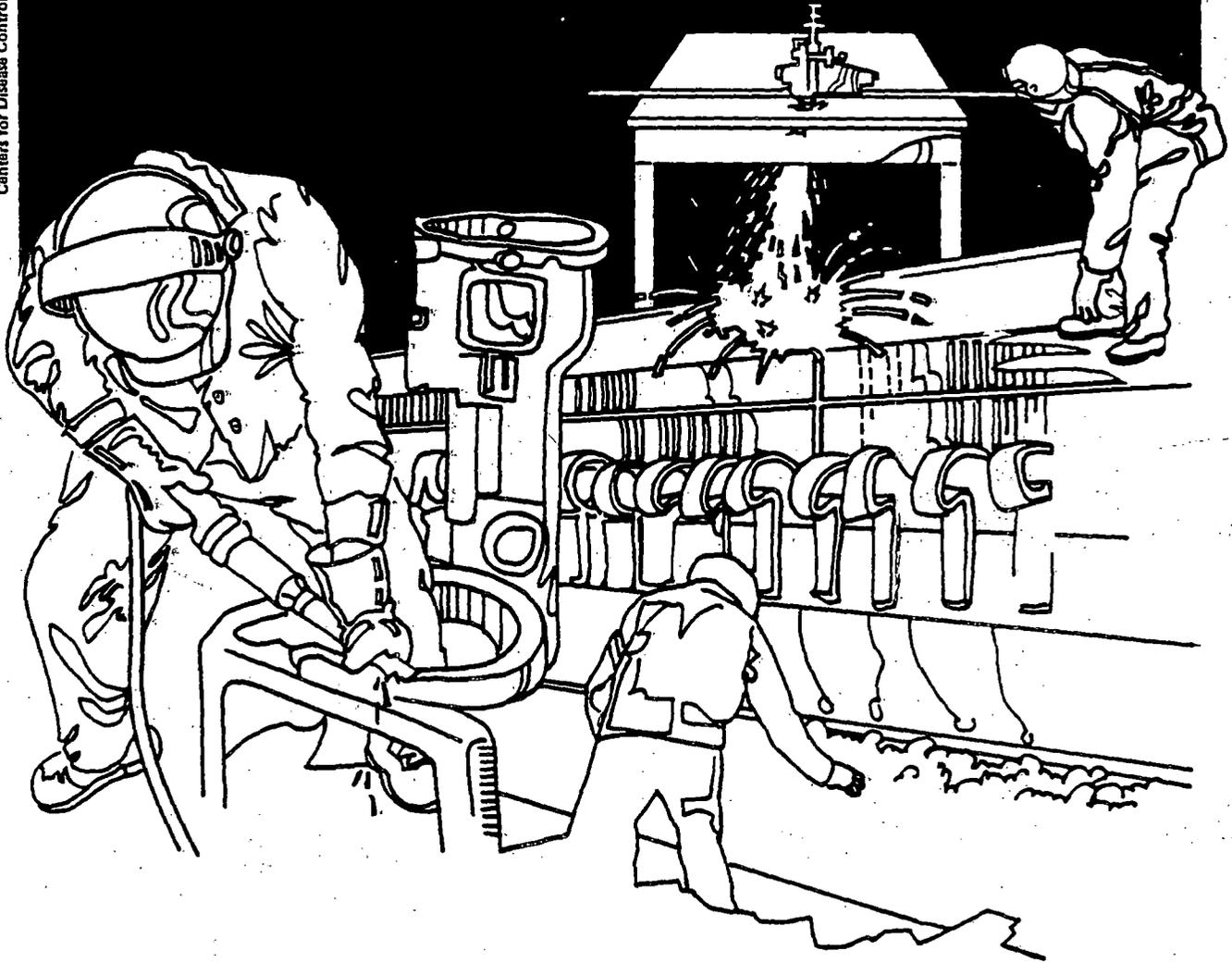


NIOSH



Health Hazard Evaluation Report

HETA 81-180-1171
ROBERT A. TAFT LABORATORIES
CINCINNATI, OHIO

PREFACE

The Hazard Evaluations and Technical Assistance Branch of NIOSH conducts field investigations of possible health hazards in the workplace. These investigations are conducted under the authority of Section 20(a)(6) of the Occupational Safety and Health Act of 1970, 29 U.S.C. 669(a)(6) which authorizes the Secretary of Health and Human Services, following a written request from any employer or authorized representative of employees, to determine whether any substance normally found in the place of employment has potentially toxic effects in such concentrations as used or found.

The Hazard Evaluations and Technical Assistance Branch also provides, upon request, medical, nursing, and industrial hygiene technical and consultative assistance (TA) to Federal, state, and local agencies; labor; industry and other groups or individuals to control occupational health hazards and to prevent related trauma and disease.

Mention of company names or products does not constitute endorsement by the National Institute for Occupational Safety and Health.

I. SUMMARY

On February 9, 1981, the National Institute for Occupational Safety and Health (NIOSH) received a request for a health hazard evaluation from Local 3840 of the American Federation of Government Employees at the NIOSH Robert A. Taft Laboratories, Cincinnati, Ohio.

The request was for an assessment of potential health hazards associated with the laboratory and animal facilities. There was specific mention of potential exposures to MOCA, benzene, radiation, formaldehyde, solvents, acid, incinerator emissions, and concern about animal cage washing procedures and the ventilation system.

Based on the observations made during the initial walk-through evaluation on February 20, 1981, and the results of the questionnaires completed for 38 laboratory/activity areas, three airborne exposure surveys were conducted in the Autopsy Room, Tissue Preparation Room, and Clinical Chemistry Labs. In addition, the 25 lab fume hoods and numerous other local exhaust systems were evaluated. The investigators conducted observations and interviewed workers in most of the labs and reviewed the occupational health program.

