be maintained of work area conditions and degree of employee exposure or stress. When there is a change in work area conditions or degree of employee exposure or stress that may affect respirator effectiveness, the employer shall reevaluate the continued effectiveness of the respirator.

(ii) The employer shall ensure that employees leave the respirator use area:

(A) To wash their faces and respirator facepieces as necessary to prevent eye or skin irritation associated with respirator use; or

(B) If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece; or

(C) To replace the respirator or the filter, cartridge, or canister

elements.

(iii) If the employee detects vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece, the employer must replace or repair the respirator before allowing the employee to return to the work area.

(3) Procedures for IDLH atmospheres. For all IDLH atmospheres, the employer shall ensure that:

(i) One employee or, when needed, more than one employee is located outside the IDLH atmosphere;

(ii) Visual, voice, or signal line communication is maintained between the employee(s) in the IDLH atmosphere and the employee(s) located outside the IDLH atmosphere;

(iii) The employee(s) located outside the IDLH atmosphere are trained and equipped to provide effective emergency rescue;

(iv) The employer or designee is notified before the employee(s) located outside the IDLH atmosphere enter the IDLH atmosphere to provide emergency rescue;

(v) The employer or designee authorized to do so by the employer, once notified, provides necessary assistance appropriate to the situation;

(vi) Employee(s) located outside the IDLH atmospheres are equipped with:

(A) Pressure demand or other positive pressure SCBAs, or a pressure demand or other positive pressure supplied-air respirator with auxiliary SCBA; and either

(B) Appropriate retrieval equipment for removing the employee(s) who enter(s) these hazardous atmospheres where retrieval equipment would contribute to the rescue of the employee(s) and would not increase the overall risk resulting from entry; or

(C) Equivalent means for rescue where retrieval equipment is not required under paragraph (g)(3)(vi)(B).

(4) Procedures for interior structural firefighting. In addition to the requirements set forth under paragraph (g)(3), in interior structural fires, the employer shall ensure that:

(i) At least two employees enter the IDLH atmosphere and remain in visual or voice contact with one another at all times;

(ii) At least two employees are located outside the IDLH atmosphere; and

(iii) All employees engaged in interior structural firefighting use SCBAs.

Note 1 to paragraph (g): One of the two individuals located outside the IDLH atmosphere may be assigned to an additional role, such as incident commander in charge of the emergency or safety officer, so long as this individual is able to perform assistance or rescue activities without jeopardizing the safety or health of any firefighter working at the incident.

Note 2 to paragraph (g): Nothing in this section is meant to preclude firefighters from performing emergency rescue activities before an entire team has assembled.

(h) Maintenance and care of respirators. This paragraph requires the employer to provide for the cleaning and disinfecting, storage, inspection, and repair of respirators used by employees.

(1) Cleaning and disinfecting. The employer shall provide each respirator user with a respirator that is clean, sanitary, and in good working order. The employer shall ensure that respirators are cleaned and disinfected using the procedures in Appendix B-2 of this section, or procedures recommended by the respirator manufacturer, provided that such procedures are of equivalent effectiveness. The respirators shall be cleaned and disinfected at the following intervals:

(i) Respirators issued for the exclusive use of an employee shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition;

(ii) Respirators issued to more than one employee shall be cleaned and disinfected before being worn by different individuals;

(iii) Respirators maintained for emergency use shall be cleaned and disinfected after each use; and

(iv) Respirators used in fit testing and training shall be cleaned and disinfected after each use.

(2) Storage. The employer shall ensure that respirators are stored as follows:

(i) All respirators shall be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and they shall be packed or stored to prevent deformation of the facepiece and exhalation valve.

(ii) In addition to the requirements of paragraph (h)(2)(i) of this section, emergency respirators shall be:

(A) Kept accessible to the work area;

(B) Stored in compartments or in covers that are clearly marked as containing emergency respirators; and

(C) Stored in accordance with any applicable manufacturer instructions.

(3) Inspection.

(i) The employer shall ensure that respirators are inspected as follows:

(A) All respirators used in routine situations shall be inspected before each use and during cleaning;

(B) All respirators maintained for use in emergency situations shall be inspected at least monthly and in accordance with the manufacturer's recommendations, and shall be checked for proper function before and after each use; and

(C) Emergency escape-only respirators shall be inspected before being carried into the workplace for use.

(ii) The employer shall ensure that respirator inspections include the following:

(A) A check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the facepiece, head straps, valves, connecting tube, and cartridges, canisters or filters; and

(B) A check of elastomeric parts for pliability and signs of deterioration.

(iii) In addition to the requirements of paragraphs (h)(3)(i) and (ii) of this section, self-contained breathing apparatus shall be inspected monthly. Air and oxygen cylinders shall be maintained in a fully charged state and shall be recharged when the pressure falls to 90% of the manufacturer's recommended pressure level. The employer shall determine that the regulator and warning devices function properly.

(iv) For respirators maintained for emergency use, the employer shall:

(A) Certify the respirator by documenting the date the inspection was performed, the name (or signature) of the person who made the inspection, the findings, required remedial action, and a serial number or other means of identifying the inspected respirator; and

(B) Provide this information on a tag or label that is attached to the storage compartment for the respirator, is kept with the respirator, or is included in inspection reports stored as paper or electronic files. This information shall be maintained until replaced following a subsequent certification.

(4) Repairs. The employer shall ensure that respirators that fail an inspection or are

otherwise found to be defective are removed from service, and are discarded or repaired or adjusted in accordance with the following procedures:

(i) Repairs or adjustments to respirators are to be made only by persons appropriately trained to perform such operations and shall use only the respirator manufacturer's NIOSH-approved parts designed for the respirator;

(ii) Repairs shall be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed; and

(iii) Reducing and admission valves, regulators, and alarms shall be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.

(i) Breathing air quality and use. This paragraph requires the employer to provide employees using atmosphere-supplying respirators (supplied-air and SCBA) with breathing gases of high purity.

(1) The employer shall ensure that compressed air, compressed oxygen, liquid air, and liquid oxygen used for respiration accords with the following specifications:

(i) Compressed and liquid oxygen shall meet the United States Pharmacopoeia requirements for medical or breathing oxygen; and

(ii) Compressed breathing air shall meet at least the requirements for Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989, to include:

(A) Oxygen content (v/v) of 19.5-23.5%;

(B) Hydrocarbon (condensed) content of 5 milligrams per cubic meter of air or less;

(C) Carbon monoxide (CO) content of 10 ppm or less;

(D) Carbon dioxide content of 1,000 ppm or less; and

(E) Lack of noticeable odor.

(2) The employer shall ensure that compressed oxygen is not used in atmosphere-supplying respirators that have previously used compressed air.

(3) The employer shall ensure that oxygen concentrations greater than 23.5% are used only in equipment designed for oxygen service or distribution.

(4) The employer shall ensure that cylinders used to supply breathing air to respirators meet the following requirements:

(i) Cylinders are tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR part 173 and part 178);

(ii) Cylinders of purchased breathing air have a certificate of analysis from the supplier that the breathing air meets the requirements for Grade D breathing air; and

(iii) The moisture content in the cylinder does not exceed a dew point of -50 deg.F (-45.6 deg.C) at 1 atmosphere pressure.

(5) The employer shall ensure that compressors used to supply breathing air to respirators are constructed and situated so as to:

(i) Prevent entry of contaminated air into the air-supply system;

(ii) Minimize moisture content so that the dew point at 1 atmosphere pressure is 10 degrees F (5.56 deg.C) below the ambient temperature;

(iii) Have suitable in-line air-purifying sorbent beds and filters to further ensure breathing air quality. Sorbent beds and filters shall be maintained and replaced or refurbished periodically following the manufacturer's instructions.

(iv) Have a tag containing the most recent change date and the signature of the person authorized by the employer to perform the change. The tag shall be maintained at the compressor.

(6) For compressors that are not oil-lubricated, the employer shall ensure that carbon monoxide levels in the breathing air do not exceed 10 ppm.

(7) For oil-lubricated compressors, the employer shall use a high-temperature or carbon monoxide alarm, or both, to monitor carbon monoxide levels. If only high-temperature alarms are used, the air supply shall be monitored at intervals sufficient to prevent carbon monoxide in the breathing air from exceeding 10 ppm.

(8) The employer shall ensure that breathing air couplings are incompatible with outlets for nonrespirable worksite air or other gas systems. No asphyxiating substance shall be introduced into breathing air lines.

(9) The employer shall use breathing gas containers marked in accordance with the NIOSH respirator certification standard, 42 CFR part 84.

(j) Identification of filters, cartridges, and canisters. The employer shall ensure that all filters, cartridges and canisters used in the workplace are labeled and color coded with the NIOSH approval label and that the label is not removed and remains legible.

(k) Training and information. This paragraph requires the employer to provide effective training to employees who are required to use respirators. The training must be comprehensive, understandable, and recur annually, and more often if necessary. This paragraph also requires the employer to provide the basic information on respirators in Appendix D of this section to employees who wear respirators when not required by this section or by the employer to do so.

(1) The employer shall ensure that each employee can demonstrate knowledge of at least the following:

(i) Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;

(ii) What the limitations and capabilities of the respirator are;

(iii) How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;

(iv) How to inspect, put on and remove, use, and check the seals of the respirator;

(v) What the procedures are for maintenance and storage of the respirator;

(vi) How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and

(vii) The general requirements of this section.

(2) The training shall be conducted in a manner that is understandable to the employee.

(3) The employer shall provide the training prior to requiring the employee to use a respirator in the workplace.

(4) An employer who is able to demonstrate that a new employee has received training within the last 12 months that addresses the elements specified in paragraph (k)(1)(i) through (vii) is not required to repeat such training provided that, as required by paragraph (k)(1), the employee can demonstrate knowledge of those element(s). Previous training not repeated initially by the employer must be provided no later than 12 months from the date of the previous training.

(5) Retraining shall be administered annually, and when the following situations occur:

(i) Changes in the workplace or the type of respirator render previous training obsolete;

(ii) Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill; or

(iii) Any other situation arises in which retraining appears necessary to ensure safe respirator use.

(6) The basic advisory information on respirators, as presented in Appendix D of this section, shall be provided by the employer in any written or oral format, to employees who wear respirators when such use is not required by this section or by the employer.

(l) Program evaluation. This section requires the employer to conduct evaluations of the workplace to ensure that the written respiratory protection program is being properly implemented, and to consult employees to ensure that they are using the respirators properly.

(1) The employer shall conduct evaluations of the workplace as necessary to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.

(2) The employer shall regularly consult employees required to use respirators to assess the employees' views on program effectiveness and to identify any problems. Any problems that are identified during this assessment shall be corrected. Factors to be assessed include, but are not limited to:

(i) Respirator fit (including the ability to use the respirator without interfering with effective workplace performance);

(ii) Appropriate respirator selection for the hazards to which the employee is exposed;

(iii) Proper respirator use under the workplace conditions the employee encounters; and

(iv) Proper respirator maintenance.

(m) Recordkeeping. This section requires the employer to establish and retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate employee involvement in the respirator program, assist the employer in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

(1) Medical evaluation. Records of medical evaluations required by this section must be retained and made available in accordance with 29 CFR 1910.1020.

(2) Fit testing.

(i) The employer shall establish a record of the qualitative and quantitative fit tests administered to an employee including:

(A) The name or identification of the employee tested;

(B) Type of fit test performed;

(C) Specific make, model, style, and size of respirator tested;

(D) Date of test; and

(E) The pass/fail results for QLFTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.

(ii) Fit test records shall be retained for respirator users until the next fit test is administered.

(3) A written copy of the current respirator program shall be retained by the employer.

(4) Written materials required to be retained under this paragraph shall be made available upon request to affected employees and to the Assistant Secretary or designee for examination and copying.

(n) Effective date. Paragraphs (d)(3)(i)(A) and (d)(3)(i)(B) of this section become effective November 22, 2006.

(o) Appendices.

(1) Compliance with Appendix A, Appendix B-1, Appendix B-2, and Appendix C of this section is mandatory.

(2) Appendix D of this section is non-mandatory and is not intended to create any additional obligations not otherwise imposed or to detract from any existing obligations.

Appendix A to Sec. 1910.134: Fit Testing Procedures (Mandatory)

Part I. OSHA-Accepted Fit Test Protocols

A. Fit Testing Procedures -- General Requirements

The employer shall conduct fit testing using the following procedures. The requirements in this appendix apply to all OSHA-accepted fit test methods, both QLFT and QNFT.

1. The test subject shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

2. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, because it is only a review.

3. The test subject shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit. Each respirator represents a different size and shape, and if fitted and used properly, will provide adequate protection.

4. The test subject shall be instructed to hold each chosen facepiece up to the face and eliminate those that obviously do not give an acceptable fit.

5. The more acceptable facepieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn at least five minutes to assess comfort. Assistance in assessing comfort can be given by discussing the points in the following item A.6. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.

6. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator:

- (a) Position of the mask on the nose
- (b) Room for eye protection
- (c) Room to talk
- (d) Position of mask on face and cheeks

7. The following criteria shall be used to help determine the adequacy of the respirator fit:

- (a) Chin properly placed;
- (b) Adequate strap tension, not overly tightened;
- (c) Fit across nose bridge;
- (d) Respirator of proper size to span distance from nose to chin;
- (e) Tendency of respirator to slip;
- (f) Self-observation in mirror to evaluate fit and respirator position.

8. The test subject shall conduct a user seal check, either the negative and positive pressure seal checks described in Appendix B-1 of this section or those recommended by the

respirator manufacturer which provide equivalent protection to the procedures in Appendix B-1. Before conducting the negative and positive pressure checks, the subject shall be told to seat the mask on the face by moving the head from side-to-side and up and down slowly while taking in a few slow deep breaths. Another facepiece shall be selected and retested if the test subject fails the user seal check tests.

9. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.

10. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing her or his duties.

11. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.

12. Exercise regimen. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least 5 minutes before the start of the fit test.

13. The fit test shall be performed while the test subject is wearing any applicable safety equipment that may be worn during actual respirator use which could interfere with respirator fit.

14. Test Exercises. (a) Employers must perform the following test exercises for all fit testing methods prescribed in this appendix, except for the CNP quantitative fit testing protocol and the CNP REDON quantitative fit testing protocol. For these two protocols, employers must ensure that the test subjects (*i.e.*, employees) perform the exercise procedure specified in Part I.C.4(b) of this appendix for the CNP quantitative fit testing protocol, or the exercise procedure described in Part I.C.5(b) of this appendix for the CNP REDON quantitative fit-testing protocol. For the remaining fit testing methods, employers must ensure that employees perform the test exercises in the appropriate test environment in the following manner:

(1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally.

(2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.

(3) Turning head side to side. Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.

(4) Moving head up and down. Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (*i.e.*, when looking toward the ceiling).

(5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow

Passage, count backward from 100, or recite a memorized poem or song.

Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

(6) Grimace. The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for QLFT)

(7) Bending over. The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.

(8) Normal breathing. Same as exercise (1).

(b) Each test exercise shall be performed for one minute except for the grimace exercise which shall be performed for 15 seconds. The test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once the fit test exercises begin. Any adjustment voids the test, and the fit test must be repeated.

B. Qualitative Fit Test (QLFT) Protocols

1. General

(a) The employer shall ensure that persons administering QLFT are able to prepare test solutions, calibrate equipment and perform tests properly, recognize invalid tests, and ensure that test equipment is in proper working order.

(b) The employer shall ensure that QLFT equipment is kept clean and well maintained so as to operate within the parameters for which it was designed.

2. Isoamyl Acetate Protocol

Note: This protocol is not appropriate to use for the fit testing of particulate respirators. If used to fit test particulate respirators, the respirator must be equipped with an organic vapor filter.

(a) Odor Threshold Screening

Odor threshold screening, performed without wearing a respirator, is intended to determine if the individual tested can detect the odor of isoamyl acetate at low levels.

- (1) Three 1 liter glass jars with metal lids are required.
- (2) Odor-free water (e.g., distilled or spring water) at approximately 25 deg. C (77 deg. F) shall be used for the solutions.
- (3) The isoamyl acetate (IAA) (also known as isopentyl acetate) stock solution is prepared by adding 1 ml of pure IAA to 800 ml of odor-free water in a 1 liter jar, closing the lid and shaking for 30 seconds. A new solution shall be prepared at least weekly.
- (4) The screening test shall be conducted in a room separate from the room used for actual fit testing. The two rooms shall be well-ventilated to prevent the odor of IAA from becoming evident in the general room air where testing takes place.
- (5) The odor test solution is prepared in a second jar by placing 0.4 ml of the stock solution into 500 ml of odor-free water using a clean dropper or pipette. The solution shall be shaken for 30 seconds and allowed to stand for two to three minutes so that the IAA concentration above the liquid may reach equilibrium. This solution shall be used for only one day.
- (6) A test blank shall be prepared in a third jar by adding 500 cc of odor-free water.
- (7) The odor test and test blank jar lids shall be labeled (e.g., 1 and 2) for jar identification. Labels shall be placed on the lids so that they can be peeled off periodically and switched to maintain the integrity of the test.
- (8) The following instruction shall be typed on a card and placed on the table in front of the two test jars (i.e., 1 and 2): "The purpose of this test is to determine if you can smell banana oil at a low concentration. The two bottles in front of you contain water. One of these bottles also contains a small amount of banana oil. Be sure the covers are on tight, then shake each bottle for two seconds. Unscrew the lid of each bottle, one at a time, and sniff at the mouth of the bottle. Indicate to the test conductor which bottle contains banana oil."
- (9) The mixtures used in the IAA odor detection test shall be prepared in an area separate from where the test is performed, in order to prevent olfactory fatigue in the subject.
- (10) If the test subject is unable to correctly identify the jar containing the odor test solution, the IAA qualitative fit test shall not be performed.
- (11) If the test subject correctly identifies the jar containing the odor test solution, the test subject may proceed to respirator selection and fit testing.

(b) Isoamyl Acetate Fit Test

- (1) The fit test chamber shall be a clear 55-gallon drum liner suspended inverted over a 2-foot diameter frame so that the top of the chamber is about 6 inches above the test subject's head. If no drum liner is available, a similar chamber shall be constructed using plastic sheeting. The inside top center of the chamber shall have a small hook attached.
- (2) Each respirator used for the fitting and fit testing shall be equipped with organic vapor cartridges or offer protection against organic vapors.
- (3) After selecting, donning, and properly adjusting a respirator, the test subject shall wear it to the fit testing room. This room shall be separate from the room used for odor threshold screening and respirator selection, and shall be well-ventilated, as by an exhaust fan or lab hood, to prevent general room contamination.
- (4) A copy of the test exercises and any prepared text from which the subject is to read shall be taped to the inside of the test chamber.

(5) Upon entering the test chamber, the test subject shall be given a 6-inch by 5-inch piece of paper towel, or other porous, absorbent, single-ply material, folded in half and wetted with 0.75 ml of pure IAA. The test subject shall hang the wet towel on the hook at the top of the chamber. An IAA test swab or ampule may be substituted for the IAA wetted paper towel provided it has been demonstrated that the alternative IAA source will generate an IAA test atmosphere with a concentration equivalent to that generated by the paper towel method.

(6) Allow two minutes for the IAA test concentration to stabilize before starting the fit test exercises. This would be an appropriate time to talk with the test subject; to explain the fit test, the importance of his/her cooperation, and the purpose for the test exercises; or to demonstrate some of the exercises.

(7) If at any time during the test, the subject detects the banana-like odor of IAA, the test is failed. The subject shall quickly exit from the test chamber and leave the test area to avoid olfactory fatigue.

(8) If the test is failed, the subject shall return to the selection room and remove the respirator. The test subject shall repeat the odor sensitivity test, select and put on another respirator, return to the test area and again begin the fit test procedure described in (b) (1) through (7) above. The process continues until a respirator that fits well has been found. Should the odor sensitivity test be failed, the subject shall wait at least 5 minutes before retesting. Odor sensitivity will usually have returned by this time.

(9) If the subject passes the test, the efficiency of the test procedure shall be demonstrated by having the subject break the respirator face seal and take a breath before exiting the chamber.

(10) When the test subject leaves the chamber, the subject shall remove the saturated towel and return it to the person conducting the test, so that there is no significant IAA concentration buildup in the chamber during subsequent tests. The used towels shall be kept in a self-sealing plastic bag to keep the test area from being contaminated.

3. Saccharin Solution Aerosol Protocol

The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste threshold screening. The saccharin taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of saccharin.

(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches in diameter by 14 inches tall with at least the front portion clear and that allows free movements of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.

(2) The test enclosure shall have a 3/4-inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his/her slightly open mouth with tongue extended. The

subject is instructed to report when he/she detects a sweet taste.

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the threshold check solution into the enclosure. The nozzle is directed away from the nose and mouth of the person. This nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The threshold check solution is prepared by dissolving 0.83 gram of sodium saccharin USP in 100 ml of warm water. It can be prepared by putting 1 ml of the fit test solution (see (b)(5) below) in 100 ml of distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that it collapses completely, then released and allowed to fully expand.

(7) Ten squeezes are repeated rapidly and then the test subject is asked whether the saccharin can be tasted. If the test subject reports tasting the sweet taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(10) The test conductor will take note of the number of squeezes required to solicit a taste response.

(11) If the saccharin is not tasted after 30 squeezes (step 10), the test subject is unable to taste saccharin and may not perform the saccharin fit test.

Note to paragraph 3. (a): If the test subject eats or drinks something sweet before the screening test, he/she may be unable to taste the weak saccharin solution.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall be thoroughly rinsed in water, shaken dry, and refilled at least each morning and afternoon or at least every four hours.

(b) Saccharin solution aerosol fit test procedure.

(1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same enclosure described in 3. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator selected in section I. A. of this appendix. The respirator shall be properly adjusted and equipped with a particulate filter(s).

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.

(5) The fit test solution is prepared by adding 83 grams of sodium saccharin to 100 ml of warm water.

(6) As before, the test subject shall breathe through the slightly open mouth with tongue extended, and report if he/she tastes the sweet taste of saccharin.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of saccharin fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test. A minimum of 10 squeezes is required.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the original number of squeezes used initially (e.g., 5, 10 or 15).

(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of saccharin is detected. If the test subject does not report tasting the saccharin, the test is passed.

(11) If the taste of saccharin is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

(12) Since the nebulizer has a tendency to clog during use, the test operator must make periodic checks of the nebulizer to ensure that it is not clogged. If clogging is found at the end of the test session, the test is invalid.

4. Bitrex™ (Denatonium Benzoate) Solution Aerosol Qualitative Fit Test Protocol

The Bitrex™ (Denatonium benzoate) solution aerosol QLFT protocol uses the published saccharin test protocol because that protocol is widely accepted. Bitrex is routinely used as a taste aversion agent in household liquids which children should not be drinking and is endorsed by the American Medical Association, the National Safety Council, and the American Association of Poison Control Centers. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste Threshold Screening. The Bitrex taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of Bitrex.

(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches (30.5 cm) in diameter by 14 inches (35.6 cm) tall. The front portion of the enclosure shall be clear from the respirator and allow free movement of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts #14 and #15 combined, is adequate.

(2) The test enclosure shall have a 3/4 inch (1.9 cm) hole in front of the test subject's

nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his or her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a bitter taste.

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the Threshold Check Solution into the enclosure. This Nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The Threshold Check Solution is prepared by adding 13.5 milligrams of Bitrex to 100 ml of 5% salt (NaCl) solution in distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that the bulb collapses completely, and is then released and allowed to fully expand.

(7) An initial ten squeezes are repeated rapidly and then the test subject is asked whether the Bitrex can be tasted. If the test subject reports tasting the bitter taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(10) The test conductor will take note of the number of squeezes required to solicit a taste response.

(11) If the Bitrex is not tasted after 30 squeezes (step 10), the test subject is unable to taste Bitrex and may not perform the Bitrex fit test.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall be thoroughly rinsed in water, shaken to dry, and refilled at least each morning and afternoon or at least every four hours.

(b) Bitrex Solution Aerosol Fit Test Procedure.

(1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same enclosure as that described in 4. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator selected according to section I. A. of this appendix. The respirator shall be properly adjusted and equipped with any type particulate filter(s).

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.

(5) The fit test solution is prepared by adding 337.5 mg of Bitrex to 200 ml of a 5% salt (NaCl) solution in warm water.

(6) As before, the test subject shall breathe through his or her slightly open mouth with tongue extended, and be instructed to report if he/she tastes the bitter taste of Bitrex..

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of the fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the number of squeezes used initially (e.g., 5, 10 or 15).

(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of Bitrex is detected. If the test subject does not report tasting the Bitrex, the test is passed.

(11) If the taste of Bitrex is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

5. Irritant Smoke (Stannic Chloride) Protocol

This qualitative fit test uses a person's response to the irritating chemicals released in the "smoke" produced by a stannic chloride ventilation smoke tube to detect leakage into the respirator.

(a) General Requirements and Precautions

(1) The respirator to be tested shall be equipped with high efficiency particulate air (HEPA) or P100 series filter(s).

(2) Only stannic chloride smoke tubes shall be used for this protocol.

(3) No form of test enclosure or hood for the test subject shall be used.

(4) The smoke can be irritating to the eyes, lungs, and nasal passages. The test conductor shall take precautions to minimize the test subject's exposure to irritant smoke. Sensitivity varies, and certain individuals may respond to a greater degree to irritant smoke. Care shall be taken when performing the sensitivity screening checks that determine whether the test subject can detect irritant smoke to use only the minimum amount of smoke necessary to elicit a response from the test subject.

(5) The fit test shall be performed in an area with adequate ventilation to prevent exposure of the person conducting the fit test or the build-up of irritant smoke in the general atmosphere.

(b) Sensitivity Screening Check. The person to be tested must demonstrate his or her ability

to detect a weak concentration of the irritant smoke.

(1) The test operator shall break both ends of a ventilation smoke tube containing stannic chloride, and attach one end of the smoke tube to a low flow air pump set to deliver 200 milliliters per minute, or an aspirator squeeze bulb. The test operator shall cover the other end of the smoke tube with a short piece of tubing to prevent potential injury from the jagged end of the smoke tube.

(2) The test operator shall advise the test subject that the smoke can be irritating to the eyes, lungs, and nasal passages and instruct the subject to keep his/her eyes closed while the test is performed.

(3) The test subject shall be allowed to smell a weak concentration of the irritant smoke before the respirator is donned to become familiar with its irritating properties and to determine if he/she can detect the irritating properties of the smoke. The test operator shall carefully direct a small amount of the irritant smoke in the test subject's direction to determine that he/she can detect it.

(c) Irritant Smoke Fit Test Procedure

(1) The person being fit tested shall don the respirator without assistance, and perform the required user seal check(s).

(2) The test subject shall be instructed to keep his/her eyes closed.

(3) The test operator shall direct the stream of irritant smoke from the smoke tube toward the face seal area of the test subject, using the low flow pump or the squeeze bulb. The test operator shall begin at least 12 inches from the facepiece and move the smoke stream around the whole perimeter of the mask. The operator shall gradually make two more passes around the perimeter of the mask, moving to within six inches of the respirator.

(4) If the person being tested has not had an involuntary response and/or detected the irritant smoke, proceed with the test exercises.

(5) The exercises identified in section I.A. 14. of this appendix shall be performed by the test subject while the respirator seal is being continually challenged by the smoke, directed around the perimeter of the respirator at a distance of six inches.

(6) If the person being fit tested reports detecting the irritant smoke at any time, the test is failed. The person being retested must repeat the entire sensitivity check and fit test procedure.

(7) Each test subject passing the irritant smoke test without evidence of a response (involuntary cough, irritation) shall be given a second sensitivity screening check, with the smoke from the same smoke tube used during the fit test, once the respirator has been removed, to determine whether he/she still reacts to the smoke. Failure to evoke a response shall void the fit test.

(8) If a response is produced during this second sensitivity check, then the fit test is passed.

C. Quantitative Fit Test (QNFT) Protocols

The following quantitative fit testing procedures have been demonstrated to be acceptable: Quantitative fit testing using a non-hazardous test aerosol (such as corn oil, polyethylene glycol 400 [PEG 400], di-2-ethyl hexyl sebacate [DEHS], or sodium chloride) generated in a test chamber, and

employing instrumentation to quantify the fit of the respirator; Quantitative fit testing using ambient aerosol as the test agent and appropriate instrumentation (condensation nuclei counter) to quantify the respirator fit; Quantitative fit testing using controlled negative pressure and appropriate instrumentation to measure the volumetric leak rate of a facepiece to quantify the respirator fit.

1. General

(a) The employer shall ensure that persons administering QNFT are able to calibrate equipment and perform tests properly, recognize invalid tests, calculate fit factors properly and ensure that test equipment is in proper working order.

(b) The employer shall ensure that QNFT equipment is kept clean, and is maintained and calibrated according to the manufacturer's instructions so as to operate at the parameters for which it was designed.

2. Generated Aerosol Quantitative Fit Testing Protocol

(a) Apparatus.

(1) Instrumentation. Aerosol generation, dilution, and measurement systems using particulates (corn oil, polyethylene glycol 400 [PEG 400], di-2-ethyl hexyl sebacate [DEHS] or sodium chloride) as test aerosols shall be used for quantitative fit testing.

(2) Test chamber. The test chamber shall be large enough to permit all test subjects to perform freely all required exercises without disturbing the test agent concentration or the measurement apparatus. The test chamber shall be equipped and constructed so that the test agent is effectively isolated from the ambient air, yet uniform in concentration throughout the chamber.

(3) When testing air-purifying respirators, the normal filter or cartridge element shall be replaced with a high efficiency particulate air (HEPA) or P100 series filter supplied by the same manufacturer.

(4) The sampling instrument shall be selected so that a computer record or strip chart record may be made of the test showing the rise and fall of the test agent concentration with each inspiration and expiration at fit factors of at least 2,000. Integrators or computers that integrate the amount of test agent penetration leakage into the respirator for each exercise may be used provided a record of the readings is made.

(5) The combination of substitute air-purifying elements, test agent and test agent concentration shall be such that the test subject is not exposed in excess of an established exposure limit for the test agent at any time during the testing process, based upon the length of the exposure and the exposure limit duration.

(6) The sampling port on the test specimen respirator shall be placed and constructed so that no leakage occurs around the port (e.g., where the respirator is probed), a free air flow is allowed into the sampling line at all times, and there is no interference with the fit or performance of the respirator. The in-mask sampling device (probe) shall be designed and used so that the air sample is drawn from the breathing zone of the test subject, midway between the nose and mouth and with the probe extending into the facepiece cavity at least 1/4 inch.

(7) The test setup shall permit the person administering the test to observe the test subject inside the chamber during the test.

(8) The equipment generating the test atmosphere shall maintain the concentration of test agent constant to within a 10 percent variation for the duration of the test.

(9) The time lag (interval between an event and the recording of the event on the strip chart or computer or integrator) shall be kept to a minimum. There shall be a clear association between the occurrence of an event and its being recorded.

(10) The sampling line tubing for the test chamber atmosphere and for the respirator sampling port shall be of equal diameter and of the same material. The length of the two lines shall be equal.

(11) The exhaust flow from the test chamber shall pass through an appropriate filter (i.e., high efficiency particulate or P100 series filter) before release.

(12) When sodium chloride aerosol is used, the relative humidity inside the test chamber shall not exceed 50 percent.

(13) The limitations of instrument detection shall be taken into account when determining the fit factor.

(14) Test respirators shall be maintained in proper working order and be inspected regularly for deficiencies such as cracks or missing valves and gaskets.

(b) Procedural Requirements.

(1) When performing the initial user seal check using a positive or negative pressure check, the sampling line shall be crimped closed in order to avoid air pressure leakage during either of these pressure checks.

(2) The use of an abbreviated screening QLFT test is optional. Such a test may be utilized in order to quickly identify poor fitting respirators that passed the positive and/or negative pressure test and reduce the amount of QNFT time. The use of the CNC QNFT instrument in the count mode is another optional method to obtain a quick estimate of fit and eliminate poor fitting respirators before going on to perform a full QNFT.

(3) A reasonably stable test agent concentration shall be measured in the test chamber prior to testing. For canopy or shower curtain types of test units, the determination of the test agent's stability may be established after the test subject has entered the test environment.

(4) Immediately after the subject enters the test chamber, the test agent concentration inside the respirator shall be measured to ensure that the peak penetration does not exceed 5 percent for a half mask or 1 percent for a full facepiece respirator.

(5) A stable test agent concentration shall be obtained prior to the actual start of testing.

(6) Respirator restraining straps shall not be over-tightened for testing. The straps shall be adjusted by the wearer without assistance from other persons to give a reasonably comfortable fit typical of normal use. The respirator shall not be adjusted once the fit test exercises begin.

(7) The test shall be terminated whenever any single peak penetration exceeds 5 percent for half masks and 1 percent for full facepiece respirators. The test subject shall be refitted and retested.

(8) Calculation of fit factors.

(i) The fit factor shall be determined for the quantitative fit test by taking the ratio of the average chamber concentration to the concentration measured inside the respirator for each test exercise except the grimace exercise.

(ii) The average test chamber concentration shall be calculated as the arithmetic average of the concentration measured before and after each test (i.e., 7 exercises) or the arithmetic average of the concentration measured before and after each exercise or the true average measured continuously during the respirator sample.

(iii) The concentration of the challenge agent inside the respirator shall be determined by one of the following methods:

(A) Average peak penetration method means the method of determining test agent penetration into the respirator utilizing a strip chart recorder, integrator, or computer. The agent penetration is determined by an average of the peak heights on the graph or by computer integration, for each exercise except the grimace exercise. Integrators or computers that calculate the actual test agent penetration into the respirator for each exercise will also be considered to meet the requirements of the average peak penetration method.

(B) Maximum peak penetration method means the method of determining test agent penetration in the respirator as determined by strip chart recordings of the test. The highest peak penetration for a given exercise is taken to be representative of average penetration into the respirator for that exercise.

(C) Integration by calculation of the area under the individual peak for each exercise except the grimace exercise. This includes computerized integration.

(D) The calculation of the overall fit factor using individual exercise fit factors involves first converting the exercise fit factors to penetration values, determining the average, and then converting that result back to a fit factor. This procedure is described in the following equation:

$$\text{Overall Fit Factor} = \frac{\text{Number of exercises}}{1/ff_1 + 1/ff_2 + 1/ff_3 + 1/ff_4 + 1/ff_5 + 1/ff_6 + 1/ff_7 + 1/ff_8}$$

Where ff1, ff2, ff3, etc. are the fit factors for exercises 1, 2, 3, etc.

(9) The test subject shall not be permitted to wear a half mask or quarter facepiece respirator unless a minimum fit factor of 100 is obtained, or a full facepiece respirator unless a minimum fit factor of 500 is obtained.

(10) Filters used for quantitative fit testing shall be replaced whenever increased breathing resistance is encountered, or when the test agent has altered the integrity of the filter media.

3. Ambient aerosol condensation nuclei counter (CNC) quantitative fit testing protocol.

The ambient aerosol condensation nuclei counter (CNC) quantitative fit testing (Portacount TM) protocol quantitatively fit tests respirators with the use of a probe. The probed respirator is only used for quantitative fit tests. A probed respirator has a special sampling device, installed on the

respirator, that allows the probe to sample the air from inside the mask. A probed respirator is required for each make, style, model, and size that the employer uses and can be obtained from the respirator manufacturer or distributor. The CNC instrument manufacturer, TSI Inc., also provides probe attachments (TSI sampling adapters) that permit fit testing in an employee's own respirator. A minimum fit factor pass level of at least 100 is necessary for a half-mask respirator and a minimum fit factor pass level of at least 500 is required for a full facepiece negative pressure respirator. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Portacount Fit Test Requirements.

(1) Check the respirator to make sure the sampling probe and line are properly attached to the facepiece and that the respirator is fitted with a particulate filter capable of preventing significant penetration by the ambient particles used for the fit test (e.g., NIOSH 42 CFR 84 series 100, series 99, or series 95 particulate filter) per manufacturer's instruction.

(2) Instruct the person to be tested to don the respirator for five minutes before the fit test starts. This purges the ambient particles trapped inside the respirator and permits the wearer to make certain the respirator is comfortable. This individual shall already have been trained on how to wear the respirator properly.

(3) Check the following conditions for the adequacy of the respirator fit: Chin properly placed; Adequate strap tension, not overly tightened; Fit across nose bridge; Respirator of proper size to span distance from nose to chin; Tendency of the respirator to slip; Self-observation in a mirror to evaluate fit and respirator position.

(4) Have the person wearing the respirator do a user seal check. If leakage is detected, determine the cause. If leakage is from a poorly fitting facepiece, try another size of the same model respirator, or another model of respirator.

(5) Follow the manufacturer's instructions for operating the Portacount and proceed with the test.

(6) The test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(7) After the test exercises, the test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried.

(b) Portacount Test Instrument.

(1) The Portacount will automatically stop and calculate the overall fit factor for the entire set of exercises. The overall fit factor is what counts. The Pass or Fail message will indicate whether or not the test was successful. If the test was a Pass, the fit test is over.

(2) Since the pass or fail criterion of the Portacount is user programmable, the test operator shall ensure that the pass or fail criterion meet the requirements for minimum respirator performance in this Appendix.

(3) A record of the test needs to be kept on file, assuming the fit test was successful. The record must contain the test subject's name; overall fit factor; make, model, style, and size of respirator used; and date tested.

4. Controlled negative pressure (CNP) quantitative fit testing protocol.

The CNP protocol provides an alternative to aerosol fit test methods. The CNP fit test method technology is based on exhausting air from a temporarily sealed respirator facepiece to generate and then maintain a constant negative pressure inside the facepiece. The rate of air exhaust is controlled so that a constant negative pressure is maintained in the respirator during the fit test. The level of pressure is selected to replicate the mean inspiratory pressure that causes leakage into the respirator under normal use conditions. With pressure held constant, air flow out of the respirator is equal to air flow into the respirator. Therefore, measurement of the exhaust stream that is required to hold the pressure in the temporarily sealed respirator constant yields a direct measure of leakage air flow into the respirator. The CNP fit test method measures leak rates through the facepiece as a method for determining the facepiece fit for negative pressure respirators. The CNP instrument manufacturer Occupational Health Dynamics of Birmingham, Alabama also provides attachments (sampling manifolds) that replace the filter cartridges to permit fit testing in an employee's own respirator. To perform the test, the test subject closes his or her mouth and holds his/her breath, after which an air pump removes air from the respirator facepiece at a pre-selected constant pressure. The facepiece fit is expressed as the leak rate through the facepiece, expressed as milliliters per minute. The quality and validity of the CNP fit tests are determined by the degree to which the in-mask pressure tracks the test pressure during the system measurement time of approximately five seconds. Instantaneous feedback in the form of a real-time pressure trace of the in-mask pressure is provided and used to determine test validity and quality. A minimum fit factor pass level of 100 is necessary for a half-mask respirator and a minimum fit factor of at least 500 is required for a full facepiece respirator. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) CNP Fit Test Requirements.

- (1) The instrument shall have a non-adjustable test pressure of 15.0 mm water pressure.
- (2) The CNP system defaults selected for test pressure shall be set at -- 1.5 mm of water (-0.58 inches of water) and the modeled inspiratory flow rate shall be 53.8 liters per minute for performing fit tests (Note: CNP systems have built-in capability to conduct fit testing that is specific to unique work rate, mask, and gender situations that might apply in a specific workplace. Use of system default values, which were selected to represent respirator wear with medium cartridge resistance at a low-moderate work rate, will allow inter-test comparison of the respirator fit.)
- (3) The individual who conducts the CNP fit testing shall be thoroughly trained to perform the test.
- (4) The respirator filter or cartridge needs to be replaced with the CNP test manifold. The inhalation valve downstream from the manifold either needs to be temporarily removed or propped open.
- (5) The employer must train the test subject to hold his or her breath for at least 10 seconds.

