



TEXAS CHEMICAL COUNCIL

54-232

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April 12, 1995

United States Department of Labor
Occupational Safety and Health Administration
Room N2625
200 Constitution Avenue, NW
Washington, D.C. 20210

OSHA
DOCKET OFFICER
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TEXAS CHEMICAL COUNCIL COMMENTS
PROPOSED AMENDMENTS : 29 CFR Parts 1910.134, 1915.152, 1926.103
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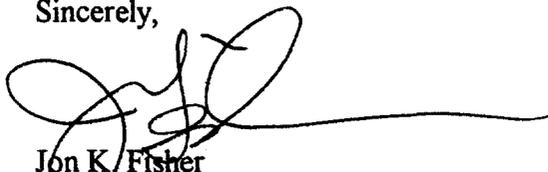
Dear Sir:

Attached are the final comments prepared by the Texas Chemical Council (TCC) Environmental Health Committee on the OSHA proposed amendments to 29 CFR Parts 1910.134, 1915.152, 1926.103.

TCC members represent a major component of the manufacturing sector in Texas. The chemical industry results in the employment of more than 450,000 Texans, with a total annual payroll of more than \$15 billion. Industries in the state which rely on the chemical industry for a significant portion of their inputs employ over 1.3 million workers. The chemical industry has invested more than \$40 billion in Texas production facilities. The Texas chemical industry generates one-quarter of the state's manufacturing value added, and accounts for a similar percentage of manufacturing shipments.

TCC appreciates the opportunity to provide these comments. Please refer any questions to Peri Yalcinkaya of Union Carbide at (409) 948-5123 or myself (512) 477-4465.

Sincerely,



Jon K. Fisher
Senior Vice President, Research

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General Comments

TCC supports OSHA's effort to issue a revised respiratory protection standard to replace the current rule which is out of date. However, we believe that this effort should have closely incorporated the most current consensus of the scientific community. This consensus is better reflected in the American Standards Institute (ANSI) Z88.2 (1992). We also support OSHA's efforts to issue a performance-oriented standard. However, we believe that unless the existing respiratory protection requirements in the substance-specific standards are superseded by the provisions of the proposed rule, a true "generic" standard status cannot be attained for the proposed rule.

A. Scope

Extending the scope of the standard to include voluntary use would only discourage employers from permitting such use of respiratory protection. The administration of programs which include these potentially low risk situations would be too burdensome.

B. Definitions

"Hazardous Exposure Level" should be defined only as the established Permissible Exposure Level (PEL). Employers should consider ACGIH TLV's and other exposure limits based on appropriate scientific information in making decisions on respirator election.

"Immediately Dangerous to Life or Health" (IDLH) should be defined as "Any atmosphere that poses an immediate hazard to life or poses immediate irreversible debilitating effects on health. The words, "delayed adverse health effects" may be interpreted as chronic toxic effects and therefore should be deleted from this definition.

D. Selection of Respirators

(d)(2) Where a tight face seal is required, the employers should be allowed to determine the necessary number of sizes and manufacturer models required to provide an acceptable fit for their employees. While the availability of multiple facepieces from multiple manufacturers does not necessarily provide better respiratory protection, maintaining such variety puts an unnecessary financial and administrative burden on employers. Since the language in the proposed rule does not exclude SCBA equipment from these requirements, this factor may also introduce an added element of confusion to the employees responding to an emergency.

(d)(3) In the proposed rule, OSHA requires that each work situation be evaluated for eleven factors. This places an unreasonable burden on the employer if this evaluation is performed separately for each situation where respiratory protection is used. We strongly recommend that a process similar to the one describes in ANSI Z88.2 (1992) be adopted and placed in a nonmandatory appendix.

E. Medical Evaluations

TCC supports the current requirement of periodic evaluation of the medical status of the respirator user. However, we believe an annual review frequency is unnecessary based on industry experience. The adoption of a sliding scale frequency based on age as outlined in the ANSI standard is recommended.

A medical questionnaire should be given to all respirator users prior to fit testing. If medical history or any answers to the medical questionnaire indicate the need for a detailed evaluation, the employee should be provided with one. While the questionnaire can be administered by a qualified health professional, the examination should be performed by a licensed physician or by a health professional under the direction of a licensed physician. Additional testing should be performed at the discretion of the examining physician.

F. Fit Testing

The paragraph (f)(i) should be clarified to state that fit testing is required only for tight-fitting respirators.

Industry experience shows that unless facial features are altered or drastic changes in body weight are experienced, virtually no individuals fail fit tests after a year of initial testing for a given chemical exposure using the same manufacturer's respirator. Therefore, we strongly recommend that fit testing be repeated every two years instead of annually as proposed.

While we support fit testing "tight-fitting atmosphere-supplying" respirators used in the demand mode, we believe that no reasonable benefit will be gained by requiring the same for "tight-fitting atmosphere-supplying" respirators that are used in the positive pressure or pressure demand modes. Therefore, these two types of respiratory protection used should be exempt from the requirements of paragraphs (f)(3) and (f)(6)(iii).

Fit testing protocols mentioned in paragraph (f)(6) do not include a protocol for the TSI Porta-count fit testing method, a viable protocol used extensively within a wide variety of industries. It is strongly recommended that this technology be included in fit testing protocol.

G. Use of Respirators

TCC supports OSHA's proposal to allow the use of contact lenses with respirators. Experience with contact lenses shows that they are safe to use and do not interfere with respirator use. In fact, in some instances, they may be safer to use than the respirator glasses with full face-piece respirators due to fogging of glasses. For emergency personnel, this is a recurring problem.