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OSHA
DOCKET OFFICER
DATE ~~FEB 23~~ 1995
TIME _____

Date: February 23, 1995

To: Docket Officer

From: Jeffrey S. Birkner, CIH
Director Technical Services

Subject: Notice of Proposal Rule-making on Respiratory Protection
29CFR1910.134

Attached please find Moldex Metric's comments to the proposed rule-making. Please enter our comments into the docket.

If you have any questions please call me at: (800) 421-0668 ext. 700

Moldex- Metric, Inc. respectfully wishes to provide comments to the proposed regulation on respiratory, 29CFR1910.134. We have gone through the entire document and wish to provide comments on all areas that we feel are of concern to Moldex, as well as the industry and all end users.

The format that we provide are page by page comments as found in the document. We reference the page in the federal register, the issue, our recommendation, and our rationale.

Page of the Federal Register: 58885

Issue: In principle, respirators frequently may be capable of providing adequate protection. However, problems associated with selection, fit, and use often render them ineffective in actual application, preventing the assurance of consistent and reliable protection.

Recommendation: We object to this statement.

Rationale: Although protection can be compromised as a result of improper selection, fit, and use, we believe that it is inappropriate and unfounded to state that this is "often" the case.

Page of the Federal Register: 58887

Issue: Under the current respiratory protection standard, which lacks adequate requirements for fit testing, selection, medical evaluation, use maintenance, and respiratory protection program provisions, employees wearing respirators are receiving less protection than the respirators can potentially give and in some cases may suffer exposure to hazards as a result of improper respirator use. The significant risk to employees therefore has not been adequately reduced by the existing respirator standard.

Recommendation: We disagree with this statement.

Rationale: The basic components for a comprehensive respirator program are given in the current standard. It is inaccurate to state that employees are receiving less protection as a result of improper use. Improper use would not be based on the inadequacies of the existing standard. The current standard has served the public well.

Page of the Federal Register: 58887

Issue: OSHA has quantified the risk and reduction of risk as part of the regulatory analysis and regulatory flexibility analysis. Section VI of the preamble. The analysis clearly shows that workers wearing respirators under the requirements of the current standard are exposed to a significant risk of chronic and acute health effects because of inadequacies of the present standards.

Recommendation: We believe that the current respirator standard has served the public well.

Page of the Federal Register: 58890

Issue: It is not recommended that direct adoption of sections of either of these documents, be the approach used by OSHA. Both documents are several years old, and the ANSI document constitutes a compromise between various interests involved in developing and adopting a consensus standard.

Recommendation: We recommend the adoption of ANSI Z88.2 -- 1992, where appropriate.

Rationale: It should be noted that a consensus standard such as ANSI may be the most practical standard to be incorporated into OSHA regulations. Such a standard is the consensus of the country's experts on respiratory protection and through consensus have come up with a very sound and practical recommendation for respiratory protection. OSHA must take into account all aspects of worker protection where it evaluates cost, risk, benefit, practicality, existing data. ANSI Z88.2 -- 1992, has done this and is probably the most practical respirator standard available.

Page of the Federal Register: 58890

Issue: Since NIOSH may not publish APF module, 42CRF part 84, before this OSHA respirator standard revision is finalized, OSHA will in the interim enforce the assigned protection factors listed in the NIOSH Respirator Decision Logic (RDL).

Recommendation: We strongly urge OSHA to enforce the assigned protection factors of those in ANSI Z88.- 1992.

Rationale: These are the most current recommendations and are well founded based on much scientific data. The NIOSH RDL is several years old and is based on data generated many years ago.

Page of the Federal Register: 58896

Issue: The proposal contains a threshold of five hours of respirator wear in any work week before a medical evaluation must be obtained.

Recommendation: We believe that setting any time limit on triggering medical evaluation is inappropriate.

Rationale: One minute, or one hour in a hazardous environment could cause more damage, than five hours in a less hazardous environment. The situation should dictate the depth and detail of the overall program including, medical evaluations. We would suggest any use of a respirator should trigger a medical evaluation in all but nuisance exposure conditions.

