# Model Written Lead Compliance Program

# for general industry

This document contains information that requires font color attributes to be turned on in screen reader settings.

*This is a fillable template that the employer must complete. Instructions in red font enclosed in brackets indicate where you must enter your worksite-specific information.*

California Code of Regulations, Title 8 (T8 CCR), section 5198 (Lead) applies to all general industry work where an employee may be occupationally exposed to lead. Refer to section 1532.1 for construction work defined by section 1502(a).

Cal/OSHA developed this model program to assist employers in general industry with creating their written lead compliance program. Employers are not required to use this model program, but if they do, the person with authority and responsibility for implementing the workplace written lead compliance program must do the following:

* Carefully review all the elements of section 5198.
* Ensure that this compliance program addresses the specific type of workplace and the lead hazards encountered by your employees. Using it will not guarantee that it will meet regulatory requirements. However, it should save some development time.

Employers have the option of using this template or modifying it so that it effectively addresses the required elements, as outlined in this model and section 5198. Using this template is not required and employers may alternatively use a different lead compliance program template or develop their program from scratch.

## **Online Resources**:

* [**Cal/OSHA Publications**](https://www.dir.ca.gov/dosh/PubOrder.asp) www.dir.ca.gov/dosh/PubOrder.asp
	+ **[Lead in General Industry – A Guide for Employers](https://www.dir.ca.gov/dosh/PubOrder.asp%22%20%5Cl%20%22Lead)** [(under development)](https://www.dir.ca.gov/dosh/PubOrder.asp%22%20%5Cl%20%22Lead)
* [**California Code of Regulations, Title 8, Table of Contents**](http://www.dir.ca.gov/Title8Index/t8index.asp), www.dir.ca.gov/Title8Index/t8index.asp
* [**T8 CCR, section 5198**](https://www.dir.ca.gov/Title8/1532_1.html)



December 2024

Copyright 2024 State of California, Department of Industrial Relations. Permission granted to display, perform, reproduce and distribute exclusively for nonprofit and educational purposes, and may not be used for any commercial purpose. All other rights reserved

## Lead Compliance Program for[Type name of company]

Date [Type latest revision date here]

### [Name of company] establishes and implements this written compliance program for work in our workplace that involves lead-containing materials, with the goal of keeping employee exposures below the Permissible Exposure Level (PEL) for lead. Where the PEL cannot be achieved through engineering and work practice controls, employees will be required to wear respirator protection that complies with the requirements of section 5198(f). [If this workplace involves the manufacture or recycling of lead acid batteries, one of the objectives of this program may be to use engineering and work practice controls to reduce employees’ exposure to or below the Separate Engineering Control Limits (SECALs) provided in Table 1 of section 5198(e)(1)(C), while using other controls such as respirator protection to further control their exposures below the PEL]

Activities Where Lead is Emitted

### Attachment A provides details on each operation in our workplace where lead is emitted.

[Complete Attachment A to describe each operation in which there is lead exposure to your employees in your workplace. Use Attachment B to describe detailed information on the control measures for each corresponding process]

### Exposure Controls

### Attachment B provides details on the specific means that will be used to control employee exposures to or below the PEL. Where engineering and work practice controls are not sufficient, we still implement such controls to reduce exposure to the lowest level feasible. Respiratory protection is only used to supplement these controls to reduce our employee exposure to or below the PEL.

[Refer to section 5198(e) for details on what must be addressed. Complete Attachment B for each operation at your workplace in which there is employee exposure to lead. Provide detail when it comes to the operation “exposure control measures”. Include engineering plans and studies that determined methods selected for controlling lead exposure. If your workplace involves the designated operations in lead acid battery manufacturing or recycling, include how your workplace will achieve the Separate Engineering Control Air Limit (SECAL), as described in Table 1 of section 5198(e)(1)(C)]