An environmental survey of the Autopsy Room and the Tissue Preparation Room was conducted on June 11. The formaldehyde exposure levels were all below the limits of detection of the Drager tube (0.6 mg/m^3). Time-weighted average formaldehyde exposures ranged from 0.08 mg/m^3 to 0.18 mg/m^3 for the Autopsy Room workers. Personal breathing zone formaldehyde levels were 0.43 and 0.56 for Tissue Preparation Room workers. Xylene exposures were 0.57 and 0.21 mg/m^3 and ethanol exposures were 1.95 and 2.08 mg/m^3 for the two workers. Exposures to benzene, hexane, and acetone in clinical chemistry were measured on September 10, during demonstration of two typical uses of these materials. The personal breathing zone exposure levels for benzene were 2.7 and 0.66 mg/m^3 with room area levels ranging from 0.09 to 0.12 mg/m^3 .

The 25 performance evaluations of fume hood were conducted September 9-11 in accordance with the EPA criteria. There were only 3 hoods which received both ideal ratings and 7 hoods which received only ideal and good ratings. The remainder were rated poor in one or more performance criteria. This evaluation also revealed that a general ventilation survey to provide a balanced system and effective hood performance is needed.

There is a need for improved hazardous material management system - inventory control of procurement, storage, handling, and disposal. Also, a physician should be designated to act as consultant to the DBBS Safety Committee. The committee, in conjunction with this medical consultant, should review present policies and procedures concerning the DBBS occupational health program and establish clear written policies regarding the medical surveillance and immunization requirements for DBBS employees.

Worker's exposures to benzene (in the clinical chemistry lab) and to formaldehyde (in the autopsy room and tissue preparation rooms) were not at the lowest feasible level as recommended for carcinogens. Recent changes in these areas have provided better control measures, but further modifications are needed. Also there is a need for improvements in the hazardous materials management system. Recommendations are contained in Section VII.

KEYWORDS: SIC 8922 (Research Laboratories), benzene, MOCA, ventilation, formaldehyde.

II. INTRODUCTION

On February 9, 1981, the National Institute for Occupational Safety and Health (NIOSH) was requested by Local 3840 of the American Federation of Government Employees, Cincinnati, Ohio, to perform an evaluation of potential occupational health hazards at the NIOSH Taft Laboratories. Specific reference was made regarding exposures to MOCA, benzene, radiation, formaldehyde, solvents, acids, and incinerator emissions; potential problems with cage washing activities; and possibly inadequate exhaust ventilation hoods.

NIOSH provided a status report on March 11, 1981, outlining the activities investigators planned to accomplish as part of the overall evaluation. The results of personal exposure monitoring in the Autopsy Room and Tissue Preparation Room were transmitted in a letter of August 31, 1981. The results of personal exposure monitoring in the Clinical Chemistry Laboratory were transmitted in a memo of March 8, 1982.

III. BACKGROUND

The Taft Laboratories are located in a 7-floor research facility covering 90,000 square feet and are operated by the National Institute for Occupational Safety and Health. Activities in this facility include administrative, technical services, training, and laboratory research. There are three NIOSH divisions [Division of Biomedical and Behavioral Science (DBBS), Division of Training and Manpower Development (DTMD), and Division of Standards Development and Technology Transfer (DSDTT)] and our administrative offices located at Taft. NIOSH has approximately 50 administrative and 220 Division employees working in the building. In addition, the Food and Drug Administration Bacterial Physiology Branch Laboratories occupies half of the third floor. This group studies foodborne diseases and employs 13 researchers in the facility. The only NIOSH employees that routinely work directly with toxic substances or hazardous physical agents while in the Taft facility are the 80 DBBS research workers. The DBBS facilities included laboratories for biological, chemical, ergonomic, physical sciences, behavioral, and toxicological research, as well as areas for animal exposure chambers and housing.

On February 20, 1981, the survey was initiated with a walk-through to orient the NIOSH team on the work areas and activities. Questionnaires were provided to be filled out on each research activity/area. The information requested was to aid in assessing the nature of the various activities, including potential health hazards and control measures.

On March 2, 1981, a separate meeting was held with FDA laboratory management and safety representatives. A brief tour of their laboratory area was conducted.

On March 6, 1981, a meeting was held with management and union representatives to discuss the plan for the evaluation of anticipated upcoming activities and controls. Participants were asked to identify on the questionnaires any events of interest planned for the coming months.

On March 5 and 11, 1981, the MOCA handling procedures and rat gavage dosing procedure were reviewed and observed.

On April 7, 1981, the overall facility ventilation system was discussed with the facility engineer and a walk-through was accomplished with emphasis on the animal exposure chamber ventilation and monitoring systems and operating procedures.

On May 7, 1981, the completed activity survey questionnaires were received identifying 38 activities and/or activity areas in the facility. Based on the survey questionnaires and observation of the investigators, several activities were selected for personal exposure monitoring and for further observation.

On June 11, 1981, personal exposure monitoring was conducted in the Autopsy Room and Tissue Preparation Room during the sacrifice of rats in the ongoing ethylene oxide exposure study.

On September 9 and 11, 1981, follow-up observations in selected laboratories and the initial walk-through of the Physical Agents Branch Laboratories were conducted.

On September 10, 1981, personal and area exposure monitoring were conducted in the Clinical Chemistry Laboratory during benzene handling procedures. On the same date, the incinerator was observed in use disposing of biological waste.

