



54-173

STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
*Division of Consultation and Compliance*  
PO Box 44620 Olympia, Washington 98504-4620

March 21, 1995

Anne Cyr  
The Docket Office, Docket H-049  
U.S. Department of Labor, OSHA  
200 Constitution Avenue NW, Room 2625  
Washington, D.C. 20210

OSHA  
DOCKET OFFICER  
DATE MAR 21 1995  
TIME \_\_\_\_\_

Dear Ms. Cyr:

Attached are Washington State, Department of Labor and Industries comments on proposed amendments to 29 CFR Part 1910, 1915 and 1926, Respiratory Protection.

The department's technical staff have reviewed the proposal and, for the most part, support OSHA's proposed amendments to the standard. We have provided recommendations to clarify specific requirements or to enhance the proposed requirements.

Please contact Ms. Anne Foote-Soiza, Industrial Hygienist, at (360) 902-5414, if you have any questions concerning the department's input.

Sincerely,

Gail Hughes, Program Manager  
Technical Support and Standards Section

MAH:DKTH049c

Enclosure

cc: Tim O'Leary, Program Manager  
Anne Foote-Soiza, Industrial Hygienist  
John Peard, Industrial Hygienist  
Steve Cant, WISHA Coordinator  
Marcia Holt, Standards Supervisor



**COMMENTS ON OSHA RESPIRATORY PROTECTION  
DRAFT STANDARD  
FEDERAL REGISTER VOL. 59, NO. 219**

**PAGE**

**COMMENTS**

58938

The addition of the term "Hazardous exposure level" and the corresponding definition is a great improvement. WISHA strongly supports this section.

58938 (a)(2)

Recommend changing "respiratory protective program" to "respiratory protection program," for consistency.

58939 (c)(1)

The statement "The program shall cover the following elements as applicable:" should be replaced with a clearer statement like "The minimal program shall cover the following elements:"

58939 (d)(4)

WISHA supports the proposed standard not accepting respirators unless approved or certified by NIOSH.

58940, preamble 58913  
and Appendix A

The fit test procedures and requirements must be changed to "performance oriented criteria" that will enable the acceptance of new fit-testing technology as it is developed for performing quantitative fit-testing. WISHA does not find it acceptable to ignore such equipment as the TS I and Dynatech test equipment when in practice, the use of proven technology is accepted by as it developed.

58940 (e)

WISHA is not in support of alternative #1 for medical surveillance. WISHA supports alternative #3 first and then alternative #2. Our medical staff supports the alternative #3. Our enforcement staff feel that the alternative #1 would be hard to enforce and for employers to properly apply. We are not confident that requiring **each** respirator wearer to have a medical evaluation would necessarily contribute to improved occupational health of our workers and would be wasteful. Addressing issues adequately in a good comprehensive questionnaire with certain triggers for an examination is recommended for those workers needing assistance.

58940 (f)(3)

WISHA strongly supports the addition of fit testing being required for all tight-fitting respirators, including positive pressure apparatus.

58940 (f)(6)(iii)(B)

It should be stated clearly that fit testing needs to be performed while in a negative pressure mode, even for positive pressure apparatus.

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COMMENTS

- 58941 (f)(6)(iii(B))(1) and (2) The reference to "paragraphs (d)(5) and (6) of this section " is confusing as a source for assigned protection factors, especially since (6) states" RESERVED". It would be appropriate to include a table of assigned protection factors such as table 1 in ANSI Z88.2-1992.
- 58941 (f)(7) An annual requirement for fit testing should be stated here for clarity.
- 58941 (i) thru (iii) WISHA strongly supports "after each workshift's use" or as stated in the draft "after each days use".
- 58941 (g)(3) WISHA suggests a definition of "face piece seal" to be added here.
- 58941 (g)(6) &(7) These paragraphs appear to say the same thing. It is confusing. The warning property for a particulate respirator is breathing resistance and the warning properties of chemicals is the detectable chemical vapor breakthrough. Perhaps they can be combined to give the total meaning meant by the authors.
- 58942 The requirement of annual training: WISHA strongly supports this paragraph.
- 58942 (4)(ii) In this section on breathing air compressors, "and shall be equipped with suitable in-line air-purifying sorbent bed and filter to further assure breathing air quality..." the word "suitable" should be further defined.
- 58944 II.A.3 The last sentence of this paragraph implies that any and all respirators would provide adequate protection, independent of the fit. This sentence should be worded differently.
- 58944 ID 2 (a) and others The reference to "probed" respirators. There are other devices other than probes that can be used successfully for the quantitative fit testing. Again, an example may be probed respirators but other technological advances should not be prohibited once successfully proven.
- 58945 II(a)(14) This should require that the exercises be run in the order listed. Additionally, WISHA staff do not feel that the "grimace" is a reproducible test and should be eliminated as an exercise.

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COMMENTS

58946 II.B.3 (a)(5) and (b)(5)

WISHA staff believe there is a dilution error here. In (b)(5), the recipe is 0.83 gms of sodium saccharin to 100 cc of warm water. This would then make (a)(5) appropriately "consists of 0.0083 grams of" in 1 cc of water. Please check this.

58947 II.C.4 (h)

WISHA feel that the standard practice of one successful fit test is all that is required and few if any are performing three fit tests in reality. It is better to have a good single diverse test. We would tie this to our recommendation to increase fit factor levels.

58947 II.C.4 (k)

The passing fit factors should be changed from 100 to 500 for quarter and half masks and from 500 to 2000 for full face masks. The current values are significantly too low. WISHA uses higher passing scores for its own employees as do many of Washington's employers.

58954

It is critical that both the abrasive blasting section in the occupational health standards and the abrasive blasting section of the safety standard are changed to be identical regarding respiratory protection. In addition tight-fitting full face pressure demand abrasive blast equipment is strongly supported by WISHA in light of NIOSH's recent memo on this subject and on what sampling data is showing about exposure to these workers.

Appendix C

Medical Evaluation Procedures (non-mandatory) should be expanded to include a partial list of common medical conditions which may preclude respirator use such as: emphysema; chronic obstructive pulmonary disease; reduced pulmonary function; bronchial asthma; potroom asthma; coronary artery disease; cerebral blood vessel disease; severe or progressive hypertension; epilepsy; punctured ear drum anemia diabetes; x-ray evidence of pneumoconiosis; anemia; signs of anxiety when wearing respirators;

Additionally, the appendix should be expanded to include a list of gaseous materials for which chemical cartridge respirators should not be used for respiratory protection regardless of concentration or time of exposure based on NIOSH data. The Willson Company publishes a list which may be helpful.