### Exposure Controls Determined to be Infeasible [Delete this section if it is not applicable]

### The following are the engineering and work practice controls that were considered in meeting the PEL for lead, but were not implemented due to infeasibility:

|  |  |  |
| --- | --- | --- |
| **Operation** | **Control** | **Explanation****(Why it is not feasible and how this determination was made)** |
|  |  | [Describe how the control was determined to be infeasible. Incorporate into this written program any documentation that was used in the determination.] |
|  |  |  |
|  |  |  |

### Air Monitoring Information

|  |  |
| --- | --- |
| Source of Lead Emissions | Air Monitoring Data |
| [E.g., torch cutting of scrap metal] | [Provide the corresponding air monitoring data that document lead emission sources. Describe where the detailed information – including how the samples were collected and analyzed – is kept. Consider incorporating all this information into this program as an attachment.] |
| [E.g., sweeping up brass casings in an indoor shooting range] |  |
|  |  |
|  |  |

### [Refer to section 5198(d) for details on what must be addressed. Describe how this air monitoring information will be made accessible according to T8 CCR sections 3204 and 5198 requirements.]

### Compliance Program Implementation Schedule

### [Name of Company] has developed the following schedule for the implementation of our lead compliance program at our workplace.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lead Program Element | Effectively Implemented**Yes/No** | Set Implementation Completion Date | Person Responsible | Documentation |
|  | [If “yes”, date Implemented] |  |  | [Consider incorporating any documentation, such as copies of purchase orders for equipment, construction contracts, etc., into this program as an attachment] |
| [E.g., Housekeeping] | [If E.g., No] | [E.g., 2/1/2025] | [E.g., John Doe] | [E.g., Purchase order indicating that shipment is expected by 2/1/2025] |
|  |  |  |  |  |
|  |  |  |  |  |

### Work Practice Program

### Attachment C of this program provides details on how we implement the following work practices at our workplace:

* Protective work clothing and equipment [Refer to section 5198(g) for details on what must be addressed]
* Housekeeping [Refer to section 5198(h) for details on what must be addressed]
* Hygiene facilities and practices [Refer to section 5198(i) for details on what must be addressed]

### Administrative Control Schedule [Delete this section if not applicable]

### The table in Attachment D of this program outlines our schedule at this workplace for implementing administrative controls (job rotation schedules) to reduce employees’ time-weighted average (TWA) lead exposures.

### Other Relevant Information [If applicable, provide any other information, beyond the details provided in the rest of this program, as to how you are ensuring that no employee is exposed to airborne concentrations of lead above the PEL at your workplace]

### Compliance Program Review and Availability

The effectiveness of the written lead compliance program will be evaluated and updated at least every six months. The table in Attachment E will be used to document this process.

These records will be kept for at least three years by [Describe how and where this will be accomplished.]

The program will be made readily available at the workplace for examination and copying upon request to each affected employee (or their designated representative), as well as the Chief of Cal/OSHA and the Director of the National Institute of Occupational Safety and Health. This will be accomplished by [Describe how this will be accomplished.]

## Attachment A

Operations Where Lead is Emitted

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Operation  | Machinery Used | Material Processed | CrewSize | Employee Job Responsibilities | Operating Procedures | Maintenance Practices |
| [E.g., routine brass casing cleanup from the range floor] | [E.g., model XYZ casing cleanup tool] | [E.g., spent brass casings] | [E.g., 2] | [E.g., pick up casings on the floor of the range and place them in the designated 5-gallon collection bucket] | [E.g., follow the manufacturer’s instructions on how the model XYZ casing pick-up tool is to be used] | [E.g., follow the manufacturer’s instructions on the proper care and cleaning of the model XYZ casing pick-up tool] |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

### [Include presumed significant lead work (PSLW) as defined in section 5199(b). Use the Attachment B table to provide details on the specific exposure control measures that are used for each corresponding operation]

### Attachment B

## Exposure Controls

[For each operation, provide the corresponding engineering, work practice, administrative, and/or respiratory protection control measures used (as applicable). Detail the specific control measures that are applicable to this process. Where engineering controls are required to control employee exposures, include as attachments the engineering plans and studies used to determine the methods selected]