During the week of September 14, 1981, a performance evaluation survey of all NIOSH Laboratory hoods and associated local exhaust systems in the Taft facility was conducted. The data from this survey were reduced and analyzed during the later part of January 1982.

IV. EVALUATION DESIGN AND METHODS

A. Objectives and Strategy

It is beyond the scope of this survey to fully assess each research program and activity area. Such a health and safety assessment must be an ongoing part of a dynamic research activity such as the one in this facility. One of the objectives of this survey is to heighten awareness of this need and to focus attention on areas where improvements can be made.

The objectives and strategy of the health hazard evaluation were stated in the opening conference and in the planning meeting of March 6. It was further agreed that since this facility was in Cincinnati and a part of the investigating agency it could receive a more extended evaluation than would normally be possible. This would provide more specific technical guidance in selected areas.

A questionnaire was self-administered by requesting that management and union work together in identifying the activity areas and soliciting completion of a three-page survey form in each activity/area. This form is routinely applied to industrial Health Hazard Evaluation surveys to collect information on worker profiles and demographic data; types of work activity and recent changes; types, quantity, and frequency of substances utilization; and exposure controls including ventilation, personal protective equipment, and administrative. An additional request was made for a schedule of significant events in the coming months.

Prior to completion of the survey forms the initial survey activities were directed at the major areas of concern raised by the union (i.e., DBBS' MOCA study, the animal exposure chambers and husbandry areas, animal autopsy and tissue preparation activities, and the general facility ventilation). The occupational health physical examination program and the general structure of the health and safety program also were reviewed.

The survey questionnaires identified 38 research activities or areas many of which required further study. These laboratories were revisited and research activities were discussed with the workers to gain a better understanding of the potential health hazards and control measures involved in each activity. Much of the discussion in this report is based on these observations and discussions.

Three areas were identified for environmental exposure measurements. The use of benzene in the clinical laboratory was selected as an activity of concern that required measurements to assess the effectiveness of the ventilation controls. Two frequently performed procedures, cleaning of glassware and MOCA column cleanup, were evaluated. The Autopsy Room and Tissue Preparation Room were selected to conduct environmental exposure measurements during the next major animal sacrifice, scheduled for June and later rescheduled for July.

The effectiveness of laboratory hoods and other local exhaust control systems were of concern to many of the workers. There were 25 laboratory fume hoods identified in NIOSH laboratories and numerous siphons, canopies, exhaust tables, and special purpose local exhaust slots. The number of uses and applications of these hoods varies from day to day and project to project. Therefore, an

evaluation of the adequacy of each hood for the procedures past, present, or proposed would be beyond the scope of this survey.

The benefit derived from a general survey of the performance of each of these hoods would have required a considerable expenditure of effort. The findings of this performance evaluation are limited to an assessment based on the EPA Laboratory Hood Performance Evaluation Criteria.¹

The immediate objective of this hood performance evaluation effort was to heighten the workers awareness of the individual hood's limitations and the beneficial or adverse effect that work practices and environmental variables can have on the effectiveness of the hood's intended control function. To this end, the individual surveys were conducted, whenever possible, with the users present. As necessary, the limitations in operating conditions such as maximum sash height to provide acceptable face velocities and a capture pattern free from excessive air turbulence were demonstrated and marked. The effects of pedestrian traffic, opening and closing of nearby doors, workers movements, positioning of apparatus in the hood, and return air currents across the face of the hood were discussed.

The long-term objective of the hood performance evaluation is the development of a capability to assess the adequacy of each hood for a present or planned hood application. This will aid in prioritizing the need for facility improvements. It will aid in judging the adequacy of interim work practice measures and use of personal protective equipment. Selection of the appropriate hood for the task will ensure the most effective utilization of the laboratories hood control systems. To be fully implemented, this evaluation must be extended beyond the scope of the HHE to include ventilation system performance parameters from the building, engineers files and permissible interim sash operating heights should be formally posted.

B. Environmental

1. Autopsy Room No. B-2

Airborne formaldehyde samples were collected in the breathing zone of Autopsy Room workers on impregnated charcoal tubes using DuPont P4000 sampling pumps at a flow rate of 500 cc/min. The sampling period was for the full term of the activity, about 4 hours.

2. Tissue Preparation Room No. B-4

Airborne formaldehyde, xylene, and ethanol samples were collected in the breathing zone of the Tissue Preparation Room

workers. Low-flow Sipin pumps were run at 200 cc/min for the full term of the activity, about 8 hours. Formaldehyde was collected on impregnated charcoal tube and the others on standard charcoal tubes.

3. Clinical Laboratory Room No. 301

Airborne benzene, hexane, and acetone samples were collected in the breathing zone of the laboratory worker conducting the procedure, and area samples at the two desks located in the clinical laboratory. Samples were collected using either a two or a three-tube manifold with a MSA model G personal monitoring pump. Each tube's flow rate was controlled by an individual critical orifice. Each three-tube manifold had one 100 cc/min and two 50 cc/min orifices. The two-tube manifold's orifices were both around 100 cc/min. Three-tubes had originally been required in order to provide a sample for analysis of ethyl acetate, however, it was found that this compound was not used in the portion of the MOCA extraction procedure monitored.

The local exhaust ventilation measurements were taken with a Kurz Model 441 constant temperature thermal anemometer. Readings were corrected for post-survey calibration check results. Results are reported as linear feet per minute (LFPM).

Smoke tube observations were made using Bendix tubes.