(6) The test subject must don the test respirator without any assistance from the test administrator who is conducting the CNP fit test. The respirator must not be adjusted once the fit-test exercises begin. Any adjustment voids the test, and the test subject must repeat the fit test.

(7) The QNFT protocol shall be followed according to section I. C. 1. of this appendix with an exception for the CNP test exercises.

(b) CNP Test Exercises.

(1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally for 1 minute. After the normal breathing exercise, the subject needs to hold head straight ahead and hold his or her breath for 10 seconds during the test measurement.

(2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply for 1 minute, being careful not to hyperventilate. After the deep breathing exercise, the subject shall hold his or her head straight ahead and hold his or her breath for 10 seconds during test measurement.

(3) Turning head side to side. Standing in place, the subject shall slowly turn his or her head from side to side between the extreme positions on each side for 1 minute. The head shall be held at each extreme momentarily so the subject can inhale at each side. After the turning head side to side exercise, the subject needs to hold head full left and hold his or her breath for 10 seconds during test measurement. Next, the subject needs to hold head full right and hold his or her breath for 10 seconds during test measurement.

(4) Moving head up and down. Standing in place, the subject shall slowly move his or her head up and down for 1 minute. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling). After the moving head up and down exercise, the subject shall hold his or her head full up and hold his or her breath for 10 seconds during test measurement. Next, the subject shall hold his or her head full down and hold his or her breath for 10 seconds during test measurement.

(5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song for 1 minute. After the talking exercise, the subject shall hold his or her head straight ahead and hold his or her breath for 10 seconds during the test measurement.

(6) Grimace. The test subject shall grimace by smiling or frowning for 15 seconds.

(7) Bending Over. The test subject shall bend at the waist as if he or she were to touch his or her toes for 1 minute. Jogging in place shall be substituted for this exercise in those test environments such as shroud-type QNFT units that prohibit bending at the waist. After the bending over exercise, the subject shall hold his or her head straight ahead and hold his or her breath for 10 seconds during the test measurement.

(8) Normal Breathing. The test subject shall remove and re-don the respirator within a one-minute period. Then, in a normal standing position, without talking, the subject shall breathe normally for 1 minute. After the normal breathing exercise, the subject shall hold his or her head straight ahead and hold his or her breath for 10 seconds during the test measurement. After the test exercises, the test subject shall be questioned by the test conductor regarding the comfort of the

respirator upon completion of the protocol. If it has become unacceptable, another model of a respirator shall be tried.

(c) CNP Test Instrument.

(1) The test instrument must have an effective audio-warning device, or a visual-warning device in the form of a screen tracing, that indicates when the test subject fails to hold his or her breath during the test. The test must be terminated and restarted from the beginning when the test subject fails to hold his or her breath during the test. The test subject then may be refitted and retested.

(2) A record of the test shall be kept on file, assuming the fit test was successful. The record must contain the test subject's name; overall fit factor; make, model, style and size of respirator used; and date tested.

5. Controlled negative pressure (CNP) REDON quantitative fit testing protocol.

(a) When administering this protocol to test subjects, employers must comply with the requirements specified in paragraphs (a) and (c) of Part I.C.4 of this appendix ("Controlled negative pressure (CNP) quantitative fit testing protocol"), as well as use the test exercises described below in paragraph (b) of this protocol instead of the test exercises specified in paragraph (b) of Part I.C.4 of this appendix.

(b) Employers must ensure that each test subject being fit tested using this protocol follows the exercise and measurement procedures, including the order of administration, described below in Table A-1 of this appendix.

Table A-1. -- CNP REDON Quantitative Fit Testing Protocol

Exercises ⁽¹⁾	Exercise procedure	Measurement procedure
Facing Forward	Stand and breathe normally, without talking, for 30 seconds.	Face forward, while holding breath for 10 seconds.
Bending Over	Bend at the waist, as if going to touch his or her toes, for 30 seconds.	Face parallel to the floor, while holding breath for 10 seconds
Head Shaking	For about three seconds, shake head back and forth vigorously several times while shouting.	Face forward, while holding breath for 10 seconds.
REDON 1	Remove the respirator mask, loosen all facepiece straps, and then redon the respirator mask.	Face forward, while holding breath for 10 seconds.
REDON 2	Remove the respirator mask, loosen all facepiece straps, and then redon the respirator mask again.	Face forward, while holding breath for 10 seconds.

¹ Exercises are listed in the order in which they are to be administered.

(c) After completing the test exercises, the test administrator must question each test subject regarding the comfort of the respirator. When a test subject states that the respirator is unacceptable, the employer must ensure that the test administrator repeats the protocol using another respirator model.

(d) Employers must determine the overall fit factor for each test subject by calculating the harmonic mean of the fit testing exercises as

Overall Fit Factor = $\frac{N}{\left[\frac{1}{FF_1} + \frac{1}{FF_2} + \dots + \frac{1}{FF_N} \right]}$ follows: Where: N = The number of exercises; FF1 = The fit factor for the first exercise; FF2 = The fit factor for the second exercise; and FFN = The fit factor for the nth exercise.

Part II. New Fit Test Protocols

A. Any person may submit to OSHA an application for approval of a new fit test protocol. If the application meets the following criteria, OSHA will initiate a rulemaking proceeding under section 6(b)(7) of the OSH Act to determine whether to list the new protocol as an approved protocol in this Appendix A.

B. The application must include a detailed description of the proposed new fit test protocol. This application must be supported by either:

1. A test report prepared by an independent government research laboratory (e.g., Lawrence Livermore National Laboratory, Los Alamos National Laboratory, the National Institute for Standards and Technology) stating that the laboratory has tested the protocol and had found it to be accurate and reliable; or

2. An article that has been published in a peer-reviewed industrial hygiene journal describing the protocol and explaining how test data support the protocol's accuracy and reliability.

C. If OSHA determines that additional information is required before the Agency commences a rulemaking proceeding under this section, OSHA will so notify the applicant and afford the applicant the opportunity to submit the supplemental information. Initiation of a rulemaking proceeding will be deferred until OSHA has received and evaluated the supplemental information.

Appendix B-1 to Sec. 1910.134: User Seal Check Procedures (Mandatory)

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

I. Facepiece Positive and/or Negative Pressure Checks

A. Positive pressure check. Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

B. Negative pressure check. Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

II. Manufacturer's Recommended User Seal Check Procedures

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

Appendix B-2 to Sec. 1910.134: Respirator Cleaning Procedures (Mandatory)

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed here in Appendix B-2. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in Appendix B-2, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

I. Procedures for Cleaning Respirators

A. Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.

B. Wash components in warm (43 deg. C [110 deg. F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.

C. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain.

D. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:

1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43 deg. C (110 deg. F); or,

2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43 deg. C (110 deg. F); or,

3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.

E. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.

F. Components should be hand-dried with a clean lint-free cloth or air-dried.

G. Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.

H. Test the respirator to ensure that all components work properly.

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle one): Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____

9. The best time to phone you at this number: _____

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you ever had any of the following conditions?

a. Seizures (fits): Yes/No

b. Diabetes (sugar disease): Yes/No

c. Allergic reactions that interfere with your breathing: Yes/No

d. Claustrophobia (fear of closed-in places): Yes/No

e. Trouble smelling odors: Yes/No

3. Have you ever had any of the following pulmonary or lung problems?

a. Asbestosis: Yes/No

- b. Asthma: Yes/No
- c. Chronic bronchitis: Yes/No
- d. Emphysema: Yes/No
- e. Pneumonia: Yes/No
- f. Tuberculosis: Yes/No
- g. Silicosis: Yes/No
- h. Pneumothorax (collapsed lung): Yes/No
- i. Lung cancer: Yes/No
- j. Broken ribs: Yes/No
- k. Any chest injuries or surgeries: Yes/No
- l. Any other lung problem that you've been told about: Yes/No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath: Yes/No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline:
Yes/No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
- d. Have to stop for breath when walking at your own pace on level ground: Yes/No
- e. Shortness of breath when washing or dressing yourself: Yes/No
- f. Shortness of breath that interferes with your job: Yes/No
- g. Coughing that produces phlegm (thick sputum): Yes/No
- h. Coughing that wakes you early in the morning: Yes/No
- i. Coughing that occurs mostly when you are lying down: Yes/No
- j. Coughing up blood in the last month: Yes/No

k. Wheezing: Yes/No

l. Wheezing that interferes with your job: Yes/No

m. Chest pain when you breathe deeply: Yes/No

n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you ever had any of the following cardiovascular or heart problems?

a. Heart attack: Yes/No

b. Stroke: Yes/No

c. Angina: Yes/No

d. Heart failure: Yes/No

e. Swelling in your legs or feet (not caused by walking): Yes/No

f. Heart arrhythmia (heart beating irregularly): Yes/No

g. High blood pressure: Yes/No

h. Any other heart problem that you've been told about: Yes/No

6. Have you ever had any of the following cardiovascular or heart symptoms?

a. Frequent pain or tightness in your chest: Yes/No

b. Pain or tightness in your chest during physical activity: Yes/No

c. Pain or tightness in your chest that interferes with your job: Yes/No

d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No

e. Heartburn or indigestion that is not related to eating: Yes/ No

f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you currently take medication for any of the following problems?

- a. Breathing or lung problems: Yes/No
- b. Heart trouble: Yes/No
- c. Blood pressure: Yes/No
- d. Seizures (fits): Yes/No

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No
- d. General weakness or fatigue: Yes/No
- e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No

11. Do you currently have any of the following vision problems?

- a. Wear contact lenses: Yes/No
- b. Wear glasses: Yes/No
- c. Color blind: Yes/No
- d. Any other eye or vision problem: Yes/No

12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No

13. Do you currently have any of the following hearing problems?

a. Difficulty hearing: Yes/No

b. Wear a hearing aid: Yes/No

c. Any other hearing or ear problem: Yes/No

14. Have you ever had a back injury: Yes/No

15. Do you currently have any of the following musculoskeletal problems?

a. Weakness in any of your arms, hands, legs, or feet: Yes/No

b. Back pain: Yes/No

c. Difficulty fully moving your arms and legs: Yes/No

d. Pain or stiffness when you lean forward or backward at the waist: Yes/No

e. Difficulty fully moving your head up or down: Yes/No

f. Difficulty fully moving your head side to side: Yes/No

g. Difficulty bending at your knees: Yes/No

h. Difficulty squatting to the ground: Yes/No

i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No

j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:

Yes/No

If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

a. Asbestos: Yes/No

b. Silica (e.g., in sandblasting): Yes/No

c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No

d. Beryllium: Yes/No

e. Aluminum: Yes/No

f. Coal (for example, mining): Yes/No

g. Iron: Yes/No

h. Tin: Yes/No

i. Dusty environments: Yes/No

j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them:_____

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes/No

b. Canisters (for example, gas masks): Yes/No

c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

a. Escape only (no rescue): Yes/No

b. Emergency rescue only: Yes/No

c. Less than 5 hours per week: Yes/No

d. Less than 2 hours per day: Yes/No

e. 2 to 4 hours per day: Yes/No

f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. Light (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average

shift:_____hrs._____mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

b. Moderate (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average

shift:_____hrs._____mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in

urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. Heavy (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average

shift: _____ hrs. _____ mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it

will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

1910.135 Head protection.

(a) General requirements.

(1) The employer shall ensure that each affected employee wears a protective helmet when working in areas where there is a potential for injury to the head from falling objects.

(2) The employer shall ensure that a protective helmet designed to reduce electrical shock hazard be worn is worn by each such affected employee when near exposed electrical conductors which could contact the head.

(b) Criteria for protective helmets.

(1) Head protection must comply with any of the following consensus standards:

(i) ANSI Z89.1-2003, "American National Standard for Industrial Head Protection," which is incorporated by reference in Sec. 1910.6;

(ii) ANSI Z89.1-1997, "American National Standard for Industrial Head Protection," which is incorporated by reference in Sec. 1910.6; or

(iii) ANSI Z89.1-1986, "American National Standard for Personnel Protection--Protective Headwear for Industrial Workers--Requirements," which is incorporated by reference in Sec. 1910.6.

(2) Head protection devices that the employer demonstrates are at least as effective as head protection devices that are constructed in accordance with one of the above consensus standards will be deemed to be in compliance with the requirements of this section.

1910.136 Foot protection.

(a) General requirements. The employer shall ensure that each affected employee uses protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such employee's feet are exposed to electrical hazards.

(b) Criteria for protective footwear.

(1) Protective footwear must comply with any of the following consensus standards:

(i) ASTM F-2412-2005, "Standard Test Methods for Foot Protection," and ASTM F-2413-2005, "Standard Specification for Performance Requirements for Protective Footwear," which are incorporated by reference in Sec. 1910.6;

(ii) ANSI Z41-1999, "American National Standard for Personal Protection--Protective Footwear," which is incorporated by reference in Sec. 1910.6; or

(iii) ANSI Z41-1991, "American National Standard for Personal Protection--Protective Footwear," which is incorporated by reference in Sec. 1910.6.

(2) Protective footwear that the employer demonstrates is at least as effective as protective footwear that is constructed in accordance with one of the above consensus standards will be deemed to be in compliance with the requirements of this section.

1910.137 Electrical protective equipment.

(a) Design requirements. Insulating blankets, matting, covers, line hose, gloves, and sleeves made of rubber shall meet the following requirements:

(1) Manufacture and marking.

(i) Blankets, gloves, and sleeves shall be produced by a seamless process.

(ii) Each item shall be clearly marked as follows:

(A) Class 0 equipment shall be marked Class 0.

(B) Class 1 equipment shall be marked Class 1.

(C) Class 2 equipment shall be marked Class 2.

(D) Class 3 equipment shall be marked Class 3.

(E) Class 4 equipment shall be marked Class 4.

(F) Non-ozone-resistant equipment other than matting shall be marked

Type I.

(G) Ozone-resistant equipment other than matting shall be marked

Type II.

(H) Other relevant markings, such as the manufacturer's identification and the size of the equipment, may also be provided.

(iii) Markings shall be nonconducting and shall be applied in such a manner as not to impair the insulating qualities of the equipment.

(iv) Markings on gloves shall be confined to the cuff portion of the glove.

(2) Electrical requirements.

(i) Equipment shall be capable of withstanding the a-c proof-test voltage specified in Table I-2 or the d-c proof-test voltage specified in Table I-3.

(A) The proof test shall reliably indicate that the equipment can withstand the voltage involved.

(B) The test voltage shall be applied continuously for 3 minutes for equipment other than matting and shall be applied continuously for 1 minute for matting.

(C) Gloves shall also be capable of withstanding the a-c proof-test voltage specified in Table I-2 after a 16-hour water soak. (See the note following paragraph (a)(3)(ii)(B) of this section.)

(ii) When the a-c proof test is used on gloves, the 60-hertz proof-test current may not exceed the values specified in Table I-2 at any time during the test period.

(A) If the a-c proof test is made at a frequency other than 60 hertz, the permissible proof-test current shall be computed from the direct ratio of the frequencies.

(B) For the test, gloves (right side out) shall be filled with tap water and immersed in water to a depth that is in accordance with Table I-4. Water shall be added to or removed from the glove, as necessary, so that the water level is the same inside and outside the glove.

(C) After the 16-hour water soak specified in paragraph (a)(2)(i)(C) of this section, the 60-hertz proof-test current may exceed the values given in Table I-2 by not more than 2 milliamperes.

(iii) Equipment that has been subjected to a minimum breakdown voltage test may not be used for electrical protection. (See the note following paragraph (a)(3)(ii)(B) of this section.)

(iv) Material used for Type II insulating equipment shall be capable of withstanding an ozone test, with no visible effects. The ozone test shall reliably indicate that the material will resist ozone exposure in actual use. Any visible signs of ozone deterioration of the material, such as checking, cracking, breaks, or pitting, is evidence of failure to meet the requirements for ozone-resistant material. (See the note following paragraph (a)(3)(ii)(B) of this section.)

(3) Workmanship and finish.

(i) Equipment shall be free of harmful physical irregularities that can be detected by the tests or inspections required under this section.

(ii) Surface irregularities that may be present on all rubber goods because of imperfections on forms or molds or because of inherent difficulties in the manufacturing process and that may appear as indentations, protuberances, or imbedded foreign material are acceptable under the following conditions:

(A) The indentation or protuberance blends into a smooth slope when the material is stretched.

(B) Foreign material remains in place when the insulating material is folded and stretches with the insulating material surrounding it.

Note: Rubber insulating equipment meeting the following national consensus standards is deemed to be in compliance with paragraph (a) of this section:

American Society for Testing and Materials (ASTM) D 120-87, Specification for Rubber Insulating Gloves.

ASTM D 178-93 (or D 178-88), Specification for Rubber Insulating Matting.

ASTM D 1048-93 (or D 1048-88a), Specification for Rubber Insulating Blankets.

ASTM D 1049-93 (or D 1049-88), Specification for Rubber Insulating Covers.

ASTM D 1050-90, Specification for Rubber Insulating Line Hose.

ASTM D 1051-87, Specification for Rubber Insulating Sleeves.

These standards contain specifications for conducting the various tests required in paragraph (a) of this section. For example, the a-c and d-c proof tests, the breakdown test, the water soak procedure, and the ozone test mentioned in this paragraph are described in detail in the ASTM standards.

(b) In-service care and use.

(1) Electrical protective equipment shall be maintained in a safe, reliable condition.

(2) The following specific requirements apply to insulating blankets, covers, line hose, gloves, and sleeves made of rubber:

(i) Maximum use voltages shall conform to those listed in Table I-5.

(ii) Insulating equipment shall be inspected for damage before each day's use and immediately following any incident that can reasonably be suspected of having caused damage. Insulating gloves shall be given an air test, along with the inspection.

(iii) Insulating equipment with any of the following defects may not be used:

(A) A hole, tear, puncture, or cut;

(B) Ozone cutting or ozone checking (the cutting action produced by ozone on rubber under mechanical stress into a series of interlacing cracks);

(C) An embedded foreign object;

(D) Any of the following texture changes: swelling, softening, hardening, or becoming sticky or inelastic.

(E) Any other defect that damages the insulating properties.

(iv) Insulating equipment found to have other defects that might affect its insulating properties shall be removed from service and returned for testing under paragraphs (b)(2)(viii) and (b)(2)(ix) of this section.

(v) Insulating equipment shall be cleaned as needed to remove foreign substances.

(vi) Insulating equipment shall be stored in such a location and in such a manner as to protect it from light, temperature extremes, excessive humidity, ozone, and other injurious substances and conditions.

(vii) Protector gloves shall be worn over insulating gloves, except as follows:

(A) Protector gloves need not be used with Class 0 gloves, under limited-use conditions, where small equipment and parts manipulation necessitate unusually high finger dexterity.

Note: Extra care is needed in the visual examination of the glove and in the avoidance of handling sharp objects.

(B) Any other class of glove may be used for similar work without protector gloves if the employer can demonstrate that the possibility of physical damage to the gloves is small and if the class of glove is one class higher than that required for the voltage involved. Insulating gloves that have been used without protector gloves may not be used at a higher

voltage until they have been tested under the provisions of paragraphs (b) (2) (viii) and (b) (2) (ix) of this section.

(viii) Electrical protective equipment shall be subjected to periodic electrical tests. Test voltages and the maximum intervals between tests shall be in accordance with Table I-5 and Table I-6.

(ix) The test method used under paragraphs (b)(2)(viii) and (b)(2)(xi) of this section shall reliably indicate whether the insulating equipment can withstand the voltages involved.

Note: Standard electrical test methods considered as meeting this requirement are given in the following national consensus standards:

American Society for Testing and Materials (ASTM) D 120-87, Specification for Rubber Insulating Gloves.

ASTM D 1048-93, Specification for Rubber Insulating Blankets.

ASTM D 1049-93, Specification for Rubber Insulating Covers.

ASTM D 1050-90, Specification for Rubber Insulating Line Hose.

ASTM D 1051-87, Specification for Rubber Insulating Sleeves.

ASTM F 478-92, Specification for In-Service Care of Insulating Line Hose and Covers.

ASTM F 479-93, Specification for In-Service Care of Insulating Blankets.

ASTM F 496-93b, Specification for In-Service Care of Insulating Gloves and Sleeves.

(x) Insulating equipment failing to pass inspections or electrical tests may not be used by employees, except as follows:

(A) Rubber insulating line hose may be used in shorter lengths with the defective portion cut off.

(B) Rubber insulating blankets may be repaired using a compatible patch that results in physical and electrical properties equal to those of the blanket.

(C) Rubber insulating blankets may be salvaged by severing the defective area from the undamaged portion of the blanket. The resulting undamaged area may not be smaller than 22 inches by 22 inches (560 mm by 560 mm) for Class 1, 2, 3, and 4 blankets.

(D) Rubber insulating gloves and sleeves with minor physical defects, such as small cuts, tears, or punctures, may be repaired by the application of a compatible patch. Also, rubber insulating gloves and sleeves with minor surface blemishes may be repaired with a compatible liquid compound. The patched area shall have electrical and physical properties equal to those of the surrounding material. Repairs to gloves are permitted only in the area between the wrist and the reinforced edge of the opening.

(xi) Repaired insulating equipment shall be retested before it may be used by

employees.

(xii) The employer shall certify that equipment has been tested in accordance with the requirements of paragraphs (b)(2)(viii), (b)(2)(ix), and (b)(2)(xi) of this section. The certification shall identify the equipment that passed the test and the date it was tested.

Note: Marking of equipment and entering the results of the tests and the dates of testing onto logs are two acceptable means of meeting this requirement.

Table I-2. - A-C Proof-Test Requirements

Class of equipment	Proof-test voltage rms V	Maximum proof-test current, mA (gloves only)			
		267-mm (10.5-in) glove	356-mm (14-in) glove	406-mm (16-in) glove	457-mm (18-in) glove
0.....	5,000	8	12	14	16
1.....	10,000	.....	14	16	18
2.....	20,000	.....	16	18	20
3.....	30,000	.....	18	20	22
4.....	40,000	.....	.....	22	24

Table I-3. - D-C Proof-Test Requirements

Class of equipment	Proof-test voltage
0.....	20,000
1.....	40,000
2.....	50,000
3.....	60,000
4.....	70,000

Note: The d-c voltages listed in this table are not appropriate for proof testing rubber insulating line hose or covers. For this equipment, d-c proof tests shall use a voltage high enough to indicate that the equipment can be safely used at the voltages listed in Table I-4. See ASTM D 1050-90 and ASTM D 1049-88 for further information on proof tests for rubber insulating line hose and covers.

- 1 The water level is given as the clearance from the cuff of the glove to the water line, with a tolerance of 13 mm. (0.5 in.).
- 2 If atmospheric conditions make the specified clearances impractical, the clearances may be increased by a maximum of 25 mm. (1 in.).

Table I-4. - Glove Tests - Water Level(1)(2)

Class of glove	AC proof test		DC proof test	
	mm.	in.	mm.	in.
0.....	38	1.5	38	1.5
1.....	38	1.5	51	2.0
2.....	64	2.5	76	3.0
3.....	89	3.5	102	4.0
4.....	127	5.0	153	6.0

Footnote(1) The water level is given as the clearance from the cuff of the glove to the water line, with a tolerance of + or - 13 mm. (+ or - 0.5 in.).

Footnote(2) If atmospheric conditions make the specified clearances impractical, the clearances may be increased by a maximum of 25 mm. (1 in.).

Table I-5. - Rubber Insulating Equipment Voltage Requirements

Class of equipment	Maximum use voltage(1) a - c - rms	Retest voltage(2) a - c - rms	Retest voltage(2) d - c - avg
0.....	1,000	5,000	20,000
1.....	7,500	10,000	40,000
2.....	17,000	20,000	50,000
3.....	26,500	30,000	60,000
4.....	36,000	40,000	70,000

Footnote(1) The maximum use voltage is the a-c voltage (rms) classification of the protective equipment that designates the maximum nominal design voltage of the energized system that may be safely worked. The nominal design voltage is equal to the phase-to-phase voltage on multiphase circuits. However, the phase-to-ground potential is considered to be the nominal design voltage:

[1] If there is no multiphase exposure in a system area and if the voltage exposure is limited to the phase-to-ground potential, or

[2] If the electrical equipment and devices are insulated or isolated or both so that the multiphase exposure on a grounded wye circuit is removed.

Footnote(2) The proof-test voltage shall be applied continuously for at least 1 minute, but no more than 3 minutes.

Table I-6. - Rubber Insulating Equipment Test Intervals

Type of equipment	When to test
Rubber insulating line hose	Upon indication that insulating value is suspect.
Rubber insulating covers	Upon indication that insulating value is suspect.
Rubber insulating blankets	Before first issue and every 12 months thereafter(1).
Rubber insulating gloves	Before first issue and every 6 months thereafter(1).
Rubber insulating sleeves	Before first issue and every 12 months thereafter(1).

Footnote(1) If the insulating equipment has been electrically tested but not issued for service, it may not be placed into service unless it has been electrically tested within the previous 12 months.

1910.138 Hand protection.

(a) General requirements. Employers shall select and require employees to use appropriate hand protection when employees' hands are exposed to hazards such as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical burns; thermal burns; and harmful temperature extremes.

(b) Selection. Employers shall base the selection of the appropriate hand protection on an evaluation of the performance characteristics of the hand protection relative to the task(s) to be performed, conditions present, duration of use, and the hazards and potential hazards identified.

Appendix A to Subpart I-References for further information (Non-mandatory)

The documents in Appendix A provide information which may be helpful in understanding and implementing the standards in Subpart I.

1. Bureau of Labor Statistics (BLS). "Accidents Involving Eye Injuries." Report 597, Washington, D.C.: BLS, 1980.
2. Bureau of Labor Statistics (BLS). "Accidents Involving Face Injuries." Report 604, Washington, D.C.: BLS, 1980.
3. Bureau of Labor Statistics (BLS). "Accidents Involving Head Injuries." Report 605, Washington, D.C.: BLS, 1980.
4. Bureau of Labor Statistics (BLS). "Accidents Involving Foot Injuries." Report 626, Washington, D.C.: BLS, 1981.

5. National Safety Council. "Accident Facts", Annual edition, Chicago, IL: 1981.
6. Bureau of Labor Statistics (BLS). "Occupational Injuries and Illnesses in the United States by Industry," Annual edition, Washington, D.C.: BLS.
7. National Society to Prevent Blindness. "A Guide for Controlling Eye Injuries in Industry," Chicago, IL: 1982.

Appendix B to Subpart I-Non-mandatory Compliance Guidelines for Hazard Assessment and Personal Protective Equipment Selection

This Appendix is intended to provide compliance assistance for employers and employees in implementing requirements for a hazard assessment and the selection of personal protective equipment.

1. Controlling hazards. PPE devices alone should not be relied on to provide protection against hazards, but should be used in conjunction with guards, engineering controls, and sound manufacturing practices.
2. Assessment and selection. It is necessary to consider certain general guidelines for assessing the foot, head, eye and face, and hand hazard situations that exist in an occupational or educational operation or process, and to match the protective devices to the particular hazard. It should be the responsibility of the safety officer to exercise common sense and appropriate expertise to accomplish these tasks.
3. Assessment guidelines. In order to assess the need for PPE the following steps should be taken:
 - a. Survey. Conduct a walk-through survey of the areas in question. The purpose of the survey is to identify sources of hazards to workers and co-workers. Consideration should be given to the basic hazard categories:
 - (a) Impact
 - (b) Penetration
 - (c) Compression (roll-over)
 - (d) Chemical
 - (e) Heat
 - (f) Harmful dust

(g) Light (optical) radiation

b. Sources. During the walk-through survey the safety officer should observe: (a) sources of motion; i.e., machinery or processes where any movement of tools, machine elements or particles could exist, or movement of personnel that could result in collision with stationary objects; (b) sources of high temperatures that could result in burns, eye injury or ignition of protective equipment, etc.; (c) types of chemical exposures; (d) sources of harmful dust; (e) sources of light radiation, i.e., welding, brazing, cutting, furnaces, heat treating, high intensity lights, etc.; (f) sources of falling objects or potential for dropping objects; (g) sources of sharp objects which might pierce the feet or cut the hands; (h) sources of rolling or pinching objects which could crush the feet; (i) layout of workplace and location of co-workers; and (j) any electrical hazards. In addition, injury/accident data should be reviewed to help identify problem areas.

c. Organize data. Following the walk-through survey, it is necessary to organize the data and information for use in the assessment of hazards. The objective is to prepare for an analysis of the hazards in the environment to enable proper selection of protective equipment.

d. Analyze data. Having gathered and organized data on a workplace, an estimate of the potential for injuries should be made. Each of the basic hazards (paragraph 3.a.) should be reviewed and a determination made as to the type, level of risk, and seriousness of potential injury from each of the hazards found in the area. The possibility of exposure to several hazards simultaneously should be considered.

4. Selection guidelines. After completion of the procedures in paragraph 3, the general procedure for selection of protective equipment is to: a) Become familiar with the potential hazards and the type of protective equipment that is available, and what it can do; i.e., splash protection, impact protection, etc.; b) compare the hazards associated with the environment; i.e., impact velocities, masses, projectile shape, radiation intensities, with the capabilities of the available protective equipment; c) select the protective equipment which ensures a level of protection greater than the minimum required to protect employees from the hazards; and d) fit the user with the protective device and give instructions on care and use of the PPE. It is very important that end users be made aware of all warning labels for and limitations of their PPE.

5. Fitting the device. Careful consideration must be given to comfort and fit. PPE that fits poorly will not afford the necessary protection. Continued wearing of the device is more likely if it fits the wearer comfortably. Protective devices are generally available in a variety of sizes. Care should be taken to ensure that the right size is selected.

6. Devices with adjustable features. Adjustments should be made on an individual basis for a comfortable fit that will maintain the protective device in the proper position. Particular care should be taken in fitting devices for eye protection against dust and chemical splash to ensure that the devices are sealed to the face. In addition, proper fitting of helmets is important to ensure

that it will not fall off during work operations. In some cases a chin strap may be necessary to keep the helmet on an employee's head. (Chin straps should break at a reasonably low force, however, so as to prevent a strangulation hazard). Where manufacturer's instructions are available, they should be followed carefully.

7. Reassessment of hazards. It is the responsibility of the safety officer to reassess the workplace hazard situation as necessary, by identifying and evaluating new equipment and processes, reviewing accident records, and reevaluating the suitability of previously selected PPE.

8. Selection chart guidelines for eye and face protection. Some occupations (not a complete list) for which eye protection should be routinely considered are: carpenters, electricians, machinists, mechanics and repairers, millwrights, plumbers and pipe fitters, sheet metal workers and tinsmiths, assemblers, sanders, grinding machine operators, lathe and milling machine operators, sawyers, welders, laborers, chemical process operators and handlers, and timber cutting and logging workers. The following chart provides general guidance for the proper selection of eye and face protection to protect against hazards associated with the listed hazard "source" operations.

Eye and Face Protection Selection Chart

Source	Assessment of Hazard	Protection
IMPACT - Chipping, grinding machining, masonry work, woodworking, sawing, drilling, chiseling, powered fastening, riveting, and sanding.	Flying fragments, objects, large chips, particles sand, dirt, etc. ..	Spectacles with side protection, goggles, face shields. See notes (1), (3), (5), (6), (10). For severe exposure, use faceshield.
HEAT-Furnace operations, pouring, casting, hot dipping, and welding.	Hot sparks	Faceshields, goggles, spectacles with side protection. For severe exposure use faceshield. See notes (1), (2), (3).
	Splash from molten metals.....	Faceshields worn over goggles. See notes (1), (2), (3).
	High temperature exposure.....	Screen face shields, reflective face shields. See notes (1), (2), (3).
CHEMICALS-Acid and chemicals handling, degreasing plating.	Splash	Goggles, eyecup and cover types. For severe exposure,

		use face shield. See notes (3),(11).
	Irritating mists ..	Special-purpose goggles.
DUST - Woodworking, buffing, general dusty conditions.	Nuisance dust	Goggles, eyecup and cover types. See note (8).
LIGHT and/or RADIATION - Welding: Electric arc	Optical radiation .	Welding helmets or welding shields. Typical shades: 10-14. See notes (9), (12).
Welding: Gas	Optical radiation .	Welding goggles or welding face shield. Typical shades: gas welding 4-8, cutting 3-6, brazing 3-4. See note (9).
Cutting, Torch brazing, Torch soldering	Optical radiation ..	Spectacles or welding face-shield. Typical shades, 1.5-3. See notes (3), (9).
Glare	Poor vision	Spectacles with shaded or special-purpose lenses, as suitable. See notes (9), (10).

Notes to Eye and Face Protection Selection Chart:

(1) Care should be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards. Adequate protection against the highest level of each of the hazards should be provided. Protective devices do not provide unlimited protection.

(2) Operations involving heat may also involve light radiation. As required by the standard, protection from both hazards must be provided.

(3) Faceshields should only be worn over primary eye protection (spectacles or goggles).

(4) As required by the standard, filter lenses must meet the requirements for shade designations in 1910.133(a)(5). Tinted and shaded lenses are not filter lenses unless they are marked or identified as such.

(5) As required by the standard, persons whose vision requires the use of prescription (Rx) lenses must wear either protective devices fitted with prescription (Rx) lenses or protective devices designed to be worn over regular prescription (Rx) eyewear.

(6) Wearers of contact lenses must also wear appropriate eye and face protection devices in a hazardous environment. It should be recognized that dusty and/or chemical environments may represent an additional hazard to contact lens wearers.

(7) Caution should be exercised in the use of metal frame protective devices in electrical hazard areas.

(8) Atmospheric conditions and the restricted ventilation of the protector can cause lenses to fog. Frequent cleansing may be necessary.

(9) Welding helmets or faceshields should be used only over primary eye protection (spectacles or goggles).

(10) Non-sideshield spectacles are available for frontal protection only, but are not acceptable eye protection for the sources and operations listed for "impact."

(11) Ventilation should be adequate, but well protected from splash entry. Eye and face protection should be designed and used so that it provides both adequate ventilation and protects the wearer from splash entry.

(12) Protection from light radiation is directly related to filter lens density. See note (4) . Select the darkest shade that allows task performance.

9. Selection guidelines for head protection. All head protection (helmets) is designed to provide protection from impact and penetration hazards caused by falling objects. Head protection is also available which provides protection from electric shock and burn. When selecting head protection, knowledge of potential electrical hazards is important. Class A helmets, in addition to impact and penetration resistance, provide electrical protection from low-voltage conductors (they are proof tested to 2,200 volts). Class B helmets, in addition to impact and penetration resistance, provide electrical protection from high-voltage conductors (they are proof tested to 20,000 volts). Class C helmets provide impact and penetration resistance (they are usually made of aluminum which conducts electricity), and should not be used around electrical hazards.

Where falling object hazards are present, helmets must be worn. Some examples include: working below other workers who are using tools and materials which could fall; working around or under conveyor belts which are carrying parts or materials; working below machinery or processes which might cause material or objects to fall; and working on exposed energized conductors.

Some examples of occupations for which head protection should be routinely considered are: carpenters, electricians, linemen, mechanics and repairers, plumbers and pipe fitters, assemblers, packers, wrappers, sawyers, welders, laborers, freight handlers, timber cutting and logging, stock handlers, and warehouse laborers.

Beginning with the ANSI Z89.1-1997 standard, ANSI updated the classification system for protective helmets. Prior revisions used type classifications to distinguish between caps and full brimmed hats. Beginning in 1997, Type I designated helmets designed to reduce the force of impact resulting from a blow only to the top of the head, while Type II designated helmets designed to reduce the force of impact resulting from a blow to the top or sides of the head. Accordingly, if a hazard assessment indicates that lateral impact to the head is foreseeable, employers must select Type II helmets for their employees. To improve comprehension and usefulness, the 1997 revision also redesignated the electrical-protective classifications for helmets as follows: "Class G--General"; helmets designed to reduce the danger of contact with low-voltage conductors; "Class E--Electrical";

helmets designed to reduce the danger of contact with conductors at higher voltage levels; and "Class C--Conductive"; helmets that provide no protection against contact with electrical hazards.

10. Selection guidelines for foot protection. Safety shoes and boots which meet the ANSI Z41-1991 Standard provide both impact and compression protection. Where necessary, safety shoes can be obtained which provide puncture protection. In some work situations, metatarsal protection should be provided, and in other special situations electrical conductive or insulating safety shoes would be appropriate.

Safety shoes or boots with impact protection would be required for carrying or handling materials such as packages, objects, parts or heavy tools, which could be dropped; and, for other activities where objects might fall onto the feet. Safety shoes or boots with compression protection would be required for work activities involving skid trucks (manual material handling carts) around bulk rolls (such as paper rolls) and around heavy pipes, all of which could potentially roll over an employee's feet. Safety shoes or boots with puncture protection would be required where sharp objects such as nails, wire, tacks, screws, large staples, scrap metal etc., could be stepped on by employees causing a foot injury.

Some occupations (not a complete list) for which foot protection should be routinely considered are: shipping and receiving clerks, stock clerks, carpenters, electricians, machinists, mechanics and repairers, plumbers and pipe fitters, structural metal workers, assemblers, drywall installers and lathers, packers, wrappers, craters, punch and stamping press operators, sawyers, welders, laborers, freight handlers, gardeners and grounds-keepers, timber cutting and logging workers, stock handlers and warehouse laborers.

11. Selection guidelines for hand protection. Gloves are often relied upon to prevent cuts, abrasions, burns, and skin contact with chemicals that are capable of causing local or systemic effects following dermal exposure. OSHA is unaware of any gloves that provide protection against all potential hand hazards, and commonly available glove materials provide only limited protection against many chemicals. Therefore, it is important to select the most appropriate glove for a particular application and to determine how long it can be worn, and whether it can be reused.

It is also important to know the performance characteristics of gloves relative to the specific hazard anticipated; e.g., chemical hazards, cut hazards, flame hazards, etc. These performance characteristics should be assessed by using standard test procedures. Before purchasing gloves, the employer should request documentation from the manufacturer that the gloves meet the appropriate test standard(s) for the hazard(s) anticipated.

Other factors to be considered for glove selection in general include:

(A) As long as the performance characteristics are acceptable, in certain circumstances, it may be more cost effective to regularly change cheaper gloves than to reuse more expensive types; and,

(B) The work activities of the employee should be studied to determine the degree of dexterity required, the duration, frequency, and degree of exposure of the hazard, and the physical stresses that will be applied.

With respect to selection of gloves for protection against chemical hazards:

(A) The toxic properties of the chemical(s) must be determined; in particular, the ability of the chemical to cause local effects on the skin and /or to pass through the skin and cause systemic effects;

(B) Generally, any "chemical resistant" glove can be used for dry powders;

(C) For mixtures and formulated products (unless specific test data are available), a glove should be selected on the basis of the chemical component with the shortest breakthrough time, since it is possible for solvents to carry active ingredients through polymeric materials; and,

(D) Employees must be able to remove the gloves in such a manner as to prevent skin contamination.

12. Cleaning and maintenance. It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision.

For the purposes of compliance with 1910.132 (a) and (b), PPE should be inspected, cleaned, and maintained at regular intervals so that the PPE provides the requisite protection.

It is also important to ensure that contaminated PPE which cannot be decontaminated is disposed of in a manner that protects employees from exposure to hazards.

Subpart G - Occupational Health and Environmental Control

1910.94	Ventilation.
1910.95	Occupational noise exposure.
1910.97	Nonionizing radiation.
1910.98	Effective dates.
1910.99	Sources of standards.
1910.100	Standards organizations.

SUBPART G -- Occupational Health and Environmental Control AMEND:11/1/90

AUTHORITY: Secs. 4, 6, 8, Occupational Safety and Health Act of 1970 (29 U.S.C. 653, 655, 657); Secretary of Labor's Order No. 12-71 (36 FR 8754), 8-76 (41 FR 25059), 9-83 (48 FR 35736), 1-90 (55 FR 9033), 6-96 (62FR 111), or 5-2007 (72 FR 31159), as applicable; and 29 CFR part 1911.

