OSHA Directives

CPL 2-2.52 CH-1 - Page Changes to OSHA Instruction CPL 2-2.52

- **Record Type:** Instruction
- **Directive Number:** CPL 2-2.52 CH-1
- **Standard Number:** 1910.1048
- **Subject:** Page Changes to OSHA Instruction CPL 2-2.52
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OSHA Instruction CPL 2-2.52 CH-1
October 7, 1991
Office of Health Compliance Assistance

Subject: Page Changes to OSHA Instruction CPL 2-2.52

A. Purpose. This instruction transmits page changes and Appendix G to OSHA Instruction CPL 2-2.52. Subject: Enforcement Procedures for Occupational Exposure to Formaldehyde, dated November 20, 1990.

B. Scope. This instruction applies OSHA-wide.

C. Action. Replace existing pages with the attached CH-1 pages as follows:

Existing Pages Replacement Pages

11-12 11-12 17-18 17-18 19-20 19-20 None G-1

D. Background. On July 15, 1991, OSHA issued a proposed revision to the formaldehyde standard, 29 CFR 1910.1048, in a response primarily to a remand by the U.S. Court of Appeals for the D.C. Circuit in UAW v. Pendergrass, 878 F.2d 389 (D.C. Cir. 1989). The page changes address the interim enforcement policy as a result of the proposed amendments. In addition, a summary of the comparison of the current standard with the proposed changes is presented in Appendix G of this instruction. Additional changes to the directive will be made once the revisions to the standard are final.

E. Federal Program Change. This instruction describes a Federal program change which affects State programs. Each Regional Administrator shall:

1. Ensure that a copy of this change is promptly forwarded to each State designee, using a format consistent with the Plan Change Two-way Memorandum in Appendix P, OSHA Instruction STP 2.22A, CH-2.

2. Advise the State designees that in responding to this change they should follow the Federal program change procedures contained in OSHA Instruction CPL 2-2.52, Paragraph E. 2. through 5.

3. Ensure that the State designees submit a plan supplement, in accordance with OSHA Instruction STP 2.22A, Ch-3, as appropriate, following the established schedule that is agreed upon by the State and Regional Administrator to submit non- FOM/OTM Federal program changes.

a. If a State intends to follow OSHA's policy described in this instruction, the State must submit either a revised version of this instruction, adapted as appropriate to reference State law, regulations and administrative structure, or a cover sheet describing how references in this instruction correspond to the State's structure. The State's acknowledgment of the Plan Change Two- way Memorandum may fulfill the plan supplement requirement if the appropriate documentation is provided.

b. If the State adopts an alternative to Federal guidelines, the State's submission must identify and provide a rationale for all substantial differences from Federal guidelines in order for OSHA to judge whether a different State procedure is as effective as comparable Federal guidelines.

4. Review policies, instructions and guidelines issued by the State to determine that this change has been communicated to State program personnel.

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contaminants which affect the same body systems as formaldehyde, citations should be issued per the FOM, Chapter IV, C.6.c. This manual cites paragraph 29 CFR 1910.1000(d)(2) of the Air Contaminants standard for use in cases where there are potential additive and synergistic effects. The Air Contaminants standard, 29 CFR 1910.1000(d)(2)(i), contains a formula which has the effect of proportionally reducing the PEL of each regulated toxic element of the multiple exposure. Paragraph (d)(2)(i) requires employers to meet these adjusted PELs where there is an exposure to a mixture of air contaminants regulated by Subpart Z.

a. When documenting a violation, review the feasibility | of abatement methods and identify the shared | target organ effects of the contaminants. The body | system primarily affected by formaldehyde is the | respiratory system (upper and lower). The immune | system may also be affected since formaldehyde is a | sensitizer which provokes an IgE immunoglobulin | mediated

response. Appendix F contains guidance for | calculating the adjusted PELs and SAEs (sampling and | analytical errors). The adjusted PEL should apply | only to enforcement of paragraphs (c) , Permissible | Exposure Limit and (f) , Methods of compliance. The | STEL and AL should not be adjusted for mixtures for | compliance evaluations. | | b. The proposed PEL cannot be enforced until the | revisions are final. During the interim, it is | important to advise the employer of the proposed | PEL. Any citations written during the interim for | PEL violations should include a notice of the | proposed lower PEL in the narrative. | 3. Paragraph (d), Exposure Monitoring. Paragraph (d) of the formaldehyde standard requires employers to determine their employees' exposure to formaldehyde if any mixture or solution present in the workplace contains 0.1 percent or more of formaldehyde, or if materials capable of releasing formaldehyde into the workplace air result in employees being exposed to formaldehyde at concentrations reaching or exceeding 0.1 ppm. The CSHO should verify the employee exposure via bulk or air samples.