Page of the Federal Register: 58897

Issue: "IDLH" or immediately Dangerous to Life or Health, means an atmospheric concentration of any toxic, corrosive, or asphyxiant substance that poses an immediate threat to life or would cause irreversible or delayed adverse health effects or would interfere with an individual's ability to escape from a dangerous atmosphere.

Recommendation: We recommend the adoption of the definition of IDLH from ANSI Z88.2 -- 1992, which states, "Any atmosphere that poses an immediate hazard to life or poses immediate irreversible debilitating effects on health.

Rationale: This definition is less broad and makes more sense in terms of the intended meaning which should be an immediate hazard. To include in the definition, as OSHA has "or delayed adverse health effects" is much too broad as many chemicals can have a delayed health effect, but not pose an immediate hazard.

Page of the Federal Register: 58901

Issue: OSHA is adopting the NIOSH respirator decision logic assigned protection factors.

Recommendation: We strongly recommend that OSHA adopt the ANSI Z88.2 -- 1992 assigned protection factors until NIOSH issues its final rule on the assigned protection factor module or delay issue of its final rule until the NIOSH assigned protection factor module is issued.

ANSI Z88.2 -- 1992 was developed by a panel of experts and has undergone public review through the National consensus process. OSHA's adoption of this standard as an interim source of assigned protection factors would be consistent with the current Executive order, OMB A-119 The 1987 NIOSH Respirator Decision Logic document is an advisory document that has not undergone any public review.

OSHA stated the reason it could not adopt the assigned protection factors in the ANSI standard was because no explanation was given in the standard as to how they were set. ANSI standards are not published with explanations of the requirements they contain. Moreover, an OSHA employee was a member of the subcommittee that developed the draft of the standard from which consensus was gained.

Additionally, on two occasions the ISEA sent OSHA copies of all the studies, and an explanation which the ANSI subcommittee used to arrive at its assigned protection factors. OSHA has completely ignored this in its current rule making. Ironically, OSHA accepts the NIOSH respirator decision logic for which there is no explanation or review.

Page of the Federal Register: 58901

Issue: OSHA invites comment on the question of whether to require NIOSH approval for the respirators selected. On alternatives to this requirement, including practical considerations of compliance and enforcement.

Recommendation: We strongly believe that, when available, NIOSH certified respirators should be required.

Rationale: NIOSH certified respirators comply with stringent manufacturing and quality controls.

Page of the Federal Register: 58901

Issue: While it is true that OSHA has in the past approved the use of certain unapproved respirators, this approval has generally been as the result of a thorough review of the respirators capabilities as part of a substance specific standard. OSHA does not have the personnel or facilities to perform respirator testing and has no present plans to set itself up as a respirator approval agency. Therefore, this proposed respirator standard does not contain language which would formalize a procedure for approving respirators. OSHA invites comment on whether and how such an approval procedure should be added to the standard.

Recommendation: We suggest that OSHA make some statement that in cases where a NIOSH approval does not exist for a certain type of respiratory protection for use in a particular type of environment (e.g., supplied air suits to be used in a very hot environment), that OSHA can approve the use of such products on a case by case basis.

Page of the Federal Register: 58902

Issue: It is not sufficient for OSHA to reference the ANSI recommended protection factors, because ANSI has provided no discussion on the basis for its recommendations. Only if ANSI were to supply detailed discussion as to how its protection factors were derived, including reference to and complete description of specific studies used to derive those APF's.

Recommendation: We believe ANSI protection factors should be used.

Rationale: The ANSI recommendations are well supported through studies. All of these studies have been submitted to OSHA, yet they continue to claim that ANSI APF's are not supported.