Peak exposure levels were measured with Drager detector tubes with lower limits of detection as follows:

Benzene 5/b - 5.0 ppm
Benzene 0.5/a - 0.5 ppm
n-Hexane 100/a - 50.0 ppm

C. Analytical

Formaldehyde samples were analyzed via ion chromatography on a Dionex Model 10 ion chromatograph. NIOSH Method P&CAM 318² was followed with minor variations in the preparation and analysis of samples. To effect separation of the formaldehyde peak from neighboring signals, 0.0025M. borate eluent was employed. Columns used were 4x50 mm anion precolumn/concentrator, 4x250 mm anion separator, and a 10x100 mm anion suppressor. Under these operating conditions, a retention time of 6 minutes was observable for the formate ion. Media blanks were run and corrections made. Field blanks were below the lower detection limit of 6.0 micrograms per sample for this data.

Xylene and ethanol samples were analyzed according to NIOSH Method No. S-56³ (modified), using a Hewlett-Packard 5731A gas chromatograph with a flame ionization detector. The samples were separated into front and back portions and desorbed in 1 mL of carbon disulfide containing 1 ul/mL toluene as internal standard and 1% 2-butanol as an acid in desorption. Field blanks were less than the limits of detection for this data of 0.01 mg for xylene and 0.01 mg for ethanol per sample tube.

Benzene, acetone, and hexane samples were analyzed according to NIOSH Method No. P&CAM 127³ (modified), using a Hewlett-Packard 5731A gas chromatograph with a flame ionization detector. The samples were separated into front and back portions and desorbed in 1 mL of carbon disulfide using an external standard method. The field blanks were less than the lower detection limit for this data of 0.001 mg/sample for benzene, 0.03 mg/sample for acetone, and 0.01 mg/sample for hexane.

D. Medical

The NIOSH occupational medical records of 50 randomly selected Taft NIOSH employees and the medical records of the eight animal husbandry personnel were screened by the medical officer. He participated in all of the observations of laboratory activities, except those dedicated to environmental measurements, to assess the adequacy of the occupational medical program. During the observation of lab activities, informal interviews regarding the health concerns of many of the research workers were conducted. More formal interviews were conducted with the eight employees engaged in animal care activities in the animal care quarters and exposure chamber areas.

V. EVALUATION CRITERIA

A. Toxicity

Criteria for limiting occupational exposures to toxic chemicals and physical agents considered in the evaluation include: the legal standards of Occupational Safety and Health Administration (OSHA); the National Institute for Occupational Safety and Health (NIOSH) recommended standards; and the American Conference of Governmental Industrial Hygienists Threshold Limit Values[®]. These criteria are presented for the substances evaluated in this report in Appendix I along with the primary health effects.

1. Benzene

Benzene can cause central nervous system (CNS) depression and chronic exposure can result in depression of the hematopoietic system. Because of an increased risk of leukemia in benzene

exposed workers (benzene is considered by NIOSH to be carcinogenic in man), NIOSH recommends a standard of 3.2 mg/m³, as a 60-minute ceiling.^{4,5,6}

2. Xylene

Xylene can effect the body if it is inhaled, if it comes in contact with the eyes or skin, or if it is swallowed. It may enter the body through the skin. Short-term exposure to xylene vapors may cause irritation of the eyes, nose, and throat. At high concentrations, xylene vapor may cause severe breathing difficulties which may be delayed in onset. It may also cause dizziness, staggering, drowsiness, loss of appetite, nausea, vomiting, abdominal pain, and unconsciousness.⁹ The xylene exposure limit recommended by the ACGIH and NIOSH is 435 mg/m³ [100 ppm] for an 8 to 10 hour work shift.^{7,8} The ACGIH STEL is 655 mg/m³ [150 ppm], NIOSH also recommends a ceiling limit of 870 mg/m³ [200 ppm].

3. Formaldehyde

Formaldehyde is an irritating substance that can cause respiratory, mucous membrane, and skin irritation as well as sensitization dermatitis. Since recent studies have found that formaldehyde is carcinogenic in rodents, NIOSH recommends that formaldehyde should be handled in the work place as a potential occupational carcinogen. Safe levels of carcinogens have not been demonstrated but the probability of developing cancer should be reduced by decreasing exposure; therefore, it is prudent to reduce exposure to the lowest feasible limit.¹⁰ The first signs of exposure to formaldehyde at concentrations ranging from 0.1 to 5.0 ppm are burning of the eyes, tearing, and general irritation of the upper respiratory passage. Higher exposures of 10 to 20 ppm may produce coughing, tightening of the chest, a sense of pressure in the head, and palpitation of the heart. Exposures to 50 to 100 ppm and above can cause serious injury such as collection of fluid in the lungs, inflammation of the lungs, or death. Dermatitis is a well-recognized problem. After a few days of exposure, a worker may develop a sudden inflammatory reaction of the skin of the eyelids, face, neck, scrotum, and flexor surfaces of the arms. An eczematous reaction may also appear on the fingers, back of the hands, wrists, forearms, and parts of the body that are exposed to the rubbing of clothing. This sometimes occurs after years of repeated exposure.¹⁰ The OSHA Permissible Exposure Limit for formaldehyde is 3 ppm, 8-hour TWA, and 10 ppm as a maximum ceiling concentration.

B. Fume Hood Performance Criteria

The evaluation method was devised under contract by the EPA¹ and has been reviewed by OSHA Director of Technical Support. This review found the EPA Laboratory Fume Hood Standard to be a well-prepared document which provides very good guidelines on the design, construction, operation, maintenance, and evaluation of fume hoods. The EPA procedure is referenced in the National Research Council's (NRC) publication "Prudent Practices for Handling Hazardous Chemicals in Laboratories"¹¹ and is part of the NIOSH curriculum for ventilation instruction in Course No. 588. The cursory analysis of hood performance based on average face velocity alone is not adequate to evaluate the effectiveness of fume hood systems. The importance of other environmental factors is recognized in the previous published guides from ACGIH and NIOSH.^{12,13} The EPA criteria has provided a means of evaluating these other factors. This criteria is expressed in terms of poor, good, or ideal room factors, and hood locations. Also smoke tube flow pattern observations, face velocity averages and variability at full open and six-inch sash heights.

