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The Docket Office, Docket H-049
U.S. Department of Labor,
Occupational Safety and Health Administration
Room N2625
200 Constitution Avenue
N.W. Washington, D.C. 20210

OSHA
DOCKET OFFICER
DATE MAR 31 1995
TIME _____

Dear Docket Office:

The intent of this letter is to comment on the proposed standard for Respiratory Protection, Docket No. H049. Listed below are statements from the proposal with questions/concerns immediately following:

1. "...Therefore, OSHA is proposing that the use of air-purifying respirators in the absence of adequate warning properties be restricted to situations where the odor, taste, or irritation threshold is not more than three times the hazardous exposure level. Since the last effective respirator with a chemical cartridge in the proposed NIOSH 42CFR Part 84 respirator selection tables has an assigned protection factor of 10, then if the level at which the warning property exists is within three times the hazardous exposure level, OSHA believes that a sufficient margin of safety will be provided, since even a partial breakthrough is unlikely to reduce the protection factor from 10 down to three under the foregoing restrictions on use."

***How does this statement relate to the use of quantitative fit testing when a porticount fit test method is used with a set protection factor of 500, where an employee will not pass the fit test if the fit factor of 500 is not achieved? From this, a question as to other chemical hazards comes to mind where employees work with dusts, using dust/HEPA filters. Does this statement hold true for these types of situations also?

2. Annual review of medical status is a good idea, especially when employees are subjected to the use of respiratory protection on a daily basis. Occupational health nurses should be qualified to perform physicals which include pulmonary function tests, but should be reviewed by physicians when a slight change or concern is present.
3. A comment with regards to the use of an alternate type of respirator such as a PAPR when an employee cannot use a negative pressure air-purifying respirator due to medical restrictions is an issue with a majority of corporations. Situations exist within our company where associates wear PAPR's due to concerns with PFT's and the inability to fit with a neg pressure air-purifying respirator. Assigned

protection factors for PAPR systems with full hood pieces typically are higher than those of neg pressure air purifying respirators; therefore, this is an acceptable means of protection. It should be a requirement that these situations are documented and that these individuals are evaluated by physicians on a regular basis, via during annual physicals to assure no additional health risks are present. Additional training is given to these associates, covering key differences between these types of protection along with annual training on respiratory protection. My experience has been that associates need to be updated annually on respiratory protection training since audits have shown that important practices are sometimes overlooked. There are also situations where the increased assigned protection factor from a full hood PAPR system is required to perform a task. From a pharmaceutical setting, TLV's or PEL's are not available for active ingredients or product incipients; therefore, industrial hygiene guidelines are created to assure worker protection. Milling and blending operations typically require the use of a PAPR system where industrial hygiene guidelines are present, and hazard evaluations have been analyzed, until engineering controls are tightened.

4. Our company requires annual fit testing and strive to accomplish this task during annual occupational health physicals. This is an opportune time to complete these tests. Weight fluctuations and dermal changes can occur within this timeframe; therefore, waiting for two years is a concern. From our experience, annually is essential and should be required.
5. Since situations have occurred where workers have overbreathed SCBA units, which has partially led to the proposed fit test requirements for the SCBA facepiece, shouldn't PAPR systems be of concern for potential overbreathing? If so, then inclusion of PAPR's for fit testing should be required in the proposal.
6. Under the definitions of a "competent person," one concern shines brightly in that many workers are "capable" of identifying existing respiratory hazards in the workplace when workers complain from symptoms or there are visual signals. What about the situations where monitoring or professional judgment are necessary? The only people "capable" to make these determinations have extensive training in the area of industrial hygiene or related field. This definition is key to effectively implementing a respiratory protection program, along with management support.
7. "...The committee therefore recommended that...which refers to disposable respirators, be deleted since it refers to a class of respirators which could not be used. However, after further discussion, the recommendation for a minimum assigned protection factor of ten was reduced to a suggested protection factor of five."

***Clarification on disposable respirators is needed. Workers have occasionally obtained better fit factors with, for example, 3M 5-6000 series disposable respirators than with reusable North, 3M and Moldex. I agree that some companies that call dust masks "disposable respirators" is a concern. A statement

needs to be established that if the negative and positive fit checks required in current regulations cannot be conducted, then they are not considered respirators and cannot be used in areas where respiratory protection equipment is required.

8. Under supplied air quality and use--It is mentioned that Grade "D" breathing air of 19.5-23.5% oxygen content be used. This conflicts with what is required under the current regulation for confined spaces.

***This statement will create some concerns with management when industrial hygienists have to explain why these ranges are acceptable for emergency response situations but not for tank entry or other confined space entry situations. Feedback on this issue is appreciated.

9. It is mentioned that organic vapor cartridges shall be replaced daily (when used) or sooner if there is any indication of breakthrough by a test agent during quantitative fit testing.

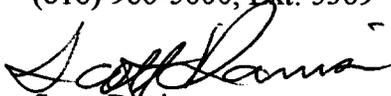
***Currently, under quantitative fit testing procedures using a portacount, HEPA filters are used since the challenging agent involves particulate count. Since the purpose of fit testing is to assure an adequate fit, this statement should be loosened from a filter/cartridge testing, replacing them daily is expensive especially if the cartridges are fine. I understand that breakthrough is a concern, but OV cartridges last longer than one day. If they don't, I would recommend switching manufacturers. Why unnecessarily risk a worker to a potential exposure during fit testing? I am an advocate for particulate counting on non-hazardous products; i.e. incense, during quantitative fit testing, since the fit is the key issue.

10. Since DOP is a suspected human carcinogen (per NTP), shouldn't use of this material to test HEPA filters be restricted or at least phased out?

***The statement needs to be expounded upon to make the reader understand that DOP is not an accepted practice and other less hazardous means are available.

Sincerely,

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