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PUBLIC MEETING; NIOSH TESTING
AND CERTIFICATION PROGRAM

July 28-30, 1980

Statements to be presented by Paul R. Bolton:

I am Paul R. Bolton, Industrial Hygiene Chief, Reynolds Electrical and Engineering Co., Inc., Las Vegas, Nevada. In addition to my responsibilities for the industrial hygiene program, I have the respiratory protection program, which includes specifying respiratory protective devices for procurement, servicing and maintaining the devices, training and fitting users of the equipment, and selecting the appropriate device for a given work application.

As users of Hazard Measuring Instruments (HMI) in our industrial hygiene work and as users of significant numbers of the full range of types of respiratory protective devices, i.e., self-rescuers, air purifying, airline, and open circuit and closed circuit self-contained breathing apparatus, we are interested in being able to obtain equipment that is identifiable as meeting stated performance standards and which will continue to perform reliably with proper use and maintenance. Knowledge of the limitations of respiratory protective devices, such as the air purifying type, is essential for making the correct selection for a given work application.

Certification of Hazards Measuring Instruments is primarily of value for procurement of these instruments such as "Permissible" and "Intrinsically Safe" for use in combustible atmospheres. Some of the Hazard Measuring Instruments can be tested by the user while others cannot. For example, prior to the NIOSH testing and certification of gas detector tube units, we calibrated our own. This had the potential deficiency of having an inventory of unusable detector tubes if their performance was not satisfactory. We now specify NIOSH Certified Tubes, for those that are available, which provides us with sufficient information as to their accuracy. It is not feasible

for us to test such items as sound level meters and noise dosimeters. There are other mechanisms for testing and certifying Hazard Measuring Instruments, such as construction (and presumably testing) by the manufacturer to meet an ANSI Standard; Factory Mutual approval; Underwriter Laboratories listing or approval, etc. Therefore, the need for NIOSH to test Hazard Measuring Instruments does not appear to be urgent.

We are in agreement with the identified need to revise the testing and certification program for Personal Protective Equipment, particularly respiratory protective devices. Our needs of being able to procure devices that are certified as meeting a performance standard and of knowing the use limitations of these devices can be met by the development of realistic and state-of-the-art performance specifications and testing of the devices to these specifications. We believe that this testing can be competently performed by either private laboratories or industry (manufacturer), i.e., alternatives three (3) and four (4) in the meeting announcement. I do not see the need, or advantage, for NIOSH to perform this testing, either alone or in conjunction with MSHA, even with revised performance specifications and administrative procedures. It is questionable that the private laboratories or industry would need to be certified by NIOSH to perform this testing. It would appear that product liability potential, in addition to the economic considerations for marketing a reputable product, would provide sufficient incentive for assuring that the device has been tested and does conform to the performance specification. Among the advantages of testing by private laboratories or industry are:

1. Freeing NIOSH resources for other obligations and needs.
2. Manufacturers (industry) could elect to perform the testing or have it done by a private laboratory.
3. The ready availability of testing facilities, potentially more than one such facility as presently exists, would aid in the development of new equipment and the testing of prototype devices.
4. Elimination of the problem of the applicant witnessing the tests at the NIOSH Testing and Certification Facility.

Testing facilities, in some form, already exist in industry and in private laboratories.

It is recommended that the ANSI Z88 Ad Hoc Subcommittee for Respirator Test and Approval be given the task of developing the performance specifications and other related specifications that may be required.

A potential problem with the testing of used respirators from the field as a part of the quality control program is the difficulty in discriminating between flaws and defects due to design or manufacturing deficiencies and those due to misuse or improper maintenance and servicing. A product recall or the revocation of a device certification have serious consequences which warrant assurance that flaws or defects detected in used devices are truly the manufacturers' responsibility.

More latitude is needed in the area of changes to approved devices. The present system requiring the use of only those components approved for a given device can be a nuisance to the user and a potentially citable violation of an OSHA standard. As an example, an airline respirator requires the use of a high-pressure airline that is approved for the respirator in use. Where different makes of airline respirators are used simultaneously in one work area, it is impractical, if not impossible, to assure that a particular airline is used with a particular respirator. We are in agreement with the proposal that nonsignificant changes in approved respiratory protective devices need not be submitted for approval. In addition, we favor more latitude for the user in the use of components from different makes of devices, such as the high-pressure airlines mentioned above.

The elimination of the use of unpublished test requirements may defeat or delay some of the purposes for revising the program, such as the use of state-of-the-art performance standards and test procedures. It could also delay the availability to the user of new and approved devices due to the time required for public comment on standards or standards revisions.

Limiting the duration of approval to five years could be an economic burden on the user either through the need for replacement of existing devices, if not reapproved at the end of five years, or relabeling existing devices with new approval numbers. It is conceivable that a manufacturer could elect to produce a new model device, in place of an existing device, and not submit the existing device for approval. This could leave the user with an inventory of adequate, but unapproved, devices.

End of statements.

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