

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

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**Sent:** Thursday, May 29, 2008 10:55 AM  
**To:** NIOSH Docket Office (CDC)  
**Cc:** Chen, Jihong (Jane) (CDC/NIOSH/EID) (CTR); Doyle, Glenn (CDC/NIOSH/EID)  
**Subject:** 128 - FiringRangesAlert Comments

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**Comments**

*The section that is directed specifically to workers should be titled as such more prominently. Perhaps you could also make it a stand-alone document.*

*Symptoms of lead: hearing loss should be included. Also state that damage to health can occur even when there are no symptoms.*

*Controls (in the 2-page summary for employers): employers should consider using non-lead ammunition.*

*The medical monitoring section of the OSHA lead standard is 29 CFR 1910.1025(j) – not (d).*

*In the “OSHA Regulations” section, state that medical removal is at 60 µg/dl for one test, plus a confirmation.*

*In the “US Government Agencies/Military Industrial Hygiene Standards and Guidelines for Firing Ranges” section, the HUD guidelines given for surface dust are out-of-date. EPA has more recent and protective regulations.*

*It would be helpful to give a case study that shows lead exposure specifically for an outdoor range.*

*In the “Association of Occupational and Environmental Clinics” section, the phrase “the AOEC has determined ... the OSHA action level;” is unclear.*

*In the “Preventing the potential for lead exposure by ingestion and by avoidance of skin contamination and appropriate decontamination” section, the advice for surface cleaning is contradictory. It says both that “a detergent or cleanser designed for lead decontamination” should be used and that “EPA studies show that general all-purpose cleaners are adequate.”*

*In the “Worker health monitoring” section, it should be recommended that the employer’s medical monitoring program be supervised by a physician trained and experienced in occupational medicine.*