

Miller, Diane M. (CDC/NIOSH/EID)

From: Larry Green [lgreen@bio-md.com]
Sent: Friday, September 01, 2006 2:13 PM
To: NIOSH Docket Office (CDC)
Subject: paprcon-110405.html

I am concerned about not having a N100 similar filter in your proposed standard. Many applications require or desire greater than 95% efficiency but do not require the oily particle resistance necessary for DOP testing. The instantaneous test used for the PAPR95 concept may give an initial result which correlates to a N100 efficiency but some filter media loses efficiency rapidly with loading.

Many customers will see a 95% rating and assume they need a PAPR100 rating to get the desired protection. This would force them into filters made with much more expensive media. Or they would assume that the efficiency remains at 95% until the filter is loaded as indicated by the pressure/flow indicators. The PAPR95 rating would only be useful in clean environments.

I understand using NaCl as with current N series respirators requires more effort, but it provides a relevant test vs something with the same limitations as the current standard.

Also a number of years ago I was involved in retained CO2 testing using Human subjects. While I strongly support the concept and agree with the machine generated CO2 test my experience with human subjects showed the results to be strongly influenced by the condition of the test subject. Even eating lunch affected the results. Smoking and Weight had a very large effect. I don't believe the human tests will be able to produce repeatable results.

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