1910.94 Ventilation.

(a) Abrasive blasting

(1) Definitions applicable to this paragraph

(i) Abrasive. A solid substance used in an abrasive blasting operation.

(ii) Abrasive-blasting respirator. A respirator constructed so that it covers the wearer's head, neck, and shoulders to protect the wearer from rebounding abrasive.

(iii) Blast cleaning barrel. A complete enclosure which rotates on an axis, or which has an internal moving tread to tumble the parts, in order to expose various surfaces of the parts to the action of an automatic blast spray.

(iv) Blast cleaning room. A complete enclosure in which blasting operations are performed and where the operator works inside of the room to operate the blasting nozzle and direct the flow of the abrasive material.

(v) Blasting cabinet. An enclosure where the operator stands outside and operates the blasting nozzle through an opening or openings in the enclosure.

(vi) Clean air. Air of such purity that it will not cause harm or discomfort to an individual if it is inhaled for extended periods of time.

(vii) Dust collector. A device or combination of devices for separating dust from the air handled by an exhaust ventilation system.

(viii) Exhaust ventilation system. A system for removing contaminated air from a space, comprising two or more of the following elements (a) enclosure or hood, (b) duct work, (c) dust collecting equipment, (d) exhauster, and (e) discharge stack.

(ix) Particulate-filter respirator. An air purifying respirator, commonly referred to as a dust or a fume respirator, which removes most of the dust or fume from the air passing through the device.

(x) Respirable dust. Airborne dust in sizes capable of passing through the upper respiratory system to reach the lower lung passages.

(xi) Rotary blast cleaning table. An enclosure where the pieces to be cleaned are positioned on a rotating table and are passed automatically through a series of blast sprays.

(xii) Abrasive blasting. The forcible application of an abrasive to a surface by pneumatic pressure, hydraulic pressure, or centrifugal force.

(2) Dust hazards from abrasive blasting.

(i) Abrasives and the surface coatings on the materials blasted are shattered and pulverized during blasting operations and the dust formed will contain particles of respirable size. The composition and toxicity of the dust from these sources shall be considered in making an evaluation of the potential health hazards.

(ii) The concentration of respirable dust or fume in the breathing zone of the abrasive-blasting operator or any other worker shall be kept below the levels specified in 1910.1000.

(iii) Organic abrasives which are combustible shall be used only in automatic systems. Where flammable or explosive dust mixtures may be present, the construction of the equipment, including the exhaust system and all electric wiring, shall conform to the requirements of American National Standard Installation of Blower and Exhaust Systems for Dust, Stock, and Vapor Removal or Conveying, Z33.1-1961 (NFPA 91-1961), which is incorporated by reference as specified in 1910.6, and Subpart S of this part. The blast nozzle shall be bonded and grounded to prevent the build up of static charges. Where flammable or explosive dust mixtures may be present, the abrasive blasting enclosure, the ducts, and the dust collector shall be constructed with loose panels or explosion venting areas, located on sides away from any occupied area, to provide for pressure relief in case of explosion, following the principles set forth in the National Fire Protection Association Explosion Venting Guide NFPA 68-1954, which is incorporated by reference as specified in 1910.6.

(3) Blast-cleaning enclosures.

(i) Blast-cleaning enclosures shall be exhaust ventilated in such a way that a

continuous inward flow of air will be maintained at all openings in the enclosure during the blasting operation.

(a) All air inlets and access openings shall be baffled or so arranged that by the combination of inward air flow and baffling the escape of abrasive or dust particules into an adjacent work area will be minimized and visible spurts of dust will not be observed.

(b) The rate of exhaust shall be sufficient to provide prompt clearance of the dust-laden air within the enclosure after the cessation of blasting. STEP

(c) Before the enclosure is opened, the blast shall be turned off and the exhaust system shall be run for a sufficient period of time to remove the dusty air within the enclosure.

(d) Safety glass protected by screening shall be used in observation windows, where hard deep-cutting abrasives are used.

(e) Slit abrasive-resistant baffles shall be installed in multiple sets at all small access openings where dust might escape, and shall be inspected regularly and replaced when needed.

(1) Doors shall be flanged and tight when closed.

(2) Doors on blast-cleaning rooms shall be operable from both inside and outside, except that where there is a small operator access door, the large work access door may be closed or opened from the outside only.

(4) Exhaust ventilation systems.

(i) The construction, installation, inspection, and maintenance of exhaust systems shall conform to the principles and requirements set forth in American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, Z9.2-1960, and ANSI Z33.1-1961, which are incorporated by reference as specified in 1910.6.

(a) When dust leaks are noted, repairs shall be made as soon as possible.
STEP

(b) The static pressure drop at the exhaust ducts leading from the equipment shall be checked when the installation is completed and periodically thereafter to assure continued satisfactory operation. Whenever an appreciable change in the pressure drop indicates a partial blockage, the system shall be cleaned and returned to normal operating condition.

(ii) In installations where the abrasive is recirculated, the exhaust ventilation system for the blasting enclosure shall not be relied upon for the removal of fines from the spent

abrasive instead of an abrasive separator. An abrasive separator shall be provided for the purpose.

(iii) The air exhausted from blast-cleaning equipment shall be discharged through dust collecting equipment. Dust collectors shall be set up so that the accumulated dust can be emptied and removed without contaminating other working areas.

(5) Personal protective equipment.

(i) Employers must use only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) under 42 CFR part 84 to protect employees from dusts produced during abrasive-blasting operations.

(ii) Abrasive-blasting respirators shall be worn by all abrasive-blasting operators:

(a) When working inside of blast-cleaning rooms, or

(b) When using silica sand in manual blasting operations where the nozzle and blast are not physically separated from the operator in an exhaust ventilated enclosure, or

(c) Where concentrations of toxic dust dispersed by the abrasive blasting may exceed the limits set in 1910.1000 and the nozzle and blast are not physically separated from the operator in an exhaust-ventilated enclosure.

(iii) Properly fitted particulate-filter respirators, commonly referred to as dust-filter respirators, may be used for short, intermittent, or occasional dust exposures such as cleanup, dumping of dust collectors, or unloading shipments of sand at a receiving point when it is not feasible to control the dust by enclosure, exhaust ventilation, or other means. The respirators used must be approved by NIOSH under 42 CFR part 84 for protection against the specific type of dust encountered.

(iv) For employees who use respirators required by this section, the employer must implement a respiratory protection program in accordance with 29 CFR 1910.134.

(a) Dust-filter respirators may be used to protect the operator of outside abrasive-blasting operations where nonsilica abrasives are used on materials having low toxicities.

(b) Dust-filter respirators shall not be used for continuous protection where silica sand is used as the blasting abrasive, or toxic materials are blasted.

(iv) A respiratory protection program as defined and described in 1910.134 (a)

and (b), shall be established wherever it is necessary to use respiratory protective equipment.

(v) Operators shall be equipped with heavy canvas or leather gloves and aprons or equivalent protection to protect them from the impact of abrasives. Safety shoes shall be worn to protect against foot injury where heavy pieces of work are handled.

(a) Protective footwear must comply with the requirements specified by 29 CFR 1910.136(b)(1).

(b) Equipment for protection of the eyes and face shall be supplied to the operator when the respirator design does not provide such protection and to any other personnel working in the vicinity of abrasive blasting operations. This equipment shall conform to the requirements of 1910.133.

(6) Air supply and air compressors. Air for abrasive-blasting respirators must be free of harmful quantities of dusts, mists, or noxious gases, and must meet the requirements for supplied-air quality and use specified in 29 CFR 1910.134(i). The air from the regular compressed air line of the plant may be used for the abrasive-blasting respirator if

(i) a trap and carbon filter are installed and regularly maintained, to remove oil, water, scale, and odor, STEP

(ii) a pressure reducing diaphragm or valve is installed to reduce the pressure down to requirements of the particular type of abrasive-blasting respirator, and STEP

(iii) an automatic control is provided to either sound an alarm or shut down the compressor in case of overheating. STEP

(7) Operational procedures and general safety. Dust shall not be permitted to accumulate on the floor or on ledges outside of an abrasive-blasting enclosure, and dust spills shall be cleaned up promptly. Aisles and walkways shall be kept clear of steel shot or similar abrasive which may create a slipping hazard. STEP

(8) Scope. This paragraph (a) applies to all operations where an abrasive is forcibly applied to a surface by pneumatic or hydraulic pressure, or by centrifugal force. It does not apply to steam blasting, or steam cleaning, or hydraulic cleaning methods where work is done without the aid of abrasives.

(b) Grinding, polishing, and buffing operations

(1) Definitions applicable to this paragraph

(i) Abrasive cutting-off wheels. Organic-bonded wheels, the thickness of which is not more than one forty-eighth of their diameter for those up to, and including, 20 inches in

diameter, and not more than one-sixtieth of their diameter for those larger than 20 inches in diameter, used for a multitude of operations variously known as cutting, cutting off, grooving, slotting, coping, and jointing, and the like. The wheels may be "solid" consisting of organic-bonded abrasive material throughout, "steel centered" consisting of a steel disc with a rim of organic-bonded material moulded around the periphery, or of the "inserted tooth" type consisting of a steel disc with organic-bonded abrasive teeth or inserts mechanically secured around the periphery.

(ii) Belts. All power-driven, flexible, coated bands used for grinding, polishing, or buffing purposes.

(iii) Branch pipe. The part of an exhaust system piping that is connected directly to the hood or enclosure.

(iv) Cradle. A movable fixture, upon which the part to be ground or polished is placed.

(v) Disc wheels. All power-driven rotatable discs faced with abrasive materials, artificial or natural, and used for grinding or polishing on the side of the assembled disc.

(vi) Entry loss. The loss in static pressure caused by air flowing into a duct or hood. It is usually expressed in inches of water gauge.

(vii) Exhaust system. A system consisting of branch pipes connected to hoods or enclosures, one or more header pipes, an exhaust fan, means for separating solid contaminants from the air flowing in the system, and a discharge stack to outside.

(viii) Grinding wheels. All power-driven rotatable grinding or abrasive wheels, except disc wheels as defined in this standard, consisting of abrasive particles held together by artificial or natural bonds and used for peripheral grinding.

(ix) Header pipe (main pipe). A pipe into which one or more branch pipes enter and which connects such branch pipes to the remainder of the exhaust system.

(x) Hoods and enclosures. The partial or complete enclosure around the wheel or disc through which air enters an exhaust system during operation.

(xi) Horizontal double-spindle disc grinder. A grinding machine carrying two power-driven, rotatable, coaxial, horizontal spindles upon the inside ends of which are mounted abrasive disc wheels used for grinding two surfaces simultaneously.

(xii) Horizontal single-spindle disc grinder. A grinding machine carrying an abrasive disc wheel upon one or both ends of a power-driven, rotatable single horizontal spindle.

(xiii) Polishing and buffing wheels. All power-driven rotatable wheels composed all or in part of textile fabrics, wood, felt, leather, paper, and may be coated with abrasives on the periphery of the wheel for purposes of polishing, buffing, and light grinding.

(xiv) Portable grinder. Any power-driven rotatable grinding, polishing, or buffing wheel mounted in such manner that it may be manually manipulated.

(xv) Scratch brush wheels. All power-driven rotatable wheels made from wire or bristles, and used for scratch cleaning and brushing purposes.

(xvi) Swing-frame grinder. Any power-driven rotatable grinding, polishing, or buffing wheel mounted in such a manner that the wheel with its supporting framework can be manipulated over stationary objects.

(xvii) Velocity pressure (vp). The kinetic pressure in the direction of flow necessary to cause a fluid at rest to flow at a given velocity. It is usually expressed in inches of water gauge.

(xviii) Vertical spindle disc grinder. A grinding machine having a vertical, rotatable power-driven spindle carrying a horizontal abrasive disc wheel.

(2) Application. Wherever dry grinding, dry polishing or buffing is performed, and employee exposure, without regard to the use of respirators, exceeds the permissible exposure limits prescribed in 1910.1000 or other sections of this part, a local exhaust ventilation system shall be provided and used to maintain employee exposures within the prescribed limits.

(3) Hood and branch pipe requirements.

(i) Hoods connected to exhaust systems shall be used, and such hoods shall be designed, located, and placed so that the dust or dirt particles shall fall or be projected into the hoods in the direction of the air flow. No wheels, discs, straps, or belts shall be operated in such manner and in such direction as to cause the dust and dirt particles to be thrown into the operator's breathing zone.

(ii) Grinding wheels on floor stands, pedestals, benches, and special-purpose grinding machines and abrasive cutting-off wheels shall have not less than the minimum exhaust volumes shown in Table G-4 with a recommended minimum duct velocity of 4,500 feet per minute in the branch and 3,500 feet per minute in the main. The entry losses from all hoods except the vertical-spindle disc grinder hood, shall equal 0.65 velocity pressure for a straight takeoff and 0.45 velocity pressure for a tapered takeoff. The entry loss for the vertical-spindle disc grinder hood is shown in figure G-1 (following 1910.94(b)).

TABLE G-4 - GRINDING AND ABRASIVE CUTTING-OFF WHEELS

Wheel diameter (inches)	Wheel width (inches)	Minimum exhaust volume (feet (3)/min.)
To 9.....	1 1/2	220
Over 9 to 16.....	2	390
Over 16 to 19....	3	500
Over 19 to 24....	4	610
Over 24 to 30....	5	880
Over 30 to 36....	6	1,200

For any wheel wider than wheel diameters shown in Table G-4, increase the exhaust volume by the ratio of the new width to the width shown.

Example:

If wheel width=4 1/2 inches, then

4.5 divided by 4 X 610=686 (rounded to 690).

(iii) Scratch-brush wheels and all buffing and polishing wheels mounted on floor stands, pedestals, benches, or special-purpose machines shall have not less than the minimum exhaust volume shown in Table G-5.

TABLE G-5 - BUFFING AND POLISHING WHEELS

Wheel diameter (inches)	Wheel width (inches)	Minimum exhaust volume (feet (3)/min.)
To 9.....	2	300
Over 9 to 16.....	3	500
Over 16 to 19.....	4	610
Over 19 to 24.....	5	740
Over 24 to 30.....	6	1,040
Over 30 to 36.....	6	1,200

(iv) Grinding wheels or discs for horizontal single-spindle disc grinders shall be hooded to collect the dust or dirt generated by the grinding operation and the hoods shall be connected to branch pipes having exhaust volumes as shown in Table G-6.

TABLE G-6 - HORIZONTAL SINGLE-SPINDLE DISC GRINDER

Disc diameter (inches)	Exhaust volume (ft. (3)/min.)
------------------------	----------------------------------

Up to 12.....	220
Over 12 to 19.....	390
Over 19 to 30.....	610
Over 30 to 36.....	880

(v) Grinding wheels or discs for horizontal double-spindle disc grinders shall have a hood enclosing the grinding chamber and the hood shall be connected to one or more branch pipes having exhaust volumes as shown in Table G-7.

TABLE G-7 - HORIZONTAL DOUBLE-SPINDLE DISC GRINDER

Disc diameter (inches)	Exhaust volume (ft. (3)/min.)
Up to 19.....	610
Over 19 to 25.....	880
Over 25 to 30.....	1,200
Over 30 to 53.....	1,770
Over 53 to 72.....	6,280

(vi) Grinding wheels or discs for vertical single-spindle disc grinders shall be encircled with hoods to remove the dust generated in the operation. The hoods shall be connected to one or more branch pipes having exhaust volumes as shown in Table G-8.

TABLE G-8 - VERTICAL SPINDLE DISC GRINDER

Disc diameter (inches)	One-half or more of disc covered		Disc not covered	
	Number (1)	Exhaust foot (3)/min	Number (1)	Exhaust foot (3)/min
Up to 20.....	1	500	2	780
Over 20 to 30.	2	780	2	1,480
Over 30 to 53.	2	1,770	4	3,530
Over 53 to 72.	2	3,140	5	6,010

Footnote(1) Number of exhaust outlets around periphery of hood, or equal distribution provided by other means.

(vii) Grinding and polishing belts shall be provided with hoods to remove dust and dirt generated in the operations and the hoods shall be connected to branch pipes having

exhaust volumes as shown in Table G-9.

TABLE G-9 - GRINDING AND POLISHING BELTS

Belts width (inches)	Exhaust volume (ft. (3)/min.)
Up to 3.....	220
Over 3 to 5.....	300
Over 5 to 7.....	390
Over 7 to 9.....	500
Over 9 to 11.....	610
Over 11 to 13.....	740

(viii) Cradles and swing-frame grinders. Where cradles are used for handling the parts to be ground, polished, or buffed, requiring large partial enclosures to house the complete operation, a minimum average air velocity of 150 feet per minute shall be maintained over the entire opening of the enclosure. Swing-frame grinders shall also be exhausted in the same manner as provided for cradles. (See fig. G-3)

(ix) Where the work is outside the hood, air volumes must be increased as shown in American Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, Z9.2-1960 (section 4, exhaust hoods).

(4) Exhaust systems.

(i) Exhaust systems for grinding, polishing, and buffing operations should be designed in accordance with American Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, Z9.2-1960.

(ii) Exhaust systems for grinding, polishing, and buffing operations shall be tested in the manner described in American Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, Z9.2-1960.

(iii) All exhaust systems shall be provided with suitable dust collectors.

(5) Hood and enclosure design.

(i)

(a) It is the dual function of grinding and abrasive cutting-off wheel hoods to protect the operator from the hazards of bursting wheels as well as to provide a means for the removal of dust and dirt generated. All hoods shall be not less in structural strength than specified in structural strength than specified in Table O-1 and O-9 of Sec. 1910.215.

(b) Due to the variety of work and types of grinding machines employed, it is necessary to develop hoods adaptable to the particular machine in question, and such hoods shall be located as close as possible to the operation.

(ii) Exhaust hoods for floor stands, pedestals, and bench grinders shall be designed in accordance with figure G-2. The adjustable tongue shown in the figure shall be kept in working order and shall be adjusted within one-fourth inch of the wheel periphery at all times.

(iii) Swing-frame grinders shall be provided with exhaust booths as indicated in figure G-3.

(iv) Portable grinding operations, whenever the nature of the work permits, shall be conducted within a partial enclosure. The opening in the enclosure shall be no larger than is actually required in the operation and an average face air velocity of not less than 200 feet per minute shall be maintained.

(v) Hoods for polishing and buffing and scratch-brush wheels shall be constructed to conform as closely to figure G-4 as the nature of the work will permit.

(vi) Cradle grinding and polishing operations shall be performed within a partial enclosure similar to figure G-5. The operator shall be positioned outside the working face of the opening of the enclosure. The face opening of the enclosure should not be any greater in area than that actually required for the performance of the operation and the average air velocity into the working face of the enclosure shall not be less than 150 feet per minute.

(vii) Hoods for horizontal single-spindle disc grinders shall be constructed to conform as closely as possible to the hood shown in figure G-6. It is essential that there be a space between the back of the wheel and the hood, and a space around the periphery of the wheel of at least 1 inch in order to permit the suction to act around the wheel periphery. The opening on the side of the disc shall be no larger than is required for the grinding operation, but must never be less than twice the area of the branch outlet.

(viii) Horizontal double-spindle disc grinders shall have a hood encircling the wheels and grinding chamber similar to that illustrated in figure G-7. The openings for passing the work into the grinding chamber should be kept as small as possible, but must never be less than twice the area of the branch outlets.

(ix) Vertical-spindle disc grinders shall be encircled with a hood so constructed that the heavy dust is drawn off a surface of the disc and the lighter dust exhausted through a continuous slot at the top of the hood as shown in figure G-1.

(x) Grinding and polishing belt hoods shall be constructed as close to the operation as possible. The hood should extend almost to the belt, and 1-inch wide openings

should be provided on either side. Figure G-8 shows a typical hood for a belt operation.

FIGURE G-1 VERTICAL SPINDLE DISC GRINDER EXHAUST HOOD AND BRANCH PIPE CONNECTIONS

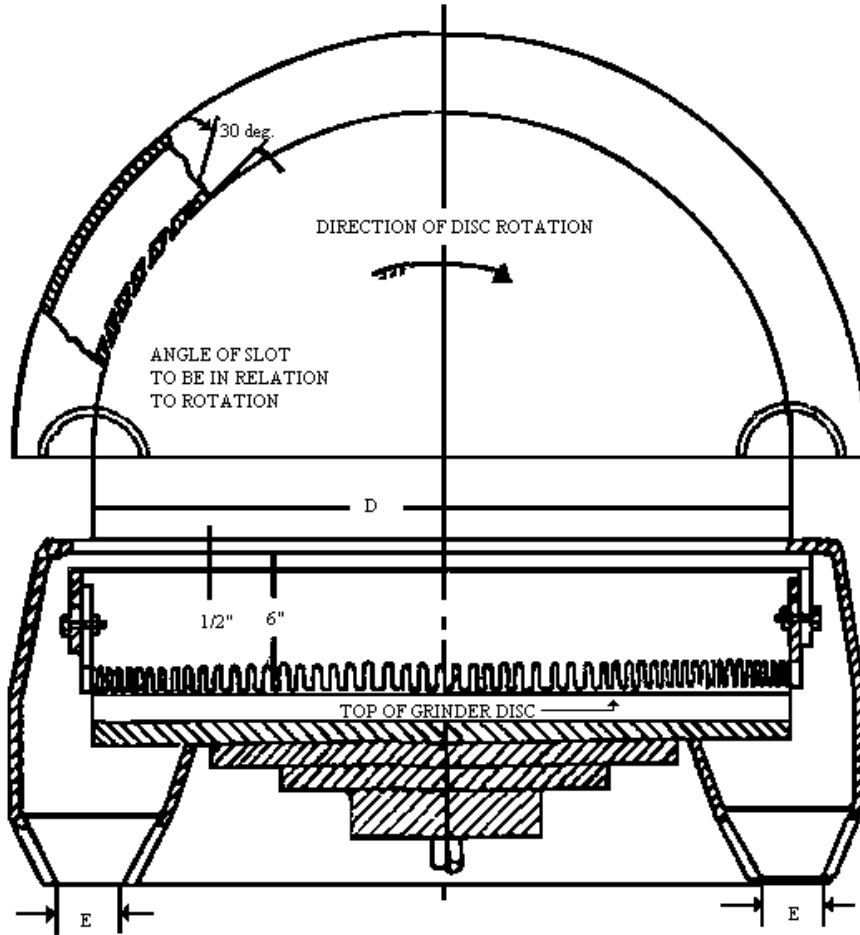


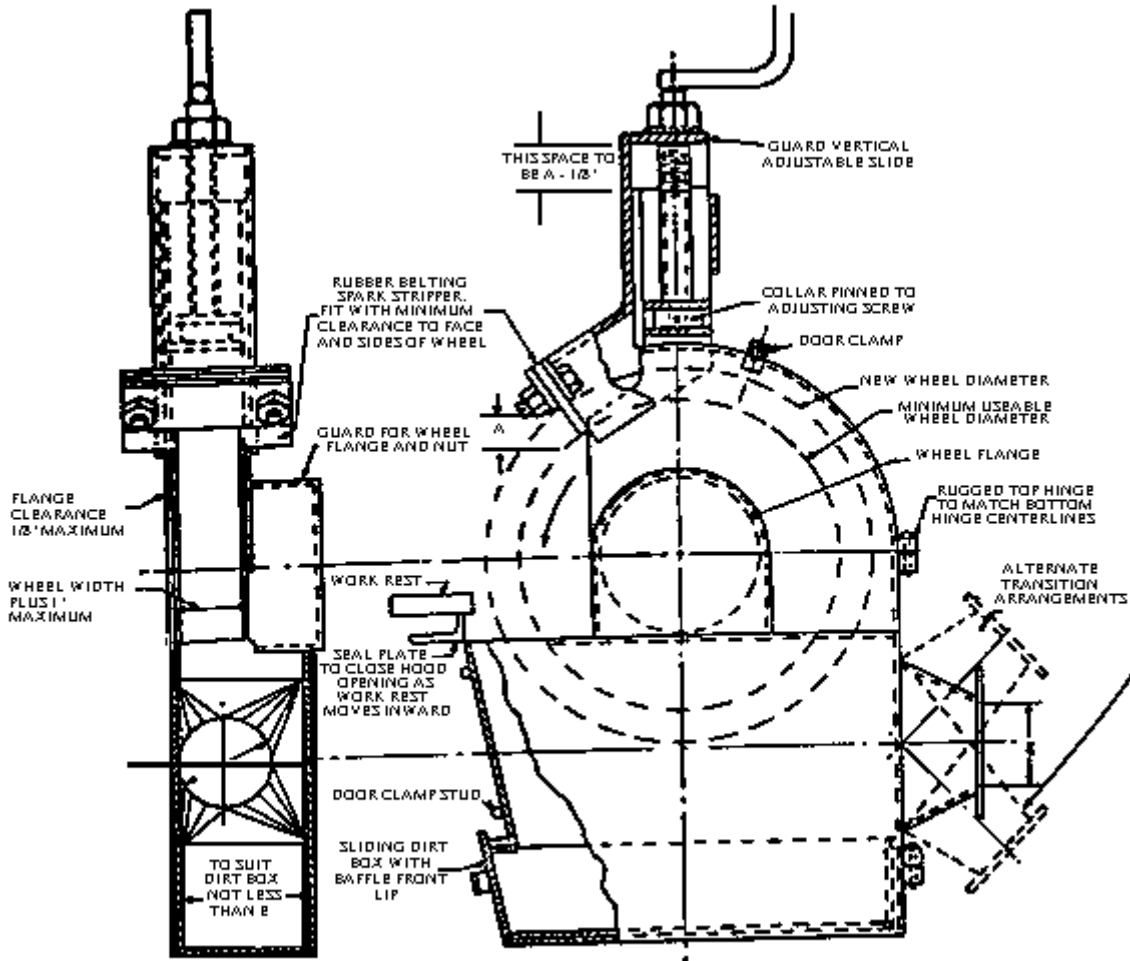
Figure G-1 -- Vertical Spindle Disc Grinder Exhaust Hood and Branch Pipe Connections

Dia. D inches (cm)		Exhaust E		Volume Exhausted at 4,500 ft/min ft(3)/min	Note
Min.	Max.	No Pipes	Dia.		
.....	20	1	4 1/4	500	When one-half or more

					of the disc can be hooded, use exhaust ducts as shown at the left.
Over 20	30	2	4	780	
Over 30	72	2	6	1,770	
Over 53	72	2	8	3,140	
<hr/>					
	20	2	4	780	When no hood can be used over disc, use exhaust ducts as shown at left.
Over 20	20	2	4	780	
Over 30	30	2	5 1/2	1,480	
Over 53	53	4	6	3,530	
	72	5	7	6,010	

Entry loss=1.0 slot velocity pressure + 0.5 branch velocity pressure.
 Minimum slot velocity=2,000 ft/min -- 1/2-inch (1.27 cm) slot width.

FIGURE G-2 STANDARD GRINDER HOOD



* Figure D-37.2 -- Standard Grinder Hood

FIGURE G-2 STANDARD GRINDER HOOD

Wheel dimension, inches		Width, Max	Exhaust outlet, inches E	Volume of air at 4,500 ft/min
Diameter				
Min= d	Max= D			
	9	1 1/2	3	220
Over 9 ...	16	2	4	390
Over 16 ..	19	3	4 1/2	500
Over 19 ..	24	4	5	610
Over 24 ..	30	5	6	880
Over 30 ..	36	6	7	1,200

Entry loss = 0.45 velocity pressure for tapered takeoff 0.65

velocity pressure for straight takeoff.

FIGURE G-3 A METHOD OF APPLYING AN EXHAUST ENCLOSURE TO SWING-FRAME GRINDERS

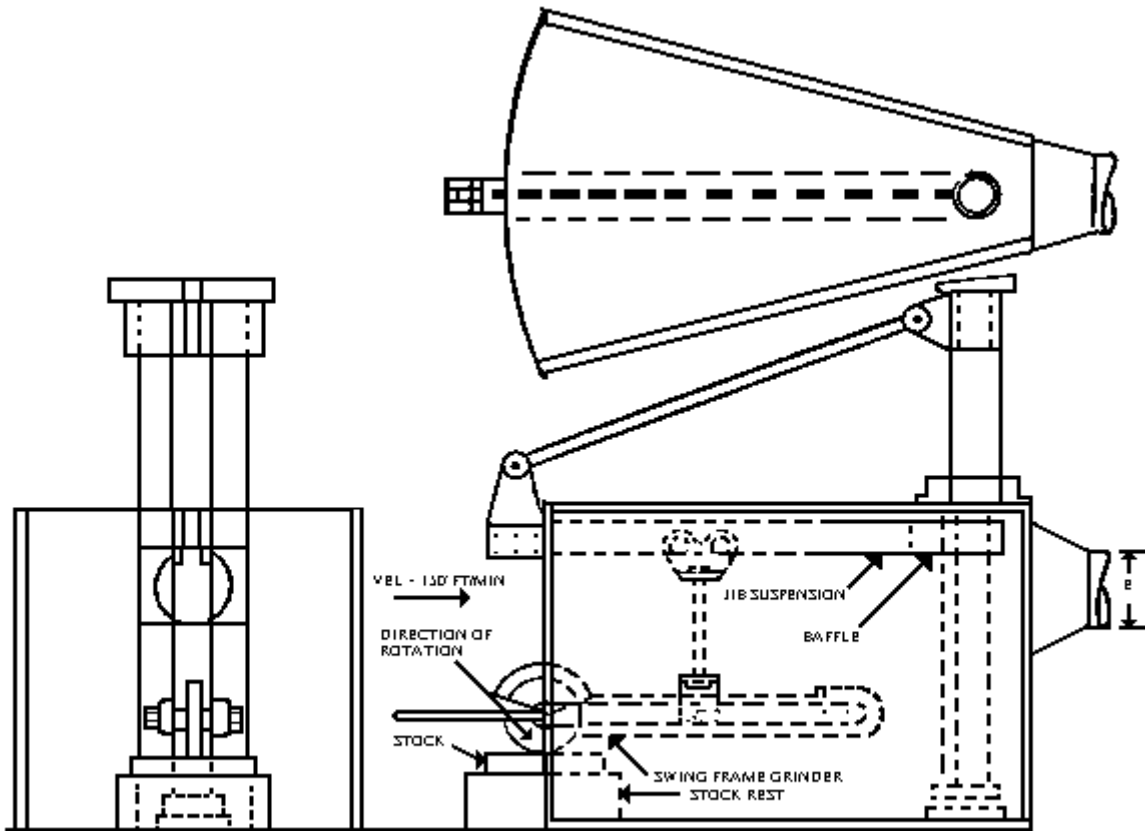
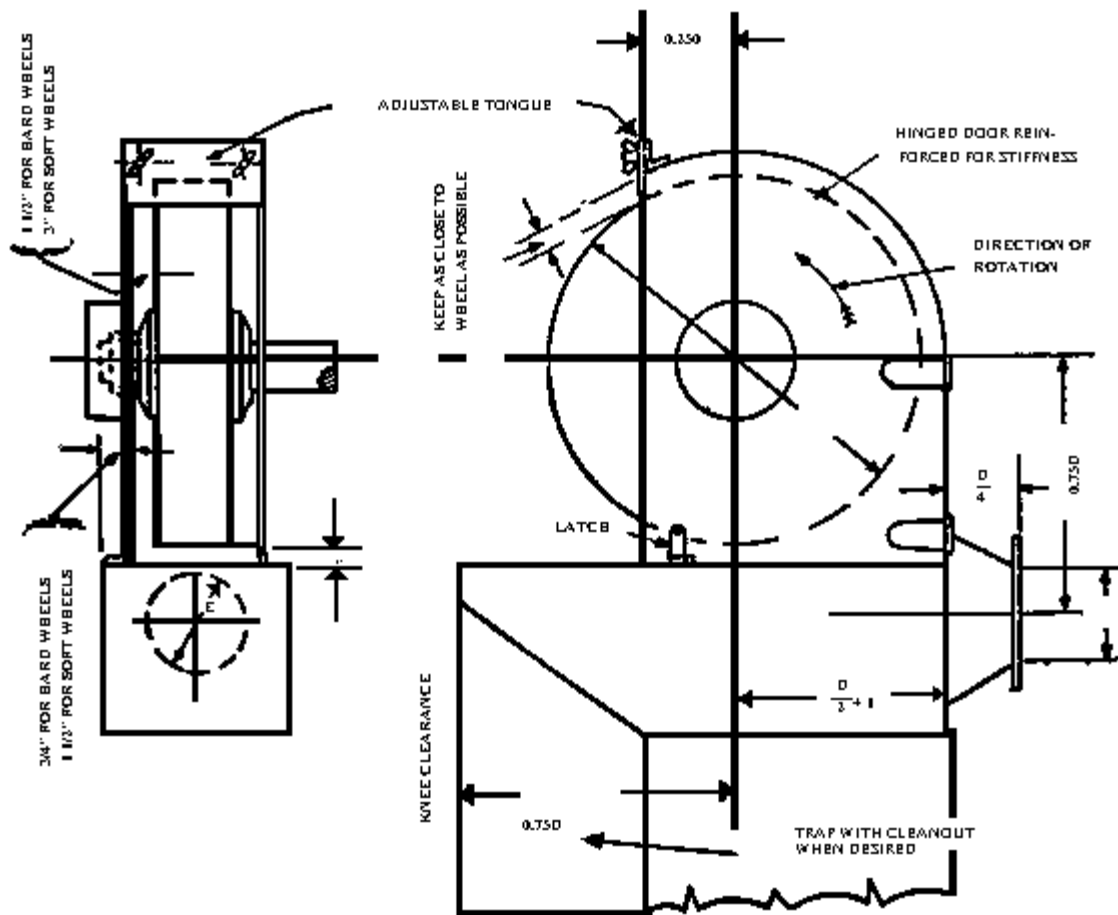


FIGURE G-4 STANDARD BUFFING AND POLISHING HOOD

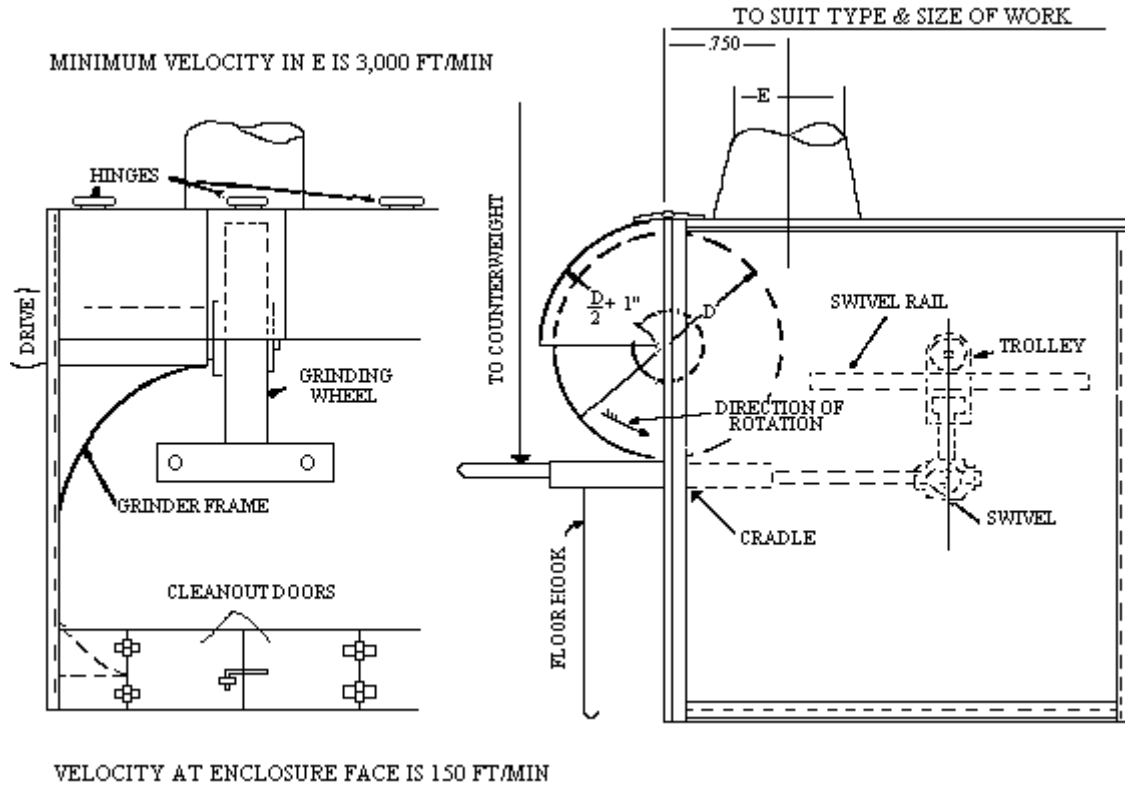


Standard Buffing and Polishing Hood

Wheel dimension, inches		Width, Max	Exhaust outlet, inches E	Volume of air at 4,500 ft/min
Min= d	Max= D			
	9	2	3 1/2	300
Over 9	16	3	4	500
Over 16	19	4	5	610
Over 19	24	5	5 1/2	740
Over 24	30	6	6 1/2	1,040
Over 30	36	6	7	1,200

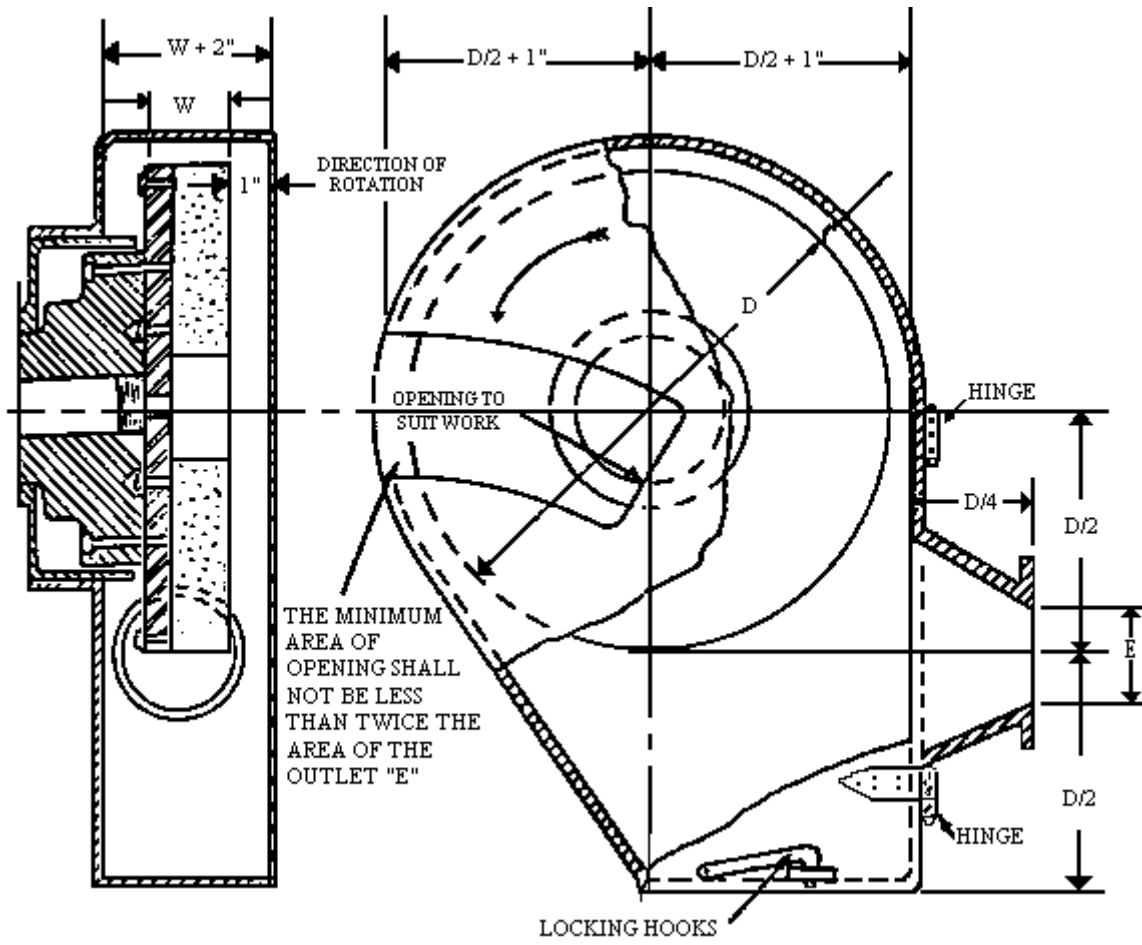
Entry loss = 0.15 velocity pressure for tapered takeoff; 0.65 velocity pressure for straight takeoff.

