

North Carolina Department of Labor
Division of Occupational Safety and Health
Raleigh, North Carolina

Field Information System

Operational Procedure Notice 111C

Subject: Special Emphasis Lead Exposure

- A. **Purpose.** This instruction establishes the Special Emphasis Program (SEP) for programmed health inspections of lead operations in accordance with the provisions of the Compliance Field Operations Manual.
- B. **Scope.** This instruction applies statewide to establishments under OSHNC jurisdiction.
- C. **Action.** Bureau Chiefs and District Supervisors will ensure that CSHOs follow the procedures established in this notice when conducting lead inspections. OSHNC Compliance will review this instruction on an annual basis to confirm the need to continue the Special Emphasis Program.
- D. **References.**
 1. Compliance Field Operations Manual.
 2. Occupational Safety and Health Administration Technical Manual: OSHA Instruction TED 1-0.15A.
 3. OSHA Instruction CPL 2-2.58, December 13, 1993, 29 CFR 1926.62, Lead Exposure in Construction: Inspection and Compliance Procedures.
 4. OSHA Instruction STD 3-8.1, October 30, 1978, Welding, Cutting, or Heating of Metals Coated with Lead-bearing Paint.
 5. OSHA Instruction CPL 2-2.38D, March 28, 1998, Inspection Procedures for the Hazard Communication Standard.
- E. **Background.** Over the past several years OSHA inspections have documented elevated blood lead levels in construction and other workers. The source of the exposure includes cutting, welding, grinding, or abrasive blasting on steel surfaces such as bridges and tanks that are coated with lead-bearing paints. In response, several state plan states, area offices, and regions have developed their own local emphasis programs to address this hazard. North Carolina has also determined that an increased uniform OSHA enforcement presence is warranted at work sites where such exposures occur.
 1. In 1990, NIOSH set as a national goal the elimination of lead exposures that result in workers having blood lead concentrations greater than 26 ug/100 grams of whole blood.
 2. In October, 1992, Congress passed Sections 1031 and 1032 of Title X of the Housing and community Development Act of 1992 (Public Law 102-550). The Act specifically required the Secretary of Labor to issue an interim final lead standard covering the construction industry.

3. In May 1993, OSHA issued the Interim Final Rule for Lead in Construction.
4. In North Carolina, doctors and laboratories are required to report and hospitals are encouraged to report elevated blood leads in adults. This information is communicated to the North Carolina Department of Health and Human Services (NCDHHS), Epidemiology Division, Occupational & Environmental Epidemiology Section.

F. Procedures. Inspections under this special emphasis program shall be scheduled and conducted under the following priority:

1. Referrals:
 - a. CSHO.
 - i. An effort will be made to determine when activities involve worker exposure to hazards associated with lead. All compliance personnel will be instructed to look for construction activities where lead may be present. Such activities may include, but are not limited to:
 - residential remodeling
 - petroleum tank repainting
 - indoor and outdoor industrial maintenance and renovation
 - commercial and institutional remodeling
 - highway and railroad bridge repainting and rehabilitation
 - lead joint work on cast iron soil pipes
 - repair and removal of water lines
 - water tank repainting and demolition
 - highway and railroad bridge demolition
 - housing lead abatement projects
 - electric transmission and communication tower maintenance
 - electrical cable splicing and resplicing
 - installation of terne roofing
 - elevator cable babbittting
 - underground storage tank demolition
 - stained glass window removal and repair
 - mineral wool insulation with lead contamination.
 - ii. Any observation of an operation where the potential for lead exposure exists will be handled as follows:
 - A. When a CSHO observes or receives information about potential lead exposure, regardless of whether or not a violation is observed, through complaints, referrals, or reports from members of the general public, the CSHO will:
 1. Document the status and condition of the work operation, noting any serious hazards.
 2. Document the name, address and location of the worksite and the contractors performing the operation.
 3. Provide the appropriate Health District Supervisor with the information.

B. Based upon the information provided, all potential lead work sites brought to the attention of the District Office will be inspected as follows:

1. If the worksite has been inspected within the last 30 days, the results of the inspection will be considered along with the current worksite observations in determining whether or not an inspection is to be conducted.
 - a. If the lead-related work was not in progress during the previous visit to the site but is currently in progress, an inspection will be opened.
 - b. If the lead-related work was in progress and evaluated during the previous inspection, a new inspection will be opened only if apparent serious violations are present or can reasonably be expected at the site.
2. If the worksite has not been inspected within the previous 30 days, an inspection will be conducted unless it is apparent that workers are not exposed to lead.

iii. Reports of imminent danger, fatality/catastrophe reports, formal/nonformal complaints, safety and health referrals from other federal, state, county, and city agencies, media reports, reports from physicians, hospitals, or medical clinics, and reports from the general public will be inspected.

iv. The discovery of these work sites may be the result of a specific search to find this type of operation, at the discretion of the Bureau Chief.

v. In case of a denial of entry, the district office will maintain documentation of the events leading up to the observation.