a. Objective Data. The exposure determination must consist of actual measurements unless the employer can produce objective data to document that no employee will be exposed to formaldehyde at concentrations exceeding the 0.5 ppm (TWA) action level (AL), or the 2 ppm STEL under foreseeable conditions of use. Industry-wide studies or generic exposure estimates may be a source of objective data; however, the use of such data must accurately characterize actual employee exposures. For exposures less than the AL or STEL, area samples may also be used as the basis for exposure determinations, if they represent those exposures.

b. Medical Complaints. Regardless of employee exposure level, if there are employee health complaints, the employer is required to take action to determine employee exposure.

c. Exception. If mixtures or solutions composed of 0.1 percent or less of formaldehyde are used, employee exposure is below 0.1 ppm, and there are no employee health complaints then an employer should not be cited for not monitoring. (See 29 CFR 1910.1048(d)(1)(ii)(A).)

d. Repeat Monitoring. If there is a change in production, equipment, process, personnel, or control measures, which may result in a new or additional exposure to formaldehyde, the initial monitoring shall be repeated. For example, apparel manufacturers and other producers/users of formaldehyde resin finished fabrics may need to repeat initial determinations with different fabric lots.

e. Sampling Methods. As long as the method selected for sampling and analysis meets the criteria for precision and accuracy set out in the formaldehyde standard, the employer is free to choose from many methods available for monitoring exposure to formaldehyde.

(1) Among the methods available are the chromotrophic acid method which relies on use of a midget impinger, gas employee exposed between the action level and the 1 ppm TWA limit is showing signs and symptoms that may be formaldehyde-related, the employer must administer to the employee a medical disease questionnaire without delay. If the physician determines, on the basis of the medical disease questionnaire, that it is necessary to examine the employee, the employee would then be sent to the physician for further examination.

(3) If exposures are less than 0.5 ppm but the employee is showing signs and symptoms that may be formaldehyde-related, the employee must be evaluated via a medical disease questionnaire, and further surveillance would be conducted on the basis of the physician's determination, as it is for concentrations between 0.5 and 1 ppm.

b. Paragraph (l)(3)(ii) requires the physician to make a determination, based on evaluation of the medical disease questionnaire, as to whether additional medical surveillance specified in paragraph (l)(4); i.e., a medical examination, is necessary to ensure the employee is not being placed at increased risk of material impairment of health from exposure to formaldehyde. In some cases, the physician will require additional information from the medical examinations before a final written opinion can be given. When the physician does not require additional information to reach a determination about the employee's health, the determination made in paragraph (l)(3)(ii) must be provided to the employer in writing, and a copy given to the employee within 15 days of its receipt by the employer.

c. Emergencies pose a very different situation from routine surveillance. If the employer has determined that an emergency situation could occur, then there must be a prior arrangement with a physician or hospital to ensure that any employee acutely exposed to formaldehyde in an emergency receives proper medical intervention, as required by paragraph (k). The plan must also specify what information should be given to emergency care providers, per the requirements of paragraph (1)(6), and how it is to be transmitted.

8. Paragraph (m), Hazard Communication. On December 13, 1988, OSHA announced in the Federal Register an administrative stay of paragraphs (m)(l)(i) through (m)(4)(ii) of the formaldehyde standard. OSHA has extended the stay until the revision to the standard is final.

| a. In the interim, OSHA will continue to enforce the | HCS with respect to formaldehyde. For abatement | purposes one can meet the proposed hazard | communication provisions of the formaldehyde | standard.

b. Paragraph (m)(1) was not stayed. It reemphasizes that hazard communication covers formaldehyde exposures occurring in the manufacture and use of wood products. When applicable, this paragraph shall be cited along with appropriate violations under the HCS.

9. Paragraph (n), Employee Information and Training.

a. All employees exposed to formaldehyde at concentrations at or above 0.1 ppm or to solutions containing greater than 0.1 percent or more of formaldehyde must receive initial training upon hire.

b. All employees exposed at or above the action level or the STEL must be trained annually.

c. The administrative stay on paragraph (m), Hazard Communication, does not affect the status of the training requirements under (n).