Page of the Federal Register: 58907

Issue: OSHA is raising for comment three alternative versions of the medical evaluation provision. The first, which is represented by proposed regulatory text, would require that the employer obtain doctor's written opinion on the employee's ability to wear a respirator. The nature of the medical evaluation performed would be left up to the physician to determine. The second alternative would require the performing of a medical evaluation consisting of a medical history and medical examination, from which a physician's opinion on respirator use would be written. The third alternative would require that a health questionnaire be administered to all respirator wearers, with a medical evaluation being performed on those whose answers to any of the questions on the questionnaire show the need for such evaluation, or who wear a SCBA for emergency or rescue operation. After reviewing the questionnaires and any medical evaluation performed, a physician's written opinion on respirator use would then be prepared.

Recommendation: Given these three options we would recommend the third alternative.

Rationale: In many cases a full medical examination is not necessary. If the duties of jobs at a work site where respirators are needed are clearly delineated, work site concentrations documented, length of time of exposure and any other pertinent information assembled, an occupational physician in conjunction with certified industrial hygienist and the employer could develop a program based on these factors. The program requires a questionnaire which asks personal medical information or may require an in-depth medical examination. We believe that the employers with the assistance of an Industrial Hygienist and an Occupational Medicine Physician should be given the latitude to decide the extent of Medical Evaluation based on each situation. It is not warranted in many cases to require a medical examination for certain situations

Page of the Federal Register: 58907

Issue: Therefore, the proposal now requires that a written opinion be obtained from a physician that each employee who needs to wear a respirator for five hours or more during any work week is fit to wear one.

Recommendation: We believe that a five hour time limit should not be used.

Rationale: The five hour limit does not have a lot of value. As pointed out earlier, a person could be exposed to a very hazardous environment every week for less than five hours yet not be required to get a medical evaluation. The question that must be asked is that if an employee consistently uses a respirator for less than the five hours could his health be compromised by not having a medical evaluation? We feel that time is the wrong criteria. We believe that if someone must wear a respirator to be protected from a hazardous environment, they should be required to have at least the minimum medical evaluation.

Page of the Federal Register: 58908

Issue: OSHA seeks further comment the necessity of assessing hearing ability when wearing respirators and on the appropriateness of this recommendation to the respirator standard.

Recommendation: We do not feel it is appropriate to address this subject in this standard.

Rationale: This subject should be addressed by the general job requirements as set forth by the employer. It is the employer's responsibility to evaluate his worksite for all hazards, including the necessity to wear hearing protection as well as the necessity to have good hearing acuity based on the hazards of the job. This applies to any situation including those where respirators must be worn.

Page of the Federal Register: 58909

Issue: OSHA requests further comment on the need for assessing the endocrine system, and on determining which endocrine system conditions would preclude the use of respirators.

Recommendation: We follow the same line of thinking as our comments on assessing the auditory acuity of a worker that wears respiratory protection. We do not believe that it is appropriate to address this subject in this standard. (see 58908)

Rationale: This subject should be addressed by the general job requirements as set forth by the employer. It is the employer's responsibility to evaluate his work site for all hazards including the eventuality of someone losing consciousness within the realm of reasonability. It is impossible to predict every eventuality in the workplace. Such an evaluation would apply to any situation, including where respirators must be worn.

Page of the Federal Register: 58909

Issue: OSHA is seeking general comment on which recommendations should be retained as part of Appendix C, and whether certain provisions such as pulmonary functions testing and exercise stress testing should be kept in the non-mandatory appendix or made mandatory provisions of the standard. Additional comment is also sought on whether OSHA should add to the non-mandatory appendix a section which further describes health conditions that should be considered during the medical evaluation.

Recommendation: We believe that any information which would be pertinent to one's medical conditions in terms of the use of respiratory protection should be included in the non-mandatory section. Again, this information should be used and evaluated on a case by case basis and not be made mandatory for every situation.

Page of the Federal Register: 58910

Issue: OSHA request comments on whether an annual review of medical status is needed, or whether a sliding scale of examination dates, such as recommended by NIOSH or ANSI, could be substituted for the annual medical review.

Recommendation: We believe that a sliding scale of medical examinations would be more appropriate in many cases than an annual review.

