

\$1926.1101 Appendix E

Interpretation and classification of chest roentgenograms (mandatory)

- (a) Chest roentgenograms shall be interpreted and classified in accordance with a professionally accepted classification system and recorded on an interpretation form following the format of the CDC/NIOSH (M) 2.8 form.
(b) Roentgenograms shall be interpreted and classified only by a B-reader, a board eligible/certified radiologist, or an experienced physician with known expertise in pneumoconioses.
(c) All interpreters, whenever interpreting chest roentgenograms made under this section, shall have immediately available for reference a complete set of the ILO-U/C International Classification of Radiographs for Pneumoconioses, 1980.

\$1926.1101 Appendix F

Work practices and engineering controls for Class I asbestos operations (non-mandatory)

This is a non-mandatory appendix to the asbestos standards for construction and for shipyards. It describes criteria and procedures for erecting and using negative pressure enclosures for Class I Asbestos Work, when NPEs are used as an allowable control method to comply with paragraph (g)(5)(i) of this section. Many small and variable details are involved in the erection of a negative pressure enclosure. OSHA and most participants in the rulemaking agreed that only the major, more performance oriented criteria should be made mandatory. These criteria are set out in paragraph (g) of this section. In addition, this appendix includes these mandatory specifications and procedures in its guidelines in order to make this appendix coherent and helpful. The mandatory nature of the criteria which appear in the regulatory text is not changed because they are included in this "non-mandatory" appendix. Similarly, the additional criteria and procedures included as guidelines in the appendix, do not become mandatory because mandatory criteria are also included in these comprehensive guidelines.

In addition, none of the criteria, both mandatory and recommended, are meant to specify or imply the need for use of patented or licensed methods or equipment. Recommended specifications included in this attachment should not discourage the use of creative alternatives which can be shown to reliably achieve the objectives of negative-pressure enclosures.

Requirements included in this appendix, cover general provisions to be followed in all asbestos jobs, provisions which must be followed for all Class I asbestos jobs, and provisions governing the construction and testing of negative pressure enclosures. The first category includes the requirement for use of wet methods, HEPA vacuums, and immediate bagging of waste; Class I work must conform to the following provisions:

- oversight by competent person
use of critical barriers over all openings to work area
isolation of HVAC systems
use of impermeable dropcloths and coverage of all objects within regulated areas

In addition, more specific requirements for NPEs include:

- maintenance of -0.02 inches water gauge within enclosure
manometric measurements
air movement away from employees performing removal work
smoke testing or equivalent for detection of leaks and air direction
deactivation of electrical circuits, if not provided with ground-fault circuit interrupters.

Planning the Project

The standard requires that an exposure assessment be conducted before the asbestos job is begun [1926.1101(f)(1)]. Information needed for that assessment, includes data relating to prior similar jobs, as applied to the specific variables of the current job. The information needed to conduct the assessment will be useful in planning the project, and in complying with any reporting requirements under this standard, when significant changes are being made to a control system listed in the standard, [see also those of USEPA (40 CFR 61, Subpart M)]. Thus, although the standard does not explicitly require the preparation of a written asbestos removal plan, the usual constituents of such a plan, i.e., a description of the enclosure, the equipment, and the procedures to be used throughout the project, must be