FIGURE G-5 CRADLE POLISHING OR GRINDING ENCLOSURE



Entry loss = 0.45 velocity pressure for tapered takeoff.

FIGURE G-6 HORIZONTAL SINGLE-SPINDLE DISC GRINDER EXHAUST HOOD AND BRANCH PIPE CONNECTIONS



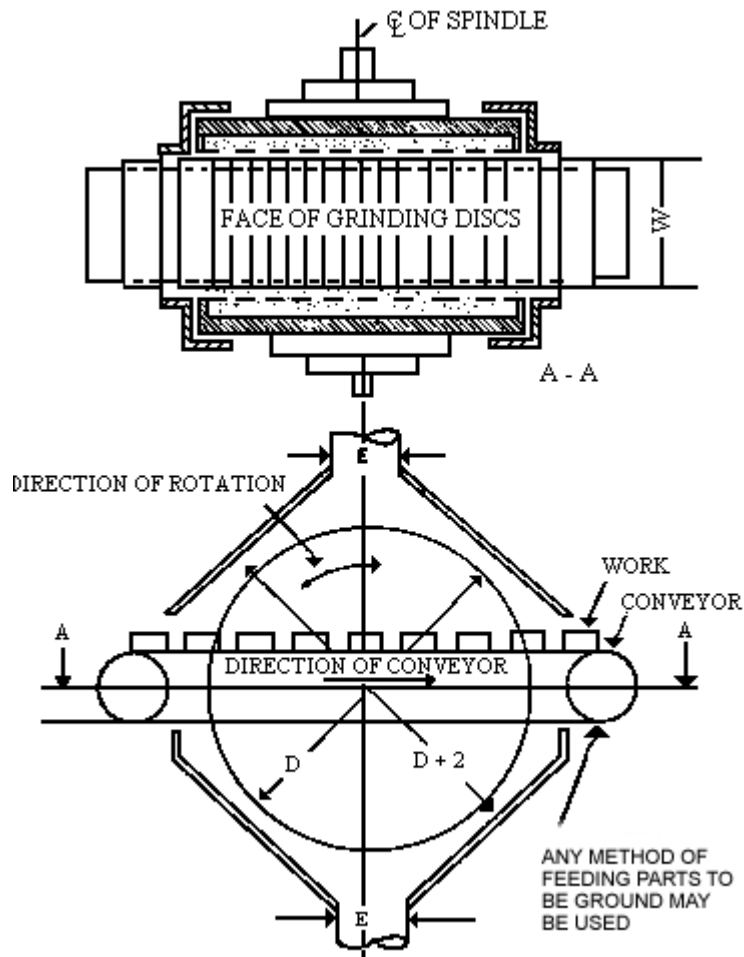
Dia D inches		Exhaust E dia. inches	Volume exhausted at 4,500 ft/min ft(3)/min
Min.	Max.		
Over 12	12	3	220
Over 19	19	4	390
Over 30	30	5	610
Over 30	36	6	880

NOTE: If grinding wheels are used for disc grinding purposes, hoods must conform to structural strength and materials as described in 9.1.

Entry loss = 0.45 velocity pressure for tapered takeoff.

FIGURE G-7 HORIZONTAL DOUBLE-SPINDLE DISC GRINDER EXHAUST HOOD AND

BRANCH PIPE CONNECTIONS

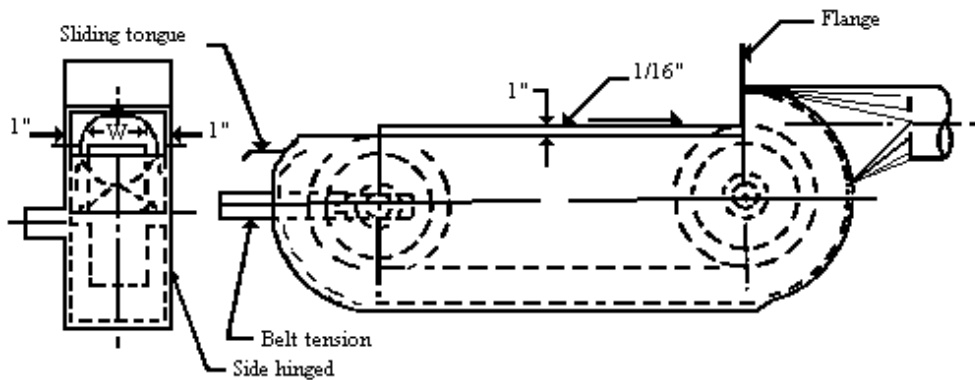


Disc dia.inches		Exhaust E		Volume exhausted at 4,500 ft/min. ft(3)/min	Note
Min.	Max.	No Pipes	Dia.		
Over 19	19 25	1 1	5 6	610 880	When width "W" permits, exhaust

					ducts should be as near heaviest grinding as possible.
Over 25	30	1	7	1,200	
Over 30	53	2	6	1,770	
Over 53	72	4	8	6,280	

Entry loss = 0.45 velocity pressure for tapered takeoff.

FIGURE G-8 A TYPICAL HOOD FOR A BELT OPERATION



Entry loss = 0.45 velocity pressure for tapered takeoff.

Belt width W. inches (centimeters)	Exhaust Volume ft. ³ /min
Up to 3	220
3 to 5	300
5 to 7	390
7 to 9	500
9 to 11	610
11 to 13	740

Minimum duct velocity = 4,500 ft/min branch, 3,500 ft/min main.

Entry loss = 0.45 velocity pressure for tapered takeoff; 0.65 velocity pressure for straight takeoff.

(6) Scope. This paragraph (b), prescribes the use of exhaust hood enclosures and systems in removing dust, dirt, fumes, and gases generated through the grinding, polishing, or buffing of ferrous and nonferrous metals.

(c) Spray finishing operations

(1) Definitions applicable to this paragraph

(i) Spray-finishing operations. Spray-finishing operations are employment of methods wherein organic or inorganic materials are utilized in dispersed form for deposit on surfaces to be coated, treated, or cleaned. Such methods of deposit may involve either automatic, manual, or electrostatic deposition but do not include metal spraying or metallizing, dipping, flow coating, roller coating, tumbling, centrifuging, or spray washing and degreasing as conducted in self-contained washing and degreasing machines or systems.

(ii) Spray booth. Spray booths are defined and described in 1910.107(a).

(iii) Spray room. A spray room is a room in which spray-finishing operations not conducted in a spray booth are performed separately from other areas.

(iv) Minimum maintained velocity. Minimum maintained velocity is the velocity of air movement which must be maintained in order to meet minimum specified requirements for health and safety.

(2) Location and application. Spray booths or spray rooms are to be used to enclose or confine all operations. Spray-finishing operations shall be located as provided in sections 201 through 206 of the Standard for Spray Finishing Using Flammable and Combustible Materials, NFPA No. 33-1969. STEP

(3) Design and construction of spray booths.

(i) Spray booths shall be designed and constructed in accordance with 1910.107(b) (1) through (b)(4) and (b)(6) through (b)(10). For a more detailed discussion of fundamentals relating to this subject, see ANSI Z9.2-1960, which is incorporated by reference as specified in Sec. 1910.6.

(a) Lights, motors, electrical equipment, and other sources of ignition shall conform to the requirements of 1910.107 (b)(10) and (c). (See section 310 and chapter 4 of the Standard for Spray Finishing Using Flammable and Combustible Materials NFPA No. 33-1969.)

(b) In no case shall combustible material be used in the construction of a spray booth and supply or exhaust duct connected to it. STEP

(ii) Unobstructed walkways shall not be less than 6 1/2 feet high and shall be maintained clear of obstruction from any work location in the booth to a booth exit or open booth front. In booths where the open front is the only exit, such exits shall be not less than 3 feet wide. In booths having multiple exits, such exits shall not be less than 2 feet wide, provided

that the maximum distance from the work location to the exit is 25 feet or less. Where booth exits are provided with doors, such doors shall open outward from the booth.

(iii) Baffles, distribution plates, and dry-type overspray collectors shall conform to the requirements of 1910.107(b)(4) and (b)(5).

(a) Overspray filters shall be installed and maintained in accordance with the requirements of 1910.107 (b)(5), and shall only be in a location easily accessible for inspection, cleaning, or replacement.

(b) Where effective means, independent of the overspray filters, are installed which will result in design air distribution across the booth cross section, it is permissible to operate the booth without the filters in place.

(iv)

(a) For wet or water-wash spray booths, the water-chamber enclosure, within which intimate contact of contaminated air and cleaning water or other cleaning medium is maintained, if made of steel, shall be 18 gage or heavier and adequately protected against corrosion.

(b) Chambers may include scrubber spray nozzles, headers, troughs, or other devices. Chambers shall be provided with adequate means for creating and maintaining scrubbing action for removal of particulate matter from the exhaust air stream.

(v) Collecting tanks shall be of welded steel construction or other suitable non-combustible material. If pits are used as collecting tanks, they shall be concrete, masonry, or other material having similar properties.

(a) Tanks shall be provided with weirs, skimmer plates, or screens to prevent sludge and floating paint from entering the pump suction box. Means for automatically maintaining the proper water level shall also be provided. Fresh water inlets shall not be submerged. They shall terminate at least one pipe diameter above the safety overflow level of the tank.

(b) Tanks shall be so constructed as to discourage accumulation of hazardous deposits.

(vi) Pump manifolds, risers, and headers shall be adequately sized to insure sufficient water flow to provide efficient operation of the water chamber.

(4) Design and construction of spray rooms.

(i) Spray rooms, including floors, shall be constructed of masonry, concrete, or

other noncombustible material.

STEP

(ii) Spray rooms shall have noncombustible fire doors and shutters.

(iii) Spray rooms shall be adequately ventilated so that the atmosphere in the breathing zone of the operator shall be maintained in accordance with the requirements of paragraph (c)(6)(ii) of this section.

(iv) Spray rooms used for production spray-finishing operations shall conform to the requirements for spray booths.

(5) Ventilation.

(i) Ventilation shall be provided in accordance with provisions of 1910.107(d) and in accordance with the following:

(a) Where a fan plenum is used to equalize or control the distribution of exhaust air movement through the booth, it shall be of sufficient strength or rigidity to withstand the differential air pressure or other superficially imposed loads for which the equipment is designed and also to facilitate cleaning. Construction specifications shall be at least equivalent to those of paragraph (c)(5)(iii) of this section.

(ii) Inlet or supply ductwork used to transport makeup air to spray booths or surrounding areas shall be constructed of noncombustible materials.

(a) If negative pressure exists within inlet ductwork, all seams and joints shall be sealed if there is a possibility of infiltration of harmful quantities of noxious gases, fumes, or mists from areas through which ductwork passes.

(b) Inlet ductwork shall be sized in accordance with volume flow requirements and provide design air requirements at the spray booth.

(c) Inlet ductwork shall be adequately supported throughout its length to sustain at least its own weight plus any negative pressure which is exerted upon it under normal operating conditions.

(iii)

(a) Exhaust ductwork shall be adequately supported throughout its length to sustain its weight plus any normal accumulation in interior during normal operating conditions and any negative pressure exerted upon it.

(b) Exhaust ductwork shall be sized in accordance with good design

practice which shall include consideration of fan capacity, length of duct, number of turns and elbows, variation in size, volume, and character of materials being exhausted. See American National Standard Z9.2-1960 for further details and explanation concerning elements of design.

(c) Longitudinal joints in sheet steel ductwork shall be either lock-seamed, riveted, or welded. For other than steel construction, equivalent securing of joints shall be provided.

(d) Circumferential joints in ductwork shall be substantially fastened together and lapped in the direction of airflow. At least every fourth joint shall be provided with connecting flanges, bolted together, or of equivalent fastening security.

(e) Inspection or clean-out doors shall be provided for every 9 to 12 feet of running length for ducts up to 12 inches in diameter, but the distance between cleanout doors may be greater for larger pipes. A clean-out door or doors shall be provided for servicing the fan, and where necessary, a drain shall be provided.

(f) Where ductwork passes through a combustible roof or wall, the roof or wall shall be protected at the point of penetration by open space or fire-resistive material between the duct and the roof or wall. When ducts pass through firewalls, they shall be provided with automatic fire dampers on both sides of the wall, except that three-eighth-inch steel plates may be used in lieu of automatic fire dampers for ducts not exceeding 18 inches in diameter.

(g) Ductwork used for ventilating any process covered in this standard shall not be connected to ducts ventilating any other process or any chimney or flue used for conveying any products of combustion.

(6) Velocity and air flow requirements. STEP

(i) Except where a spray booth has an adequate air replacement system, the velocity of air into all openings of a spray booth shall be not less than that specified in Table G-10 for the operating conditions specified. An adequate air replacement system is one which introduces replacement air upstream or above the object being sprayed and is so designed that the velocity of air in the booth cross section is not less than that specified in Table G-10 when measured upstream or above the object being sprayed. STEP

TABLE G-10 - MINIMUM MAINTAINED VELOCITIES INTO SPRAY BOOTHS

Operating conditions for objects completely inside booth	Crossdraft, f.p.m.	Airflow velocities, f.p.m.	
		Design	Range
Electrostatic and automatic air-less	Negligible.	50 Large booth	50-75

operation contained in booth without operator.			
Air-operated guns, manual or automatic	Up to 50 ...	100 small booth 100 large booth	75-125 75-125
Air-operated guns, manual or automatic	Up to 100 ..	150 small booth 150 large booth	125-175 125-175
		200 small booth	150-250

NOTES:

[1] Attention is invited to the fact that the effectiveness of the spray booth is dependent upon the relationship of the depth of the booth to its height and width.

[2] Crossdrafts can be eliminated through proper design and such design should be sought. Crossdrafts in excess of 100 fpm (feet per minute) should not be permitted.

[3] Excessive air pressures result in loss of both efficiency and material waste in addition to creating a backlash that may carry overspray and fumes into adjacent work areas.

[4] Booths should be designed with velocities shown in the column headed "Design. However, booths operating with velocities shown in the column headed "Range" are in compliance with this standard.

(ii) In addition to the requirements in paragraph (c)(6)(i) of this section the total air volume exhausted through a spray booth shall be such as to dilute solvent vapor to at least 25 percent of the lower explosive limit of the solvent being sprayed. An example of the method of calculating this volume is given below.

Example: To determine the lower explosive limits of the most common solvents used in spray finishing, see Table G-11. Column 1 gives the number of cubic feet of vapor per gallon of solvent and column 2 gives the lower explosive limit (LEL) in percentage by volume of air. Note that the quantity of solvent will be diminished by the quantity of solids and nonflammables contained in the finish.

To determine the volume of air in cubic feet necessary to dilute the vapor from 1 gallon of solvent to 25 percent of the lower explosive limit, apply the following formula:

Dilution volume required per gallon of solvent = 4 (100 - LEL) (cubic feet of vapor per gallon) divided by LEL

Using toluene as the solvent.

1. LEL of toluene from Table G-11, column 2, is 1.4 percent.
2. Cubic feet of vapor per gallon from Table G-11, column 1, is 30.4 cubic feet

per gallon.

3. Dilution volume required = 4 (100 - 1.4) 30.4 divided by 1.4 = 8,564 cubic feet.

4. To convert to cubic feet per minute of required ventilation, multiply the dilution volume required per gallon of solvent by the number of gallons of solvent evaporated per minute.

TABLE G-11 - LOWER EXPLOSIVE LIMIT OF SOME COMMONLY USED SOLVENTS

Solvent	Cubic feet per gallon of vapor of liquid at 70 deg. F.	Lower explosive limit in percent by volume of air at 70 deg. F.
	Column 1	Column 2
Acetone.....	44.0	2.6
Amyl Acetate (iso).....	21.6	(1) 1.0
Amyl Alcohol (n).....	29.6	1.2
Amyl Alcohol (iso).....	29.6	1.2
Benzene.....	36.8	(1) 1.4
Butyl Acetate (n).....	24.8	1.7
Butyl Alcohol (n).....	35.2	1.4
Butyl Cellosolve.....	24.8	1.1
Cellosolve.....	33.6	1.8
Cellosolve Acetate.....	23.2	1.7
Cyclohexanone.....	31.2	(1) 1.1
1,1 Dichloroethylene.....	42.4	5.9
1,2 Dichloroethylene.....	42.4	9.7
Ethyl Acetate.....	32.8	2.5
Ethyl Alcohol.....	55.2	4.3
Ethyl Lactate.....	28.0	(1) 1.5
Methyl Acetate.....	40.0	3.1
Methyl Alcohol.....	80.8	7.3
Methyl Cellosolve.....	40.8	2.5
Methyl Ethyl Ketone.....	36.0	1.8
Methyl n-Propyl Ketone.....	30.4	1.5
Naphtha (VM&P) (76 deg. Naphtha).....	22.4	0.9
Naphtha (100 deg. Flash) Safety Solvent - Stoddard Solvent.....	23.2	1.0
Propyl Acetate (n).....	27.2	2.8
Propyl Acetate (iso).....	28.0	1.1
Propyl Alcohol (n).....	44.8	2.1
Propyl Alcohol (iso).....	44.0	2.0
Toluene.....	30.4	1.4
Turpentine.....	20.8	0.8
Xylene (o).....	26.4	1.0

Footnote(1) At 212 deg. F.

(iii)

(a) When an operator is in a booth downstream from the object being sprayed, an air-supplied respirator or other type of respirator must be used by employees that has been approved under 42 CFR part 84 for the material being sprayed.

(b) Where downdraft booths are provided with doors, such doors shall be closed when spray painting.

(7) Make-up air.

(i) Clean fresh air, free of contamination from adjacent industrial exhaust systems, chimneys, stacks, or vents, shall be supplied to a spray booth or room in quantities equal to the volume of air exhausted through the spray booth.

(ii) Where a spray booth or room receives make-up air through self-closing doors, dampers, or louvers, they shall be fully open at all times when the booth or room is in use for spraying. The velocity of air through such doors, dampers, or louvers shall not exceed 200 feet per minute. If the fan characteristics are such that the required air flow through the booth will be provided, higher velocities through the doors, dampers, or louvers may be used.

(iii)

(a) Where the air supply to a spray booth or room is filtered, the fan static pressure shall be calculated on the assumption that the filters are dirty to the extent that they require cleaning or replacement.

(b) The rating of filters shall be governed by test data supplied by the manufacturer of the filter. A pressure gage shall be installed to show the pressure drop across the filters. This gage shall be marked to show the pressure drop at which the filters require cleaning or replacement. Filters shall be replaced or cleaned whenever the pressure drop across them becomes excessive or whenever the air flow through the face of the booth falls below that specified in Table G-10.

STEP

(iv)

(a) Means for heating make-up air to any spray booth or room, before or at the time spraying is normally performed, shall be provided in all places where the outdoor temperature may be expected to remain below 55 deg. F. for appreciable periods of time during the operation of the booth except where adequate and safe means of radiant heating for all operating personnel affected is provided. The replacement air during the heating seasons shall be maintained at not less than 65 deg. F. at the point of entry into the spray booth or spray room. When otherwise unheated make-up air would be at a temperature of more than 10 deg. F. below room temperature, its temperature shall be regulated as provided in section 3.6.3 of ANSI

Z9.2-1960.

(b) As an alternative to an air replacement system complying with the preceding section, general heating of the building in which the spray room or booth is located may be employed provided that all occupied parts of the building are maintained at not less than 65 deg. F. when the exhaust system is in operation or the general heating system supplemented by other sources of heat may be employed to meet this requirement.

(c) No means of heating make-up air shall be located in a spray booth.

(d) Where make-up air is heated by coal or oil, the products of combustion shall not be allowed to mix with the make-up air, and the products of combustion shall be conducted outside the building through a flue terminating at a point remote from all points where make-up air enters the building.

(e) Where make-up air is heated by gas, and the products of combustion are not mixed with the make-up air but are conducted through an independent flue to a point outside the building remote from all points where make-up air enters the building, it is not necessary to comply with paragraph (c)(7)(iv)(f) of this section.

(f) Where make-up air to any manually operated spray booth or room is heated by gas and the products of combustion are allowed to mix with the supply air, the following precautions must be taken:

(1) The gas must have a distinctive and strong enough odor to warn workmen in a spray booth or room of its presence if in an unburned state in the make-up air.

(2) The maximum rate of gas supply to the make-up air heater burners must not exceed that which would yield in excess of 200 p.p.m. (parts per million) of carbon monoxide or 2,000 p.p.m. of total combustible gases in the mixture if the unburned gas upon the occurrence of flame failure were mixed with all of the make-up air supplied.

(3) A fan must be provided to deliver the mixture of heated air and products of combustion from the plenum chamber housing the gas burners to the spray booth or room.

(8) Scope. Spray booths or spray rooms are to be used to enclose or confine all spray finishing operations covered by this paragraph (c). This paragraph does not apply to the spraying of the exteriors of buildings, fixed tanks, or similar structures, nor to small portable spraying apparatus not used repeatedly in the same location. STEP

(d) Open surface tanks

(1) General.

(i) This paragraph applies to all operations involving the immersion of materials in liquids, or in the vapors of such liquids, for the purpose of cleaning or altering the surface or adding to or imparting a finish thereto or changing the character of the materials, and their subsequent removal from the liquid or vapor, draining, and drying. These operations include washing, electroplating, anodizing, pickling, quenching, dyeing, dipping, tanning, dressing, bleaching, degreasing, alkaline cleaning, stripping, rinsing, digesting, and other similar operations.

(ii) Except where specific construction specifications are prescribed in this section, hoods, ducts, elbows, fans, blowers, and all other exhaust system parts, components, and supports thereof shall be so constructed as to meet conditions of service and to facilitate maintenance and shall conform in construction to the specifications contained in American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, Z9.2-1960.

(2) Classification of open-surface tank operations.

(i) Open-surface tank operations shall be classified into 16 classes, numbered A-1 to D-4, inclusive.

(ii) Determination of class. Class is determined by two factors, hazard potential designated by a letter from A to D, inclusive, and rate of gas, vapor, or mist evolution designated by a number from 1 to 4, inclusive (for example, B.3).

(iii) Hazard potential is an index, on a scale of from A to D, inclusive, of the severity of the hazard associated with the substance contained in the tank because of the toxic, flammable, or explosive nature of the vapor, gas, or mist produced therefrom. The toxic hazard is determined from the concentration, measured in parts by volume of a gas or vapor, per million parts by volume of contaminated air (p.p.m.), or in milligrams of mist per cubic meter of air (mg./meter (3)), below which ill effects are unlikely to occur to the exposed worker. The concentrations shall be those in 1910.1000.

(iv) The relative fire or explosion hazard is measured in degrees Fahrenheit in terms of the closed-cup flash point of the substance in the tank. Detailed information on the prevention of fire hazards in dip tanks may be found in Dip Tanks Containing Flammable or Combustible Liquids, NFPA No. 34-1966, National Fire Protection Association, which is incorporated by reference as specified in 1910.6. Where the tank contains a mixture of liquids, other than organic solvents, whose effects are additive, the hygienic standard of the most toxic component (for example, the one having the lowest p.p.m. or mg./meter (3) shall be used, except where such substance constitutes an insignificantly small fraction of the mixture. For mixtures of organic solvents, their combined effect, rather than that of either individually, shall determine the hazard potential. In the absence of information to the contrary, the effects shall be considered as

additive. If the sum of the ratios of the airborne concentration of each contaminant to the toxic concentration of that contaminant exceeds unity, the toxic concentration shall be considered to have been exceeded. (See Note A to subdivision (v) of this subparagraph.)

(v) Hazard potential shall be determined from Table G-12, with the value indicating greater hazard being used. When the hazardous material may be either a vapor with a threshold limit value (TLV) in p.p.m. or a mist with a TLV in mg./meter (3), the TLV indicating the greater hazard shall be used (for example, A takes precedence over B or C; B over C; C over D).

NOTE A:

$$(c1 \text{ divided by TLV1}) + (c2 \text{ divided by TLV2}) + (c3 \text{ divided by TLV3}) + \dots + (cN \text{ divided by TLVN}) \leq 1$$

where:

c = Concentration measured at the operation in p.p.m.

TABLE G-12 - DETERMINATION OF HAZARD POTENTIAL

:Toxicity group			
: _____			
: Gas or		: Mist : Flash	
Hazard potential : vapor		: (mg./m(3) : point (in	
: (p.p.m.) :		: deg. F)	
: _____			
A.....	: 0-10 :	0-0.1	:.....
B.....	: 11-100 :	0.11-1.0	: Under 100
C.....	: 101-500 :	1.1-10 :	100-200
D.....	: Over 500 :	Over 10 :	Over 200
: _____			

(vi) Rate of gas, vapor, or mist evolution is a numerical index, on a scale of from 1 to 4, inclusive, both of the relative capacity of the tank to produce gas, vapor, or mist and of the relative energy with which it is projected or carried upwards from the tank. Rate is evaluated in terms of

(a) The temperature of the liquid in the tank in degrees Fahrenheit;

(b) The number of degrees Fahrenheit that this temperature is below the boiling point of the liquid in degrees Fahrenheit;

(c) The relative evaporation of the liquid in still air at room temperature in an arbitrary scale-fast, medium, slow, or nil; and

(d) The extent that the tank gasses or produces mist in an arbitrary scale-high, medium, low, and nil. (See Table G-13, Note 2.) Gassing depends upon electrochemical or mechanical processes, the effects of which have to be individually evaluated for each installation (see Table G-13, Note 3).

(vii) Rate of evolution shall be determined from Table G-13. When evaporation and gassing yield different rates, the lowest numerical value shall be used.

TABLE G-13 - DETERMINATION OF RATE OF GAS, VAPOR, OR MIST EVOLUTION (1)

	: Liquid	: Degrees	:	:
Rate	: Temp.	: below	: Relative	: Gassing
	: Deg. F.	: boiling	: evaporation	: (3)
	:	: point	: (2)	:
1.....	: Over 200	: 0-20	: Fast.....	: High.
2.....	: 150-200	: 21-50	: Medium.....	: Medium.
3.....	: 94-149	: 51-100	: Slow.....	: Low.
4.....	: Under 94	: Over 100	: Nil.....	: Nil.

Footnote(1) In certain classes of equipment, specifically vapor degreasers, an internal condenser or vapor level thermostat is used to prevent the vapor from leaving the tank during normal operation. In such cases, rate of vapor evolution from the tank into the workroom is not dependent upon the factors listed in the table, but rather upon abnormalities of operating procedure, such as carryout of vapors from excessively fast action, dragout of liquid by entrainment in parts, contamination of solvent by water and other materials, or improper heat balance. When operating procedure is excellent, effective rate of evolution may be taken as 4. When operating procedure is average, the effective rate of evolution may be taken as 3. When operation is poor, a rate of 2 or 1 is indicated, depending upon observed conditions.

Footnote(2) Relative evaporation rate is determined according to the methods described by A. K. Doolittle in Industrial and Engineering Chemistry, vol. 27, p. 1169, (3) where time for 100-percent evaporation is as follows: Fast: 0-3 hours; Medium: 3-12 hours; Slow: 12-50 hours; Nil: more than 50 hours.

Footnote(3) Gassing means the formation by chemical or electrochemical action of minute bubbles of gas under the surface of the liquid in the tank and is generally limited to aqueous solutions.

(3) Ventilation. Where ventilation is used to control potential exposures to workers as defined in subparagraph (2)(iii) of this paragraph, it shall be adequate to reduce the concentration

of the air contaminant to the degree that a hazard to the worker does not exist. Methods of ventilation are discussed in American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, Z9.2-1960.

(4) Control requirements.

(i) Control velocities shall conform to Table G-14 in all cases where the flow of air past the breathing or working zone of the operator and into the hoods is undisturbed by local environmental conditions, such as open windows, wall fans, unit heaters, or moving machinery.

(ii) All tanks exhausted by means of hoods which

(a) Project over the entire tank;

(b) Are fixed in position in such a location that the head of the workman, in all his normal operating positions while working at the tank, is in front of all hood openings; and

(c) Are completely enclosed on at least two sides, shall be considered to be exhausted through an enclosing hood.

(d) The quantity of air in cubic feet per minute necessary to be exhausted through an enclosing hood shall be not less than the product of the control velocity times the net area of all openings in the enclosure through which air can flow into the hood.

TABLE G-14 - CONTROL VELOCITIES IN FEET PER MINUTE (F.P.M.)
FOR UNDISTURBED LOCATIONS

Class	Enclosing hood		Canopy hood(2)		Lateral exhaust	Three open sides		Four open sides	
	One side	Two sides	(1)	(1)		Three open sides	Four open sides		
A-1 and A-2.....	100	150	150	Do not use	Do not use				
A-3(2), B-1, B-2 and C-1.....	75	100	100	125	175				
B-3, C-2, and D-1(3).	65	90	75	100	150				
A-4(2), C-3, and D-2(3).....	50	75	50	75	125				
B-4, C-4, D-3(3) and									

: 100	: 100	: 125	: 150	: 175	: 200	:
: 150	: 150	: 190	: 225	: 260	: 300	:
:-----:-----:-----:-----:-----: Hood along one side or two parallel sides of						
free standing tank not						
: against wall or baffle.						
:-----:-----:-----:-----:-----: 50						
: 75 : 90 : 100 : 110						
: 125 :						
: 75	: 110	: 130	: 150	: 170	: 190	:
: 100	: 150	: 175	: 200	: 225	: 250	:
: 150	: 225	: 260	: 300	: 340	: 375	:
:-----:-----:-----:-----:----- (1) It is not practicable to ventilate						

across the long dimension of a tank whose ratio W/L exceeds 2.0.

It is undesirable to do so when W/L exceeds 1.0. For circular tanks with lateral exhaust along up to 1/2 the circumference, use W/L=1.0; for over one-half the circumference use W/L=0.5.

(2) Baffle is a vertical plate the same length as the tank, and with the top of the plate as high as the tank is wide. If the exhaust hood is on the side of a tank against a building wall or close to it, it is perfectly baffled.

(3) Use W/2 as tank width in computing when manifold is along centerline, or when hoods are used on two parallel sides of a tank.

Tank Width (W) means the effective width over which the hood must pull air to operate (for example, where the hood face is set back from the edge of the tank, this set back must be added in measuring tank width). The surface area of tanks can frequently be reduced and better control obtained (particularly on conveyORIZED systems) by using covers extending from the upper edges of the slots toward the center of the tank.

(3) The vertical height of the receiving exhaust hood, including any baffle, shall not be less than one-quarter the width of the tank.

(4) The supply airstream shall not be allowed to impinge on obstructions between it and the exhaust slot in such a manner as to significantly interfere with the performance of the exhaust hood.

(5) Since most failure of push-pull systems result from excessive supply air volumes and pressures, methods of measuring and adjusting the supply air shall be provided. When satisfactory control has been achieved, the adjustable features of the hood shall be fixed so that they will not be altered.

(iv) All tanks exhausted by means of hoods which project over the entire tank, and which do not conform to the definition of enclosing hoods, shall be considered to be overhead canopy hoods. The quantity of air in cubic feet per minute necessary to be exhausted through a canopy hood shall be not less than the product of the control velocity times the net area of all openings between the bottom edges of the hood and the top edges of the tank.

(v) The rate of vapor evolution (including steam or products of combustion) from the process shall be estimated. If the rate of vapor evolution is equal to or greater than 10 percent of the calculated exhaust volume required, the exhaust volume shall be increased in equal amount.

(5) Spray cleaning and degreasing. Wherever spraying or other mechanical means are used to disperse a liquid above an open-surface tank, control must be provided for the airborne spray. Such operations shall be enclosed as completely as possible. The inward air velocity into the enclosure shall be sufficient to prevent the discharge of spray into the workroom. Mechanical baffles may be used to help prevent the discharge of spray. Spray painting operations are covered by paragraph (c) of this section.

(6) Control means other than ventilation. Tank covers, foams, beads, chips, or other materials floating on the tank surface so as to confine gases, mists, or vapors to the area under the cover or to the foam, bead, or chip layer; or surface tension depressive agents added to the liquid in the tank to minimize mist formation, or any combination thereof, may all be used as gas, mist, or vapor control means for open-surface tank operations, provided that they effectively reduce the concentrations of hazardous materials in the vicinity of the worker below the limits set in accordance with subparagraph (2) of this paragraph.

(7) System design.

(i) The equipment for exhausting air shall have sufficient capacity to produce the flow of air required in each of the hoods and openings of the system.

(ii) The capacity required in subdivision (i) of this subparagraph shall be obtained when the airflow producing equipment is operating against the following pressure losses, the sum of which is the static pressure:

- (a) Entrance losses into the hood.
- (b) Resistance to airflow in branch pipe including bends and transformations.
- (c) Entrance loss into the main pipe.
- (d) Resistance to airflow in main pipe including bends and transformations.
- (e) Resistance of mechanical equipment; that is, filters, washers, condensers, absorbers, etc., plus their entrance and exit losses.
- (f) Resistance in outlet duct and discharge stack.

(iii) Two or more operations shall not be connected to the same exhaust system where either one or the combination of the substances removed may constitute a fire, explosion, or chemical reaction hazard in the duct system. Traps or other devices shall be provided to insure that condensate in ducts does not drain back into any tank.

(iv) The exhaust system, consisting of hoods, ducts, air mover, and discharge outlet, shall be designed in accordance with American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, Z9.2-1960, or the manual, Industrial Ventilation, published by the American Conference of Governmental Industrial Hygienists 1970, which is incorporated by reference as specified in 1910.6. Airflow and pressure loss data provided by the manufacturer of any air cleaning device shall be included in the design calculations.

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(8) Operation.

(i) The required airflow shall be maintained at all times during which gas, mist, or vapor is emitted from the tank, and at all times the tank, the draining, or the drying area is in operation or use. When the system is first installed, the airflow from each hood shall be measured by means of a pitot traverse in the exhaust duct and corrective action taken if the flow is less than that required. When the proper flow is obtained, the hood static pressure shall be measured and recorded. At intervals of not more than 3 months operation, or after a prolonged shutdown period, the hoods and duct system shall be inspected for evidence of corrosion or damage. In any case where the airflow is found to be less than required, it shall be increased to the required value. (Information on airflow and static pressure measurement and calculations may be found in American National Standard Fundamental Governing the Design and Operation of Local Exhaust Systems, Z9.2-1960, or in the manual, Industrial Ventilation, published by the American Conference of Governmental Industrial Hygienists.) STEP

(ii) The exhaust system shall discharge to the outer air in such a manner that the possibility of its effluent entering any building is at a minimum. Recirculation shall only be through a device for contaminant removal which will prevent the creation of a health hazard in the room or area to which the air is recirculated.

(iii) A volume of outside air in the range of 90 percent to 110 percent of the exhaust volume shall be provided to each room having exhaust hoods. The outside air supply shall enter the workroom in such a manner as not to be detrimental to any exhaust hood. The airflow of the makeup air system shall be measured on installation. Corrective action shall be taken when the airflow is below that required. The makeup air shall be uncontaminated.

(9) Personal protection.

(i) All employees working in and around open-surface tank operations must be instructed as to the hazards of their respective jobs, and in the personal protection and first aid procedures applicable to these hazards. STEP

(ii) All persons required to work in such a manner that their feet may become wet shall be provided with rubber or other impervious boots or shoes, rubbers, or wooden-soled shoes sufficient to keep feet dry.

(iii) All persons required to handle work wet with a liquid other than water shall be provided with gloves impervious to such a liquid and of a length sufficient to prevent entrance of liquid into the tops of the gloves. The interior of gloves shall be kept free from corrosive or irritating contaminants. STEP

(iv) All persons required to work in such a manner that their clothing may become wet shall be provided with such aprons, coats, jackets, sleeves, or other garments made of rubber, or of other materials impervious to liquids other than water, as are required to keep their clothing dry. Aprons shall extend well below the top of boots to prevent liquid splashing into the boots. Provision of dry, clean, cotton clothing along with rubber shoes or short boots and an apron impervious to liquids other than water shall be considered a satisfactory substitute where small parts are cleaned, plated, or acid dipped in open tanks and rapid work is required. STEP

(v) Whenever there is a danger of splashing, for example, when additions are made manually to the tanks, or when acids and chemicals are removed from the tanks, the employees so engaged shall be required to wear either tight-fitting chemical goggles or an effective face shield. See 1910.133. STEP

(vi) During the emergencies specified in paragraph (d)(11)(v) of this section, if employees must be in areas where the concentrations of air contaminants are greater than the limits set by paragraph (d)(2)(iii) of this section or the oxygen concentration is less than 19.5 percent, they must use respirators that reduce their exposure to a level below these limits or that provide adequate oxygen. Such respirators must also be provided in marked, quickly-accessible storage compartments built for this purpose when the possibility exists that hazardous concentrations of air contaminants could be released accidentally. The respirators must be approved by the NIOSH under 42 CFR part 84, selected by a competent industrial hygienist or other technically-qualified source, and used in accordance with 29 CFR 1910.134.

(vii) Near each tank containing a liquid which may burn, irritate, or otherwise be harmful to the skin if splashed upon the worker's body, there shall be a supply of clean cold water. The water pipe (carrying a pressure not exceeding 25 pounds) shall be provided with a quick opening valve and at least 48 inches of hose not smaller than three-fourths inch, so that no time may be lost in washing off liquids from the skin or clothing. Alternatively, deluge showers and eye flushes shall be provided in cases where harmful chemicals may be splashed on parts of the body. STEP

(viii) Operators with sores, burns, or other skin lesions requiring medical treatment shall not be allowed to work at their regular operations until so authorized by a physician. Any small skin abrasions, cuts, rash, or open sores which are found or reported shall be treated by a properly designated person so that chances of exposures to the chemicals are removed. Workers exposed to chromic acids shall have a periodic examination made of the nostrils and other parts of the body, to detect incipient ulceration. STEP

(ix) Sufficient washing facilities, including soap, individual towels, and hot water, shall be provided for all persons required to use or handle any liquids which may burn, irritate, or otherwise be harmful to the skin, on the basis of at least one basin (or its equivalent) with a hot water faucet for every 10 employees. See 1910.141(d).

(x) Locker space or equivalent clothing storage facilities shall be provided to prevent contamination of street clothing.

(xi) First aid facilities specific to the hazards of the operations conducted shall be readily available.

(10) Special precautions for cyanide. Dikes or other arrangements shall be provided to prevent the possibility of intermixing of cyanide and acid in the event of tank rupture. STEP

(11) Inspection, maintenance, and installation.

(i) Floors and platforms around tanks shall be prevented from becoming slippery both by original type of construction and by frequent flushing. They shall be firm, sound, and of the design and construction to minimize the possibility of tripping.

(ii) Before cleaning the interior of any tank, the contents shall be drained off, and the cleanout doors shall be opened where provided. All pockets in tanks or pits, where it is possible for hazardous vapors to collect, shall be ventilated and cleared of such vapors.

(iii) Tanks which have been drained to permit employees to enter for the purposes of cleaning, inspection, or maintenance may contain atmospheres which are hazardous to life or health, through the presence of flammable or toxic air contaminants, or through the absence of sufficient oxygen. Before employees shall be permitted to enter any such tank, appropriate tests of the atmosphere shall be made to determine if the limits set by paragraph (d)(2)(iii) of this section are exceeded, or if the oxygen concentration is less than 19.5 percent.

(iv) If the tests made in accordance with paragraph(d)(11)(iii) of this section indicate that the atmosphere in the tank is unsafe, before any employee is permitted to enter the tank, the tank shall be ventilated until the hazardous atmosphere is removed, and ventilation shall be continued so as to prevent the occurrence of a hazardous atmosphere as long as an employee is in the tank.