Rationale: The scale would be based on the physiological stress of the work environment and the type of respiratory protection used.

Page of the Federal Register: 58910

Issue: OSHA requests comments on whether the medical evaluation provisions should be less extensive for less burdensome respirators, such as positive pressure respirators, or single use dust masks, and if not, what provisions could be reduced or eliminated. More generally, comment is sought on whether the medical evaluation provisions should be modified to accommodate particular respirator work conditions, and if so, what those modifications should be.

Recommendation: We believe the extent of a medical evaluation/examination should be based on the workplace conditions, physiological stress, the hazard, the type of respiratory protection used and any other relevant concerns.

Page of the Federal Register: 58910

Issue: Commenters questioned the pre-proposal draft requirements that the medical evaluation be performed by a licensed physician. OSHA request comments on this issue and on the extent of the role that should be given to these health professionals.

Recommendation: We believe health professionals should perform parts of the examination/evaluation where appropriate.

Rationale: If a health professional performs their duties under the supervision of a licensed practitioner we see no reason to preclude these health professionals from performing some of those duties. These health professionals are usually licensed and very well trained. As an example, when an individual goes for a routine check - up it is rare that the M.D. will perform the entire examination. In some cases the health professional may be more adept in performing certain duties than the M.D. himself.

Page of the Federal Register: 58911

Issue: OSHA requests comments on the administration of the medical questionnaire and on the appropriate individuals for performing this requirement.

Recommendation: We believe that the questionnaire approach is the most appropriate in terms of medical evaluation.

Rationale: Appropriate Medical questionnaires can be developed through cooperative efforts between the employer, and Industrial Hygienist and a physician. These can be developed specifically for each employer's need with consideration to factors such as type of work site condition, exposure to contaminants, physiological and ergonomic considerations, and any other pertinent factors. They could then be administered by a person who has been assigned the responsibility of administering this part of the respirator program, provided it is under a physician's supervision.

Page of the Federal Register: 58911

Issue: OSHA asks for comments on the need for performing a medical exam for these SCBA wearers, and on appropriate medical procedures to be used to evaluate their ability to perform adequately during emergency or rescue operations.

Recommendation: As stated earlier the depth of the medical evaluation must be in accordance with the use situation and the ancillary factors.

Rationale: We believe that the physiological stress posed by the use of SCBA equipment and emergency or rescue situations would warrant a more in depth medical evaluation/examination than that needed for lower forms of protection or less urgent use situations.

Page of the Federal Register: 58913

Issue: OSHA seeks comments so that it can build a provision into the standard that encourages and permits improvements in fit test technology. Such comment should include specifications for validation procedures and for what organizations can be designated as credible validation performers. In the absence of performance oriented criteria for determining the reliability of the fit test, OSHA is proposing to allow the use of qualitative or quantitative fit tests other than the methods specified in Appendix A provided they are validated to provide equivalent or better reliability.

Recommendation: We believe that anyone that provides adequate and scientifically valid and peer reviewed data should be allowed to present fit testing alternatives to the agency.

Rationale: Limiting the data accepted by OSHA to specific types of organizations will discourage many of those with the greatest resources, but possibly not included on the "list" from developing valid and state of the art fit testing. We believe that acceptance validation criteria should be as follows. We certainly do not agree that the maximum use concentrations should necessarily be limited to 10X the PEL if a qualitative fit test has been properly validated and can be shown to be valid to protection factors higher than 10.

Page of the Federal Register: 58914

Issue: OSHA is proposing that where assigned protection factors higher than ten are necessary, requiring quantitative fit testing, an employer may utilize a qualitative fit test to select respirators for new employees provided that a quantitative fit test is administer within thirty days. OSHA is also asking for comments on whether the provision should be broadened to cover other situations, such as when the QNFT equipment is out of service for repairs, where the thirty day exception would prove useful.

Recommendations: We agree that the provision should be broadened to allow QLFT tests in situations where QNFT testing cannot be conducted immediately.