Appendix D to 1926.1101 - Medical Questionnaires - Mandatory (Continued)
Part 1 (Continued)
33 A. Do you usually bring up phlegm from your chest?
B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week?
C. Do you usually bring up phlegm at all on most days of the morning?
D. Do you usually bring up phlegm at all during the rest of the day or at night?
E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?
F. For how many years have you had trouble with phlegm?
EPISODES OF COUGH AND PHLEGM
34 A. Have you had periods or episodes of (increased) cough and phlegm lasting for 3 weeks or more each year?
WHEEZING
35 A. Does your chest ever sound wheezy or whistling?
B. Do you have a cold?
C. Occasionally apart from colds?
D. Most days or nights?
E. For how many years has this been present?
36 A. Have you ever had an attack of wheezing that has made you feel short of breath?
B. How old were you when you had your first such attack?
C. Have you had 2 or more such episodes?
D. Have you ever required medicine or treatment for the (se) attack(s)?
BREATHLESSNESS
37. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question 39A.
38 A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?
B. Do you have to walk slower than people of your age on the level because of breathlessness?
C. Do you ever have to stop for breath when walking at your own pace on the level?
D. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?
E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs?
TOBACCO SMOKING
39 A. Have you ever smoked cigarettes?
B. Do you now smoke cigarettes (as of one month ago)?
C. How old were you when you first started regular cigarette smoking?
D. If you have stopped smoking cigarettes completely, how old were you when you stopped?
E. How many cigarettes do you smoke per day now?
F. On the average of the entire time you smoked, how many cigarettes did you smoke per day?
G. Do or did you inhale the cigarette smoke?
40 A. Have you ever smoked a pipe regularly?
FOR PERSONS WHO HAVE EVER SMOKED A PIPE
B. How old were you when you started to smoke a pipe regularly?
C. If you have stopped smoking a pipe completely, how old were you when you stopped?
D. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week?
E. How much pipe tobacco are you smoking now?
F. Do you or did you inhale the pipe smoke?
41 A. Have you ever smoked cigars regularly?
FOR PERSONS WHO HAVE EVER SMOKED CIGARS
B. How old were you when you started smoking cigars regularly?
C. If you have stopped smoking cigars completely, how old were you when you stopped?
D. On the average over the entire time you smoked cigars, how many cigars did you smoke per week?
E. How many cigars are you smoking per week now?
F. Do or did you inhale the cigar smoke?
Signature: _____ Date: ____/____/____

Appendix D to 1926.1101 - Medical Questionnaires - Mandatory
Part 2
PERIODIC MEDICAL QUESTIONNAIRE:
1. NAME: _____
2. SOCIAL SECURITY NUMBER: _____
3. CLOCK NUMBER: _____
4. PRESENT OCCUPATION: _____
5. PLANT: _____
6. ADDRESS: _____
7. CITY: _____ ST: _____ ZIP CODE: _____
8. TELEPHONE NUMBER: (____) _____ EXT. _____
9. INTERVIEWER: _____
10. DATE: ____/____/____
11. What is your marital status? 1. Single 2. Married 3. Widowed 4. Separated/Divorced
12. OCCUPATIONAL HISTORY
12A. In the past year, did you work full time (30 hours per week or more) for 6 months or more?
IF YES TO 12A:
12B. In the past year, did you work in a dusty job?
12C. Was dust exposure:
12D. In the past year, were you exposed to gas or chemical fumes in your work?
12E. Was exposure:
12F. In the past year, what was your:
1. Job/Occupation?
2. Position/Job Title?
13. RECENT MEDICAL HISTORY
13A. Do you consider yourself to be in good health?
If "No," state reason: _____
13B. In the past year, have you developed:
Epilepsy?
Rheumatic Fever?
Kidney Disease?
Bladder Disease?
Diabetes?
Jaundice?
Cancer?
14. CHEST COLD AND CHEST ILLNESSES
14A. If you get a cold, does it "usually" go to your chest?
14B. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?
IF YES TO 14B:
14C. Did you produce phlegm with any of these chest illnesses?
14D. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more?
15. RESPIRATORY SYSTEM
In the past year have you had:
Asthma
Bronchitis
Hay Fever
Other Allergies
Pneumonia
Tuberculosis
Chest Surgery
Other Lung Problems
Heart Disease
Do You Have:
Frequent Colds
Chronic Cough
Shortness of Breath When Walking or Climbing One Flight of Stairs
Do you:
Wheeze
Cough Up Phlegm
Smoke Cigarettes
Signature: _____ Date: ____/____/____

* Full-size forms available free of charge at www.oshacfr.com.