(1) Training for formaldehyde conducted after April 4, 1988, must cover all applicable requirements contained in paragraph (n)(3) of the new formaldehyde standard. (See March 2, 1988, Federal Register, at 53 FR 6628.)

(2) Employees previously trained on formaldehyde's hazards under the HCS (29 CFR 1910.1200) must be retrained in order to cover additional information contained in the new formaldehyde standard.

(3) Retraining and initial training for employees not previously covered by 29 CFR 1910.1200 must be provided as soon as possible once the employer has identified that they are exposed to formaldehyde. A reasonable amount of time should be given the employer to permit identification of affected employees and to obtain training materials. In no case should more than 3 months after completion of monitoring be permitted. (Note that the start-up date for initial monitoring was by August 2, 1988.)

(4) The training provisions of paragraph (n) are to be cited rather than the HCS information and training requirements if the employee is covered by (n).

d. Appendix A to the formaldehyde standard provides general information which is appropriate for a training program. This outline would need to be supplemented by plant specific information. In addition, the OSHA hazard recognition training program on formaldehyde may be of assistance to employers who need to train employees. The program includes information on the new standard but it is being revised to more fully reflect the changes. (See OSHA Fact Sheet 89-27.)

10. Paragraph (p), Dates. Since all dates in this section have passed, all paragraphs are in effect for all industries. Appendix D to this instruction gives specific effective dates by paragraph.

11. Supplemental Information. Appendix E to this instruction summarizes the formaldehyde standard triggering events.

|J. Hazard Communication Standard (29 CFR 1910.1200). For | abatement purposes one can comply with the proposed hazard | communication provisions of the formaldehyde standard. |

K. Inspection Procedures. The following procedures shall be followed in addition to the guidance in the FOM, OTM, and IMIS Forms Manual.

1. Authorization to Review Limited Medical Information. Appropriately qualified compliance personnel are authorized to review medical disease questionnaires and medical opinions mandated by the formaldehyde standard when the limitations and procedures in OSHA Instructions CPL 2-2.30 and CPL 2-2.33 are followed.

a. Qualified compliance personnel are industrial hygienists or professionals with training in medical disciplines.

b. This authorization is pursuant to 29 CFR 1913.10(b)(6).

2. Recording in the IMIS. In addition to current instructions for completing the OSHA-1, as found in the IMIS Manual, the following shall be recorded in Item 42 for all inspections where employee exposure to formaldehyde is investigated for compliance with 29 CFR 1910.1048 and/or 29 CFR 1910.1200.

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3. Contested Cases. For contested cases of 29 CFR 1910.1200 involving formaldehyde which the Regional Administrator supports as strong cases, the Regional Administrator shall expeditiously send a brief memorandum summarizing the facts to the Director, Directorate of Compliance Programs. After the information is reviewed at the National Office, the Regional Administrator will be notified if the

Appendix G

COMPARISON OF THE CURRENT PROVISIONS OF THE FORMALDEHYDE STANDARD, 29 CFR 1910.1048, WITH THE PROPOSED AMENDMENTS

CURRENT

PEL is 1.0 ppm TWA.

Action level is 0.5 ppm TWA.

STEL is 2.0 ppm (15 min.).

Exposure monitoring is conducted initially over 0.1 ppm, and continued periodically at or above the action level or STEL.

Medical removal:

No current provisions.

Hazard Communication:

Label identifying "formaldehyde", the name and address of responsible party and containing appropriate hazard warnings including "Potential Cancer Hazard" required at 0.1% or 0.1 ppm.

MSDS required at 0.1% or 0.1 ppm

Training required initially at 0.1 ppm or to solutions containing greater than 0.1% or more formaldehyde. Repeated annually at or above action level or STEL.

PROPOSED

PEL is reduced to 0.75 ppm TWA

No Change

No Change

In addition to current provisions, exposure monitoring will be initiated upon report of signs or symptoms of respiratory or dermal conditions

Medical removal:

-Two week evaluation/remediation period. -Wages, seniority, benefits maintained. -Limited to 6 months per determination. -Multiple physician review.

Hazard Communication:

No changes except the following for solid materials capable of releasing formaldehyde:

-Label identifying "formaldehyde" and that physical and health hazard information is available from employer and MSDS's required at 0.1 ppm. -Label including "Potential Cancer Hazard" required above 0.5 ppm

No change

Training required initially and annually above 0.1 ppm.