- b. North Carolina Department of Health and Human Service (NCDHHS). Through a Memorandum of Understanding with NCDHHS, OSHNC will receive information related to elevated blood lead levels in adults. Where occupational exposure is a potential reason for a person's having blood lead levels above 40 ug/100 grams of whole blood, the employer of that person shall be targeted for inspection provided the worker can be identified with an employer.
- c. North Department of Transportation (NCDOT). OSHNC may receive bridge repair contract information from the NCDOT. This information will be used to assign lead related inspections.
- d. Department of Housing and Urban Development (HUD). OSHNC will establish contact with HUD, and information received will be used to assign lead related inspections.

2. PSIM will develop a list of employers likely to be involved in lead related activities.
 - a. The SIC Codes for this SEP may include, but are not limited to:
 - 1622 - bridge tunnel, and elevated highway construction.
 - 1629 - heavy construction.
 - 1721 - painting and paperhanging.
 - 1791 - structural steel erection.
 - 1795 - wrecking and demolition work.
 - 1799 - special trade contractors, not elsewhere classified.
 - b. Sources for contractors involved in lead related work may be obtained from a variety of sources including the following:
 - Federal or State Department of Transportation contacts (bridge contracts).
 - Dodge reports.
 - State and local building permits.
3. Health Compliance Officers (HCO) conducting these inspections should when necessary consult with Safety Compliance Officers (SCO) on fall protection hazards and hazards associated with working over water. Where resources permit, a joint safety and health inspection may be conducted. The HCO will submit referrals to the SCO where appropriate.

G. Application.

1. Inspections conducted under this SEP will address all lead work and exposure and will include a review of related written documentation (i.e., record keeping, monitoring, medical, respirator fit testing and procedures, hazard communication, and training materials). The CSHO may expand the inspection scope in accordance with the FOM for complaints and referrals.
2. If the company headquarters are located in another state, the CSHO will attempt to obtain the information in VII.A. The CSHO will document each attempt to obtain information and the information obtained.
3. If a site turns out to be located within the jurisdiction of another field office, a referral will be made to that field office according to current procedures. Information obtained from the contractors' headquarters will be shared with any other field office having an active site.
4. The Assistant Director and the Bureau Chiefs of Compliance in consideration of site information will determine the number of inspections conducted under this SEP.
5. CSHOs will conduct personal monitoring and collect wipe samples as appropriate to document exposures. (See OSHA Instruction TED 1-0.15A.)
6. While evaluating worker exposures to lead, CSHOs will also need to be aware of and evaluate, as deemed appropriate, potential exposures to other metals including but not limited to: arsenic, manganese, chromium, cadmium, copper, and magnesium.

H. Recording in the Integrated Management Information System (IMIS).

Current instructions for completing the OSHA-1, OSHA-7 and OSHA-90 will be applied when recording inspections conducted under this SEP as follows:

1. The OSHA-1 form for any programmed inspection covered under this SEP will be marked "PLANNED" (item 24h), "CONSTRUCTION" (item 25a/b, as appropriate), "SPECIAL EMPHASIS PROGRAM," "LEAD" (item 25d) and "STRATEGIC PLAN," "LEAD EXPOSURE"(item 25f).
2. The OSHA-1 form for any unprogrammed inspection covered under this SEP will be marked "UNPROGRAMMED" (item 24a through 24g, as appropriate), "SPECIAL EMPHASIS PROGRAM," "LEAD" (item 25d) and "STRATEGIC PLAN," "LEAD EXPOSURE" (item 25f).
3. Complete the OSHA-90 and mark "STRATEGIC PLAN ACTIVITY," "LEAD EXPOSURE" (item 32).

I. **Other Division Activity**. The Bureau of Education, Training and Technical Assistance (ETTA), and the Bureau of Consultative Services will develop outreach programs, which support the enforcement effort. Such programs may include letters to employers, the Associated General Contractors (AGC), local unions, Associated Builders and Contractors, local safety councils, apprenticeship programs, local hospitals and occupational health clinics, and/or other construction employer organizations that engage in lead activities. Speeches through the local safety councils or industrial hygiene organizations may provide another avenue for dissemination of information, as will press releases to the local media.

Using the list compiled by PSIM, ETTA will contact each contractor in writing and provide them with a copy of the lead in construction standard and other general lead information. The Bureau of Consultative Services, upon request, will provide on-site consultation for qualified small employers.

J. **Expiration**: This SEP is effective on the date of signature. It will remain in effect until canceled by the Director.

Signed on Original
Robert K. Andrews, Jr.
Director

10/09/00
Date of Signature

Signed on Original
Tim Childers
West Compliance Bureau Chief

Signed on Original
Paul Sullivan
Health Compliance Supervisor