A hood cannot be considered satisfactory if it has a poor rating for either the room factor or location. The six-inch face velocity should be less than three times the full open average face velocity. The variability of the full open face velocity from the average should not exceed (+)10 fpm. The appropriate face velocity depends on what is required to maintain effective capture and smooth flow in the room environment for the procedure used. The cross drafts at the face of the hood should not exceed 25 fpm. The ideal location and room ratings will usually require around 80 fpm average face velocity with a full open sash to establish smooth airflow patterns and effective capture. With good ratings, the flow should be raised to 100 fpm average. It is not recommended that flows be increased above this level to compensate for poor environmental factors. The higher flow rates will result in increased turbulence in the hood resulting in greater risk of dragout at the hood face. In any case, it is impractical to raise them high enough to overcome poor work practices, blockage by storage containers or equipment, cross current effects from pedestrian traffic or improperly directed supply air. Face velocities over 350 fpm are disruptive to procedures which require handling of powdery and light-weight materials. For a more detailed discussion, see Appendix 2.

C. Noise Criteria

NIOSH recommends that employee exposure to noise in the work place be controlled so that no worker is exposed in excess of the limits presented below:

<u>Exposure Duration</u>	<u>Sound Level (dBA)</u>
8 hours	85
4 hours	90
2 hours	95
1 hour	100
0.5 hour	105
0.25 hour	110

At no time should workers be exposed to noise levels exceeding 115 dBA. These limits are designed to protect most workers from noise-induced hearing loss that could impair their abilities to understand everyday speech.¹⁴

The General Radio Handbook of Noise Measurement¹⁵ provides a detailed guide for analysis of Speech Interference Levels. This criteria is based on the average sound pressure level in the 500, 1000, and 2000 cycle bands which would be the predominant interfering frequencies for normal speech.

The American Society of Heating Refrigerating and Air-Conditioning publish criteria for design of air-conditioning systems. These criteria include goals for noise control. The ASHRAE Guide and Data Handbook 1965 and 1966¹⁶, Chapter 14, Table 4, provides a recommended design range for prevention of speech interference.

D. Laser Criteria

Laser criteria were taken from ANSI Standards Z136.1-1980.¹⁷

E. Medical Surveillance Criteria

The criteria used for evaluating the health protection and health monitoring procedures for the Taft employees were derived from several sources. The major source was the CDC Lab Safety Manual¹⁸ (1979). Recommendations for the occupational health needs of animal care workers and for the proper procedures and equipment for animal housing and care were derived from the Guide for the Care and Use of Laboratory Animals prepared by the National Research Council¹⁹ (1978), as well as the CDC Lab Safety Manual. Phone consultation with the CDC Veterinarian Branch and the CDC Office of Biosafety was obtained to clarify how these guidelines might relate to the specific conditions existing at the Taft Laboratory. For specific chemical exposures (benzene, formaldehyde, etc.), NIOSH and other published documents were used.^{4,5,6,7,8,9,10} For laser exposure, American National Standard for the Safe Use of Lasers (ANSI Z136.1-1980)¹⁷ was used.

VI. RESULTS AND DISCUSSION

A. General Observations

There was an overall impression that was conveyed by the discussion held in both private and public meetings that improvements were needed in the Taft Laboratories health and safety program. The NIOSH Safety Office is aware of many needed improvements, both in the facility and in the management approach to safety in the research environment. With this general agreement that improvements were needed, DBBS, the division engaged in laboratory research activities had already established a safety committee. Many of the topics discussed in this report were already under review within the committee and this committee's activities have continued throughout the course of this evaluation.

In a research-oriented organization with a diversified group of research activities, there must be a strong awareness of the overriding need for safety and health. It is often true in laboratories that the researchers are working on the frontiers of knowledge in their field. Many times, the toxicity of the materials under study is the question being explored. The primary researcher is among the most knowledgeable in the field on the potential hazards in his area of expertise. It is necessary to accommodate flexibility from day to day if creative research is to be accomplished. However, along with that freedom comes increased responsibility for the individual researchers. They must carry a much greater burden of responsibility for the safety of their co-workers than do those in other laboratories in a more routine and predictable production-oriented environment. To a great extent, management's emphasis on this role of the primary investigator is the key to an effective program.

There was a new DBBS procedure established to provide training and operating procedures for research projects. The primary investigator is responsible for submitting a protocol for his project and in addition a chemical hazards information/instruction document. This document outlines the nature of the hazard for each substance and the instruction must be signed by and a copy given to each worker potentially exposed. This approach of fully informing each individual should be encouraged throughout the laboratories.

B. Surveillance

The Safety Office in a research environment is often more effective as a consultative service to those who are seeking assistance in evaluation or control of potential hazards, which they perceive in their activities. However, there is always a need for inspection and surveillance to identify other hazards and to maintain the focus on this overall effort within the organization.

In this regard, there is an apparent need to increase Taft Laboratories surveillance in three ways. First is the need to monitor changing protocols in ongoing research activities. The DBBS quality assurance program which has recently been implemented could require a periodic safety review as part of the routine project review cycle. This approach may prove to be an effective tool to monitor the changing character of potentially hazardous research activities.