(v) If, in emergencies, such as rescue work, it is necessary to enter a tank which may contain a hazardous atmosphere, suitable respirators, such as self-contained breathing apparatus; hose mask with blower, if there is a possibility of oxygen deficiency; or a gas mask, selected and operated in accordance with paragraph (d)(9)(vi) of this section, shall be used. If a contaminant in the tank can cause dermatitis, or be absorbed through the skin, the employee entering the tank shall also wear protective clothing. At least one trained standby employee, with suitable respirator, shall be present in the nearest uncontaminated area. The standby employee must be able to communicate with the employee in the tank and be able to haul him out of the tank with a lifeline if necessary.

(vi) Maintenance work requiring welding or open flame, where toxic metal fumes such as cadmium, chromium, or lead may be evolved, shall be done only with sufficient local exhaust ventilation to prevent the creation of a health hazard, or be done with respirators selected and used in accordance with paragraph (d)(9)(vi) of this section. Welding, or the use of open flames near any solvent cleaning equipment shall be permitted only after such equipment has first been thoroughly cleared of solvents and vapors.

(12) Vapor degreasing tanks.

(i) In any vapor degreasing tank equipped with a condenser or vapor level thermostat, the condenser or thermostat shall keep the level of vapors below the top edge of the tank by a distance at least equal to one-half the tank width, or at least 36 inches, whichever is shorter.

(ii) Where gas is used as a fuel for heating vapor degreasing tanks, the combustion chamber shall be of tight construction, except for such openings as the exhaust flue, and those that are necessary for supplying air for combustion. Flues shall be of corrosion-resistant construction and shall extend to the outer air. If mechanical exhaust is used on this flue, a draft diverter shall be used. Special precautions must be taken to prevent solvent fumes from entering the combustion air of this or any other heater when chlorinated or fluorinated hydrocarbon solvents (for example, trichloroethylene, Freon) are used.

(iii) Heating elements shall be so designed and maintained that their surface temperature will not cause the solvent or mixture to decompose, break down, or be converted into an excessive quantity of vapor.

(iv) Tanks or machines of more than 4 square feet of vapor area, used for solvent cleaning or vapor degreasing, shall be equipped with suitable cleanout or sludge doors located near the bottom of each tank or still. These doors shall be so designed and gasketed that there will be no leakage of solvent when they are closed.

(13) Scope.

(i) This paragraph (d) applies to all operations involving the immersion of materials in liquids, or in the vapors of such liquids, for the purpose of cleaning or altering their surfaces, or adding or imparting a finish thereto, or changing the character of the materials, and their subsequent removal from the liquids or vapors, draining, and drying. Such operations include washing, electroplating, anodizing, pickling, quenching, dyeing, dipping, tanning, dressing, bleaching, degreasing, alkaline cleaning, stripping, rinsing, digesting, and other similar operations, but do not include molten materials handling operations, or surface coating operations.

(ii) "Molten materials handling operations" means all operations, other than welding, burning, and soldering operations, involving the use, melting, smelting, or pouring of metals, alloys, salts, or other similar substances in the molten state. Such operations also include

heat treating baths, descaling baths, die casting stereotyping, galvanizing, tinning, and similar operations.

(iii) "Surface coating operations" means all operations involving the application of protective, decorative, adhesive, or strengthening coating or impregnation to one or more surfaces, or into the interstices of any object or material, by means of spraying, spreading, flowing, brushing, roll coating, pouring, cementing, or similar means; and any subsequent draining or drying operations, excluding open-tank operations.

[39 FR 23502, June 27, 1974, as amended at 40 FR 23073, May 28, 1975; 40 FR 24522, June 9, 1975; 43 FR 49746, Oct. 24, 1978; 49 FR 5322, Feb. 10, 1984]

* [55 FR 32015, Aug. 6, 1990]

1910.95 Occupational noise exposure.

(a) Protection against the effects of noise exposure shall be provided when the sound levels exceed those shown in Table G-16 when measured on the A scale of a standard sound level meter at slow response. When noise levels are determined by octave band analysis, the equivalent A-weighted sound level may be determined as follows: STEP

FIGURE G-9 - Equivalent A-Weighted Sound Level

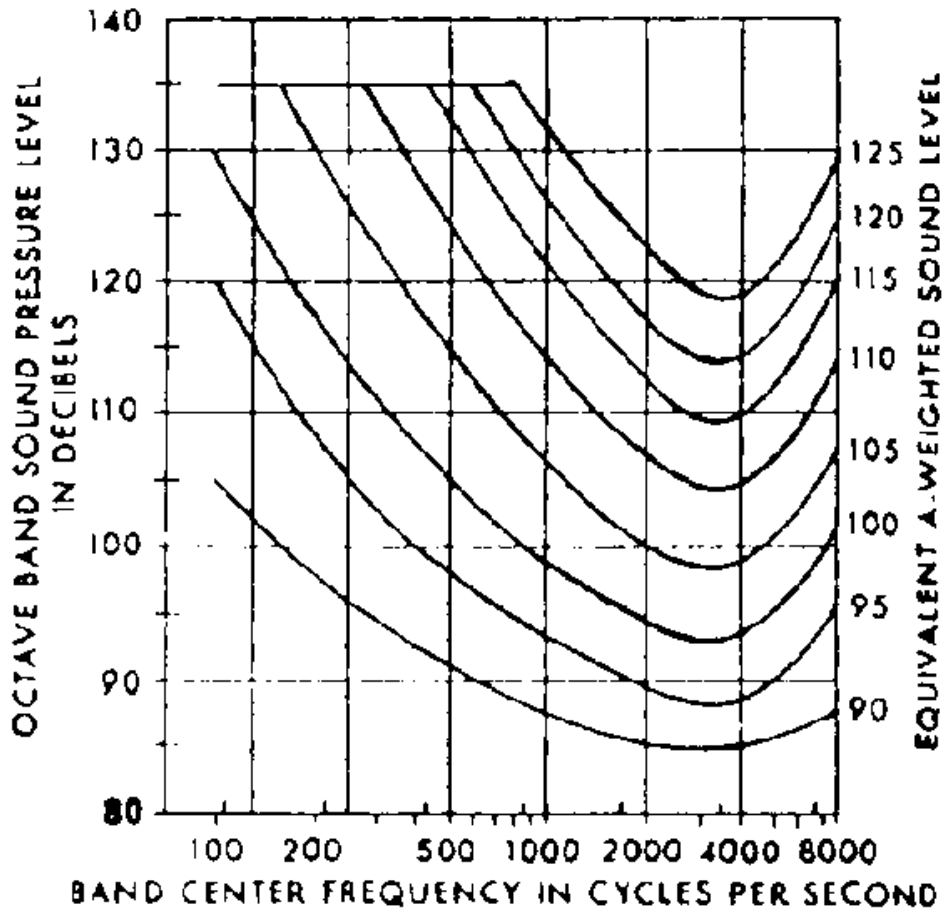


FIGURE G-9

Equivalent sound level contours. Octave band sound pressure levels may be converted to the equivalent A-weighted sound level by plotting them on this graph and noting the A-weighted sound level corresponding to the point of highest penetration into the sound level contours. This equivalent A-weighted sound level, which may differ from the actual A-weighted sound level of the noise, is used to determine exposure limits from Table 1.G-16.

(b)

(1) When employees are subjected to sound exceeding those listed in Table G-16, feasible administrative or engineering controls shall be utilized. If such controls fail to reduce sound levels within the levels of Table G-16, personal protective equipment shall be provided and used to reduce sound levels within the levels of the table. STEP

(2) If the variations in noise level involve maxima at intervals of 1 second or less, it is to be considered continuous.

TABLE G-16 - PERMISSIBLE NOISE EXPOSURES (1)

: Sound level dBA	
Duration per day, hours : slow response	
:	
8.....:	90
6.....:	92
4.....:	95
3.....:	97
2.....:	100
1 1/2	102
1.....:	105
1/2	110
1/4 or less.....:	115
:	

Footnote(1) When the daily noise exposure is composed of two or more periods of noise exposure of different levels, their combined effect should be considered, rather than the individual effect of each. If the sum of the following fractions: $C(1)/T(1) + C(2)/T(2) + \dots + C(n)/T(n)$ exceeds unity, then, the mixed exposure should be considered to exceed the limit value. Cn indicates the total time of exposure at a specified noise level, and Tn indicates the total time of exposure permitted at that level. Exposure to impulsive or impact noise should not exceed 140 dB peak sound pressure level.

(c) Hearing conservation program. STEP

(1) The employer shall administer a continuing, effective hearing conservation program, as described in paragraphs (c) through (o) of this section, whenever employee noise exposures equal or exceed an 8-hour time-weighted average sound level (TWA) of 85 decibels measured on the A scale (slow response) or, equivalently, a dose of fifty percent. For purposes of the hearing conservation program, employee noise exposures shall be computed in accordance with Appendix A and Table G-16a, and without regard to any attenuation provided by the use of personal protective equipment. STEP

(2) For purposes of paragraphs (c) through (n) of this section, an 8-hour time-weighted average of 85 decibels or a dose of fifty percent shall also be referred to as the action level.

(d) Monitoring.

(1) When information indicates that any employee's exposure may equal or exceed an 8-hour time-weighted average of 85 decibels, the employer shall develop and implement a monitoring program. STEP

(i) The sampling strategy shall be designed to identify employees for inclusion in the hearing conservation program and to enable the proper selection of hearing protectors.

(ii) Where circumstances such as high worker mobility, significant variations in sound level, or a significant component of impulse noise make area monitoring generally inappropriate, the employer shall use representative personal sampling to comply with the monitoring requirements of this paragraph unless the employer can show that area sampling produces equivalent results.

(2)

(i) All continuous, intermittent and impulsive sound levels from 80 decibels to 130 decibels shall be integrated into the noise measurements.

(ii) Instruments used to measure employee noise exposure shall be calibrated to ensure measurement accuracy.

(3) Monitoring shall be repeated whenever a change in production, process, equipment or controls increases noise exposures to the extent that: STEP

(i) Additional employees may be exposed at or above the action level; or

(ii) The attenuation provided by hearing protectors being used by employees may be rendered inadequate to meet the requirements of paragraph (j) of this section.

(e) Employee notification. The employer shall notify each employee exposed at or above an 8-hour time-weighted average of 85 decibels of the results of the monitoring. STEP

(f) Observation of monitoring. The employer shall provide affected employees or their representatives with an opportunity to observe any noise measurements conducted pursuant to this section.

(g) Audiometric testing program.

(1) The employer shall establish and maintain an audiometric testing program as provided in this paragraph by making audiometric testing available to all employees whose exposures equal or exceed an 8-hour time-weighted average of 85 decibels. STEP

(2) The program shall be provided at no cost to employees.

(3) Audiometric tests shall be performed by a licensed or certified audiologist, otolaryngologist, or other physician, or by a technician who is certified by the Council of Accreditation in Occupational Hearing Conservation, or who has satisfactorily demonstrated competence in administering audiometric examinations, obtaining valid audiograms, and properly

using, maintaining and checking calibration and proper functioning of the audiometers being used. A technician who operates microprocessor audiometers does not need to be certified. A technician who performs audiometric tests must be responsible to an audiologist, otolaryngologist or physician.

(4) All audiograms obtained pursuant to this section shall meet the requirements of Appendix C: Audiometric Measuring Instruments.

(5) Baseline audiogram.

(i) Within 6 months of an employee's first exposure at or above the action level, the employer shall establish a valid baseline audiogram against which subsequent audiograms can be compared.

STEP

(ii) Mobile test van exception. Where mobile test vans are used to meet the audiometric testing obligation, the employer shall obtain a valid baseline audiogram within 1 year of an employee's first exposure at or above the action level. Where baseline audiograms are obtained more than 6 months after the employee's first exposure at or above the action level, employees shall wearing hearing protectors for any period exceeding six months after first exposure until the baseline audiogram is obtained.

(iii) Testing to establish a baseline audiogram shall be preceded by at least 14 hours without exposure to workplace noise. Hearing protectors may be used as a substitute for the requirement that baseline audiograms be preceded by 14 hours without exposure to workplace noise.

STEP

(iv) The employer shall notify employees of the need to avoid high levels of non-occupational noise exposure during the 14-hour period immediately preceding the audiometric examination.

(6) Annual audiogram. At least annually after obtaining the baseline audiogram, the employer shall obtain a new audiogram for each employee exposed at or above an 8-hour time-weighted average of 85 decibels.

STEP

(7) Evaluation of audiogram.

(i) Each employee's annual audiogram shall be compared to that employee's baseline audiogram to determine if the audiogram is valid and if a standard threshold shift as defined in paragraph (g)(10) of this section has occurred. This comparison may be done by a technician.
STEP

(ii) If the annual audiogram shows that an employee has suffered a standard threshold shift, the employer may obtain a retest within 30 days and consider the results of the retest

as the annual audiogram.

(iii) The audiologist, otolaryngologist, or physician shall review problem audiograms and shall determine whether there is a need for further evaluation. The employer shall provide to the person performing this evaluation the following information:

(A) A copy of the requirements for hearing conservation as set forth in paragraphs (c) through (n) of this section;

(B) The baseline audiogram and most recent audiogram of the employee to be evaluated;

(C) Measurements of background sound pressure levels in the audiometric test room as required in Appendix D: Audiometric Test Rooms.

(D) Records of audiometer calibrations required by paragraph (h)(5) of this section.

(8) Follow-up procedures.

(i) If a comparison of the annual audiogram to the baseline audiogram indicates a standard threshold shift as defined in paragraph (g)(10) of this section has occurred, the employee shall be informed of this fact in writing, within 21 days of the determination. STEP

(ii) Unless a physician determines that the standard threshold shift is not work related or aggravated by occupational noise exposure, the employer shall ensure that the following steps are taken when a standard threshold shift occurs:

(A) Employees not using hearing protectors shall be fitted with hearing protectors, trained in their use and care, and required to use them. STEP

(B) Employees already using hearing protectors shall be refitted and retrained in the use of hearing protectors and provided with hearing protectors offering greater attenuation if necessary. STEP

(C) The employee shall be referred for a clinical audiological evaluation or an otological examination, as appropriate, if additional testing is necessary or if the employer suspects that a medical pathology of the ear is caused or aggravated by the wearing of hearing protectors.

STEP

(D) The employee is informed of the need for an otological examination if a medical pathology of the ear that is unrelated to the use of hearing protectors is suspected. STEP

(iii) If subsequent audiometric testing of an employee whose exposure to noise is less than an 8-hour TWA of 90 decibels indicates that a standard threshold shift is not persistent, the employer:

(A) Shall inform the employee of the new audiometric interpretation; and

(B) May discontinue the required use of hearing protectors for that employee.

(9) Revised baseline. An annual audiogram may be substituted for the baseline audiogram when, in the judgment of the audiologist, otolaryngologist or physician who is evaluating the audiogram:

(i) The standard threshold shift revealed by the audiogram is persistent; or

(ii) The hearing threshold shown in the annual audiogram indicates significant improvement over the baseline audiogram.

(10) Standard threshold shift.

(i) As used in this section, a standard threshold shift is a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more at 2000, 3000, and 4000 Hz in either ear.

(ii) In determining whether a standard threshold shift has occurred, allowance may be made for the contribution of aging (presbycusis) to the change in hearing level by correcting the annual audiogram according to the procedure described in Appendix F: Calculation and Application of Age Correction to Audiograms.

(h) Audiometric test requirements.

(1) Audiometric tests shall be pure tone, air conduction, hearing threshold examinations, with test frequencies including as a minimum 500, 1000, 2000, 3000, 4000, and 6000 Hz. Tests at each frequency shall be taken separately for each ear. STEP

(2) Audiometric tests shall be conducted with audiometers (including microprocessor audiometers) that meet the specifications of, and are maintained and used in accordance with, American National Standard Specification for Audiometers, S3.6-1969, which is incorporated by reference as specified in 1910.6.

(3) Pulsed-tone and self-recording audiometers, if used, shall meet the requirements specified in Appendix C: Audiometric Measuring Instruments.

(4) Audiometric examinations shall be administered in a room meeting the requirements listed in Appendix D: Audiometric Test Rooms.

(5) Audiometer calibration.

(i) The functional operation of the audiometer shall be checked before each day's use by testing a person with known, stable hearing thresholds, and by listening to the audiometer's output to make sure that the output is free from distorted or unwanted sounds. Deviations of 10 decibels or greater require an acoustic calibration.

(ii) Audiometer calibration shall be checked acoustically at least annually in accordance with Appendix E: Acoustic Calibration of Audiometers. Test frequencies below 500 Hz and above 6000 Hz may be omitted from this check. Deviations of 15 decibels or greater require an exhaustive calibration.

(iii) An exhaustive calibration shall be performed at least every two years in accordance with sections 4.1.2; 4.1.3.; 4.1.4.3; 4.2; 4.4.1; 4.4.2; 4.4.3; and 4.5 of the American National Standard Specification for Audiometers, S3.6-1969. Test frequencies below 500 Hz and above 6000 Hz may be omitted from this calibration.

(i) Hearing protectors.

(1) Employers shall make hearing protectors available to all employees exposed to an 8-hour time-weighted average of 85 decibels or greater at no cost to the employees. Hearing protectors shall be replaced as necessary. STEP

(2) Employers shall ensure that hearing protectors are worn:

(i) By an employee who is required by paragraph (b)(1) of this section to wear personal protective equipment; and STEP

(ii) By any employee who is exposed to an 8-hour time-weighted average of 85 decibels or greater, and who:

(A) Has not yet had a baseline audiogram established pursuant to paragraph (g)(5)(ii); or STEP

(B) Has experienced a standard threshold shift.
STEP

(3) Employees shall be given the opportunity to select their hearing protectors from a variety of suitable hearing protectors provided by the employer. STEP

(4) The employer shall provide training in the use and care of all hearing protectors provided to employees. STEP

(5) The employer shall ensure proper initial fitting and supervise the correct use of all hearing protectors. STEP

(j) Hearing protector attenuation.

(1) The employer shall evaluate hearing protector attenuation for the specific noise environments in which the protector will be used. The employer shall use one of the evaluation methods described in Appendix B: Methods for Estimating the Adequacy of Hearing Protection Attenuation.

STEP

(2) Hearing protectors must attenuate employee exposure at least to an 8-hour time-weighted average of 90 decibels as required by paragraph (b) of this section. STEP

(3) For employees who have experienced a standard threshold shift, hearing protectors must attenuate employee exposure to an 8-hour time-weighted average of 85 decibels or below.

(4) The adequacy of hearing protector attenuation shall be re-evaluated whenever employee noise exposures increase to the extent that the hearing protectors provided may no longer provide adequate attenuation. The employer shall provide more effective hearing protectors where necessary.

(k) Training program.

(1) The employer shall train each employee who is exposed to noise at or above an 8-hour time weighted average of 85 decibels in accordance with the requirements of this section. The employer shall institute a training program and ensure employee participation in the program.

STEP

(2) The training program shall be repeated annually for each employee included in the hearing conservation program. Information provided in the training program shall be updated to be consistent with changes in protective equipment and work processes. STEP

(3) The employer shall ensure that each employee is informed of the following: STEP

(i) The effects of noise on hearing; STEP

(ii) The purpose of hearing protectors, the advantages, disadvantages, and attenuation of various types, and instructions on selection, fitting, use, and care; and

(iii) The purpose of audiometric testing, and an explanation of the test procedures.

(l) Access to information and training materials.

(1) The employer shall make available to affected employees or their representatives copies of this standard and shall also post a copy in the workplace. STEP

(2) The employer shall provide to affected employees any informational materials pertaining to the standard that are supplied to the employer by the Assistant Secretary.

(3) The employer shall provide, upon request, all materials related to the employer's training and education program pertaining to this standard to the Assistant Secretary and the Director.

(m) Recordkeeping

(1) Exposure measurements. The employer shall maintain an accurate record of all employee exposure measurements required by paragraph (d) of this section. STEP

(2) Audiometric tests.

(i) The employer shall retain all employee audiometric test records obtained pursuant to paragraph (g) of this section:

(ii) This record shall include: STEP

(A) Name and job classification of the employee;

(B) Date of the audiogram;

(C) The examiner's name;

(D) Date of the last acoustic or exhaustive calibration of the audiometer; and

STEP

(E) Employee's most recent noise exposure assessment.

(F) The employer shall maintain accurate records of the measurements of the background sound pressure levels in audiometric test rooms.

(3) Record retention. The employer shall retain records required in this paragraph (m) for at least the following periods.

(i) Noise exposure measurement records shall be retained for two years.

(ii) Audiometric test records shall be retained for the duration of the affected employee's employment.

(4) Access to records. All records required by this section shall be provided upon request to employees, former employees, representatives designated by the individual employee, and the Assistant Secretary. The provisions of 29 CFR 1910.20 (a) through (e) and (g) through (i) apply to access to records under this section.

(5) Transfer of records. If the employer ceases to do business, the employer shall transfer to the successor employer all records required to be maintained by this section, and the successor employer shall retain them for the remainder of the period prescribed in paragraph (m) (3) of this section.

(n) Appendices.

(1) Appendices A, B, C, D, and E to this section are incorporated as part of this section and the contents of these Appendices are mandatory.

(2) Appendices F and G to this section are informational and are not intended to create any additional obligations not otherwise imposed or to detract from any existing obligations.

(o) Exemptions. Paragraphs (c) through (n) of this section shall not apply to employers engaged in oil and gas well drilling and servicing operations.

1910.95 App A Noise Exposure Computation

Appendix A to 1910.95 - Noise Exposure Computation

This Appendix is Mandatory

I. Computation of Employee Noise Exposure

(1) Noise dose is computed using Table G-16a as follows:

(i) When the sound level, L , is constant over the entire work shift, the noise dose, D , in percent, is given by: $D=100 C/T$ where C is the total length of the work day, in hours, and T is the reference duration corresponding to the measured sound level, L , as given in Table G-16a or by the formula shown as a footnote to that table.

(ii) When the workshift noise exposure is composed of two or more periods of noise at different levels, the total noise dose over the work day is given by:

$$D=100 (C(1)/T(1)+C(2)/T(2)+...+C(n)/T(n)),$$

where $C(n)$ indicates the total time of exposure at a specific noise level, and Tn indicates the reference duration for that level as given by Table G-16a.

(2) The eight-hour time-weighted average sound level (TWA), in decibels, may be computed from the dose, in percent, by means of the formula: $TWA=16.61 \log(10) (D/100)+90$. For an eight-hour workshift with the noise level constant over the entire shift, the TWA is equal to the measured sound level.

(3) A table relating dose and TWA is given in Section II.

TABLE G-16A

A-weighted sound level, L (decibel)	Reference duration, T (hour)
80.....	32
81.....	27.9
82.....	24.3
83.....	21.1
84.....	18.4
85.....	16
86.....	13.9
87.....	12.1
88.....	10.6
89.....	9.2
90.....	8
91.....	7.0
92.....	6.1
93.....	5.3
94.....	4.6
95.....	4
96.....	3.5
97.....	3.0
98.....	2.6
99.....	2.3
100.....	2
101.....	1.7
102.....	1.5
103.....	1.3
104.....	1.1
105.....	1
106.....	0.87
107.....	0.76
108.....	0.66
109.....	0.57
110.....	0.5
111.....	0.44
112.....	0.38
113.....	0.33
114.....	0.29

115.....	0.25
116.....	0.22
117.....	0.19
118.....	0.16
119.....	0.14
120.....	0.125
121.....	0.11
122.....	0.095
123.....	0.082
124.....	0.072
125.....	0.063
126.....	0.054
127.....	0.047
128.....	0.041
129.....	0.036
130.....	0.031

In the above table the reference duration, T, is computed by

$$T = \frac{8}{2((L - 90) / 5)}$$

where L is the measured A-weighted sound level.

II. Conversion Between "Dose" and "8-Hour Time-Weighted Average" Sound Level

Compliance with paragraphs (c)-(r) of this regulation is determined by the amount of exposure to noise in the workplace. The amount of such exposure is usually measured with an audiodosimeter which gives a readout in terms of "dose." In order to better understand the requirements of the amendment, dosimeter readings can be converted to an "8-hour time-weighted average sound level." (TWA).

In order to convert the reading of a dosimeter into TWA, see Table A-1, below. This table applies to dosimeters that are set by the manufacturer to calculate dose or percent exposure according to the relationships in Table G-16a. So, for example, a dose of 91 percent over an eight hour day results in a TWA of 89.3 dB, and, a dose of 50 percent corresponds to a TWA of 85 dB.

If the dose as read on the dosimeter is less than or greater than the values found in Table A-1, the TWA may be calculated by using the formula: $TWA = 16.61 \log_{10}(D/100) + 90$ where TWA=8-hour time-weighted average sound level and D=accumulated dose in percent exposure.

TABLE A-1 - CONVERSION FROM "PERCENT NOISE EXPOSURE" OR "DOSE" TO

"8-HOUR TIME-WEIGHTED AVERAGE SOUND LEVEL" (TWA)

Dose or percent noise exposure	TWA
10	73.4
15	76.3
20	78.4
25	80.0
30	81.3
35	82.4
40	83.4
45	84.2
50	85.0
55	85.7
60	86.3
65	86.9
70	87.4
75	87.9
80	88.4
81	88.5
82	88.6
83	88.7
84	88.7
85	88.8
86	88.9
87	89.0
88	89.1
89	89.2
90	89.2
91	89.3
92	89.4
93	89.5
94	89.6
95	89.6
96	89.7
97	89.8
98	89.9
99	89.9
100	90.0
101	90.1
102	90.1
103	90.2
104	90.3

105	90.4
106	90.4
107	90.5
108	90.6
109	90.6
110	90.7
111	90.8
112	90.8
113	90.9
114	90.9
115	91.1
116	91.1
117	91.1
118	91.2
119	91.3
120	91.3
125	91.6
130	91.9
135	92.2
140	92.4
145	92.7
150	92.9
155	93.2
160	93.4
165	93.6
170	93.8
175	94.0
180	94.2
185	94.4
190	94.6
195	94.8
200	95.0
210	95.4
220	95.7
230	96.0
240	96.3
250	96.6
260	96.9
270	97.2
280	97.4
290	97.7
300	97.9
310	98.2
320	98.4

330	98.6
340	98.8
350	99.0
360	99.2
370	99.4
380	99.6
390	99.8
400	100.0
410	100.2
420	100.4
430	100.5
440	100.7
450	100.8
460	101.0
470	101.2
480	101.3
490	101.5
500	101.6
510	101.8
520	101.9
530	102.0
540	102.2
550	102.3
560	102.4
570	102.6
580	102.7
590	102.8
600	102.9
610	103.0
620	103.2
630	103.3
640	103.4
650	103.5
660	103.6
670	103.7
680	103.8
690	103.9
700	104.0
710	104.1
720	104.2
730	104.3
740	104.4
750	104.5
760	104.6

770	104.7
780	104.8
790	104.9
800	105.0
810	105.1
820	105.2
830	105.3
840	105.4
850	105.4
860	105.5
870	105.6
880	105.7
890	105.8
900	105.8
910	105.9
920	106.0
930	106.1
940	106.2
950	106.2
960	106.3
970	106.4
980	106.5
990	106.5
999	106.6

1910.95 App B Methods for estimating the adequacy of hearing protector attenuation
Appendix B to 1910.95 - Methods for estimating the adequacy of hearing protector attenuation

This Appendix is Mandatory

For employees who have experienced a significant threshold shift, hearing protector attenuation must be sufficient to reduce employee exposure to a TWA of 85 dB. Employers must select one of the following methods by which to estimate the adequacy of hearing protector attenuation.

The most convenient method is the Noise Reduction Rating (NRR) developed by the Environmental Protection Agency (EPA). According to EPA regulation, the NRR must be shown on the hearing protector package. The NRR is then related to an individual worker's noise environment in order to assess the adequacy of the attenuation of a given hearing protector. This Appendix describes four methods of using the NRR to determine whether a particular hearing protector provides adequate protection within a given exposure environment. Selection among the four procedures is dependent upon the employer's noise measuring instruments.

Instead of using the NRR, employers may evaluate the adequacy of hearing protector attenuation by using one of the three methods developed by the National Institute for Occupational Safety and Health (NIOSH), which are described in the "List of Personal Hearing Protectors and Attenuation Data," HEW Publication No. 76-120, 1975, pages 21-37. These methods are known as NIOSH methods No. 1, No. 2 and No. 3. The NRR described below is a simplification of NIOSH method No. 2. The most complex method is NIOSH method No. 1, which is probably the most accurate method since it uses the largest amount of spectral information from the individual employee's noise environment. As in the case of the NRR method described below, if one of the NIOSH methods is used, the selected method must be applied to an individual's noise environment to assess the adequacy of the attenuation. Employers should be careful to take a sufficient number of measurements in order to achieve a representative sample for each time segment.

NOTE: The employer must remember that calculated attenuation values reflect realistic values only to the extent that the protectors are properly fitted and worn.

When using the NRR to assess hearing protector adequacy, one of the following methods must be used:

(i) When using a dosimeter that is capable of C-weighted measurements:

(A) Obtain the employee's C-weighted dose for the entire workshift, and convert to TWA (see Appendix A, II).

(B) Subtract the NRR from the C-weighted TWA to obtain the estimated A-weighted TWA under the ear protector.

(ii) When using a dosimeter that is not capable of C-weighted measurements, the following method may be used:

(A) Convert the A-weighted dose to TWA (see Appendix A).

(B) Subtract 7 dB from the NRR.

(C) Subtract the remainder from the A-weighted TWA to obtain the estimated A-weighted TWA under the ear protector.

(iii) When using a sound level meter set to the A-weighting network:

(A) Obtain the employee's A-weighted TWA.

(B) Subtract 7 dB from the NRR, and subtract the remainder from the A-weighted TWA to obtain the estimated A-weighted TWA under the ear protector.

(iv) When using a sound level meter set on the C-weighting network:

(A) Obtain a representative sample of the C-weighted sound levels in the employee's environment.

(B) Subtract the NRR from the C-weighted average sound level to obtain the estimated A-weighted TWA under the ear protector.

(v) When using area monitoring procedures and a sound level meter set to the A-weighting network.

(A) Obtain a representative sound level for the area in question.

(B) Subtract 7 dB from the NRR and subtract the remainder from the A-weighted sound level for that area.

(vi) When using area monitoring procedures and a sound level meter set to the C-weighting network:

(A) Obtain a representative sound level for the area in question.

(B) Subtract the NRR from the C-weighted sound level for that area.

1910.95 App C Audiometric measuring instruments

Appendix C to 1910.95 - Audiometric measuring instruments

This Appendix is Mandatory

1. In the event that pulsed-tone audiometers are used, they shall have a tone on-time of at least 200 milliseconds.

2. Self-recording audiometers shall comply with the following requirements:

(A) The chart upon which the audiogram is traced shall have lines at positions corresponding to all multiples of 10 dB hearing level within the intensity range spanned by the audiometer. The lines shall be equally spaced and shall be separated by at least 1/4 inch. Additional increments are optional. The audiogram pen tracings shall not exceed 2 dB in width.

(B) It shall be possible to set the stylus manually at the 10-dB increment lines for calibration purposes.

(C) The slewing rate for the audiometer attenuator shall not be more than 6 dB/sec except that an initial slewing rate greater than 6 dB/sec is permitted at the beginning of each new test frequency, but only until the second subject response.

(D) The audiometer shall remain at each required test frequency for 30 seconds (+ or - 3 seconds). The audiogram shall be clearly marked at each change of frequency and the actual

frequency change of the audiometer shall not deviate from the frequency boundaries marked on the audiogram by more than + or - 3 seconds.

(E) It must be possible at each test frequency to place a horizontal line segment parallel to the time axis on the audiogram, such that the audiometric tracing crosses the line segment at least six times at that test frequency. At each test frequency the threshold shall be the average of the midpoints of the tracing excursions.

1910.95 App D Audiometric test rooms STEP

Appendix D to 1910.95 - Audiometric test rooms

This Appendix is Mandatory

Rooms used for audiometric testing shall not have background sound pressure levels exceeding those in Table D-1 when measured by equipment conforming at least to the Type 2 requirements of American National Standard Specification for Sound Level Meters, S1.4-1971 (R1976), and to the Class II requirements of American National Standard Specification for Octave, Half-Octave, and Third-Octave Band Filter Sets, S1.11-1971 (R1976).

TABLE D-1 - MAXIMUM ALLOWABLE OCTAVE-BAND SOUND PRESSURE LEVELS FOR AUDIOMETRIC TEST ROOMS

Octave-band center frequency (Hz).....	500	1000	2000	4000	8000
Sound pressure level (dB) ...	40	40	47	57	62

1910.95 App E Acoustic calibration of audiometers

This Appendix is Mandatory

Audiometer calibration shall be checked acoustically, at least annually, according to the procedures described in this Appendix. The equipment necessary to perform these measurements is a sound level meter, octave-band filter set, and a National Bureau of Standards 9A coupler. In making these measurements, the accuracy of the calibrating equipment shall be sufficient to determine that the audiometer is within the tolerances permitted by American Standard Specification for Audiometers, S3.6-1969.

(1) Sound Pressure Output Check

A. Place the earphone coupler over the microphone of the sound level meter and place the earphone on the coupler.

B. Set the audiometer's hearing threshold level (HTL) dial to 70 dB.

C. Measure the sound pressure level of the tones at each test frequency from 500 Hz through 6000 Hz for each earphone.

D. At each frequency the readout on the sound level meter should correspond to the levels in Table E-1 or Table E-2, as appropriate, for the type of earphone, in the column entitled "sound level meter reading."

(2) Linearity Check

A. With the earphone in place, set the frequency to 1000 Hz and the HTL dial on the audiometer to 70 dB.

B. Measure the sound levels in the coupler at each 10-dB decrement from 70 dB to 10 dB, noting the sound level meter reading at each setting.

C. For each 10-dB decrement on the audiometer the sound level meter should indicate a corresponding 10 dB decrease.

D. This measurement may be made electrically with a voltmeter connected to the earphone terminals.

(3) Tolerances

When any of the measured sound levels deviate from the levels in Table E-1 or Table E-2 by + or - 3 dB at any test frequency between 500 and 3000 Hz, 4 dB at 4000 Hz, or 5 dB at 6000 Hz, an exhaustive calibration is advised. An exhaustive calibration is required if the deviations are greater than 15 dB or greater at any test frequency.

TABLE E-1 - REFERENCE THRESHOLD LEVELS FOR TELEPHONICS -
TDH-39 EARPHONES

Frequency, Hz	Reference threshold level for TDH-39	Sound level meter
	60	

	earphones, dB	reading, dB
500	11.5	81.5
1000	7	77
2000	9	79
3000	10	80
4000	9.5	79.5
6000	15.5	85.5

TABLE E-2 - REFERENCE THRESHOLD LEVELS FOR TELEPHONICS -
TDH-49 EARPHONES

Frequency, Hz	Reference threshold level for TDH-49 earphones, dB	Sound level meter reading, dB
500	13.5	83.5
1000	7.5	77.5
2000	11	81.0
3000	9.5	79.5
4000	10.5	80.5
6000	13.5	83.5

1910.95 App F Calculations and application of age corrections to audiograms

Appendix F to 1910.95 - Calculations and application of age corrections to audiograms

This Appendix Is Non-Mandatory

In determining whether a standard threshold shift has occurred, allowance may be made for the contribution of aging to the change in hearing level by adjusting the most recent audiogram. If the employer chooses to adjust the audiogram, the employer shall follow the procedure described below. This procedure and the age correction tables were developed by the National Institute for Occupational Safety and Health in the criteria document entitled "Criteria for a Recommended Standard . . . Occupational Exposure to Noise," ((HSM)-11001).

For each audiometric test frequency;

(i) Determine from Tables F-1 or F-2 the age correction values for the employee by:

(A) Finding the age at which the most recent audiogram was taken and recording the corresponding values of age corrections at 1000 Hz through 6000 Hz;

(B) Finding the age at which the baseline audiogram was taken and recording the corresponding values of age corrections at 1000 Hz through 6000 Hz.

(ii) Subtract the values found in step (i)(B) from the value found in step (i)(A).

(iii) The differences calculated in step (ii) represented that portion of the change in hearing that may be due to aging.

EXAMPLE: Employee is a 32-year-old male. The audiometric history for his right ear is shown in decibels below.

Employee's age	Audiometric test frequency (Hz)				
	1000	2000	3000	4000	6000
26.....	10	5	5	10	5
*27.....	0	0	0	5	5
28.....	0	0	0	10	5
29.....	5	0	5	15	5
30.....	0	5	10	20	10
31.....	5	10	20	15	15
*32.....	5	10	10	25	20

The audiogram at age 27 is considered the baseline since it shows the best hearing threshold levels. Asterisks have been used to identify the baseline and most recent audiogram. A threshold shift of 20 dB exists at 4000 Hz between the audiograms taken at ages 27 and 32.

(The threshold shift is computed by subtracting the hearing threshold at age 27, which was 5, from the hearing threshold at age 32, which is 25). A retest audiogram has confirmed this shift. The contribution of aging to this change in hearing may be estimated in the following manner:

Go to Table F-1 and find the age correction values (in dB) for 4000 Hz at age 27 and age 32.

	Frequency (Hz)				
	1000	2000	3000	4000	6000
Age 32.....	6	5	7	10	14
Age 27.....	5	4	6	7	11
Difference	1	1	1	3	3

The difference represents the amount of hearing loss that may be attributed to aging in the time period between the baseline audiogram and the most recent audiogram. In this example, the difference at 4000 Hz is 3 dB. This value is subtracted from the hearing level at 4000 Hz, which in the most recent audiogram is 25, yielding 22 after adjustment. Then the hearing threshold in the baseline audiogram at 4000 Hz (5) is subtracted from the adjusted annual audiogram hearing threshold at 4000 Hz (22). Thus the age-corrected threshold shift would be 17 dB (as opposed to a

threshold shift of 20 dB without age correction).

TABLE F-1 - AGE CORRECTION VALUES IN DECIBELS FOR MALES

Years	Audiometric Test Frequency (Hz)				
	1000	2000	3000	4000	6000
20 or younger.....	5	3	4	5	8
21	5	3	4	5	8
22	5	3	4	5	8
23	5	3	4	6	9
24	5	3	5	6	9
25	5	3	5	7	10
26	5	4	5	7	10
27	5	4	6	7	11
28	6	4	6	8	11
29	6	4	6	8	12
30	6	4	6	9	12
31	6	4	7	9	13
32	6	5	7	10	14
33	6	5	7	10	14
34	6	5	8	11	15
35	7	5	8	11	15
36	7	5	9	12	16
37	7	6	9	12	17
38	7	6	9	13	17
39	7	6	10	14	18
40	7	6	10	14	19
41	7	6	10	14	20
42	8	7	11	16	20
43	8	7	12	16	21
44	8	7	12	17	22
45	8	7	13	18	23
46	8	8	13	19	24
47	8	8	14	19	24
48	9	8	14	20	25
49	9	9	15	21	26
50	9	9	16	22	27
51	9	9	16	23	28
52	9	10	17	24	29
53	9	10	18	25	30
54	10	10	18	26	31
55	10	11	19	27	32
56	10	11	20	28	34
57	10	11	21	29	35
58	10	12	22	31	36
59	11	12	22	32	37
60 or older	11	13	23	33	38

TABLE F-2 - AGE CORRECTION VALUES IN DECIBELS FOR FEMALES

Years	Audiometric Test Frequency (Hz)				
	1000	2000	3000	4000	6000

	1000	2000	3000	4000	6000
20 or younger.....	7	4	3	3	6
21	7	4	4	3	6
22	7	4	4	4	6
23	7	5	4	4	7
24	7	5	4	4	7
25	8	5	4	4	7
26	8	5	5	4	8
27	8	5	5	5	8
28	8	5	5	5	8
29	8	5	5	5	9
30	8	6	5	5	9
31	8	6	6	5	9
32	9	6	6	6	10
33	9	6	6	6	10
34	9	6	6	6	10
35	9	6	7	7	11
36	9	7	7	7	11
37	9	7	7	7	12
38	10	7	7	7	12
39	10	7	8	8	12
40	10	7	8	8	13
41	10	8	8	8	13
42	10	8	9	9	13
43	11	8	9	9	14
44	11	8	9	9	14
45	11	8	10	10	15
46	11	9	10	10	15
47	11	9	10	11	16
48	12	9	11	11	16
49	12	9	11	11	16
50	12	10	11	12	17
51	12	10	12	12	17
52	12	10	12	13	18
53	13	10	13	13	18
54	13	11	13	14	19
55	13	11	14	14	19
56	13	11	14	15	20
57	13	11	15	15	20
58	14	12	15	16	21
59	14	12	16	16	21
60 or older	14	12	16	17	22

1910.95 App G Monitoring noise levels non-mandatory informational appendix

Appendix G to 1910.95 - Monitoring noise levels non-mandatory informational appendix

This appendix provides information to help employers comply with the noise monitoring obligations that are part of the hearing conservation amendment.

