## Dragon, Karen E. (CDC/NIOSH/EID)

From:

Mike Horowitz [MHorowitz@dir.ca.gov]

Sent:

Friday, August 31, 2007 7:26 PM

To:

NIOSH Docket Office (CDC)

Subject:

**TIL Comment** 

Attachments: TIL ltr.Docket#NIOSH-36.pdf

Attached please find the comments of California OSHA on the TIL proposal presented in June 2007 by NIOSH and the material from that presentation posted on the NIOSH website.

<<TIL ltr.Docket#NIOSH-36.pdf>>

Thank you,

Michael Horowitz

Senior Industrial Hygienist

Cal/OSHA Research and Standards Unit

510-286-7009

DEPARTMENT OF INDUSTRIAL RELATIONS

## **DIVISION OF OCCUPATIONAL SAFETY & HEALTH**

1515 CLAY ST. ROOM 1901 OAKLAND CA 94612 (510) 286-7000 FAX: (510) 286-7037

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ADDRESS REPLY TO: PO BOX 420603 SAN FRANCISCO 94142-0603

August 31, 2007

NIOSH Docket Office Robert A. Taft Laboratories M/S C34 47 Columbia Parkway Cincinnati, Ohio 45226

Subject: TIL Docket # NIOSH-036

To Whom It May Concern:

The recent proposed standardized Total Inward Leakage protocol for respirator certification and approval makes several changes and improvements that Cal/OSHA welcomes and supports. However one aspect of the proposal remains a potential concern.

While it is true that the new testing panel will encompass a higher percentage of the respirator using population, there remains a small percentage (an estimated 2.3 %,) of US respirator wearers who will not be accommodated. These persons have faces that may be longer and wider or shorter and narrower than faces of the proposed test panel or may differ in any of a number of other facial parameters not directly accounted for in the proposed model. The requirement that in order to be approved a respirator must pass the TIL test for 26 of 35 of the full panel ( or of a designated large or small sub-sector ) means that even if a particular respirator fits an outlier face type successfully, it likely will not receive NIOSH certification.

Cal/OSHA is concerned that the result may mean that for some respirator wearers there may be no certified respirator available on the marketplace. The Federal OSHA and California OSHA respiratory protection standards both require employers select only NIOSH certified respirators;

Cal/OSHA is concerned that the new TIL certification program will impede compliance with the respiratory protection regulations in workplaces with employees whose facial characteristics are outside the covered range. Employers may supply employees with inappropriate, poorly fitting respirators if no approved, certified respirators that fit their employees are available.

Accordingly, Cal/OSHA believes the best course is for NIOSH to modify the TIL proposal so that outlier facial types may be accommodated with certified, approved respirators. Cal/OSHA acknowledges the benefits from a process that results in certified respirators that can successfully fit large sectors of the population. However, we believe there needs to also be a process for approving respirators that successfully fit the outlier facial types. Perhaps a subsidiary certification category for "limited population groups with unusual facial types" can be developed.

Sincerely,

Len Welsh Acting Chief