Second is the need for an inventory control on the procurement, storage, handling, and disposal of hazardous materials. This was a topic of discussion at our March 1981 planning meeting and of interest to the investigators throughout the survey. There are at least two approaches to this objective. One is to channel all hazardous material's purchase requests through one central authority. While this sounds simple it is not easy to establish a procedure which ensures that all hazardous material's requisitions are identified for this type of handling. This problem is further complicated since there is no central commissary or pharmacy to control the storage and issue of the materials after receipt in the facility.

One alternative is to place the responsibility with each subordinate group to keep a control inventory on all hazardous materials and inform the Safety Office of new purchases and submit handling, storage, emergency, and waste disposal procedures for safety review and approval. In either case, a role of the surveillance program must be a periodic inventory check to assure that the materials are being utilized and disposed of in accordance with approved procedures. Discussion of this activity is found in Reference Nos. 11, 20, & 21. A draft EPA regulation for Use of Toxic Materials in Laboratories presents one approach to inventory control which combines the two methods mentioned above.²² The system used to accomplish this task at Taft Laboratories must be developed by those most familiar with the research role of the agency and the activities of the individual research groups. The DBBS Safety Committee and the NIOSH Safety Officer should continue to work toward implementing such a system.

Third is the need for a formal environmental monitoring schedule to provide periodic measurements of hood performance and personal exposures. The EPA Fume Hood Performance Criteria requires monitoring at least every 6 months.¹ The selections of activities to monitor and the frequency of monitoring must be based on professional judgment. There is generally a need to evaluate new or changing environmental conditions. This is discussed in the same references cited above.^{11,20,21,22}

C. Engineering Controls

1. General Ventilation

A complete evaluation of the general ventilation is beyond the scope of this survey. The existing ventilation system has been extensively modified by capping supply air ducts and relocating laboratory hoods. The ventilation blue prints are out of date. Even the drawings of more recent additions were not as built. The maintenance contractors reported that efforts were made several years ago to measure airflows in some of the ducts. Fans were adjusted to increase replacement airflow. In the winter, they sometimes use the old hood replacement air fans and ducts to provide supplemental replacement air to the building. This system has limited heating capability, but no cooling, so it is not used in the summer months or during extreme cold weather. A number of observations can be made which indicate the need for correction of ventilation problems. It was observed that the laboratories are not always under negative pressure with respect to the surrounding hallways. Since most of the hoods do not have separate makeup air provided, it is likely that the pressure relationship will vary with the operation of heating, air-conditioning, and local exhaust systems. This is particularly true if more than one local exhaust is connected to the same fan. This overall air balance will have a direct impact on the effectiveness of ventilation controls such as storage cabinets, fume hoods, and other local exhaust systems. Several air balance deficiencies were noted in the course of the ventilation survey, which are documented in the Hood Performance Evaluation Appendix. On the basis of these observations, there is a need for a comprehensive evaluation of the ventilation system.

Reference No. 11 recommends that in all cases, the movement of air in the general ventilation system for a building should be from offices, corridors, and such into the laboratories. All air from laboratories should be exhausted outdoors and not recycled. Thus the air pressure in the laboratories should always be negative with respect to the rest of the building. The air intake should be in a location that reduces the possibility of contamination from exhaust air.

2. Fume Hood Performance Evaluation

The Laboratory Fume Hood Performance Evaluation for each hood and the surrounding local exhaust systems are documented in Appendix 2. The Taft Laboratory hood evaluated by the EPA criteria¹ were found to be deficient with only a few exceptions. The multiple deficiencies were insufficient full

open average face velocities, lack of bypass air, poor room factors resulting from excessive cross drafting, and poor hood location ratings due to traffic patterns and door and window locations. A summary rating table is provided in the Appendix, however, the interaction of the rating factors requires a case-by-case assessment to fully appreciate the rating given. The causes of these deficiencies are related to the overall building ventilation system as well as the individual local exhaust system and its immediate surroundings. There were two deficiencies which were found throughout the survey. Very few units were equipped with either an airflow indicator or adequate air bypass capability. Without this capability, the face velocity far exceeded the maximum recommended criterion of three times the average as the sash was lowered to a height of 6 inches.

To provide a prospective on these findings and to verify the proper application of the criteria the EPA Safety Office was consulted. They confirmed the evaluation method used and reported similar results when first applying these criteria to their own facilities. The EPA has undertaken an extensive remedial program in their 24 laboratories to upgrade their 700 fume hood control systems and the integral general ventilation systems. For details of their program and consultation on various remedial methods, NIOSH should contact the EPA Headquarters Engineering Coordinator.

3. Miscellaneous Local Exhaust Systems

The other local exhaust systems observed in the same room with laboratory fume hoods were given a cursory performance evaluation. The results are reported on the same sheet with the Fume Hood Analysis. The performance requirements of these systems would be dependent on the operating procedures and conditions of use. In some cases, there was an obvious lack of control velocity or smoke tube capture at the apparent point of application, which was noted in the evaluation.

4. Animal Exposure Ventilation

The high hazard exposure area was under major renovation during the survey and not operational. The acute exposure chamber systems were not operating during the periods of observation. The chronic animal exposure chamber ventilation system was observed in operation. These ventilation systems were reviewed with the facility engineer. The exposure generating chambers were exhausted as were the animal exposure chambers through charcoal filters to the outside. Incoming air is filtered. Operating procedures for the changing of charcoal filters were discussed but not observed. The

location of the filter change area is in cramped overhead crawlway which raises concern for difficulty of access and handling procedures. The need for a method to assess the filter system performance and saturation limits was discussed with the facility engineer. It was noted that a study had been proposed to evaluate the breakthrough potential for contaminants. However, this was considered to be of limited value since it might vary with substances and with operating conditions. Therefore, a periodic monitoring of the absorption capacity of the filters is called for in the operating procedure. Methods of accomplishing this are not readily available. There is an ongoing research project in this area reported by P.M. Swearingen, Lawrence Livermore National Laboratories, Livermore, California, at the 1982 American Industrial Hygiene Conference (Paper No. 70). In practice the filter breakthrough surveillance has been accomplished by placing one of the multiple fixed point sampling probes in the exhaust downstream from the filters during the ethylene oxide exposure study. In a subsequent amine exposure study, the multipoint sampling system was not used since the instrument was not calibrated for the test substances. During this study, portable IR instruments were used to monitor the chambers.