WHAT IS THE PURPOSE OF NOISE MONITORING?

This revised amendment requires that employees be placed in a hearing conservation program if they are exposed to average noise levels of 85 dB or greater during an 8 hour workday. In order to determine if exposures are at or above this level, it may be necessary to measure or monitor the actual noise levels in the workplace and to estimate the noise exposure or "dose" received by employees during the workday.

WHEN IS IT NECESSARY TO IMPLEMENT A NOISE MONITORING PROGRAM?

It is not necessary for every employer to measure workplace noise. Noise monitoring or measuring must be conducted only when exposures are at or above 85 dB. Factors which suggest that noise exposures in the workplace may be at this level include employee complaints about the loudness of noise, indications that employees are losing their hearing, or noisy conditions which make normal conversation difficult. The employer should also consider any information available regarding noise emitted from specific machines. In addition, actual workplace noise measurements can suggest whether or not a monitoring program should be initiated.

HOW IS NOISE MEASURED?

Basically, there are two different instruments to measure noise exposures: the sound level meter and the dosimeter. A sound level meter is a device that measures the intensity of sound at a given moment. Since sound level meters provide a measure of sound intensity at only one point in time, it is generally necessary to take a number of measurements at different times during the day to estimate noise exposure over a workday. If noise levels fluctuate, the amount of time noise remains at each of the various measured levels must be determined.

To estimate employee noise exposures with a sound level meter it is also generally necessary to take several measurements at different locations within the workplace. After appropriate sound level meter readings are obtained, people sometimes draw "maps" of the sound levels within different areas of the workplace. By using a sound level "map" and information on employee locations throughout the day, estimates of individual exposure levels can be developed. This measurement method is generally referred to as area noise monitoring.

A dosimeter is like a sound level meter except that it stores sound level measurements and integrates these measurements over time, providing an average noise exposure reading for a given period of time, such as an 8-hour workday. With a dosimeter, a microphone is attached to the employee's clothing and the exposure measurement is simply read at the end of the desired time period. A reader may be used to read-out the dosimeter's measurements. Since the dosimeter is worn by the employee, it measures noise levels in those locations in which the employee travels. A sound level meter can also be positioned within the immediate vicinity of the exposed worker to obtain an individual exposure estimate. Such procedures are generally referred to as personal noise monitoring.

Area monitoring can be used to estimate noise exposure when the noise levels are relatively

constant and employees are not mobile. In workplaces where employees move about in different areas or where the noise intensity tends to fluctuate over time, noise exposure is generally more accurately estimated by the personal monitoring approach.

In situations where personal monitoring is appropriate, proper positioning of the microphone is necessary to obtain accurate measurements. With a dosimeter, the microphone is generally located on the shoulder and remains in that position for the entire workday. With a sound level meter, the microphone is stationed near the employee's head, and the instrument is usually held by an individual who follows the employee as he or she moves about.

Manufacturer's instructions, contained in dosimeter and sound level meter operating manuals, should be followed for calibration and maintenance. To ensure accurate results, it is considered good professional practice to calibrate instruments before and after each use.

HOW OFTEN IS IT NECESSARY TO MONITOR NOISE LEVELS?

The amendment requires that when there are significant changes in machinery or production processes that may result in increased noise levels, remonitoring must be conducted to determine whether additional employees need to be included in the hearing conservation program. Many companies choose to remonitor periodically (once every year or two) to ensure that all exposed employees are included in their hearing conservation programs.

WHERE CAN EQUIPMENT AND TECHNICAL ADVICE BE OBTAINED?

Noise monitoring equipment may be either purchased or rented. Sound level meters cost about \$500 to \$1,000, while dosimeters range in price from about \$750 to \$1,500. Smaller companies may find it more economical to rent equipment rather than to purchase it. Names of equipment suppliers may be found in the telephone book (Yellow Pages) under headings such as: "Safety Equipment," "Industrial Hygiene," or "Engineers-Acoustical." In addition to providing information on obtaining noise monitoring equipment, many companies and individuals included under such listings can provide professional advice on how to conduct a valid noise monitoring program. Some audiological testing firms and industrial hygiene firms also provide noise monitoring services. Universities with audiology, industrial hygiene, or acoustical engineering departments may also provide information or may be able to help employers meet their obligations under this amendment.

Free, on-site assistance may be obtained from OSHA-supported state and private consultation organizations. These safety and health consultative entities generally give priority to the needs of small businesses.

1910.95 App H Availability of referenced documents

Appendix H to 1910.95 - Availability of referenced documents

Paragraphs (c) through (o) of 29 CFR 1910.95 and the accompanying appendices contain

provisions which incorporate publications by reference. Generally, the publications provide criteria for instruments to be used in monitoring and audiometric testing. These criteria are intended to be mandatory when so indicated in the applicable paragraphs of 1910.95 and appendices.

It should be noted that OSHA does not require that employers purchase a copy of the referenced publications. Employers, however, may desire to obtain a copy of the referenced publications for their own information.

The designation of the paragraph of the standard in which the referenced publications appear, the titles of the publications, and the availability of the publications are as follows:

Paragraph designation	Referenced publication	Available from --
Appendix B	"List of Personal Hearing Protectors and Attenuation Data," HEW Pub. No. 76-120, 1975. NTIS-PB267461.	National Technical Information Service, Port Royal Road, Springfield, VA 22161.
Appendix D	"Specification for Sound Level Meters," S1.4-1971 (R1976).	American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018.
1910.95(k)(2), Appendix E	"Specifications for Audiometers," S3.6-1969.	American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018.
Appendix D	"Specification for Octave, Half-Octave and Third-Octave Band Filter Sets," S1.11-1971 (R1976).	Back Numbers Department, Dept. STD, American Institute of Physics, 333 E. 45th St., New York, NY 10017; American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018.

The referenced publications (or a microfiche of the publications) are available for review at many universities and public libraries throughout the country. These publications may also be examined at the OSHA Technical Data Center, Room N2439, United States Department of Labor, 200 Constitution Avenue, NW., Washington, DC 20210, (202) 219-7500 or at any OSHA Regional Office (see telephone directories under United States Government - Labor Department).

1910.95 App I Definitions

Appendix I to 1910.95 - Definitions

These definitions apply to the following terms as used in paragraphs (c) through (n) of 29 CFR 1910.95.

Action level - An 8-hour time-weighted average of 85 decibels measured on the A-scale, slow response, or equivalently, a dose of fifty percent.

Audiogram - A chart, graph, or table resulting from an audiometric test showing an individual's hearing threshold levels as a function of frequency.

Audiologist - A professional, specializing in the study and rehabilitation of hearing, who is certified by the American Speech-Language-Hearing Association or licensed by a state board of examiners.

Baseline audiogram - The audiogram against which future audiograms are compared.

Criterion sound level - A sound level of 90 decibels.

Decibel (dB) - Unit of measurement of sound level. **Hertz (Hz)** - Unit of measurement of frequency, numerically equal to cycles per second.

Medical pathology - A disorder or disease. For purposes of this regulation, a condition or disease affecting the ear, which should be treated by a physician specialist.

Noise dose - The ratio, expressed as a percentage, of (1) the time integral, over a stated time or

event, of the 0.6 power of the measured SLOW exponential time-averaged, squared A-weighted sound pressure and (2) the product of the criterion duration (8 hours) and the 0.6 power of the squared sound pressure corresponding to the criterion sound level (90 dB).

Noise dosimeter - An instrument that integrates a function of sound pressure over a period of time in such a manner that it directly indicates a noise dose.

Otolaryngologist - A physician specializing in diagnosis and treatment of disorders of the ear, nose and throat.

Representative exposure - Measurements of an employee's noise dose or 8-hour time-weighted average sound level that the employers deem to be representative of the exposures of other employees in the workplace. Sound level - Ten times the common logarithm of the ratio of the square of the measured A-weighted sound pressure to the square of the standard reference pressure of 20 micropascals. Unit: decibels (dB). For use with this regulation, SLOW time response, in accordance with ANSI S1.4-1971 (R1976), is required. Sound level meter - An instrument for the measurement of sound level. Time-weighted average sound level - That sound level, which if constant over an 8-hour exposure, would result in the same noise dose as is measured.

[39 FR 23502, June 27, 1974, as amended at 46 FR 4161, Jan. 16, 1981; 46 FR 62845, Dec. 29, 1981; 48 FR 9776, Mar. 8, 1983; 48 FR 29687, June 28, 1983; 54 FR 24333, June 7, 1989]

1910.97 Nonionizing radiation.

(a) Electromagnetic radiation

(1) Definitions applicable to this paragraph.

(i) The term "electromagnetic radiation" is restricted to that portion of the spectrum commonly defined as the radio frequency region, which for the purpose of this specification shall include the microwave frequency region.

(ii) Partial body irradiation. Pertains to the case in which part of the body is exposed to the incident electromagnetic energy.

(iii) Radiation protection guide. Radiation level which should not be exceeded without careful consideration of the reasons for doing so.

(iv) The word "symbol" as used in this specification refers to the overall design,

shape, and coloring of the rf radiation sign shown in figure G-11.

(v) Whole body irradiation. Pertains to the case in which the entire body is exposed to the incident electromagnetic energy or in which the cross section of the body is smaller than the cross section of the incident radiation beam.

(2) Radiation protection guide.

(i) For normal environmental conditions and for incident electromagnetic energy of frequencies from 10 MHz to 100 GHz, the radiation protection guide is 10 mW/cm.⁽²⁾ (milliwatt per square centimeter) as averaged over any possible 0.1-hour period. This means the following:

Power density: 10 mW./cm.⁽²⁾ for periods of 0.1-hour or more.

Energy density: 1 mW.-hr./cm.⁽²⁾ (milliwatt hour per square centimeter) during any 0.1-hour period.

This guide applies whether the radiation is continuous or intermittent.

(ii) These formulated recommendations pertain to both whole body irradiation and partial body irradiation. Partial body irradiation must be included since it has been shown that some parts of the human body (e.g., eyes, testicles) may be harmed if exposed to incident radiation levels significantly in excess of the recommended levels.

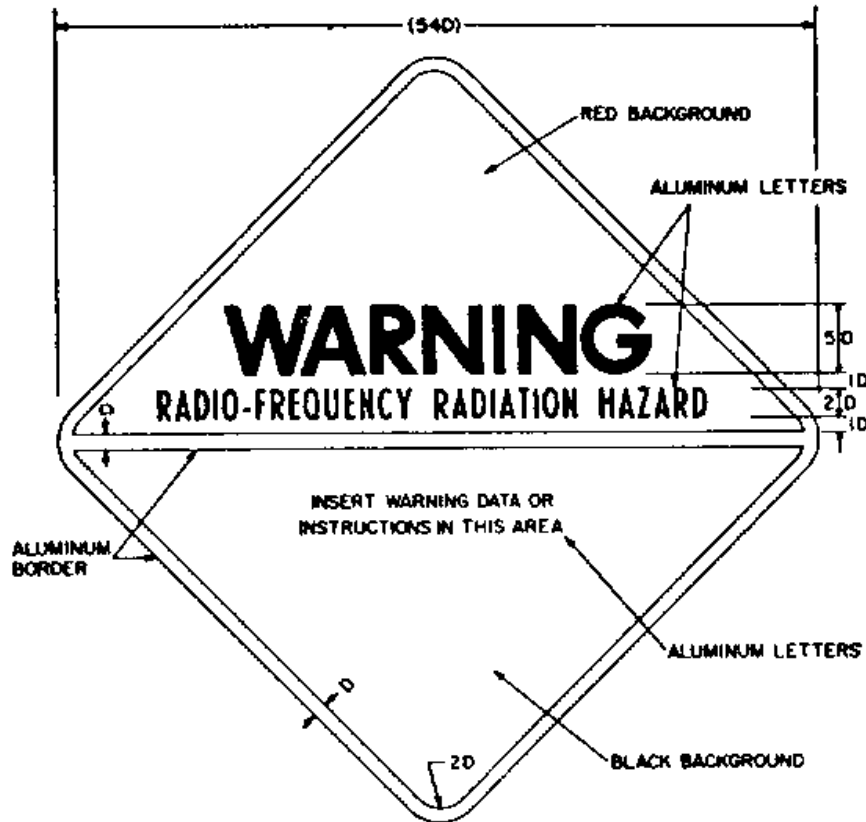
(3) Warning symbol.

(i) The warning symbol for radio frequency radiation hazards shall consist of a red isosceles triangle above an inverted black isosceles triangle, separated and outlined by an aluminum color border. The words "Warning - Radio-Frequency Radiation Hazard" shall appear in the upper triangle. See figure G-11.

(ii) American National Standard Safety Color Code for Marking Physical Hazards and the Identification of Certain Equipment, Z53.1-1953, which is incorporated by reference as specified in 1910.6, shall be used for color specification. All lettering and the border shall be of aluminum color.

(iii) The inclusion and choice of warning information or precautionary instructions is at the discretion of the user. If such information is included it shall appear in the lower triangle of the warning symbol.

FIGURE G-11
RADIO-FREQUENCY RADIATION HAZARD WARNING SYMBOL



1. Place handling and mounting instructions on reverse side.
2. D = Scaling unit.
3. Lettering: Ratio of letter height to thickness of letter lines.

Upper triangle :	5 to 1	Large
	6 to 1	Medium
Lower triangle :	4 to 1	Small
	6 to 1	Medium
4. Symbol is square, triangles are right-angle isoseles.

Figure G-11

Radio-Frequency Radiation Hazard Warning Symbol

(4) Scope. This section applies to all radiations originating from radio stations, radar equipment, and other possible sources of electromagnetic radiation such as used for communication, radio navigation, and industrial and scientific purposes. This section does not apply to the deliberate exposure of patients by, or under the direction of, practitioners of the healing arts.

1910.98 Effective dates.

(a) The provisions of this Subpart G shall become effective on August 27, 1971, except as provided

in the remaining paragraphs of this section.

(b) The following provisions shall become effective on February 15, 1972:

1910.94 (a)(2)(iii), (a)(3), (a)(4), (b), (c)(2), (c)(3), (c)(4), (c)(5), (c)(6)(i), (c)(6)(ii), (d)(1)(ii), (d)(3), (d)(4), (d)(5), and (d)(7).

(c) Notwithstanding anything in paragraph (a), (b), or (d) of this section, any provision in any other section of this subpart which contains in itself a specific effective date or time limitation shall become effective on such date or shall apply in accordance with such limitation.

(d) Notwithstanding anything in paragraph (a) of this section, if any standard in 41 CFR Part 50-204, other than a national consensus standard incorporated by reference in 50-204.2(a)(1), is or becomes applicable at any time to any employment and place of employment, by virtue of the Walsh-Healey Public Contracts Act, or the Service Contract Act of 1965, or the National Foundation on Arts and Humanities Act of 1965, any corresponding established Federal standard in this Subpart G which is derived from 41 CFR Part 50-204 shall also become effective, and shall be applicable to such employment and place of employment, on the same date.

1910.99 REMOVED

1910.100 REMOVED

Subpart A - General

- 1910.1 Purpose and scope.
- 1910.2 Definitions.
- 1910.3 Petitions for the issuance, amendment, or repeal of a standard.
- 1910.4 Amendments to this part.
- 1910.5 Applicability of standards.
- 1910.6 Incorporation by reference.
- 1910.7 Definition and requirements for a nationally recognized testing laboratory.
- 1910.9 Compliance duties owed to each employee.

SUBPART A -- General

Authority: Sections 4, 6, and 8 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 653, 655, 657); Secretary of Labor's Order No. 12-71 (36 FR 8754), 8-76 (41 FR 25059), 9-83 (48 FR 35736), 1-90 (55 FR 9033), 6-96 (62 FR 111), 3-2000 (65 FR 50017), or 5-2007 (72 FR 31159), as applicable.

Section 1910.6 also issued under 5 U.S.C. 553. Sections 1910.6, 1910.7, and 1910.8 also issued under 29 CFR Part 1911. Section 1910.7(f) also issued under 31 U.S.C. 9701, 29 U.S.C. 9a, 5 U.S.C. 553; Pub. L. 106-113 (113 Stat. 1501A-222); and OMB Circular A-25 (dated July 8, 1993) (58 FR 38142, July 15, 1993).

[58 FR 35308, June 30, 1993; 61 FR 5507, Feb. 13, 1996; 61 FR 9227, March 7, 1996; 62 FR 29668, June 2, 1997; 62 FR 42666, Aug. 8, 1997; 62 FR 65203, Dec. 11, 1997; 63 FR 13338, March 19, 1998; 63 FR 17093, April 8, 1998; 64 FR 13908, March 23, 1998; 65 FR 46818, July 31, 2000; 70 FR 53929, Sept. 13, 2005; 71 FR 38086, July 5, 2006; 72 FR 7190, Feb. 14, 2007; 72 FR 40075, July 23, 2007; 72 FR 71068, Dec. 14, 2007]

Sections 1910.16 and 1910.19 also issued under 29 CFR part 1911.

1910.1 Purpose and scope.

(a) The Occupational Health and Safety Commission is empowered by Section 27-11-105 (a)(viii), Wyoming Statutes, to devise, formulate, adopt and amend and repeal rules and regulations governing the health and safety of employees and employers covered by the Act.

(b) The purpose and scope of these rules and regulations is:

(1) To provide standards, rules and regulations to safeguard the life, limb and health of employees and employers.

(2) To provide the minimum requirements for compliance by each place of employment under the Act.

1910.2 Definitions.

As used in this part, unless the context clearly requires otherwise:

- (a) "Act" means the State of Wyoming Occupational Health and Safety Act, as amended.
- (b) "Administrator" means the Administrator of the State of Wyoming Occupational Health and Safety Division.
- (c) "Approved" means sanctioned, endorsed, accredited, certified, or accepted as satisfactory by a duly constituted and nationally recognized authority or agency.
- (d) "Authorized Person" means a person approved or assigned by the employer to perform a specific type of duty or duties or to be at a specific location or locations at the job site.
- (e) "Commerce" means trade, traffic, commerce, transportation or communication between this state and any place outside thereof, or between points in this state but through a point outside thereof.
- (f) "Commission" means the State of Wyoming Occupational Health and Safety Commission.
- (g) "Competent Person" means one who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees and who has authorization to take prompt corrective measures to eliminate them.
- (h) "Defect" means any characteristic or condition which tends to weaken or reduce the strength of the tool, object or structure of which it is a part.
- (i) "Department" means the State of Wyoming Department of Employment.
- (j) "Employee" means a person permitted to work by an employer in employment.
- (k) "Employer" means an individual or organization including the state and all its political subdivisions which has in its employ one or more individuals performing services for it.
- (l) "Employment" means all services for pay under a contract of hire.
- (m) "Established Federal Standard" means any operative standard established by Public Law 91-596, the Williams-Steiger Act, which applies to all industry covered by the Act, in effect on or before April 28, 1971, or upon promulgation of these rules and regulations.
- (n) "Hazard" means any occupational condition or circumstance which is likely to cause death, injury or illness.
- (o) "Hazardous Substance" means a substance which, by reason of being explosive, flammable, poisonous, corrosive, oxidizing, irritating, or otherwise harmful, is likely to cause occupational death, injury or illness.
- (p) "National consensus standard" means any standard or modification thereof which:
- (1) Has been adopted and promulgated by a nationally recognized standards-producing organization under procedures whereby it can be determined by the Secretary of Labor or by the Assistant Secretary of Labor that persons interested and affected by the scope or provisions of the standard have reached substantial agreement on its adoption;

(2) Was formulated in a manner which afforded an opportunity for diverse views to be considered; and

(3) Has been designated as such a standard by the Secretary or the Assistant Secretary, after consultation with other appropriate federal agencies.

(q) "Person" means an individual, governmental agency, partnership, association, corporation, business, trust, receiver, trustee, legal representative or successor to any of the foregoing.

(r) "Place of Employment" means plant, premises, or any other place where directed by the employer or about which an employee is permitted to work.

(s) "Qualified" means one who by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training and experience has successfully demonstrated ability to solve or resolve problems relating to the subject matter, the work, or the project.

(t) "Safety factor" means the ratio of the ultimate breaking strength of a member or piece of material or equipment to the actual working stress or safer load when in use.

(u) "Secretary" means the Secretary of the U.S. Department of Labor.

(v) "Shall" means mandatory.

(w) "Should" means recommended.

(x) "Standard" means a standard which requires conditions, or the adoption or use of one or more practices, means, methods, operations, or processes, reasonably necessary or appropriate to provide safe or healthful employment and places of employment.

(y) "Suitable" means that which fits, and has the qualities or qualifications to meet a given purpose.

(z) "Toxic" means any substance (other than a radioactive substance) which has the capacity to produce personal injury or illness to man through ingestion, inhalation, or absorption through any body surface.

(aa) "Variances" means exception to promulgated standards, rules and regulations. As stated in the W.S. 27-11-111 - Variances; "Any person affected by this Act may request a variance to any standard, rule or regulation promulgated under this Act."

1910.3 Petitions for the issuance, amendment, or repeal of a standard.

(a) Any interested person may petition in writing the division or commission requesting the promulgation, amendment or repeal of any rules and regulations and may accompany his petition with relevant data, views and arguments. The division or commission may prescribe by rule the form of such petition and the procedure for their (its) submission, consideration and disposition. Upon submission of such a petition the commission, as soon as practicable, either shall deny the petition in writing (stating its reasons for denial) or initiate rulemaking proceedings in accordance with W.S. 9-4-103 Wyoming Statutes. The action of the commission in denying a petition shall be final and not subject to review.

1910.4 Amendments to this part.

(a) The commission shall have all of the authority under Section 26-11-105(a)(viii) of the Act, to devise, formulate, adopt, amend and repeal rules and regulations promulgated under the Act.

(b) In the event of conflict among any such standards, the commission shall take the action necessary to eliminate the conflict including the amendment or revocation of a rule or regulation, so as to assure the greatest protection of the health and safety of the employees and employers affected by the Act.

1910.5 Applicability of standards.

(a) These rules and regulations shall apply to all businesses, industries, employees, employers and persons or any other authorized person in places of employment governed by these rules and regulations.

(b) If a particular requirement contained herein is specifically applicable to a condition, practice, means, method, operation, or process, it shall prevail over any different general rule or regulation which might otherwise be applicable to the same condition, practice, means, method, operation or process.

(c) These rules and regulations shall apply, according to their terms, to any employment and place of employment in any industry covered by the Act. Specific industries liable to particular rules and regulations not herein contained are, in addition, subject to these rules and regulations.

1910.6 Incorporation by reference.

(a) The standards, rules and regulations of the U.S. Government and the State of Wyoming, and organizations which are not agencies of the U.S. Government or the State of Wyoming which are incorporated by reference in these rules and regulations, have the same force and effect as these rules and regulations. Only the mandatory provisions (i.e. provisions containing the word “shall” or other mandatory language) of standards incorporated by reference are adopted as standards under the Wyoming Occupational Safety and Health Act.

(b) Copies of the standards which are incorporated by reference may be examined at the office of the Occupational Health and Safety Division of the Department of Employment, 1510 E. Pershing Blvd., Cheyenne, WY 82002. Copies of such private standards may be obtained from the issuing organizations. The materials are available for purchase at the addresses of the private standards organizations listed in paragraph (e) of this section.

(c) Any changes in the standards incorporated by reference in this part and an official historic file of such changes are available for inspection at the office of the Occupational Health and Safety Division of the Department of Employment, Cheyenne, WY.

(d) The materials listed in paragraph (e) of this section are incorporated by reference in the corresponding sections noted as they exist on the date these rules and regulations became effective.

(e) Material available from private standards organizations

(1) The following material is available for purchase from the American Conference of

Governmental Industrial Hygienists (ACGIH), 1014 Broadway, Cincinnati OH 45202:

(A) "Industrial Ventilation: A Manual of Recommended Practice" (22nd ed., 1995), incorporation by reference (IBR) approved for §1910.124(b)(4)(iii).

(B) Threshold Limit Values and Biological Exposure Indices for 1986-87 (1986), IBR approved for §1910.120, PEL definition.

(2) The following material is available for purchase from the American Society of Agricultural Engineers (ASAE), 2950 Niles Road, Post Office Box 229, St. Joseph, MI 49085:

(A) ASAE Emblem for Identifying Slow Moving Vehicles, ASAE S276.2 (1968), IBR approved for §1910.145(d)(10).

(B) [Reserved]

(3) The following material is available for purchase from the Agriculture Ammonia Institute-Rubber Manufacturers (AAI-RMA) Association, 1400 K St. NW, Washington DC 20005:

(A) AAI-RMA Specifications for Anhydrous Ammonia Hose, IBR approved for §1910.111(b)(8)(i).

(B) [Reserved]

(4) The following material is available for purchase from the American National Standards Institute (ANSI), 25 West 43rd Street, 4th Floor, New York, NY 10036;

(A) [Reserved]

(B) [Reserved]

(D) ANSI A11.1-65 (R 70) Practice for Industrial Lighting, IBR approved for §§1910.219(c)(5)(iii); 1910.261(a)(3)(i), (c)(10), and (k)(21); and 1910.265(c)(2).

(E) ANSI A11.1-65 Practice for Industrial Lighting, IBR approved for §§1910.262(c)(6) and 1910.265(d)(2)(i)(a).

(F) [Reserved]

(G) ANSI A13.1-56 Scheme for the Identification of Piping Systems, IBR approved for §§1910.253(d)(4)(ii); 1910.261(a)(3)(iii); 1910.262(c)(7).

(H) ANSI A14.1-68 Safety Code for Portable Wood Ladders, Supplemented by ANSI A14.1a-77, IBR approved for §1910.261(a)(3)(iv) and (c)(3)(i).

(I) ANSI A14.2-56 Safety Code for Portable Metal Ladders, Supplemented by ANSI A14.2a-77, IBR approved for §1910.261(a)(3)(v) and (c)(3)(i).

(J) ANSI A14.3-56 Safety Code for Fixed Ladders, IBR approved for §§1910.68(b)(4) and (12); 1910.179(c)(2); and 1910.261(a)(3)(vi) and (c)(3)(i).

(K) ANSI A17.1-65 Safety Code for Elevators, Dumbwaiters and Moving Walks, Including Supplements, A17.1a (1967); A17.1b (1968); A17.1c (1969); A17.1d (1970), IBR approved for §1910.261(a)(3)(vii), (g)(11)(i), and (l)(4).

(L) ANSI A17.2-60 Practice for the Inspection of Elevators, Including Supplements, A17.2a (1965), A17.2b (1967), IBR approved for §1910.261(a)(3)(viii).

(M) ANSI A90.1-69 Safety Standard for Manlifts, IBR approved for §1910.68(b)(3).

(N) ANSI A92.2-69 Standard for Vehicle Mounted Elevating and Rotating Work Platforms, IBR approved for §1910.67(b)(1), (2), (c)(3), and (4) and 1910.268(s)(1)(v).

(O) ANSI A120.1-70 Safety Code for Powered Platforms for Exterior Building Maintenance, IBR approved for §1910.66 App. D(b) through (d).

(P) ANSI B7.1-70 Safety Code for the Use, Care and Protection of Abrasive Wheels, IBR approved for §§ 1910.215(b)(12) and 1910.218(j).

(Q) ANSI B15.1-53 (R 58) Safety Code for Mechanical Power Transmission Apparatus, IBR approved for §§1910.68(b)(4) and 1910.261(a)(3)(ix), (b)(1), (e)(3), (e)(9), (f)(4), (j)(5)(iv), (k)(12), and (l)(3).

(R) ANSI B20.1-57 Safety Code for Conveyors, Cableways, and Related Equipment, IBR approved for §§1910.218(j)(3); 1910.261 (a)(3)(x), (b)(1), (c)(15)(iv), (f)(4), and (j)(2); 1910.265(c)(18)(i).

(S) ANSI B30.2-43 (R 52) Safety Code for Cranes, Derricks, and Hoists, IBR approved for §1910.261(a)(3)(xi), (c)(2)(vi), and (c)(8)(i) and (iv).

(T) ANSI B30.2.0-67 Safety Code for Overhead and Gantry Cranes, IBR approved for §§1910.179(b)(2); 1910.261(a)(3)(xii), (c)(2)(v), and (c)(8)(i) and (iv).

(U) ANSI B30.5-68 Safety Code for Crawler, Locomotive, and Truck Cranes, IBR approved for §§1910.180(b)(2) and 1910.261(a)(3)(xiii).

(V) ANSI B30.6-69 Safety Code for Derricks, IBR approved for §§1910.181(b)(2) and 1910.268(j)(4)(iv)(E) and (H).

(W) ANSI B31.1-55 Code for Pressure Piping, IBR approved for §1910.261(g)(18)(iii).

(X) ANSI B31.1-67, IBR approved for §1910.253(d)(1)(i)(A).

(Y) ANSI B31.1a-63 Addenda to ANSI B31.1 (1955), IBR approved for §1910.261(g)(18)(iii).

(Z) ANSI B31.1-67 and Addenda B31.1 (1969) Code for Pressure Piping, IBR approved for §§1910.103(b)(1)(iii)(b); 1910.104(b)(5)(ii); 1910.218(d)(4) and (e)(1)(iv); and 1910.261(a)(3)(xiv) and (g)(18)(iii).

(AA) ANSI B31.2-68 Fuel Gas Piping, IBR approved for §1910.261(g)(18)(iii).

(BB) ANSI B31.3-66 Petroleum Refinery Piping, IBR approved for §1910.103(b)(3)(v)(b).

(CC) ANSI B31.5-66 Addenda B31.5a (1968) Refrigeration Piping, IB approved for §§1910.103(b)(3)(v)(b) and 1910.111(b)(7)(iii).

(DD) ANSI B56.1-69 Safety Standard for Powered Industrial Trucks, IBR approved for §§1910.178(a)(2) and (3) and 1910.261(a)(3)(xv), (b)(6), (m)(2), and (m)(5)(iii).

(EE) ANSI B57.1-65 Compressed Gas Cylinder Valve Outlet and Inlet Connections, IBR approved for §1910.253(b)(1)(iii).

(FF) [Reserved]

(GG) ANSI B175.1-1991, Safety Requirements for Gasoline-Powered Chain Saws 1910.266(e)(2)(i).

(HH) [Reserved]

(II) ANSI C33.2-56 Safety Standard for Transformer-Type Arc Welding Machines, IBR approved for §1910.254(b)(1).

(JJ) [Reserved]

(KK) ANSI H23.1-70 Seamless Copper Water Tube Specification, IBR approved for §1910.110(b)(8)(ii) and (13)(ii)(b)(1).

(LL) ANSI H38.7-69 Specification for Aluminum Alloy Seamless Pipe and Seamless Extruded Tube, IBR approved for §1910.110(b)(8)(i).

(MM) ANSI J6.4-71 Standard Specification for Rubber Insulating Blankets, IBR approved for §1910.268(f)(1) and (n)(11)(v).

(NN) ANSI J6.6-71 Standard Specification for Rubber Insulating Gloves, IBR approved for §1910.268(f)(1) and (n)(11)(iv).

(OO) ANSI K13.1-67 Identification of Gas Mask Canisters, IBR approved for §1910.261(a)(3)(xvi) and (h)(2)(iii).

(PP) ANSI K61.1-60 Safety Requirements for the Storage and Handling of Anhydrous Ammonia, IBR approved for §1910.111(b)(11)(i).

(QQ) ANSI K61.1-66 Safety Requirements for the Storage and Handling of Anhydrous Ammonia, IBR approved for §1910.111(b)(11)(i).

(RR) ANSI O1.1-54 (R 61) Safety Code for Woodworking Machinery, IBR approved for §1910.261(a)(3)(xvii), (e)(7), and (i)(2).

(SS) ANSI S1.4-71 (R 76) Specification for Sound Level Meters, IBR approved for §1910.95 Appendixes D and I.

(TT) ANSI S1.11-71 (R 76) Specification for Octave, Half-Octave and Third-Octave Band Filter Sets, IBR approved for §1910.95 Appendix D.

(UU) ANSI S3.6-69 Specifications for Audiometers, IBR approved for §1910.95(h)(2) and (5)(ii) and Appendix D.

(VV) ANSI Z4.1-68 Requirements for Sanitation in Places of Employment, IBR approved for §1910.261(a)(3)(xviii) and (g)(15)(vi).

(WW) [Reserved]

(XX) ANSI Z9.1-51 Safety Code for Ventilation and Operation of Open Surface Tanks, IBR approved for 1910.261(a)(3)(xix), (g)(18)(v), and (h)(2)(i).

(YY) ANSI Z9.1-71 Practices for Ventilation and Operation of Open-Surface Tanks, IBR approved for §1910.124(b)(4)(iv).

(ZZ) ANSI Z9.2-60 Fundamentals Governing the Design and Operation of Local Exhaust Systems, IBR approved for §§1910.94(a)(4)(i) introductory text, (a)(6) introductory text, (b)(3)(ix), (b)(4)(i) and (ii), (c)(3)(i) introductory text, (c)(5)(iii)(b), and (c)(7)(iv)(a); 1910.261(a)(3)(xx), (g)(1)(i) and (iii), and (h)(2)(ii).

(AAA) ANSI Z9.2-79 Fundamentals Governing the Design and Operation of Local Exhaust Systems, IBR approved for §1910.124(b)(4)(i).

(BBB) ANSI Z21.30-64 Requirements for Gas Appliances and Gas Piping Installations, IBR approved for §1910.265(c)(15).

(CCC) ANSI Z24.22-57 Method of Measurement of Real-Ear Attenuation of Ear Protectors at Threshold, IBR approved for §1910.261(a)(3)(xxii).

(DDD) ANSI Z33.1-61 Installation of Blower and Exhaust Systems for Dust, Stock, and Vapor Removal or Conveying, IBR approved for §§1910.94(a)(4)(i); 1910.261(a)(3)(xxiii) and (f)(5); and 1910.265(c)(20)(i).

(EEE) ANSI Z33.1-66 Installation of Blower and Exhaust Systems for Dust, Stock, and Vapor Removal or Conveying, IBR approved for §1910.94(a)(2)(ii).

(FFF) ANSI Z35.1-68 Specifications for Accident Prevention Signs, IBR approved for §1910.261(a)(3)(xxiv) and (c)(16).

(GGG) ANSI Z41.1-67 Men's Safety Toe Footwear, IBR approved for §§1910.94(a)(5)(v); 1910.136(b)(2) and 1910.261(i)(4).

(HHH) ANSI Z41-91, Personal Protection-Protective Footwear, IBR approved for §1910.136(b)(1).

(III) ANSI Z41-1999, American National Standard for Personal Protection -- Protective Footwear; IBR approved for § 1910.136(b)(1)(ii). Copies of ANSI Z41-1999 are available for purchase only from the National Safety Council, P.O. Box 558, Itasca, IL 60143-0558;

(JJJ) ANSI Z41-1991, American National Standard for Personal Protection -- Protective Footwear; IBR approved for § 1910.136(b)(1)(iii). Copies of ANSI Z41-1991 are available for purchase only from the National Safety Council, P.O. Box 558, Itasca, IL 60143-0558;

(KKK) [Reserved]

(LLL) [Reserved]

(MMM) ANSI Z54.1-63 Safety Standard for Non-Medical X-Ray and Sealed Gamma Ray Sources, IBR approved for §1910.252(d)(1)(vii) and (2)(ii).

(NNN) ANSI Z87.1-68 Practice of Occupational and Educational Eye and Face Protection, IBR approved for §§1910.133(b)(2); 1910.252(b)(2)(ii)(I); and 1910.261(a)(3)(xxv), (d)(1)(ii), (f)(5), (g)(10), (g)(15)(v), (g)(18)(ii), and (i)(4).

(OOO) ANSI Z87.1-89, Practice for Occupational and Educational Eye and Face Protection, IBR approved for §1910.133(b)(1).

(PPP) ANSI Z87.1-2003, American National Standard Practice for Occupational and Educational Eye and Face Protection; IBR approved for §§ 1910.133(b)(1)(i) and 1910.252(b)(2)(ii)(I)(1). Copies of ANSI Z87.1-2003 are available for purchase only from the American Society of Safety Engineers, 1800 East Oakton Street, Des Plaines, IL 60018-2187; or from the International Safety Equipment Association (ISEA), 1901 North Moore Street, Arlington, VA 22209-1762;

(QQQ) ANSI Z87.1-1989 (R-1998), American National Standard Practice for Occupational and Educational Eye and Face Protection; IBR approved for § 1910.133(b) (1)(ii). Copies of ANSI Z87.1-1989 (R-1998) are available for purchase only from the American Society of Safety Engineers, 1800 East Oakton Street, Des Plaines, IL 60018-2187;

(RRR) ANSI Z87.1-1989, American National Standard Practice for Occupational and Educational Eye and Face Protection; IBR approved for § 1910.133(b)(1)(iii). Copies of ANSI Z87.1-1989 are available for purchase only from the American Society of Safety Engineers, 1800 East Oakton Street, Des Plaines, IL 60018-2187;

(SSS) ANSI Z88.2-1969, Practices for Respiratory Protection; IBR approved for §§ 1910.94(c)(6)(iii)(a), 1910.134(c); and 1910.261(a)(3)(xxvi), (b)(2), (f)(5), (g)(15)(v), (h)(2)(iii), (h)(2)(iv), and (i)(4).

(TTT) ANSI Z89.1-2003, American National Standard for Industrial Head Protection; IBR approved for § 1910.135(b)(1)(i). Copies of ANSI Z89.1-2003 are available for purchase only from the International Safety Equipment Association, 1901 North Moore Street, Arlington, VA 22209-1762;

(UUU) ANSI Z89.1-1997, American National Standard for Industrial Head Protection; IBR approved for § 1910.135(b)(1)(ii). Copies of ANSI Z89.1-1997 are available for purchase only from the International Safety Equipment Association, 1901 North Moore Street, Arlington, VA 22209-1762;

(VVV) ANSI Z89.1-1986, American National Standard for Personnel Protection -- Protective Headwear for Industrial Workers -- Requirements; IBR approved for §

1910.135(b)(1)(iii).

(WWW) ANSI Z41.1-1967 Men's Safety Toe Footwear; IBR approved for § 1910.261(i)(4).

(XXX) ANSI Z87.1-1968 Practice of Occupational and Educational Eye and Face Protection; IBR approved for § 1910.261(a)(3)(xxv), (d)(1)(ii), (f)(5), (g)(1), (g)(15)(v), (g)(18)(ii), and (i)(4).

(YYY) ANSI Z89.1-1969 Safety Requirements for Industrial Head Protection; IBR approved for § 1910.261(a)(3)(xxvii), (b)(2), (g)(15)(v), and (i)(4).

(ZZZ) ANSI Z89.2-1971 Safety Requirements for Industrial Protective Helmets for Electrical Workers, Class B; IBR approved for § 1910.268(i)(1).