Rationale: This will allow the employer some latitude in situations that may be out of their control, but need the employees to wear respirators.

Page of the Federal Register: 58914

Issue: OSHA invites comments from all interested parties on the annual fit testing requirements and on alternate fit testing frequencies.

Recommendations: We believe that annual fit testing should be required as a minimum.

Rationale: The fit test is one very important means to ensure that a respirator is working properly, and that it fits the employee. We feel that it is not only appropriate but incumbent upon the employer to ensure proper fit at least annually and possibly more if the situation warrants.

Page of the Federal Register: 58916

Issue: OSHA requests comments on the burden associated with maintaining fit test records and on the feasibility of fit test certification as an alternative to the record keeping currently required in the proposal.

Recommendation: We believe the record requirements that OSHA is proposing for fit tests are useful and should be retained as proposed.

Page of the Federal Register : 58920

Issue: OSHA requests comments on the three quantitative fit test requirements and any data on alternative ways of measuring continued protection levels for individual respirator wearers.

Recommendation: We recommend that OSHA only require one QNFT fit test.

Rationale: Three QNFT fit tests is excessive and unnecessary for various reasons. The QNFT requirements already takes into account a 10X safety factor which should already account for variation. By applying this 10X safety factor you are accounting for a worst case work site situation. The QNFT test assumes a best fit situation already and that is why the 10X safety factor is applied. Additionally, once a good fit using QNFT is attained it is not the final assurance that a good fit has been achieved and that is why fit checks must be conducted whenever a respirator is worn. Finally, three fit tests would be extremely costly to employers and would therefore encourage them to use a QLFT fit test which is probably what OSHA wants employers to get away from.

Page of the Federal Register: 58921

Issue: OSHA invited comments on this issue and the wording of the proposed provision of the standard, and whether OSHA should require that employers provide respirators which do not rely upon a tight face piece fit in such circumstances.

Recommendation: We recommend that employers only be required to provide employees with other than tight fitting face pieces when the job requires it or the employee cannot for medical reasons wear a tight fitting face piece.

Rationale: Such a requirement could place undue financial burden on the employer.

Page of the Federal Register: 58924

Issue: It appears that the degree of severity of a condition would be related to the tolerance of the particular equipment in question and would thus vary from model to model. OSHA invites comment on whether this approach is appropriate or whether the conditions of storage should be specified in more detail.

Recommendation: We do not see the need to specify storage in any more detail.

Rationale: Manufacturers would routinely specify any special instructions for their equipment, if appropriate.

Page of the Federal Register: 58929

Issue: Respiratory Program Evaluation . . . they request Comments on their requirements.

Recommendation: We believe OSHA's recommendations are appropriate and adequate.

Page of the Federal Register: 58930

Issue: However, it has come to OSHA's attention that there are disposable respirators with elastomeric face pieces and high efficiency filters which are said to provide fits as good as provided by half mask elastomeric respirators which have replaceable high efficiency filters. Such disposable respirators can be quantitatively fit tested, and are designed so that fit check procedures can be performed. OSHA is asking for comments on whether such respirators should be allowed to be used under the asbestos standard.

Recommendation: We do not agree with OSHA based on the way it intends to further classify respirators.

Rationale: We believe that classifying respirators in categories other than half masks, full face, etc. are design restrictive and therefore the only criteria should be the type of masks (half masks, full face, etc.) And its ability to be fit tested or checked per the substance specific standard.

Page of the Federal Register: 58931

Issue: Disposable respirators are currently prohibited in the asbestos and arsenic standards. OSHA is asking whether this prohibition should continue.

Recommendation: We believe that OSHA should discontinue this prohibition.

Rationale: In many cases disposable respirators are identical to non disposable respirator except that the cartridges or filter cannot be replaced. Additionally recent studies indicate they can be fit checked as well as respirators with replaceable filters.

Page of the Federal Register: 58931

Issue: OSHA is proposing that disposable respirators not be permitted under the inorganic arsenic standard for the same reason as stated for the asbestos standards. OSHA is seeking comment on whether disposable respirators with and without elastomeric face pieces should or should not be allowed to be used under the inorganic arsenic standard in view of face piece sealability or any other considerations.

Recommendation: Same as previous comment re: Asbestos (58931).

Page of the Federal Register: 58932

Issue: The Construction Advisory Committee recommended that the NIOSH Recommended Exposure Limit (REL) should also be used along with the TLV, and that whichever was lowest to be used in determining the hazardous exposure level. OSHA agrees that the NIOSH RELs are an appropriate source for exposure limits without PEL. However, it is not clear that the lowest value from either the TLV or REL for a particular substance should be used. OSHA has received no comment on the appropriateness of the NIOSH RELs in the docket, and is requesting comments on how OSHA should require the use of the RELs by employees in establishing hazardous exposure levels for respirator use.

Recommendations: We recommend the RELs only be used in the absence of PELs or TLVs.

Rationale: The RELs are often much lower than PELs or TLVs and may not always be supported by concrete scientific reasoning, but rather by the logic that "lower is better" and "any hazard is too much." Although this is with good intent, it is not only unreasonable in many cases, but would create an economic burden to employers and even society if they took this literally.

Page of the Federal Register: 58932

Issue: OSHA is requesting comment on the appropriate levels that should be used in determining odor thresholds, the test methods used, and the appropriateness of requiring that odor threshold testing be performed for individuals who must wear air-purifying respirators.

Recommendation: We believe that due to the huge variability of odor thresholds among individuals that each situation must be evaluated by the employer on a case by case basis where he or she must take into account the sensitivity of the employee (s), the exposure levels, the hazard at the particular work site, etc.

Rationale: The odor threshold levels are usually so variable that it would be virtually impossible to set any rules that could always apply

Page of the Federal Register: 58932

Issue: OSHA requests comments on whether it should adopt the NIOSH limitations on MUC for use in the revised OSHA respirator standard.

Recommendation: We believe that a more general MUC should be utilized. It should simply be APF (for class of respirator) times PEL or times TLV or the IDLH whichever is lower and of course taking into account such factors as warning properties, eye irritation etc.

Rationale: This is the most practical method and provides a safe means for determining what level a respirator can be used for with a particular cartridge. Naturally this does require some knowledge on whether a cartridge works for a particular substance. The employer must obtain such information. For the most common chemicals the respirator manufacturer will provide such information, and many times will do tests upon request. This information must be known before any cartridge is used for any substance regardless of the level.

Page of the Federal Register: 58933

Issue: OSHA request comments and suggestions on whether monitoring should be made mandatory for making respirator selections, and what monitoring procedures should be used. OSHA also requests comments on the recommendation by CACOSH that the most protective respirator must be used in the absence of monitoring.

Recommendation: We believe that monitoring or another means must be used to estimate exposure before respirators can be used. We do not believe that without monitoring the most protective respirator should be used.

Rationale: To recommend any form of respiratory protection we must know what the exposure levels are. Doing monitoring is not always necessary as there are other ways to estimate exposure (e.g., knowledge of exposure levels at comparable work sites, expertise of a health and safety professional). To put someone in the most protective respirator does not provide a good solution since even the most protective respirators have APF's and therefore an employer must still obtain information on the exposure levels. Additionally, always putting someone in the most protective respirators creates inherent problems in themselves (e.g., ergonomic, physiological, safety).

Page of the Federal Register: 58934

Issue: In paragraphs (f) (9) the employer is allowed to use a qualitative fit test for selecting respirators for employees who require fit factors greater than ten in situations where outside contractors who do the quantitative fit testing are not available. A thirty-day time limit is placed on this exemption from the requirement for qualitative fit testing. The committee felt this exemption is not safe and should not be allowed -- OSHA requests comments on this issue and on the Construction Advisory Committee suggestion to delete paragraphs (f) (9).

Recommendation: We agree with OSHA's original proposal of paragraphs (f) (9) and do not agree with the committee's recommendation of deleting (f) (9).