D. Environmental Measurements

1. Autopsy Room

The results of a one-half day environmental survey in the Autopsy Room (Room B-2) conducted on June 11, 1981, are reported in Table 1.

There are two downdraft autopsy tables which are on the same exhaust system with the two lateral exhaust benches in the adjacent Tissue Preparation room. These exhaust benches each have readily accessible dampers for operator adjustment of the airflow. Variations in these setting would have an effect on the flow at the autopsy tables. It would be very difficult to quantitatively evaluate the capture effectiveness of the downdraft tables. The use of smoke tubes showed that only the air immediately above the downdraft table surface would be captured. Contaminants washed down below the perforated top would be controlled in the absence of excessive cross drafts. The capture effectiveness would vary with the amount and distribution of surface area blockage by dissecting boards, formaldehyde containers, wetted paper towels under specimens, etc. It could easily vary widely for different work locations around the table. The ultimate test of effective controls and work practices is the level of exposure to the workers.

The survey was scheduled to observe rat sacrifices at the maximum level of activity, thereby identifying formaldehyde exposure during "worst case" conditions. It should be noted that autopsies of primates, because of their larger size, could present a different exposure which should also be evaluated at some future opportunity.

The Autopsy Room was staffed by five workers during the full activity period. However, a sixth worker was present and monitored only for the first hour while collecting blood specimens subsequently taken to the lab for analysis. All wore laboratory gowns, surgical gloves, and masks. In lieu of the surgical mask, one worker elected to wear an organic cartridge respirator. Results of the 4-hour time-weighted average (TWA) personal breathing zone samples for the Autopsy Room activity (See Table 1) for formaldehyde were all less than one-fourth of the criteria formerly recommended by NIOSH based on irritant properties of 1.2 mg/m^3 for a 30-minute sampling period. Time-weighted average exposures ranged from 0.08 mg/m^3 to 0.18 mg/m^3 for the Autopsy Room workers. The Dräger peak exposure tests did not reveal any levels above the lower detection limits of 0.6 mg/m^3 . It was noted that the two highest TWA exposures were for the worker who changed the formaldehyde solution (recorder) and the worker who frequently inflated the lungs with formaldehyde (weigher). The hematology worker, who assisted the weigher, had a similar exposure for a shorter period of time.

The Measurements Research Branch of NIOSH has reported that there were some formaldehyde analyses during this period which were reported as much as 50% below the true value due to an analytical error. However, even with this possibility these exposures are not at a high level when compared to former criteria. However, it must be noted that based on recent findings both NIOSH and ACGIH have revised their criteria. The NIOSH Current Intelligence Bulletin No. 34 on Formaldehyde recommends that it be treated as a suspect carcinogen and that exposures be reduced to the lowest feasible limit.

2. Tissue Preparation Room

The Tissue Preparation Room (Room B-4) was evaluated June 11, 1981, the same day as the Autopsy Room during the same peak activity. The monitoring results are in Table 1. The two histology workers were monitored from 9:00 a.m. to 4:30 p.m. and 5:30 p.m., respectively. They prepare tissue specimens from organs preserved in solutions of formaldehyde. The procedure for tissue preparation involves use of formalin, alcohol, xylene, and paraffin. Personal breathing zone full shift samples for formaldehyde, xylene, and ethanol were taken

as well as the Drager tube tests for peak exposure levels. The TWA exposures to xylene and ethanol were far below the evaluation criteria (see Table 1). The xylene exposures were 0.57 and 0.21 mg/m³ and the ethanol exposures were 1.95 and 2.08 mg/m³ for the two workers. The formaldehyde results were higher than the Autopsy Room but still less than half of the former NIOSH irritant based criteria. The personal breathing zone formaldehyde levels were 0.43 and 0.57 mg/m³ for Tissue Preparation Room workers. The Drager tube tests again showed no levels above the 0.6 mg/m³ lower limit of detection. However, based on the NIOSH lowest feasible limit criteria for formaldehyde, improvements should be made.

The ventilation in this room is treated in detail in Appendix 2 of this report. One of the two Auto Technicon tissue preparation units was free standing in the middle of the room with a vacuum exhaust port that was discharged into the room. The other unit was located under the hood. The two partial horizontal hood sashes are unique to this laboratory. The workers were shown the effect of positioning of these sashes as demonstrated by smoke tube observations and velocity measurements. Effective control is dependent on keeping the sashes in front of the hood face, one on each half.

There were a large number of specimens awaiting processing stored in cartons containing formaldehyde on shelves and on the lateral exhaust tables. Plastic sheets were hung over the shelves to reduce the possibility of fumes. This is not an effective control measure. There were also boxes of plastic bags storing processed specimens for future reference. During the period of this survey NIOSH determined that these plastic storage bags sometimes leaked. Therefore the storage boxes were to be relocated to a tissue storage area elsewhere in the basement. There should be follow-ups on this new tissue archive to assure that it is ventilated and that proper archive management is instituted. Periodic checks for leaks and adequacy of ventilation control should be implemented.