(5) The following material is available for purchase from the American Petroleum Institute (API), 1220 L Street NW, Washington DC 20005:

(A) [Reserved]

(B) API 12B (May 1958) Specification for Bolted Production Tanks, 11th Ed., With Supplement No. 1, Mar. 1962, IBR approved for §1910.106(b)(1)(i)(a)(3).

(C) API 12D (Aug. 1957) Specification for Large Welded Production Tanks, 7th Ed., IBR approved for §1910.106(b)(1)(i)(a)(3).

(D) API 12F (Mar. 1961) Specification for Small Welded Production Tanks, 5th Ed., IBR approved for §1910.106(b)(1)(i)(a)(3).

(E) API 620, Fourth Ed. [1970] Including Appendix R, Recommended Rules for Design and Construction of Large Welded Low Pressure Storage Tanks, IBR approved for §§1910.103(c)(1)(i)(a); 1910.106(b)(1)(iv)(b)(1); and 1910.111(d)(1)(ii) and (iii).

(F) API 650 (1966) Welded Steel Tanks for Oil Storage, 3rd Ed., IBR approved for §1910.106(b)(1)(iii)(a)(2).

(G) API 1104 (1968) Standard for Welding Pipelines and Related Facilities, IBR approved for §1910.252(d)(1)(v).

(H) API 2000 (1968) Venting Atmospheric and Low Pressure Storage Tanks, IBR approved for §1910.106(b)(2)(iv)(b)(1).

(I) API 2201 (1963) Welding or Hot Tapping on Equipment Containing Flammables, IBR approved for §1910.252(d)(1)(vi).

(6) The following material is available for purchase from the American Society of Mechanical Engineers (ASME), United Engineering Center, 345 East 47th Street, New York, NY 10017:

(A) ASME Boiler and Pressure Vessel Code, § VIII, 1949, 1950, 1952, 1956, 1959, and 1962 Ed., IBR approved for §§1910.110(b)(10)(iii) (Table H-26), (d)(2) (Table H-31); (e)(3)(i)

(Table H-32), (h)(2) (Table H-34); and 1910.111(b)(2)(vi);

(B) ASME Code for Pressure Vessels, 1968 Ed., IBR approved for §§1910.106(i)(3)(i); 1910.110(g)(2)(iii)(b)(2); and 1910.217(b)(12);

(C) ASME Boiler and Pressure Vessel Code, § VIII, 1968, IBR approved for §§1910.103; 1910.104(b)(4)(ii); 1910.106(b)(1)(iv)(b)(2) and (i)(3)(ii); 1910.107; 1910.110(b)(11)(i)(b) and (iii)(a)(1); 1910.111(b)(2)(i), (ii), and (iv); and 1910.169(a)(2)(i) and (ii);

(D) ASME Boiler and Pressure Vessel Code, §VIII, Paragraph UG-84, 1968, IBR approved for §1910.104(b)(4)(ii) and (b)(5)(iii);

(E) ASME Boiler and Pressure Vessel Code, §VIII, Unfired Pressure Vessels, Including Addenda (1969), IBR approved for §§1910.261; 1910.262; 1910.263(i)(24)(ii);

(F) Code for Unfired Pressure Vessels for Petroleum Liquids and Gases of the API and the ASME, 1951 Ed., IBR approved for §1910.110(b)(3)(iii); and

(G) ASME B56.6-1992 (with addenda), Safety Standard for Rough Terrain Forklift Trucks, IBR approved for §1910.266(f)(4).

(7) The following is available for purchase from ASTM International, 100 Barr Harbor Drive, P.O. Box C700, West Conshohocken, PA 19428-2959;

(A) ASTM A 47-68 Malleable Iron Castings, IBR approved for §1910.111(b)(7)(vi).

(B) ASTM A 53-69 Welded and Seamless Steel Pipe, IBR approved for §§1910.110(b)(8)(i)(a) and (b) and 910.111(b)(7)(iv).

(C) ASTM A 126-66 Gray Iron Casting for Valves, Flanges and Pipe Fitting, IBR approved for §1910.111(b)(7)(vi).

(D) ASTM A 391-65 (ANSI G61.1-1968) Alloy Steel Chain, IBR approved for §1910.184(e)(4).

(E) ASTM A 395-68 Ductile Iron for Use at Elevated Temperatures, IBR approved for §1910.111(b)(7)(vi).

(F) ASTM B 88-69 Seamless Copper Water Tube, IBR approved for §1910.110(b)(8)(i)(a) and (13)(ii)(b)(1).

(G) ASTM B 88-66A Seamless Copper Water Tube, IBR approved for §1910.252(d)(1)(i)(A)(2).

(H) ASTM B 117-64 Salt Spray (Fog) Test, IBR approved for §1910.268(g)(2)(i)(A).

(I) ASTM B 210-68 Aluminum-Alloy Drawn Seamless Tubes, IBR approved for §1910.110(b)(8)(ii).

(J) ASTM B 241-69, IBR approved for §1910.110(b)(8)(i) introductory text.

(K) ASTM D 5-65 Test for Penetration by Bituminous Materials, IBR approved for §1910.106(a)(17).

(L) ASTM D 56-70 Test for Flash Point by Tag Closed Tester, IBR approved for §1910.106(a)(14)(i).

(M) ASTM D 86-62 Test for Distillation of Petroleum Products, IBR approved for §§1910.106(a)(5) and 1910.119(b) "Boiling point."

(N) ASTM D 88-56 Test for Saybolt Viscosity, IBR approved for §1910.106(a)(37).

(O) ASTM D 93-71 Test for Flash Point by Pensky Martens, IBR approved for §1910.106(a)(14)(ii).

(P) ASTM D 323-68, IBR approved for §1910.106(a)(30).

(Q) ASTM D 445-65 Test for Viscosity of Transparent and Opaque Liquids, IBR approved for §1910.106(a)(37).

(R) ASTM D 1692-68 Test for Flammability of Plastic Sheeting and Cellular Plastics, IBR approved for §1910.103(c)(1)(v)(d).

(S) ASTM D 2161-66 Conversion Tables For SUS, IBR approved for §1910.106(a)(37).

(T) ASTM F-2412-2005, Standard Test Methods for Foot Protection; IBR approved for § 1910.136(b)(1)(i).

(U) ASTM F-2413-2005, Standard Specification for Performance Requirements for Protective Footwear; IBR approved for § 1910.136(b)(1)(i).

(8) The following material is available for purchase from the American Welding Society (AWS), 550 NW, LeJeune Road, P.O. Box 351040, Miami FL 33135:

(A) [Reserved]

(B) [Reserved]

(C) AWS B3.0-41 Standard Qualification Procedure, IBR approved for §1910.67(c)(5)(i).

(D) AWS D1.0-1966 Code for Welding in Building Construction, IBR approved for §1910.27(b)(6).

(E) AWS D2.0-69 Specifications for Welding Highway and Railway Bridges, IBR approved for §1910.67(c)(5)(iv).

(F) AWS D8.4-61 Recommended Practices for Automotive Welding Design, IBR approved for §1910.67(c)(5)(ii).

(G) AWS D10.9-69 Standard Qualification of Welding Procedures and Welders for

Piping and Tubing, IBR approved for §1910.67(c)(5)(iii).

(9) The following material is available for purchase from the Department of Commerce:

(A) Commercial Standard, CS 202-56 (1961) "Industrial Lifts and Hinged Loading Ramps," IBR approved for §1910.30(a)(3).

(B) Publication "Model Performance Criteria for Structural Fire Fighters' Helmets," IBR approved for §1910.156(e)(5)(i).

(10) The following material is available for purchase from the Compressed Gas Association (CGA), 1235 Jefferson Davis Highway, Arlington, VA 22202:

(A) CGA C-6 (1968) Standards for Visual Inspection of Compressed Gas Cylinders, IBR approved for §1910.101(a).

(B) CGA C-8 (1962) Standard for Requalification of ICC-3HT Cylinders, IBR approved for §1910.101(a).

(C) CGA G-1-2003 Acetylene, IBR approved for § 1910.102(a). Copies of CGA Pamphlet G-1-2003 are available for purchase from the: Compressed Gas Association, Inc., 4221 Walney Road, 5th Floor, Chantilly, VA 20151; telephone: 703-788-2700; fax: 703-961-1831; e-mail: cga@cganet.com.

(D) CGA G-7.1 (1966) Commodity Specification, IBR approved for §1910.134(d)(1).

(E) CGA G-8.1 (1964) Standard for the Installation of Nitrous Oxide Systems at Consumer Sites, IBR approved for §1910.105.

(F) CGA P-1 (1965) Safe Handling of Compressed Gases, IBR approved for §1910.101(b).

(G) CGA P-3 (1963) Specifications, Properties, and Recommendations for Packaging, Transportation, Storage and Use of Ammonium Nitrate, IBR approved for §1910.109(i)(1)(ii)(b).

(H) CGA S-1.1 (1963) and 1965 Addenda. Safety Release Device Standards--Cylinders for Compressed Gases, IBR approved for §§1910.101(c); 1910.103(c)(1)(iv)(a)(2).

(I) CGA S-1.2 (1963) Safety Release Device Standards, Cargo and Portable Tanks for Compressed Gases, IBR approved for §§1910.101(c); 1910.103(c)(1)(iv)(a)(2).

(J) CGA S-1.3 (1959) Safety Release Device Standards-Compressed Gas Storage Containers, IBR approved or §§1910.103(c)(1)(iv)(a)(2); 1910.104(b)(6)(iii); and 1910.111(d)(4)(ii)(b).

(K) CGA 1957 Standard Hose Connection Standard, IBR approved for §1910.253(e)(4)(v) and (5)(iii).

(L) CGA and RMA (Rubber Manufacturer's Association) Specification for Rubber Welding Hose (1958), IBR approved for §1910.253(e)(5)(i).

(M) CGA 1958 Regulator Connection Standard, IBR approved for §1910.253(e)(4)(iv) and (6).

(11) The following material is available for purchase from the Crane Manufacturer's Association of America, Inc. (CMAA), 1 Thomas Circle NW, Washington DC 20005:

(A) CMAA Specification 1B61, Specifications for Electric Overhead Traveling Cranes, IBR approved for §1910.179(b)(6)(i).

(B) [Reserved]

(12) The following material is available for purchase from the General Services Administration:

(A) GSA Pub. GG-B-0067b, Air Compressed for Breathing Purposes, or Interim Federal Specifications, Apr. 1965, IBR approved for §1910.134(d)(4).

(B) [Reserved]

(13) The following material is available for purchase from the Department of Health and Human Services:

(A) Publication No. 76-120 (1975), List of Personal Hearing Protectors and Attenuation Data, IBR approved for §1910.95 App. B.

(B) [Reserved]

(14) The following material is available for purchase from the Institute of Makers of Explosives (IME), 420 Lexington Avenue, New York, NY 10017:

(A) IME Pamphlet No. 17, 1960, Safety in the Handling and Use of Explosives, IBR approved for §§1910.261(a)(4)(iii) and (c)(14)(ii).

(B) [Reserved]

(15) The following material is available for purchase from the National Electrical Manufacturer's Association (NEMA):

(A) NEMA EW-1 (1962) Requirements for Electric Arc Welding Apparatus, IBR approved for §§1910.254(b)(1).

(B) [Reserved]

(16) The following material is available for purchase from the National Fire Protection Association (NFPA), 1 Batterymarch Park, Quincy, MA 02269:

(A) NFPA 30 (1969) Flammable and Combustible Liquids Code, IBR approved for §1910.178(f)(1).

(B) NFPA 32-1970 Standard for Dry Cleaning Plants, IBR approved for §1910.106(j)(6)(i).

(C) NFPA 33-1969 Standard for Spray Finishing Using Flammable and Combustible Material, IBR approved for § 1910.94(c)(2).

(D) NFPA 34-1966 Standard for Dip Tanks Containing Flammable or Combustible Liquids, IBR approved for §1910.124(b)(4)(iv).

(E) NFPA 34-1995 Standard for Dip Tanks Containing Flammable or Combustible Liquids, IBR approved for §1910.124(b)(4)(ii).

(F) NFPA 35-1970 Standard for the Manufacture of Organic Coatings, IBR approved for §1910.106(j)(6)(ii).

(G) NFPA 36-1967 Standard for Solvent Extraction Plants, IBR approved for §1910.106(j)(6)(iii)

(H) NFPA 37-1970 Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, IBR approved for §§1910.106(j)(6)(iv) and 1910.110(b)(20)(iv)(c) and (e)(11).

(I) NFPA 51B-1962 Standard for Fire Protection in Use of Cutting and Welding Processes, IBR approved for §1910.252(a)(1) introductory text.

(J) NFPA 54-1969 Standard for the Installation of Gas Appliances and Gas Piping, IBR approved for §1910.110(b)(20)(iv)(a).

(K) NFPA 54A-1969 Standard for the Installation of Gas Piping and Gas Equipment on Industrial Premises and Certain Other Premises, IBR approved for §1910.110(b)(20)(iv)(b).

(L) NFPA 58-1969 Standard for the Storage and Handling of Liquefied Petroleum Gases (ANSI Z106.1-1970), IBR approved for §§1910.110(b)(3)(iv) and (i)(3)(i) and (ii); and 1910.178(f)(2).

(M) NFPA 59-1968 Standard for the Storage and Handling of Liquefied Petroleum Gases at Utility Gas Plants, IBR approved for §§1910.110(b)(3)(iv) and (i)(2)(iv).

(N) NFPA 62-1967 Standard for the Prevention of Dust Explosions in the Production, Packaging, and Handling of Pulverized Sugar and Cocoa, IBR approved for §1910.263(k)(2)(i).

(O) NFPA 68-1954 Guide for Explosion Venting, IBR approved for §1910.94(a)(2)(iii).

(P) [Reserved]

(Q) NFPA 78-1968 Lightning Protection Code, IBR approved for §1910.109(i)(6)(ii).

(R) NFPA 80-1968 Standard for Fire Doors and Windows, IBR approved for §1910.106(d)(4)(i).

(S) NFPA 80-1970 Standard for the Installation of Fire Doors and Windows, IBR approved for § 1910.253(f)(6)(i)(I).

(T) NFPA 86A-1969 Standard for Oven and Furnaces Design, Location and Equipment, IBR approved for §§1910.107(j)(1) and (l)(3) and 1910.108(b)(2) and (d)(2).

(U) NFPA 91-1961 Standard for the Installation of Blower and Exhaust Systems for Dust, Stock, and Vapor Removal or Conveying (ANSI Z33.1-61), IBR approved for §1910.107(d)(1).

(V) NFPA 91-1969 Standards for Blower and Exhaust Systems, IBR approved for §1910.108(b)(1).

(W) NFPA 96-1970 Standard for the Installation of Equipment for the Removal of Smoke and Grease Laden Vapors from Commercial Cooking Equipment, IBR approved for §1910.110(b)(20)(iv)(d).

(X) NFPA 101-1970 Code for Life Safety From Fire in Buildings and Structures, IBR approved for §1910.261(a)(4)(ii).

(Y) NFPA 203M-1970 Manual on Roof Coverings, IBR approved for §1910.109(i)(1)(iii)(c).

(Z) NFPA 251-1969 Standard Methods of Fire Tests of Building Construction and Materials, IBR approved for §§1910.106(d)(3)(ii) introductory text and (d)(4)(i).

(AA) NFPA 302-1968 Fire Protection Standard for Motor-Craft (Pleasure and Commercial), IBR approved for §1910.265(d)(2)(iv) introductory text.

(BB) NFPA 385-1966 Recommended Regulatory Standard for Tank Vehicles for Flammable and Combustible Liquids, IBR approved for §1910.106(g)(1)(i)(e)(1).

(CC) NFPA 496-1967 Standard for Purged Enclosures for Electrical Equipment in Hazardous Locations, IBR approved for §1910.103(c)(1)(ix)(e)(1).

(DD) NFPA 505-1969 Standard for Type Designations, Areas of Use, Maintenance, and Operation of Powered Industrial Trucks, IBR approved for §1910.110(e)(2)(iv).

(EE) NFPA 566-1965 Standard for the Installation of Bulk Oxygen Systems at Consumer Sites, IBR approved for §§1910.253(b)(4)(iv) and (c)(2)(v).

(FF) NFPA 656-1959 Code for the Prevention of Dust Ignition in Spice Grinding Plants, IBR approved for §1910.263(k)(2)(i).

(GG) NFPA 1971-1975 Protective Clothing for Structural Fire Fighting, IBR approved for § 1910.156(e)(3)(ii) introductory text.

(HH) NFPA 51A (2001) Standard for Acetylene Cylinder Charging Plants, IBR approved for § 1910.102(b) and (c). Copies of NFPA 51A-2001 are available for purchase from the: National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471; telephone: 1-800-344-35557; e-mail: custserv@nfpa.org.

(II) NFPA 51A (2006) Standard for Acetylene Cylinder Charging Plants, IBR approved for § 1910.102(b) and (c). Copies of NFPA 51A-2006 are available for purchase from the: National

Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471; telephone: 1-800-344-35557; e-mail: custserv@nfpa.org.

(17) The following material is available for purchase from the National Food Plant Institute, 1700 K St. NW., Washington, DC 20006:

(A) Definition and Test Procedures for Ammonium Nitrate Fertilizer (Nov. 1964), IBR approved for § 1910.109 Table H-22, Footnote 3.

(B) [Reserved]

(18) The following material is available for purchase from the National Institute for Occupational Safety and Health (NIOSH):

(A) Registry of Toxic Effects of Chemical Substances, 1978, IBR approved for §1910.20(c)(13)(i) and Appendix B.

(B) Development of Criteria for Fire Fighters Gloves; Vol. II, Part II; Test Methods, 1976, IBR approved for §1910.156(e)(4)(i) introductory text.

(C) NIOSH Recommendations for Occupational Safety and Health Standards (Sept. 1987), IBR approved for §1910.120 PEL definition.

(19) The following material is available for purchase from the Public Health Service:

(A) U.S. Pharmacopeia, IBR approved for §1910.134(d)(1).

(B) Publication No. 934 (1962), Food Service Sanitation Ordinance and Code, Part V of the Food Service Sanitation Manual, IBR approved for §1910.142(i)(1).

(20) The following material is available for purchase from the Society of Automotive Engineers (SAE), 485 Lexington Avenue, New York, NY 10017:

(A) SAE J185, June 1988, Recommended Practice for Access Systems for Off-Road Machines, IBR approved for §1910.266(f)(5)(i).

(B) SAE J231, January 1981, Minimum Performance Criteria for Falling Object Protective Structure (FOPS), IBR approved for §1910.266(f)(3)(ii).

(C) SAE J386, June 1985, Operator Restraint Systems for Off-Road Work Machines, IBR approved for § 1910.266(d)(3)(iv).

(D) SAE J397, April 1988, Deflection Limiting Volume-ROPS/FOPS Laboratory Evaluation, IBR approved for §1910.266(f)(3)(iv).

(E) SAE 765 (1961) SAE Recommended Practice: Crane Loading Stability Test Code, IBR approved for § 1910.180(c)(1)(iii) and (e)(2)(iii)(a).

(F) SAE J1040, April 1988, Performance Criteria for Rollover Protective Structures (ROPS) for Construction, Earthmoving, Forestry and Mining Machines, IBR approved for §1910.266(f)(3)(ii).

(21) The following material is available for purchase from the Fertilizer Institute, 1015 18th Street NW, Washington, DC 20036:

(A) Standard M-1 (1953, 1955, 1957, 1960, 1961, 1963, 1965, 1966, 1967, 1968), Superseded by ANSI K61.1-1972, IBR approved for §1910.111(b)(1)(i) and (iii).

(B) [Reserved]

(22) The following material is available for purchase from Underwriters Laboratories (UL), 207 East Ohio Street, Chicago, IL 60611:

(A) UL 58-61 Steel Underground Tanks for Flammable and Combustible Liquids, 5th Ed., IBR approved for §1910.106(b)(1)(iii)(a)(1).

(B) UL 80-63 Steel Inside Tanks for Oil-Burner Fuel, IBR approved for § 1910.106(b)(1)(iii)(a)(1).

(C) UL 142-68 Steel Above Ground Tanks for Flammable and Combustible Liquids, IBR approved for § 1910.106(b)(1)(iii)(a)(1).

1910.7 Definition and requirements for a nationally recognized testing laboratory. CPL 2-2.49

(a) Application. This section shall apply only when the term "nationally recognized testing laboratory" is used in other sections of this part.

(b) Laboratory requirements. The term "nationally recognized testing laboratory" (NRTL) means an organization which is recognized by OSHA in accordance with Appendix A of this section and which tests for safety, and lists or labels or accepts, equipment or materials and which meets all of the following criteria:

(1) For each specified item of equipment or material to be listed, labeled or accepted, the NRTL has the capability (including proper testing equipment and facilities, trained staff, written testing procedures, and calibration and quality control programs) to perform:

(i) Testing and examining of equipment and materials for workplace safety purposes to determine conformance with appropriate test standards; or

(ii) Experimental testing and examining of equipment and materials for workplace safety purposes to determine conformance with appropriate test standards or performance in a specified manner.

(2) The NRTL shall provide, to the extent needed for the particular equipment or materials listed, labeled, or accepted, the following controls or services:

(i) Implements control procedures for identifying the listed and labeled equipment or materials;

(ii) Inspects the run of production of such items at factories for product evaluation purposes to assure conformance with the test standards; and

(iii) Conducts field inspections to monitor and to assure the proper use of its identifying mark or labels on products;

(3) The NRTL is completely independent of employers subject to the tested equipment requirements, and of any manufacturers or vendors of equipment or materials being tested for these purposes; and,

(4) The NRTL maintains effective procedures for:

(i) Producing creditable findings or reports that are objective and without bias; and

(ii) Handling complaints and disputes under a fair and reasonable system.

(c) Test standards. An "appropriate test standard" referred to in 1910.7(b)(1) (i) and (ii) is a document which specifies the safety requirements for specific equipment or class of equipment and is:

(1) Recognized in the United States as a safety standard providing an adequate level of safety, and

(2) Compatible with and maintained current with periodic revisions of applicable national codes and installation standards, and

(3) Developed by a standards developing organization under a method providing for input and consideration of views of industry groups, experts, users, consumers, governmental authorities, and others having broad experience in the safety field involved, or

(4) In lieu of paragraphs (c) (1), (2), and (3), the standard is currently designated as an American National Standards Institute (ANSI) safety-designated product standard or an American Society for Testing and Materials (ASTM) test standard used for evaluation of products or materials.

(d) Alternative test standard. If a testing laboratory desires to use a test standard other than one allowed under paragraph (c) of this section, then the Assistant Secretary of Labor shall evaluate the proposed standard to determine that it provides an adequate level of safety before it is used.

(e) Implementation. A testing organization desiring recognition by OSHA as an NRTL shall request that OSHA evaluate its testing and control programs against the requirements in this section for any equipment or material it may specify. The recognition procedure shall be conducted in accordance with Appendix A to this section. Persons desiring such recognition should contact the Federal OSHA Office, 1999 Broadway, Suite 1690, Denver, CO 80202-5716

1910.7 App A OSHA Recognition for Nationally Recognized Testing Laboratories.

Testing Laboratories

INTRODUCTION

This Appendix provides requirements and criteria which OSHA will use to evaluate and recognize a Nationally Recognized Testing Laboratory (NRTL). This process will include the evaluation of the product evaluation and control programs being operated by the NRTL, as well as the NRTL's testing facilities being used in its program. In the evaluation of the NRTLs, OSHA will use either consensus-based standards currently in use nationally, or other standards or criteria which may be considered appropriate. This Appendix implements the definition of NRTL in 29 CFR 1910.7 which sets out the criteria that a laboratory must meet to be recognized by OSHA (initially and on a continuing basis). The Appendix is broader in scope, providing procedures for renewal, expansion and revocation of OSHA recognition. Except as otherwise provided, the burden is on the applicant to establish by a preponderance of the evidence that it is entitled to recognition as an NRTL. If further detailing of these requirements and criteria will assist the NRTLs or OSHA in this activity, this detailing will be done through appropriate OSHA Program Directives.

I. Procedures for Initial OSHA Recognition

A. Applications.

1. Eligibility.a. Any testing agency or organization considering itself to meet the definition of nationally recognized testing laboratory as specified in 1910.7 may apply for OSHA recognition as an NRTL.

b. However, in determining eligibility for a foreign-based testing agency or organization OSHA shall take into consideration the policy of the foreign government regarding both the acceptance in that country of testing data, equipment acceptances, and listings, and labeling, which are provided through nationally recognized testing laboratories recognized by the Assistant Secretary, and the accessibility to government recognition or a similar system in that country by U.S.-based safety-related testing agencies, whether recognized by the assistant secretary or not, if such recognition or a similar system is required by that country.

2. Content of application.

a. The applicant shall provide sufficient information and detail demonstrating that it meets the requirements set forth in 1910.7, in order for an informed decision concerning recognition to be made by the Assistant Secretary.

b. The applicant also shall identify the scope of the NRTL-related activity for which the applicant wishes to be recognized. This will include identifying the testing methods it will use to test or judge the specific equipment and materials for which recognition is being requested, unless such test methods are already specified in the test standard. If requested to do so by OSHA, the applicant shall provide documentation of the efficacy of these testing methods.

c. The applicant may include whatever enclosures, attachments, or exhibits the applicant deems appropriate. The application need not be submitted on a Federal form.

3. Filing office location. The application shall be filed with: NRTL Recognition Program, Occupational Safety and Health Administration, U.S. Department of Labor, 200 Constitution Avenue, NW., Washington, DC 20210.

4. Amendments and withdrawals.

a. An application may be revised by an applicant at any time prior to the completion of activity under paragraph I.B.4. of this Appendix.

b. An application may be withdrawn by an applicant, without prejudice, at any time prior to the final decision by the Assistant Secretary in paragraph I.B.7.c. of this Appendix.

B. Review and Decision Process; Issuance or Renewal.

1. Acceptance and on-site review.

a. Applications submitted by eligible testing agencies will be accepted by OSHA, and their receipt acknowledged in writing. After receipt of an application, OSHA may request additional information if it believes information relevant to the requirements for recognition has been omitted.

b. OSHA shall, as necessary, conduct an on-site review of the testing facilities of the applicant, as well as the applicants administrative and technical practices, and, if necessary, review any additional documentation underlying the application.

c. These on-site reviews will be conducted by qualified individuals technically expert in these matters, including, as appropriate, non-Federal consultants/contractors acceptable to OSHA. The protocol for each review will be based on appropriate national consensus standards or international guides, with such additions, changes, or deletions as may be considered necessary and appropriate in each case by OSHA. A written report shall be made of each on-site review and a copy shall be provided to the applicant.

2. Positive finding by staff. If, after review of the application, and additional information, and the on-site review report, the applicant appears to have met the requirements for recognition, a written recommendation shall be submitted by the responsible OSHA personnel to the Assistant Secretary that the application be approved, accompanied by a supporting explanation.

3. Negative finding by staff.

a. Notification to applicant. If, after review of the application, any additional information and the on-site review report, the applicant does not appear to have met the requirements for recognition, the responsible OSHA personnel shall notify the applicant in writing, listing the specific requirements of 1910.7 and this Appendix which the applicant has not met, and allow a reasonable period for response.

b. Revision of application.

(i) After receipt of a notification of negative finding (i.e., for intended disapproval of the application), and within the response period provided, the applicant may:

(a) Submit a revised application for further review, which could result in a positive finding by the responsible OSHA personnel pursuant to subsection I.B.2. of this Appendix; or

(b) Request that the original application be submitted to the Assistant Secretary with an attached statement of reasons, supplied by the applicant of why the

application should be approved.

(ii) This procedure for applicant notification and potential revision shall be used only once during each recognition process.

4. Preliminary finding by Assistant Secretary.

a. The Assistant Secretary, or a special designee for this purpose, will make a preliminary finding as to whether the applicant has or has not met the requirements for recognition, based on the completed application file, the written staff recommendation, and the statement of reasons supplied by the applicant if there remains a staff recommendation of disapproval.

b. Notification of this preliminary finding will be sent to the applicant and subsequently published In the FEDERAL REGISTER.

c. This preliminary finding shall not be considered an official decision by the Assistant Secretary or OSHA, and does not confer any change in status or any interim or temporary recognition for the applicant.

5. Public review and comment period

a. The FEDERAL REGISTER notice of preliminary finding will provide a period of not less than 60 calendar days for written comments on the applicants fulfillment of the requirements for recognition. The application, supporting documents, staff recommendation, statement of applicants reasons, and any comments received, will be available for public inspection in the OSHA Docket Office.

b. Any member of the public, including the applicant. may supply detailed reasons and evidence supporting or challenging the sufficiency of the applicant's having met the requirements of the definition in 29 CFR 1910.7 and this Appendix. Submission of pertinent documents and exhibits shall be made in writing by the close of the comment period.

6. Action after public comment.

a. Final decision by Assistant Secretary. Where the public review and comment record supports the Assistant Secretary's preliminary finding concerning the application, i.e., absent any serious objections or substantive claims contrary to the preliminary finding having been received in writing from the public during the comment period, the Assistant Secretary will proceed to final written decision on the application. The reasons supporting this decision shall be derived from the evidence available as a result of the full application, the supporting documentation, the staff finding, and the written comments and evidence presented during the public review and comment period.

b. Public announcement. A copy of the Assistant Secretary's final decision will be provided to the applicant. Subsequently, a notification of the final decision shall be published in the FEDERAL REGISTER. The publication date will be the effective date of the recognition.

c. Review of final decision. There will be no further review activity available within the Department of Labor from the final decision of the Assistant Secretary.

7. Action after public objection.

a. Review of negative information. At the discretion of the Assistant Secretary or his designee, OSHA may authorize Federal or contract personnel to initiate a special review of any information provided in the public comment record which appears to require resolution, before a final decision can be made.

b. Supplementation of record. The contents and results of special reviews will be made part of this record by the Assistant Secretary by either:

(i) Reopening the written comment period for public comments on these reviews; or

(ii) Convening an informal hearing to accept public comments on these reviews, conducted under applicable OSHA procedures for similar hearings.

c. Final decision by the Assistant Secretary. The Assistant Secretary shall issue a decision as to whether it has been demonstrated, based on a preponderance of the evidence, that the applicant meets the requirements for recognition. The reasons supporting this decision shall be derived from the evidence available as a result of the full application, the supporting documentation, the staff finding, the comments and evidence presented during the public review and comment period, and written to transcribed evidence received during any subsequent reopening of the written comment period of informal public hearing held.

d. Public announcement. A copy of the Assistant Secretary's final decision will be provided to the applicant, and a notification will be published in the FEDERAL REGISTER subsequently announcing the decision.

e. Review of final decision. There will be no further review activity available within the Department of Labor from the final decision of the Assistant Secretary.

C. Terms and conditions of recognition. The following terms and conditions shall be part of every recognition:

1. Letter of recognition. The recognition by OSHA of any NRTL will be evidenced by a letter of recognition from OSHA. The letter will provide the specific details of the scope of the OSHA recognition, including the specific equipment or materials for which OSHA recognition has been granted, as well as any specific conditions imposed by OSHA.

2. Period of recognition. The recognition by OSHA of each NRTL will be valid for five years, unless terminated before the expiration of the period. The dates of the period of recognition will be stated in the recognition letter.

3. Constancy in operations. The recognized NRTL shall continue to satisfy all the requirements or limitations in the letter of recognition during the period of recognition.

4. Accurate publicity. The OSHA-recognized NRTL shall not engage in or permit others to engage in misrepresentation of the scope or conditions of its recognition.

5. Temporary Recognition of Certain NRTLs.

a. Notwithstanding all other requirements and provisions of 1910.7 and this Appendix, the following two organizations are recognized temporarily as nationally recognized testing laboratories by the Assistant Secretary for a period of five years beginning June 13, 1988 and ending on July 13, 1993:

(i) Underwriters Laboratories, Inc., 333 Pfingsten Road, Northbrook, Illinois 60062.

(ii) Factory Mutual Research Corporation, 1151 Boston-Providence Turnpike, Norwood, Massachusetts 02062.

b. At the end of the five-year period, the two temporarily recognized laboratories shall apply for renewal of OSHA recognition utilizing the following procedures established for renewal of OSHA recognition.

II. Supplementary Procedures.

A. Test standard changes. A recognized NRTL may change a testing standard or elements incorporated in the standard such as testing methods or pass-fail criteria by notifying the Assistant Secretary of the change, certifying that the revised standard will be at least as effective as the prior standard, and providing the supporting data upon which its conclusions are based. The NRTL need not inform the Assistant Secretary of minor deviations from a test standard - such as the use of new instrumentation that is more accurate or sensitive than originally called for in the standard. The NRTL also need not inform the Assistant Secretary of its adoption of revisions to third-party testing standards meeting the requirements of 1910.7(c)(4), if such revisions have been developed by the standards developing organization or of its adoption of revisions to other third-party test standards which the developing organization has submitted to OSHA. If, upon review, the Assistant Secretary or his designee determines that the proposed revised standard is not "substantially equivalent" to the previous version with regard to the level of safety obtained, OSHA will not accept the proposed testing standard by the recognized NRTL, and will initiate discontinuance of that aspect of OSHA-recognized activity by the NRTL by modification of the official letter of recognition. OSHA will publicly announce this action and the NRTL will be required to communicate this OSHA decision directly to affected manufacturers.

B. Expansion of current recognition

1. Eligibility. A recognized NRTL may apply to OSHA for an expansion of its current recognition to cover other categories of NRTL testing in addition to those included in the current recognition.

2. Procedure.

a. The application for expansion will be acted upon and processed by OSHA in accordance with subsection I.B. of this Appendix.

b. In that process, OSHA may decide not to conduct an on-site review, where the substantive scope of the request to expand recognition is closely related to the current area

of recognition.

c. The expiration date for each expansion of recognition shall coincide with the expiration date of the current basic recognition period.

C. Renewal of OSHA recognition

1. Eligibility. A recognized NRTL may renew its recognition by filing a renewal request at the address in paragraph I.A.3. of this Appendix not less than nine months, nor more than one year, before the expiration date of its current recognition.

2. Procedure.

a. The renewal request will be processed in accordance with subsection I.B. of this Appendix.

b. In that process, OSHA may determine not to conduct the on-site reviews in I.B.1.a. where appropriate.

c. When a recognized NRTL has filed a timely and sufficient renewal request, its current recognition will not expire until a final decision has been made by OSHA on the request.

d. After the first renewal has been granted to the NRTL, the NRTL shall apply for a continuation of its recognition status every five years by submitting a renewal request. In lieu of submitting a renewal request after the initial renewal, the NRTL may certify its continuing compliance with the terms of its letter of recognition and 29 CFR 1910.7.

3. Alternative procedure. After the initial recognition and before the expiration thereof, OSHA may (for good cause) determine that there is a sufficient basis to dispense with the renewal requirement for a given laboratory and will so notify the laboratory of such a determination in writing. In lieu of submitting a renewal request, any laboratory so notified shall certify its continuing compliance with the terms of its letter of recognition and 29 CFR 1910.7.

D. Voluntary termination of recognition. At any time, a recognized NRTL may voluntarily terminate its recognition, either in its entirety or with respect to any area covered in its recognition, by giving written notice to OSHA. The written notice shall state the date as of which the termination is to take effect. The Assistant Secretary shall inform the public of any voluntary termination by FEDERAL REGISTER notice.

E. Revocation of recognition by OSHA.

1. Potential causes. If an NRTL either has failed to continue to substantially satisfy the requirements of 1910.7 or this Appendix, or has not been reasonably performing the NRTL testing requirements encompassed within its letter of recognition, or has materially misrepresented

itself in its applications or misrepresented the scope or conditions of its recognition, the Assistant Secretary may revoke the recognition of a recognized NRTL, in whole or in part. OSHA may initiate revocation procedures on the basis of information provided by any interested person.

2. Procedure.

a. Before proposing to revoke recognition, the Agency will notify the recognized NRTL in writing, giving it the opportunity to rebut or correct the alleged deficiencies which would form the basis of the proposed revocation, within a reasonable period.

b. If the alleged deficiencies are not corrected or reconciled within a reasonable period, OSHA will propose, in writing to the recognized NRTL, to revoke recognition. If deemed appropriate, no other announcement need be made by OSHA.

c. The revocation shall be effective in 60 days unless within that period the recognized NRTL corrects the deficiencies or requests a hearing in writing.

d. If a hearing is requested, it shall be held before an administrative law judge of the Department of Labor pursuant to the rules specified in 29 CFR Part 1905, Subpart C.

e. The parties shall be OSHA and the recognized NRTL. The Assistant Secretary may allow other interested persons to participate in these hearings if such participation would contribute to the resolution of issues germane to the proceeding and not cause undue delay.

f. The burden of proof shall be on OSHA to demonstrate by a preponderance of the evidence that the recognition should be revoked because the NRTL is not meeting the requirements for recognition, has not been reasonably performing the product testing functions as required by 1910.7, this Appendix A, or the letter of recognition, or has materially misrepresented itself in its applications or publicity.

3. Final decision.

a. After the hearing, the Administrative Law Judge shall issue a decision stating the reasons based on the record as to whether it has been demonstrated, based on a preponderance of evidence, that the applicant does not continue to meet the requirements for its current recognition.

b. Upon issuance of the decision, any party to the hearing may file exceptions within 20 days pursuant to 29 CFR 1905.28. If no exceptions are filed, this decision is the final decision of the Assistant Secretary. If objections are filed, the Administrative Law Judge shall forward the decision, exceptions and record to the Assistant Secretary for the final decision on the proposed revocation.

. The Assistant Secretary will review the record, the decision by the Administrative Law Judge, and the exceptions filed. Based on this, the Assistant Secretary shall issue the final decision as to whether it has been demonstrated, by a preponderance of evidence, that the recognized NRTL has not continued to meet the requirements for OSHA recognition. If the Assistant Secretary finds that the NRTL does not meet the NRTL recognition requirements, the recognition will be revoked.

4. Public announcement. A copy of the Assistant Secretary's final decision will be

provided to the applicant, and a notification will be published in the FEDERAL REGISTER announcing the decision, and the availability of the complete record of this proceeding at OSHA. The effective date of any revocation will be the date the final decision copy is sent to the NRTL.

5. Review of final decision. There will be no further review activity available within the Department of Labor from the final decision of the Assistant Secretary.

1910.9 Compliance duties owed to each employee.

(a) *Personal protective equipment.* Standards in this part requiring the employer to provide personal protective equipment (PPE), including respirators and other types of PPE, because of hazards to employees impose a separate compliance duty with respect to each employee covered by the requirement. The employer must provide PPE to each employee required to use the PPE, and each failure to provide PPE to an employee may be considered a separate violation.

(b) *Training.* Standards in this part requiring training on hazards and related matters, such as standards requiring that employees receive training or that the employer train employees, provide training to employees, or institute or implement a training program, impose a separate compliance duty with respect to each employee covered by the requirement. The employer must train each affected employee in the manner required by the standard, and each failure to train an employee may be considered a separate violation.

[53 FR 12120, Apr. 12, 1988; 53 FR 16838, May 11, 1988, as amended at 54 FR 24333, June 7, 1989] [FR 73 75583, Dec. 12, 2008]

(A) "Industrial Ventilation: A Manual of Recommended Practice" (22nd ed., 1995), incorporation by reference (IBR) approved for §1910.124(b)(4)(iii).

(B) Threshold Limit Values and Biological Exposure Indices for 1986-87 (1986), IBR approved for §1910.120, PEL definition.

(2) The following material is available for purchase from the American Society of Agricultural Engineers (ASAE), 2950 Niles Road, Post Office Box 229, St. Joseph, MI 49085:

(A) ASAE Emblem for Identifying Slow Moving Vehicles, ASAE S276.2 (1968), IBR approved for §1910.145(d)(10).

(B) [Reserved]

(3) The following material is available for purchase from the Agriculture Ammonia Institute-Rubber Manufacturers (AAI-RMA) Association, 1400 K St. NW, Washington DC 20005:

(A) AAI-RMA Specifications for Anhydrous Ammonia Hose, IBR approved for §1910.111(b)(8)(i).