### The following describes the specific worker exposure control measures used to achieve compliance with T8 CCR section 5198:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Operation** | **Engineering**  | **Work Practices**  | **Administrative**  | **Respiratory Protection** |
| [E.g., routine brass casing cleanup] | [E.g., the model XYZ casing pick-up tool must be used for the collection of spent casings on the range floor. The range ventilation must be activated as though the range is in use] | [E.g., Dry sweeping is prohibited. Use the ABC light pressure water sprayer when transferring casings to containers. Employees must wear the ABC disposable suits upon leaving the range. Refer to the Attachment C work practice program.] | [If applicable, refer to Attachment D administrative control schedule] | [If applicable, specify the type of respirator workers must use (e.g., half or full-face air purifying respirator) including the type of filter (N100, R100, or P100 – as appropriate for environmental conditions) and/or cartridge. Respirators used must have assigned protection factors suitable for the levels of exposures workers’ encounter.]  |
| [For processes listed in Table 1 of section 5198(e)(1)(C), identify each process and the corresponding engineering and work practice controls that are in the process of being implemented to achieve the Table 1 required exposure levels, including the projected completion dates that comply with Table 1 requirements] |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Attachment C

## Work Practice Program

### Protective Work Clothing and Equipment

|  |  |  |
| --- | --- | --- |
| **Work Practice** | **Exposure operation** | **Measures to be Taken** |
| [E.g., use of ABC protective clothing] | [E.g., spent brass cleanup] | [E.g., employees must don their ABC protective clothing prior to entering the range to start brass casing cleanup, and remove it on the sticky dust control pads that are immediately outside of the range, placing the disposable coveralls in the adjacent carboard container for disposal] |
|  |  |  |
|  |  |  |
|  |  |  |

### Housekeeping

|  |  |  |
| --- | --- | --- |
| **Work Practice** | **Exposure operation** | **Measures to be Taken** |
| [E.g., water/soap spray application] | [E.g., spent brass cleanup] | [E.g., the ABC light pressure water sprayer must be used with 10:1 mixture of water and DEF liquid dish soap. The sprayer is to be used to reduce dust generation when casings are transferred to a container] |
|  |  |  |
|  |  |  |
|  |  |  |

### Hygiene Facilities and Practices

|  |  |  |
| --- | --- | --- |
| **Work Practice** | **Exposure operation** | **Measures to be Taken** |
| [E.g., hand washing] | [E.g., spent brass cleanup, wiping down the shooting stalls, gun cleaning, etc.] | [E.g., employees must wash their hands as soon as the exposure task is completed, or whenever they are required to leave the exposure area. ABC soap, specially formulated for removing lead from the skin, is provided in all the restroom facilities. Housekeeping is responsible for ensuring that soap and disposable paper towels are always readily available for use] |
|  |  |  |
|  |  |  |
|  |  |  |

## Attachment D

## Administrative Controls – Worker Job Rotation Schedule

|  |  |  |
| --- | --- | --- |
| **Employee name and other unique identifier****[E.g., date of birth or employee identification number]** | **Duration and exposure levels at each job or workstation where the employee is located****[Provide the maximum amount of time workers can be exposed, and where they must rotate to reduce their exposures to below the PEL]** | Any other information that may be useful in assessing the reliability of administrative controls to reduce exposure to lead. |
| [E.g., John Doe, DOB 1/1/25] | [In this example a full 8 hr. shift of torch cutting brass scrap by one employee results in an 8 hr. TWA of 250 ug/M3. Limiting torch cutting by that employee to a maximum of four hours per shift and spending the remaining work shift in non-lead exposure work reduces this to an 8 hr. TWA of 125 ug/M3. Since this is still above the PEL of 10 ug/M3, and assuming there are no other feasible engineering or work practice controls, respiratory protection such as a full-face air purifying respirator, or a powered air purifying respirator (PAPR) must be worn during the torch cutting.] |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Attachment E

## Compliance Program Review

|  |  |  |
| --- | --- | --- |
| **Name(s) of the person(s) who reviewed the compliance program** | **Date the review was completed** | **Summary of revisions and updates to the compliance program** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |