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Pennsylvania Electric Company/GPU Generation Corporation (Penelec/Genco) submits the following comments on the proposed modifications to OSHA's Respiratory Protection Standard.

1. **This proposed standard should be written in a simpler, more readable style.**
2. **Protection factors assigned to various respirator types should be consistent with ANSI Z88.2-1992, not NIOSH recommended protection factors.** NIOSH has recommended lowering the protection factors of powered air-purifying and continuous-flow supplied-air respirators. These respirators, if used properly and in conjunction with a complete respiratory protection program, will provide the protection levels recommended by ANSI. Lowering protection factors because of possible overbreathing excursions or improper use is not justified (see item 4 below).
3. **The definition of "fit factor" should include measurements made by particle counting and controlled negative pressure quantitative fit testing methods.**
4. **The definition of "positive pressure respirator" should include supplied-air hood/helmets and PAPRs.** These respirators are designed to maintain positive pressure inside the hood, helmet, or facepiece during inhalation and exhalation, if used properly. The pressure inside the respirator can go negative for brief excursions of high physical activity. The level of physical activity needed to create such negative pressures can be sustained by most people for only very brief time periods. Recent studies have shown that these negative pressure excursions during high exertion had minimal effect on overall protection factors. Studies have also shown that pressure-demand supplied-air and SCBA respirators can go negative for brief periods during heavy exertion. Again, the impact on overall protection factors was minimal. Improper use and questionable testing methods, not improper design and function, are most likely responsible for protection factor questions raised about supplied-air hood/helmets.

5. **The definition of "quantitative fit test" should include particle counting and controlled negative pressure methods.**
6. **Respirator selection criteria should be defined in a simple manner consistent with that found in ANSI Z88.2-1992.** Respirator selection should not be mandated in accordance with NIOSH's Respirator Decision Logic. Adopting this NIOSH document, which was not created under the same regulatory process as OSHA standards or the same peer-review process as ANSI standards, is not in the best interest of employers or employees.
7. **Oxygen-deficient atmospheres should be defined in a simple, easy to read table or chart.** As defined in written paragraph form, they are confusing to understand. This table or chart should include the minimum type of respirator required for each defined level of oxygen content.
8. **Medical evaluations should be required for any employee who would need to wear a respirator for any period of time.** Proposed "five hours during any work week" triggering medical evaluation would create company difficulties and inefficiencies. If an employee has a medical condition which may be aggravated by respirator use, wearing a respirator, for even a few minutes, could place the person at risk.
9. **Fit testing should be required for all facepiece respirators. However, assigned protection factors should not be lowered for positive pressure facepiece respirators where only qualitative fit testing is performed.** Recent SCBA protection factor studies with firefighters support this position.
10. **Particle counting and controlled negative pressure should be acknowledged as acceptable quantitative fit testing methods.** Numerous studies have shown controlled negative pressure to be at least as effective as particle counting in identifying and measuring face to facepiece leakage. Penelec/Genco uses controlled negative pressure equipment successfully for quantitative fit testing. Comments on this method and equipment are provided as a separate item.
11. **Alternative fit testing methods should be supplied by equipment manufacturers, not employers.** We are not aware of a single case where an employer developed a new fit testing method or machine. This has always been done by equipment manufacturers.
12. **Fit tests protocols should be repeated only once, not three (3) times.** With the proper mask, calibrated equipment, and trained testers, one (1) successful fit test is sufficient to determine fit factors. Subsequent tests are of no value.
13. **Maximum Use Concentrations should be defined in a simple, easy to read table or chart.** As defined in written paragraph form, they are confusing to understand. These are important concepts and should be clearly presented in the standard. These MUCs should apply to all contaminants and specific health standards.

14. **Fit testing should be conducted annually.** The requirement for fit testing every 6 months should be replaced by annual testing in all other specific health standards, such as asbestos and arsenic. If employers refit persons annually or more often if persons experience anything which could have an impact on facial size, shape, or features, fit testing every 6 months is an unnecessary burden on business and of no benefit to the employee.
15. **The effective date for the new standard should be at least 180 days from publication in the Federal Register.** 90 days is not enough time for most employers to implement all the requirement of this standard.
16. **Penelec/Genco's experience with the Dynatech/Nevada FitTester 3000.**

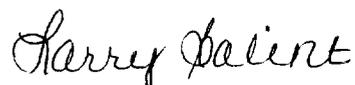
Penelec/Genco recently quantitatively fit tested approximately 1500 employees on both half and full face respirator facepieces using the Dynatech/Nevada FitTester 3000. For the past 10 years, we have performed fit tests using particle counting equipment. We are most pleased with the results provided by the FitTester 3000. We strongly endorse this product and the controlled negative pressure fit testing method. We believe that the science is sound, the equipment is reliable, and the results are valid. When used as part of a complete respiratory protection program, we believe controlled negative pressure fit testing is an effective way of matching each person with the best-fitting, most comfortable facepiece respirator.

All the peer-reviewed studies consistently show that controlled negative pressure equipment and protocols always produce more conservative fit test results than particle counting equipment and protocols. Our experience totally supports this.

We find the Dynatech/Nevada FitTester 3000 to be durable, reliable, and easy to use. Results are always reproducible, with minimal variation. Employee acceptance is excellent, especially because they get a direct perception of fit (leaks or lack of) which corresponds well to the machine's fit results.

Using the FitTester 3000 we are able to select more comfortable, better fitting respirators for our employees. We believe that certain respirator brands are far superior to others in terms of fit and comfort. As a result, we have switched brands. Our employees are far more satisfied with the fit and comfort of their new respirators. We believe this to be a dramatic and important improvement to our respiratory protection program.

Respectfully Submitted,



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