Rationale: Qualitative fit testing has been validated with a safety factor of ten applied. Therefore, although a respirator is normally assigned a protection factor of ten based on a QLFT fit test, it has actually achieved a fit factor of 100. In cases where the employer cannot immediately do a QNFT we believe that they should allow a QLFT. Not allowing a QLFT would create undue hardship to the employer and does not serve any purpose if the employer is using sound judgement with respect to the respiratory protection assigned for the work site. If the employer has used good judgement, he should have already incorporated a reasonable safety factor in choosing the respirator for that work site.

Page of the Federal Register: 58934

Issue: It was recommended that OSHA add a new provision to paragraph (e), to require that the employer provide a powered air-purifying respirator or atmosphere supplying respirator to any employee found medically unable to wear a negative pressure respirator, but other wise able to perform the task to be done.... OSHA therefore, is requesting comments or information on this issue.

Recommendation: We do not agree with this.

Rationale: Such a requirement is not always feasible, and would present an undue burden on many employers. First of all not every PAPR has cartridges that will adequately filter out the substance in question. Additionally, there are other circumstances that would not safely permit the use of PAPR's or atmosphere supplying respirators. These circumstances include ergonomic, physiological and efficiency considerations. Finally, such a requirement could present undue economic hardship to many employers.

Page of the Federal Register: 58938

Issue: Definition of immediately dangerous to life or health (IDLH).

Recommendation: We believe that the definition of IDLH should be modified to that used in ANSIZ88.2 -- 1992, where it states, "Any atmosphere that poses immediate irreversible debilitating effects on health"

See comments 58897

Page of the Federal Register: 58939

Issue: (d) (5) the employer shall make types of respirators available for selection and shall assure that employees use respirators in accordance with the assigned protection factor tables in the NIOSH Respirator Decision Logic published in May 1987.

Recommendation: Use ANSI 288.2 -- 1992 for APF's **See comments 58890**

Page of the Federal Register 58940

Issue: (e) (3) The employer shall have the employee's medical status reviewed by, or under the supervision of a licensed physician annually and at anytime the employee experiences unusual difficulty breathing while being fitted for or while using a respirator.

Recommendation: We believe that medical status review should be on a sliding scale and could be incorporated into Medical Evaluation Alternative three as stated in the preamble.

Naturally if an employee has unusual difficulty breathing while wearing a respirator, at any time, we believe this should trigger a medical evaluation. **See comments 58910**

Page of the Federal Register: 58940

Issue: (e) (1) Medical evaluation (1) For each employee required to wear a respirator for more than five hours during any work week, the employer shall obtain from a licensed physician a written opinion, which states whether the employee has any detected medical condition which would place the employee's health at increased risk limitations upon the use of respirators.

Recommendation: We believe that OSHA should adopt Medical Evaluation Alternative 3 as tated in the preamble. **See comments 58896 and 58907**

Page of the Federal Register: 58943

Issue: (m) Record keeping and access to records, li, ii.

Recommendation: This should be modified in accordance with our recommendation on incorporating Medical Evaluation Alternative three in the preamble.

Page of the Federal Register: 58945

(II) (A) (14) (f) Test Exercises:

Issue: Grimace: The test subject will grimace by smiling or frowning.

Recommendation: This exercise is not appropriate for the QLFT fit tests.

Rationale: It was OSHA's intent to include this exercise to consciously unseat respirators being fit tested and assure that it reseals after the grimace exercise is complete. Although this could be appropriate for QNFT, where the fit test dies not rely on any subjective evaluation. It is not appropriate for QLFT where grimacing may break the face to face piece seal and causeolfactory or taste fatigue.

Page of the Federal Register: 58947

Issue: (C) (4) (b) QNFT Protocol: In order to successfully complete a QNFT, three successful fit tests are required. The results of each of the three independent fit tests must exceed the minimum fit factor needed for the class of respirator.

Recommendation: We believe as stated previously, that three fit tests is unnecessary and would create undue hardship for employers.