(4) The following material is available for purchase from the American National Standards Institute (ANSI), 25 West 43rd Street, Fourth Floor, New York, NY 10036:

(A) ANSI A11.1-65 (R 70) Practice for Industrial Lighting, IBR approved for §§1910.219(c)(5)(iii); 1910.261(a)(3)(i), (c)(10), and (k)(21); and 1910.265(c)(2).

(B) ANSI A11.1-65 Practice for Industrial Lighting, IBR approved for §§1910.262(c)(6) and 1910.265(d)(2)(i)(a).

(C) ANSI A13.1-56 Scheme for the Identification of Piping Systems, IBR approved for §§1910.253(d)(4)(ii); 1910.261(a)(3)(iii); 1910.262(c)(7).

(D) ANSI A14.1-68 Safety Code for Portable Wood Ladders, Supplemented by ANSI A14.1a-77, IBR approved for §1910.261(a)(3)(iv) and (c)(3)(i).

(E) ANSI A14.2-56 Safety Code for Portable Metal Ladders, Supplemented by ANSI A14.2a-77, IBR approved for §1910.261(a)(3)(v) and (c)(3)(i).

(F) ANSI A14.3-56 Safety Code for Fixed Ladders, IBR approved for §§1910.68(b)(4) and (12); 1910.179(c)(2); and 1910.261(a)(3)(vi) and (c)(3)(i).

(G) ANSI A17.1-65 Safety Code for Elevators, Dumbwaiters and Moving Walks, Including Supplements, A17.1a (1967); A17.1b (1968); A17.1c (1969); A17.1d (1970), IBR approved for §1910.261(a)(3)(vii), (g)(11)(i), and (l)(4).

(H) ANSI A17.2-60 Practice for the Inspection of Elevators, Including Supplements, A17.2a (1965), A17.2b (1967), IBR approved for §1910.261(a)(3)(viii).

(I) ANSI A90.1-69 Safety Standard for Manlifts, IBR approved for §1910.68(b)(3).

(J) ANSI A92.2-69 Standard for Vehicle Mounted Elevating and Rotating Work Platforms, IBR approved for §1910.67(b)(1), (2), (c)(3), and (4) and 1910.268(s)(1)(v).

(K) ANSI A120.1-70 Safety Code for Powered Platforms for Exterior Building Maintenance, IBR approved for §1910.66 App. D(b) through (d).

(L) ANSI B7.1-70 Safety Code for the Use, Care and Protection of Abrasive Wheels, IBR approved for §§ 1910.215(b)(12) and 1910.218(j).

(M) ANSI B15.1-53 (R 58) Safety Code for Mechanical Power Transmission Apparatus, IBR approved for §§1910.68(b)(4) and 1910.261(a)(3)(ix), (b)(1), (e)(3), (e)(9), (f)(4), (j)(5)(iv), (k)(12), and (l)(3).

(N) ANSI B20.1-57 Safety Code for Conveyors, Cableways, and Related Equipment, IBR approved for §§1910.218(j)(3); 1910.261 (a)(3)(x), (b)(1), (c)(15)(iv), (f)(4), and (j)(2); 1910.265(c)(18)(i).

(O) ANSI B30.2-43 (R 52) Safety Code for Cranes, Derricks, and Hoists, IBR approved for §1910.261(a)(3)(xi), (c)(2)(vi), and (c)(8)(i) and (iv).

(P) ANSI B30.2-67 Safety Code for Overhead and Gantry Cranes, IBR approved for §§1910.179(b)(2); 1910.261(a)(3)(xii), (c)(2)(v), and (c)(8)(i) and (iv).

(Q) ANSI B30.5-68 Safety Code for Crawler, Locomotive, and Truck Cranes, IBR approved for §§1910.180(b)(2) and 1910.261(a)(3)(xiii).

(R) ANSI B30.6-69 Safety Code for Derricks, IBR approved for §§1910.181(b)(2) and 1910.268(j)(4)(iv)(E) and (H).

(S) ANSI B31.1-55 Code for Pressure Piping, IBR approved for §1910.261(g)(18)(iii).

(T) ANSI B31.1-67, IBR approved for §1910.253(d)(1)(i)(A).

(U) ANSI B31.1a-63 Addenda to ANSI B31.1 (1955), IBR approved for §1910.261(g)(18)(iii).

(V) ANSI B31.1-67 and Addenda B31.1 (1969) Code for Pressure Piping, IBR approved for §§1910.103(b)(1)(iii)(b); 1910.104(b)(5)(ii); 1910.218(d)(4) and (e)(1)(iv); and 1910.261(a)(3)(xiv) and (g)(18)(iii).

(W) ANSI B31.2-68 Fuel Gas Piping, IBR approved for §1910.261(g)(18)(iii).

(X) ANSI B31.3-66 Petroleum Refinery Piping, IBR approved for §1910.103(b)(3)(v)(b).

(Y) ANSI B31.5-66 Addenda B31.5a (1968) Refrigeration Piping, IB approved for §§1910.103(b)(3)(v)(b) and 1910.111(b)(7)(iii).

(Z) ANSI B56.1-69 Safety Standard for Powered Industrial Trucks, IBR approved for §§1910.178(a)(2) and (3) and 1910.261(a)(3)(xv), (b)(6), (m)(2), and (m)(5)(iii).

(AA) ANSI B57.1-65 Compressed Gas Cylinder Valve Outlet and Inlet Connections, IBR approved for §1910.253(b)(1)(iii).

(BB) ANSI B175.1-1991, Safety Requirements for Gasoline-Powered Chain Saws 1910.266(e)(2)(i).

(CC) ANSI C33.2-56 Safety Standard for Transformer-Type Arc Welding Machines, IBR approved for §1910.254(b)(1).

(EE) ANSI H23.1-70 Seamless Copper Water Tube Specification, IBR approved for §1910.110(b)(8)(ii) and (13)(ii)(b)(1).

(FF) ANSI H38.7-69 Specification for Aluminum Alloy Seamless Pipe and Seamless Extruded Tube, IBR approved for §1910.110(b)(8)(i).

(GG) ANSI J6.4-71 Standard Specification for Rubber Insulating Blankets, IBR approved for §1910.268(f)(1) and (n)(11)(v).

(HH) ANSI J6.6-71 Standard Specification for Rubber Insulating Gloves, IBR approved for §1910.268(f)(1) and (n)(11)(iv).

(II) ANSI K13.1-67 Identification of Gas Mask Canisters, IBR approved for §1910.261(a)(3)(xvi) and (h)(2)(iii).

(JJ) ANSI K61.1-60 Safety Requirements for the Storage and Handling of Anhydrous Ammonia, IBR approved for §1910.111(b)(11)(i).

(KK) ANSI K61.1-66 Safety Requirements for the Storage and Handling of Anhydrous Ammonia, IBR approved for §1910.111(b)(11)(i).

(LL) ANSI O1.1-54 (R 61) Safety Code for Woodworking Machinery, IBR approved for §1910.261(a)(3)(xvii), (e)(7), and (i)(2).

(MM) ANSI S1.4-71 (R 76) Specification for Sound Level Meters, IBR approved for §1910.95 Appendixes D and I.

(NN) ANSI S1.11-71 (R 76) Specification for Octave, Half-Octave and Third-Octave Band Filter Sets, IBR approved for §1910.95 Appendix D.

(OO) ANSI S3.6-69 Specifications for Audiometers, IBR approved for §1910.95(h)(2) and (5)(ii) and Appendix D.

(PP) ANSI Z4.1-68 Requirements for Sanitation in Places of Employment, IBR approved for §1910.261(a)(3)(xviii) and (g)(15)(vi).

(QQ) ANSI Z9.1-51 Safety Code for Ventilation and Operation of Open Surface Tanks, IBR approved for 1910.261(a)(3)(xix), (g)(18)(v), and (h)(2)(i).

(RR) ANSI Z9.1-71 Practices for Ventilation and Operation of Open-Surface Tanks, IBR approved for §1910.124(b)(4)(iv).

(SS) ANSI Z9.2-60 Fundamentals Governing the Design and Operation of Local Exhaust Systems, IBR approved for §§1910.94(a)(4)(i) introductory text, (a)(6) introductory text, (b)(3)(ix), (b)(4)(i) and (ii), (c)(3)(i) introductory text, (c)(5)(iii)(b), and (c)(7)(iv)(a); 1910.261(a)(3)(xx), (g)(1)(i) and (iii), and (h)(2)(ii).

(TT) ANSI Z9.2-79 Fundamentals Governing the Design and Operation of Local Exhaust Systems, IBR approved for §1910.124(b)(4)(i).

(UU) ANSI Z21.30-64 Requirements for Gas Appliances and Gas Piping Installations, IBR approved for §1910.265(c)(15).

(VV) ANSI Z24.22-57 Method of Measurement of Real-Ear Attenuation of Ear Protectors at Threshold, IBR approved for §1910.261(a)(3)(xxii).

(WW) ANSI Z33.1-61 Installation of Blower and Exhaust Systems for Dust, Stock, and Vapor Removal or Conveying, IBR approved for §§1910.94(a)(4)(i); 1910.261(a)(3)(xxiii) and (f)(5); and 1910.265(c)(20)(i).

(XX) ANSI Z33.1-66 Installation of Blower and Exhaust Systems for Dust, Stock, and Vapor Removal or Conveying, IBR approved for §1910.94(a)(2)(ii).

(YY) ANSI Z35.1-68 Specifications for Accident Prevention Signs, IBR approved for §1910.261(a)(3)(xxiv) and (c)(16).

(ZZ) ANSI Z41.1-67 Men's Safety Toe Footwear, IBR approved for §§1910.94(a)(5)(v); 1910.136(b)(2) and 1910.261(i)(4).

(AAA) ANSI Z41-91, Personal Protection-Protective Footwear, IBR approved for §1910.136(b)(1).

(BBB) ANSI Z48.1-54 Method for Marking Portable Compressed Gas Containers to Identify the Material Contained, IBR approved for §§1910.103(b)(1)(i)(c); 1910.110(b)(5)(iii); and 1910.253(b)(1)(ii).

(CCC) ANSI Z48.1-54 (R 70) Method for Marking Portable Compressed Gas Containers To Identify the Material Contained, IBR approved for §§1910.111(e)(1) and 1910.134(d)(4).

(DDD) ANSI Z54.1-63 Safety Standard for Non-Medical X-Ray and Sealed Gamma Ray Sources, IBR approved for §1910.252(d)(1)(vii) and (2)(ii).

(EEE) ANSI Z87.1-68 Practice of Occupational and Educational Eye and Face Protection, IBR approved for §§1910.133(b)(2); 1910.252(b)(2)(ii)(I); and 1910.261(a)(3)(xxv), (d)(1)(ii), (f)(5), (g)(10), (g)(15)(v), (g)(18)(ii), and (i)(4).

(FFF) ANSI Z87.1-89, Practice for Occupational and Educational Eye and Face Protection, IBR approved for §1910.133(b)(1).

(GGG) ANSI Z88.2-69 Practices for Respiratory Protection, IBR approved for §§1910.94(c)(6)(iii)(a); 1910.134(c); and 1910.261(a)(3)(xxvi), (b)(2), (f)(5), (g)(15)(v), (h)(2)(iii) and (iv), and (i)(4).

(HHH) ANSI Z89.1-69 Safety Requirements for Industrial Head Protection, IBR approved for §§1910.135(b)(2); and 1910.261(a)(3)(xxvii), (b)(2), (g)(15)(v), and (i)(4).

(III) ANSI Z89.1-86, Protective Headwear for Industrial Workers Requirements, IBR approved for §1910.135(b)(1).

(JJJ) ANSI Z89.2-71 Safety Requirements for Industrial Protective Helmets for Electrical Workers, Class B, IBR approved for §1910.268(i)(1).

(5) The following material is available for purchase from the American Petroleum Institute (API), 1220 L Street NW, Washington DC 20005:

(A) API 12B (May 1958) Specification for Bolted Production Tanks, 11th Ed., With Supplement No. 1, Mar. 1962, IBR approved for §1910.106(b)(1)(i)(a)(3).

(B) API 12D (Aug. 1957) Specification for Large Welded Production Tanks, 7th Ed., IBR approved for §1910.106(b)(1)(i)(a)(3).

(C) API 12F (Mar. 1961) Specification for Small Welded Production Tanks, 5th Ed., IBR approved for §1910.106(b)(1)(i)(a)(3).

(D) API 620, Fourth Ed. [1970] Including Appendix R, Recommended Rules for Design and Construction of Large Welded Low Pressure Storage Tanks, IBR approved for §§1910.103(c)(1)(i)(a); 1910.106(b)(1)(iv)(b)(1); and 1910.111(d)(1)(ii) and (iii).

(E) API 650 (1966) Welded Steel Tanks for Oil Storage, 3rd Ed., IBR approved for §1910.106(b)(1)(iii)(a)(2).

(F) API 1104 (1968) Standard for Welding Pipelines and Related Facilities, IBR approved for §1910.252(d)(1)(v).

(G) API 2000 (1968) Venting Atmospheric and Low Pressure Storage Tanks, IBR approved for §1910.106(b)(2)(iv)(b)(1).

(H) API 2201 (1963) Welding or Hot Tapping on Equipment Containing Flammables, IBR approved for §1910.252(d)(1)(vi).

(6) The following material is available for purchase from the American Society of Mechanical Engineers (ASME), United Engineering Center, 345 East 47th Street, New York, NY 10017:

(A) ASME Boiler and Pressure Vessel Code, § VIII, 1949, 1950, 1952, 1956, 1959, and 1962 Ed., IBR approved for §§1910.110(b)(10)(iii) (Table H-26), (d)(2) (Table H-31); (e)(3)(i) (Table H-32), (h)(2) (Table H-34); and 1910.111(b)(2)(vi);

(B) ASME Code for Pressure Vessels, 1968 Ed., IBR approved for §§1910.106(i)(3)(i); 1910.110(g)(2)(iii)(b)(2); and 1910.217(b)(12);

(C) ASME Boiler and Pressure Vessel Code, § VIII, 1968, IBR approved for §§1910.103; 1910.104(b)(4)(ii); 1910.106(b)(1)(iv)(b)(2) and (i)(3)(ii); 1910.107; 1910.110(b)(11)(i)(b) and (iii)(a)(1); 1910.111(b)(2)(i), (ii), and (iv); and 1910.169(a)(2)(i) and (ii);

(D) ASME Boiler and Pressure Vessel Code, §VIII, Paragraph UG-84, 1968, IBR approved for §1910.104(b)(4)(ii) and (b)(5)(iii);

(E) ASME Boiler and Pressure Vessel Code, §VIII, Unfired Pressure Vessels, Including Addenda (1969), IBR approved for §§1910.261; 1910.262; 1910.263(i)(24)(ii);

(F) Code for Unfired Pressure Vessels for Petroleum Liquids and Gases of the API and the ASME, 1951 Ed., IBR approved for §1910.110(b)(3)(iii); and

(G) ASME B56.6-1992 (with addenda), Safety Standard for Rough Terrain Forklift Trucks, IBR approved for §1910.266(f)(4).

(7) The following material is available for purchase from the American Society for Testing and Materials (ASTM), 1916 Race Street, Philadelphia, PA 19103:

(A) ASTM A 47-68 Malleable Iron Castings, IBR approved for §1910.111(b)(7)(vi).

(B) ASTM A 53-69 Welded and Seamless Steel Pipe, IBR approved for §§1910.110(b)(8)(i)(a) and (b) and 910.111(b)(7)(iv).

(C) ASTM A 126-66 Gray Iron Casting for Valves, Flanges and Pipe Fitting, IBR approved for §1910.111(b)(7)(vi).

(D) ASTM A 391-65 (ANSI G61.1-1968) Alloy Steel Chain, IBR approved for §1910.184(e)(4).

(E) ASTM A 395-68 Ductile Iron for Use at Elevated Temperatures, IBR approved for §1910.111(b)(7)(vi).

(F) ASTM B 88-69 Seamless Copper Water Tube, IBR approved for §1910.110(b)(8)(i)(a) and (13)(ii)(b)(1).

(G) ASTM B 88-66A Seamless Copper Water Tube, IBR approved for §1910.252(d)(1)(i)(A)(2).

(H) ASTM B 117-64 Salt Spray (Fog) Test, IBR approved for §1910.268(g)(2)(i)(A).

(I) ASTM B 210-68 Aluminum-Alloy Drawn Seamless Tubes, IBR approved for §1910.110(b)(8)(ii).

(J) ASTM B 241-69, IBR approved for §1910.110(b)(8)(i) introductory text.

(K) ASTM D 5-65 Test for Penetration by Bituminous Materials, IBR approved for §1910.106(a)(17).

(L) ASTM D 56-70 Test for Flash Point by Tag Closed Tester, IBR approved for §1910.106(a)(14)(i).

(M) ASTM D 86-62 Test for Distillation of Petroleum Products, IBR approved for §§1910.106(a)(5) and 1910.119(b) "Boiling point."

(N) ASTM D 88-56 Test for Saybolt Viscosity, IBR approved for §1910.106(a)(37).

(O) ASTM D 93-71 Test for Flash Point by Pensky Martens, IBR approved for §1910.106(a)(14)(ii).

(N) ASTM D 323-68, IBR approved for §1910.106(a)(30).

(O) ASTM D 445-65 Test for Viscosity of Transparent and Opaque Liquids, IBR approved for §1910.106(a)(37).

(P) ASTM D 1692-68 Test for Flammability of Plastic Sheeting and Cellular Plastics, IBR approved for §1910.103(c)(1)(v)(d).

(Q) ASTM D 2161-66 Conversion Tables For SUS, IBR approved for §1910.106(a)(37).

(8) The following material is available for purchase from the American Welding Society (AWS), 550 NW, LeJeune Road, P.O. Box 351040, Miami FL 33135:

(A) AWS B3.0-41 Standard Qualification Procedure, IBR approved for §1910.67(c)(5)(i).

(B) AWS D1.0-1966 Code for Welding in Building Construction, IBR approved for §1910.27(b)(6).

(C) AWS D2.0-69 Specifications for Welding Highway and Railway Bridges, IBR approved for §1910.67(c)(5)(iv).

(D) AWS D8.4-61 Recommended Practices for Automotive Welding Design, IBR approved for §1910.67(c)(5)(ii).

(E) AWS D10.9-69 Standard Qualification of Welding Procedures and Welders for Piping and Tubing, IBR approved for §1910.67(c)(5)(iii).

(9) The following material is available for purchase from the Department of Commerce:

(A) Commercial Standard, CS 202-56 (1961) "Industrial Lifts and Hinged Loading Ramps," IBR approved for §1910.30(a)(3).

(B) Publication "Model Performance Criteria for Structural Fire Fighters' Helmets," IBR approved for §1910.156(e)(5)(i).

(10) The following material is available for purchase from the Compressed Gas Association (CGA), 1235 Jefferson Davis Highway, Arlington, VA 22202:

(A) CGA C-6 (1968) Standards for Visual Inspection of Compressed Gas Cylinders, IBR approved for §1910.101(a).

(B) CGA C-8 (1962) Standard for Requalification of ICC-3HT Cylinders, IBR approved for §1910.101(a).

(C) CGA G-1-2003 Acetylene, IBR approved for § 1910.102(a). Copies of CGA Pamphlet G-1-2003 are available for purchase from the: Compressed Gas Association, Inc., 4221 Walney Road, 5th Floor, Chantilly, VA 20151; telephone: 703-788-2700; fax: 703-961-1831; e-mail: cga@cganet.com.

(D) CGA G-7.1 (1966) Commodity Specification, IBR approved for §1910.134(d)(1).

(E) CGA G-8.1 (1964) Standard for the Installation of Nitrous Oxide Systems at Consumer Sites, IBR approved for §1910.105.

(F) CGA P-1 (1965) Safe Handling of Compressed Gases, IBR approved for §1910.101(b).

(G) CGA P-3 (1963) Specifications, Properties, and Recommendations for Packaging, Transportation, Storage and Use of Ammonium Nitrate, IBR approved for §1910.109(i)(1)(ii)(b).

(H) CGA S-1.1 (1963) and 1965 Addenda. Safety Release Device Standards--Cylinders for Compressed Gases, IBR approved for §§1910.101(c); 1910.103(c)(1)(iv)(a)(2).

(I) CGA S-1.2 (1963) Safety Release Device Standards, Cargo and Portable Tanks for Compressed Gases, IBR approved for §§1910.101(c); 1910.103(c)(1)(iv)(a)(2).

(J) CGA S-1.3 (1959) Safety Release Device Standards-Compressed Gas Storage Containers, IBR approved or §§1910.103(c)(1)(iv)(a)(2); 1910.104(b)(6)(iii); and 1910.111(d)(4)(ii)(b).

(K) CGA 1957 Standard Hose Connection Standard, IBR approved for §1910.253(e)(4)(v) and (5)(iii).

(L) CGA and RMA (Rubber Manufacturer's Association) Specification for Rubber Welding Hose (1958), IBR approved for §1910.253(e)(5)(i).

(M) CGA 1958 Regulator Connection Standard, IBR approved for §1910.253(e)(4)(iv) and (6).

(11) The following material is available for purchase from the Crane Manufacturer's Association of America, Inc. (CMAA), 1 Thomas Circle NW, Washington DC 20005:

(A) CMAA Specification 1B61, Specifications for Electric Overhead Traveling Cranes, IBR approved for §1910.179(b)(6)(i).

(12) The following material is available for purchase from the General Services Administration:

(A) GSA Pub. GG-B-0067b, Air Compressed for Breathing Purposes, or Interim Federal Specifications, Apr. 1965, IBR approved for §1910.134(d)(4).

(B) [Reserved]

(13) The following material is available for purchase from the Department of Health and Human Services:

(A) Publication No. 76-120 (1975), List of Personal Hearing Protectors and Attenuation Data, IBR approved for §1910.95 App. B.

(14) The following material is available for purchase from the Institute of Makers of Explosives (IME), 420 Lexington Avenue, New York, NY 10017:

(A) IME Pamphlet No. 17, 1960, Safety in the Handling and Use of Explosives, IBR approved for §§1910.261(a)(4)(iii) and (c)(14)(ii).

(15) The following material is available for purchase from the National Electrical Manufacturer's Association (NEMA):

(A) NEMA EW-1 (1962) Requirements for Electric Arc Welding Apparatus, IBR approved for §1910.254(b)(1).

(16) The following material is available for purchase from the National Fire Protection Association (NFPA), 1 Batterymarch Park, Quincy, MA 02269:

(A) NFPA 30 (1969) Flammable and Combustible Liquids Code, IBR approved for §1910.178(f)(1).

(B) NFPA 32-1970 Standard for Dry Cleaning Plants, IBR approved for §1910.106(j)(6)(i).

(C) NFPA 33-1969 Standard for Spray Finishing Using Flammable and Combustible Material, IBR approved for § 1910.94(c)(2).

(D) NFPA 34-1966 Standard for Dip Tanks Containing Flammable or Combustible Liquids, IBR approved for §1910.124(b)(4)(iv).

(E) NFPA 34-1995 Standard for Dip Tanks Containing Flammable or Combustible Liquids, IBR approved for §1910.124(b)(4)(ii).

(F) NFPA 35-1970 Standard for the Manufacture of Organic Coatings, IBR approved for Sec. 1910.106(j)(6)(ii).

(G) NFPA 36-1967 Standard for Solvent Extraction Plants, IBR approved for §1910.106(j)(6)(iii).

(H) NFPA 37-1970 Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, IBR approved for §§1910.106(j)(6)(iv) and 1910.110(b)(20)(iv)(c) and (e)(11).

(I) NFPA 51B-1962 Standard for Fire Protection in Use of Cutting and Welding Processes, IBR approved for §1910.252(a)(1) introductory text.

(J) NFPA 54-1969 Standard for the Installation of Gas Appliances and Gas Piping, IBR approved for §1910.110(b)(20)(iv)(a).

(K) NFPA 54A-1969 Standard for the Installation of Gas Piping and Gas Equipment on Industrial Premises and Certain Other Premises, IBR approved for §1910.110(b)(20)(iv)(b).

(L) NFPA 58-1969 Standard for the Storage and Handling of Liquefied Petroleum Gases (ANSI Z106.1-1970), IBR approved for §§1910.110(b)(3)(iv) and (i)(3)(i) and (ii); and 1910.178(f)(2).

(M) NFPA 59-1968 Standard for the Storage and Handling of Liquefied Petroleum Gases at Utility Gas Plants, IBR approved for §§1910.110(b)(3)(iv) and (i)(2)(iv).

(N) NFPA 62-1967 Standard for the Prevention of Dust Explosions in the Production, Packaging, and Handling of Pulverized Sugar and Cocoa, IBR approved for §1910.263(k)(2)(i).

(O) NFPA 68-1954 Guide for Explosion Venting, IBR approved for §1910.94(a)(2)(iii).

(P) NFPA 78-1968 Lightning Protection Code, IBR approved for §1910.109(i)(6)(ii).

(Q) NFPA 80-1968 Standard for Fire Doors and Windows, IBR approved for §1910.106(d)(4)(i).

(R) NFPA 80-1970 Standard for the Installation of Fire Doors and Windows, IBR approved for § 1910.253(f)(6)(i)(I).

(S) NFPA 86A-1969 Standard for Oven and Furnaces Design, Location and Equipment, IBR approved for §§1910.107(j)(1) and (l)(3) and 1910.108(b)(2) and (d)(2).

(T) NFPA 91-1961 Standard for the Installation of Blower and Exhaust Systems for Dust, Stock, and Vapor Removal or Conveying (ANSI Z33.1-61), IBR approved for §1910.107(d)(1).

(U) NFPA 91-1969 Standards for Blower and Exhaust Systems, IBR approved for §1910.108(b)(1).

(V) NFPA 96-1970 Standard for the Installation of Equipment for the Removal of Smoke and Grease Laden Vapors from Commercial Cooking Equipment, IBR approved for §1910.110(b)(20)(iv)(d).

(W) NFPA 101-1970 Code for Life Safety From Fire in Buildings and Structures, IBR approved for §1910.261(a)(4)(ii).

(X) NFPA 203M-1970 Manual on Roof Coverings, IBR approved for §1910.109(i)(1)(iii)(c).

(Y) NFPA 251-1969 Standard Methods of Fire Tests of Building Construction and Materials, IBR approved for §§1910.106(d)(3)(ii) introductory text and (d)(4)(i).

(Z) NFPA 302-1968 Fire Protection Standard for Motor-Craft (Pleasure and Commercial), IBR approved for §1910.265(d)(2)(iv) introductory text.

(AA) NFPA 385-1966 Recommended Regulatory Standard for Tank Vehicles for Flammable and Combustible Liquids, IBR approved for §1910.106(g)(1)(i)(e)(1).

(BB) NFPA 496-1967 Standard for Purged Enclosures for Electrical Equipment in Hazardous Locations, IBR approved for §1910.103(c)(1)(ix)(e)(1).

(CC) NFPA 505-1969 Standard for Type Designations, Areas of Use, Maintenance, and Operation of Powered Industrial Trucks, IBR approved for §1910.110(e)(2)(iv).

(DD) NFPA 566-1965 Standard for the Installation of Bulk Oxygen Systems at Consumer Sites, IBR approved for §§1910.253(b)(4)(iv) and (c)(2)(v).

(EE) NFPA 656-1959 Code for the Prevention of Dust Ignition in Spice Grinding Plants, IBR approved for §1910.263(k)(2)(i).

(FF) NFPA 1971-1975 Protective Clothing for Structural Fire Fighting, IBR approved for § 1910.156(e)(3)(ii) introductory text.

(GG) NFPA 51A (2001) Standard for Acetylene Cylinder Charging Plants, IBR approved for Sec. 1910.102(b) and (c). Copies of NFPA 51A-2001 are available for purchase from the: National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471; telephone: 1-800-344-35557; e-mail: custserv@nfpa.org.

(HH) NFPA 51A (2006) Standard for Acetylene Cylinder Charging Plants, IBR approved for Sec. 1910.102(b) and (c). Copies of NFPA 51A-2006 are available for purchase from the: National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471; telephone: 1-800-344-35557; e-mail: custserv@nfpa.org.

(17) The following material is available for purchase from the National Food Plant Institute, 1700 K St. NW., Washington, DC 20006:

(A) Definition and Test Procedures for Ammonium Nitrate Fertilizer (Nov. 1964), IBR approved for § 1910.109 Table H-22, Footnote 3.

(B) [Reserved]

(18) The following material is available for purchase from the National Institute for Occupational Safety and Health (NIOSH):

(A) Registry of Toxic Effects of Chemical Substances, 1978, IBR approved for §1910.20(c)(13)(i) and Appendix B.

(B) Development of Criteria for Fire Fighters Gloves; Vol. II, Part II; Test Methods, 1976, IBR approved for §1910.156(e)(4)(i) introductory text.

(C) NIOSH Recommendations for Occupational Safety and Health Standards (Sept. 1987), IBR approved for §1910.120 PEL definition.

(19) The following material is available for purchase from the Public Health Service:

(A) U.S. Pharmacopeia, IBR approved for §1910.134(d)(1).

(B) Publication No. 934 (1962), Food Service Sanitation Ordinance and Code, Part V of the Food Service Sanitation Manual, IBR approved for §1910.142(i)(1).

(20) The following material is available for purchase from the Society of Automotive Engineers (SAE), 485 Lexington Avenue, New York, NY 10017:

(A) SAE J185, June 1988, Recommended Practice for Access Systems for Off-Road Machines, IBR approved for §1910.266(f)(5)(i).

(B) SAE J231, January 1981, Minimum Performance Criteria for Falling Object Protective Structure (FOPS), IBR approved for §1910.266(f)(3)(ii).

(C) SAE J386, June 1985, Operator Restraint Systems for Off-Road Work Machines, IBR approved for § 1910.266(d)(3)(iv).

(D) SAE J397, April 1988, Deflection Limiting Volume-ROPS/FOPS Laboratory Evaluation, IBR approved for §1910.266(f)(3)(iv).

(E) SAE 765 (1961) SAE Recommended Practice: Crane Loading Stability Test Code, IBR approved for § 1910.180(c)(1)(iii) and (e)(2)(iii)(a).

(F) SAE J1040, April 1988, Performance Criteria for Rollover Protective Structures (ROPS) for Construction, Earthmoving, Forestry and Mining Machines, IBR approved for §1910.266(f)(3)(ii).

(21) The following material is available for purchase from the Fertilizer Institute, 1015 18th Street NW, Washington, DC 20036:

(A) Standard M-1 (1953, 1955, 1957, 1960, 1961, 1963, 1965, 1966, 1967, 1968), Superseded by ANSI K61.1-1972, IBR approved for §1910.111(b)(1)(i) and (iii).

(22) The following material is available for purchase from Underwriters Laboratories (UL), 207 East Ohio Street, Chicago, IL 60611:

(A) UL 58-61 Steel Underground Tanks for Flammable and Combustible Liquids, 5th Ed., IBR approved for §1910.106(b)(1)(iii)(a)(1).

(B) UL 80-63 Steel Inside Tanks for Oil-Burner Fuel, IBR approved for § 1910.106(b)(1)(iii)(a)(1).

(C) UL 142-68 Steel Above Ground Tanks for Flammable and Combustible Liquids, IBR approved for § 1910.106(b)(1)(iii)(a)(1).

Chapter 7

1910.94 Ventilation.

(a) Abrasive blasting

* * *

(5) Personal protective equipment.

* * *

(v) Operators shall be equipped with heavy canvas or leather gloves and aprons or equivalent protection to protect them from the impact of abrasives. Safety shoes shall be worn to protect against foot injury where heavy pieces of work are handled.

(a) ~~Safety shoes shall conform to the requirements of American National Standard for Men's Safety-Toe Footwear, Z41.1-1967, which is incorporated by reference as specified in 1910.6.~~ Protective footwear must comply with the requirements specified by chapter 9, section 1910.136(b)(1) of these rules and regulations.

Chapter 8

1910.102 Acetylene.

(a) **Cylinders.** Employers must ensure that the in-plant transfer, handling, storage, and utilization use of acetylene in cylinders shall be in accordance with Compressed Gas Association Pamphlet G-1-1966, which is incorporated by reference as specified in 1910.6 comply with the provisions of CGA Pamphlet G-1-2003 ("Acetylene") (Compressed Gas Association, Inc., 11th ed., 2003).

(b) **Piped systems.** The piped systems for the in-plant transfer and distribution of acetylene shall be designed, installed, maintained, and operated in accordance with Compressed Gas Association Pamphlet G-1.3-1959, which is incorporated by reference as specified in 1910.6.

(1) Employers must comply with Chapter 9 ("Acetylene Piping") of NFPA 51A-2006 ("Standard for Acetylene Charging Plants") (National Fire Protection Association, 2006 ed., 2006).

(2) When employers can demonstrate that the facilities, equipment, structures, or installations used to generate acetylene or to charge (fill) acetylene cylinders were installed prior to February 16, 2006, these employers may comply with the provisions of Chapter 7 ("Acetylene Piping") of NFPA 51A-2001 ("Standard for Acetylene Charging Plants") (National Fire Protection Association, 2001 ed., 2001).

(3) The provisions of § 1910.102(b)(2) also apply when the facilities, equipment, structures, or installations used to generate acetylene or to charge (fill) acetylene cylinders were approved for construction or installation prior to February 16, 2006, but constructed and installed on or after that date.

(4) For additional information on acetylene piping systems, see CGA G-1.2-2006, Part 3 ("Acetylene piping") (Compressed Gas Association, Inc., 3rd ed., 2006).

(c) **Generators and filling cylinders.** Plants for the generation of acetylene and the charging (filling) of acetylene cylinders shall be designed, constructed, and tested in accordance with the standards prescribed in Compressed Gas Association Pamphlet G-1.4-1966, which is incorporated by reference as specified in 1910.6.

(1) Employers must ensure that facilities, equipment, structures, or installations used to generate acetylene or to charge (fill) acetylene cylinders comply with the provisions of

NFPA 51A-2006 ("Standard for Acetylene Charging Plants") (National Fire Protection Association, 2006 ed., 2006).

(2) When employers can demonstrate that the facilities, equipment, structures, or installations used to generate acetylene or to charge (fill) of acetylene cylinders were constructed or installed prior to February 16, 2006, these employers may comply with the provisions of NFPA 51A-2001 ("Standard for Acetylene Charging Plants") (National Fire Protection Association, 2001 ed., 2001).

(3) The provisions of § 1910.102(c)(2) also apply when the facilities, equipment, structures, or installations were approved for construction or installation prior to February 16, 2006, but constructed and installed on or after that date.

Chapter 9

1910.133 Eye and face protection.

(a) General requirements.

* * *

(b) Criteria for protective eye and face devices.

(1) ~~Protective eye and face devices purchased after July 5, 1994 shall comply with ANSI Z87.1-1989, "American National Standard Practice for Occupational and Educational Eye and Face Protection," which is incorporated by reference as specified in 1910.6., or shall be demonstrated by the employer to be equally effective.~~ protection devices must comply with any of the following consensus standards:

(i) ANSI Z87.1-2003, "American National Standard Practice for Occupational and Educational Eye and Face Protection," which is incorporated by reference in Sec. 1910.6;

(ii) ANSI Z87.1-1989 (R-1998), "American National Standard Practice for Occupational and Educational Eye and Face Protection," which is incorporated by reference in Sec. 1910.6; or

(iii) ANSI Z87.1-1989, "American National Standard Practice for Occupational and Educational Eye and Face Protection," which is incorporated by reference in Sec. 1910.6.

(2) ~~Protective Eye and face protective devices purchased before July 5, 1994 shall comply with the ANSI "USA standard for Occupational and Educational Eye and Face Protection," Z87.1-1968, which is incorporated by reference as specified in 1910.6, or shall be demonstrated by the employer to be equally effective~~ Protective that the employer demonstrates are at least as effective as protective eye and face protection devices that are constructed in accordance with one of the above consensus standards will be deemed to be in compliance with the requirements of this section.

1910.135 Head protection.

(a) General requirements.

* * *

(b) Criteria for protective helmets.

(1) ~~Protective helmets purchased after July 5, 1994 shall comply with ANSI Z89.1-1986, "American National Standard for Personnel Protection-Protective Headwear for Industrial Workers-Requirements," which is incorporated by reference as specified by 1910.6, or shall be demonstrated to be equally effective. Head protection must comply with any of the following consensus standards:~~

(i) ANSI Z89.1-2003, "American National Standard for Industrial Head Protection," which is incorporated by reference in Sec. 1910.6;

(ii) ANSI Z89.1-1997, "American National Standard for Industrial Head Protection," which is incorporated by reference in Sec. 1910.6; or

(iii) ANSI Z89.1-1986, "American National Standard for Personnel Protection-Protective Headwear for Industrial Workers--Requirements," which is incorporated by reference in Sec. 1910.6.

(2) ~~Protective helmets purchased before July 5, 1994 shall comply with the ANSI standard "American National Standard Safety Requirements for Industrial Head Protection," ANSI Z89.1-1969 which is incorporated by reference as specified by 1910.6, or shall be demonstrated by the employer to be equally effective Head protection devices that the employer demonstrates are at least as effective as head protection devices that are constructed in accordance with one of the above consensus standards will be deemed to be in compliance with the requirements of this section.~~

1910.136 Foot protection.

(a) General requirements. The employer shall ensure that each affected employee uses protective footwear when working in areas where there is a danger of foot injuries due to

falling or rolling objects, or objects piercing the sole, and where such employee's feet are exposed to electrical hazards.

(b) Criteria for protective footwear.

(1) ~~Protective footwear purchased after July 5, 1994 shall comply with ANSI Z41-1991, "American National Standard for Personal Protection Protective Footwear," which is incorporated by reference as specified in 1910.6, or shall be demonstrated by the employer to be equally effective. Protective footwear must comply with any of the following consensus standards:~~

(i) ASTM F-2412-2005, "Standard Test Methods for Foot Protection," and ASTM F-2413-2005, "Standard Specification for Performance Requirements for Protective Footwear," which are incorporated by reference in Sec. 1910.6;

(ii) ANSI Z41-1999, "American National Standard for Personal Protection-- Protective Footwear," which is incorporated by reference in Sec. 1910.6; or

(iii) ANSI Z41-1991, "American National Standard for Personal Protection-- Protective Footwear," which is incorporated by reference in Sec. 1910.6.

(2) ~~Protective footwear purchased before July 5, 1994 shall comply with the ANSI standard "USA Standard for Men's Safety Toe Footwear," Z41.1-1967, which is incorporated by reference as specified in 1910.6, or shall be demonstrated by the employer to be equally effective~~ that the employer demonstrates is at least as effective as protective footwear that is constructed in accordance with one of the above consensus standards will be deemed to be in compliance with the requirements of this section.

Chapter 17

1910.252 * General requirements.

~~* This section was revised by 55 FR 13696, effective May 11, 1990.~~

(a) Fire prevention and protection

* * *

(b) Protection of personnel

(1) General

* * *

(2) Eye protection

* * *

(ii) Specifications for protectors.

* * *

(I) ~~All~~ Filter lenses and plates shall must meet the test for transmission of radiant energy prescribed by any of the consensus standards listed in 29 CFR 1910.133(b)(1) in ANSI Z87.1 - 1968 - American National Standard Practice for Occupational and Educational Eye and Face Protection, which is incorporated by reference as specified in 1910.6.

Chapter 26

1910.1026 Chromium (VI)

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(d) Exposure determination

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(4) Employee notification of determination results.

(i) ~~Where the exposure determination indicates that employee exposure exceeds the PEL, within 15 working days the employer shall either post the results in an appropriate location that is accessible to all affected employees or shall notify each affected employee individually in writing of the results.~~ Within 15 work days after making an exposure determination in accordance with paragraph (d)(2) or paragraph (d)(3) of this section, the employer shall individually notify each affected employee in writing of the results of that determination or post the results in an appropriate location accessible to all affected employees.