3. Clinical Chemistry Laboratory

The Clinical Chemistry Lab (Room 301) was monitored on September 10, 1981. The results of the Clinical Chemistry Laboratory environmental measurements are shown in Table 2. The exposure levels for hexane, benzene, and acetone were measured during demonstrations of glass washing and MOCA column cleanup procedures. The large hood in Room 304 was used for these procedures. The exposure measurements did not exceed the recommended criteria as shown in Table 2. The highest of the triplicate personal breathing zone exposure levels for benzene were 2.7 for the MOCA procedure and 0.66

mg/m³ for the glass washing procedure. Room area levels of benzene ranged from 0.09 to 0.12 mg/m³. Since benzene is classified as a suspect human carcinogen, exposure should be controlled to the lowest feasible limit.

The large hood in Room 304 did not meet the EPA recommended minimum laboratory hood performance criteria for handling hazardous materials. When it was operated with the sash at a 17-inch height during the glass washing procedure, the average face velocity was 60 fpm. When it was operated with the sash at 20-inch height during the MOCA column cleanup procedure, the average face velocity was 45 fpm. The variation was much more than the recommended +10 fpm from the average. Face velocities ranged from 20 to 100 fpm and 40 to 100 fpm for the two procedures. The smoke tube observations of airflow patterns were turbulent. During this measurement period, it was observed that Drager tube tests in the breathing zone were generally negative except that once there was a sudden partial color change. The reason for this erratic behavior was investigated further during the September ventilation survey. A similar sudden partial color change was observed when materials were discharged to the sink, as previously done in the MOCA cleanup, when a pedestrian would walk by the hood on the way through the door. Therefore, the exposure to benzene was above the lowest feasible control level. Workers were advised that the hood should not be operated with the sash above 12 inches when hazardous materials are used in order to maintain the recommended minimum of 100 fpm face velocity and a uniform flow pattern across the entire face. Even at this level the hood would not be expected to overcome interferences from crosscurrents caused by pedestrian traffic and the opening and closing of the nearby laboratory door. Therefore, to minimize exposures, the operator should control traffic and assure that the hood is lowered to 6 inches or less when not in use or when pedestrian traffic is present.

E. Observations

1. Respirator Protection Program

The respirator protection program was not well defined and lacked a written directive. There were cartridge respirators, masks, and self-contained breathing apparatus provided for use in various laboratories, however, workers' comments on their respirator training and on the maintenance of the equipment indicated a need for improvement. The Safety Office indicated that a formalized program was being implemented. Fit testing was underway for all animal handlers, chemists, and researchers. There was no written program documenting selection procedures or training activities. No mechanism for

periodic respirator maintenance was planned. There is a need for further development of this program i.a.w. OSHA regulations CFR 29 Part 1910.134 and the NIOSH Guide to Industrial Respiratory Protection.²³

2. MOCA Study Procedure

This research project was mentioned in the union request and observed closely. It involved the dosing of rats with preparations of MOCA by gavage or skin application. The highest dose administered to a rat is 10 mg. The dosing material is prepared by the primary investigator in a hood located in Room B-42. The MOCA also is stored in this hood. The quantity of MOCA stored there was far in excess of that necessary for weekly use. The storage area and containers did not have adequate hazard markings. The hood performance was evaluated and found to be satisfactory. However, it does lack an air bypass, which results in unacceptably high air velocities when the sash is lowered. The moist dosing material presented no dust exposure hazard in the gavage procedures observed. Those handling the material wore laboratory coats and impermeable gloves. The procedure was accomplished in a containment facility within the exposure laboratory. The animal excrement was collected for analysis. Analysis was performed in the Clinical Chemistry Laboratory. Those involved in the project submitted urine for MOCA testing to confirm that no detectable absorption had occurred. The latex gloves used were reportedly tested by a member of the laboratory to ensure their impermeability to the acetone/MOCA preparation for the period of use in the dosing and laboratory procedure.

3. Chronic Exposure Laboratory

The chronic exposure laboratory (Room SB-04) air monitoring system and procedures for handling the animals were discussed with the supervisor, maintenance personnel, and the employees. The multiple fixed point air monitor is used to ensure that the animal exposure is maintained at the desired level as well as to identify any room air contamination and to ensure the chambers have been cleared of contaminant before opening. The employees are concerned about the possibility of residual contaminants in the animals and about the calibration of the monitoring system. The system is zeroed by injecting inert gas into the line. It is given an internal calibration check. It does not appear that the system is routinely checked against a standard of the contaminant in use. The workers are authorized to use cartridge respirators which were available on the shelf in the control room. There was varying

opinion on the adequacy of the training in use and of the maintenance of this equipment.

The investigators reviewed a log of the results of charcoal tube samples collected during the ethylene oxide animal exposure study. Samples were collected using low flow pumps at 50 cc/minute. Samples were taken for brief 20-minute periods in the animal chambers for comparison with the fixed point sampling results. They were taken for 80-minute peak personal breathing zone exposure assessments on animal handlers and in the vicinity of chambers and animal cages during chamber unloading procedures. The NIOSH employee who conducted the monitoring has had previous field survey experience. Reportedly, Quasi-Ketchum® ethylene oxide charcoal tubes were used. The analysis were performed by the NIOSH contract laboratory in accordance with NIOSH analytical Method S286 modified.²⁴ The results showed good correlation with chamber measurements and all personal and area peak exposure samples were below detectable limits of 0.01 mg per sample, which, if present at all, would be less than 2.5 mg/m³ for a 4-liter sample. This survey was performed in January 13-19, 1981, and the results were indicative of a well-controlled work environment. The present PEL for ethylene oxide is 50 ppm (100 mg/m³), however, this was established prior to the recognition of a cancer risk. The ACGIH TLV has been lowered to 5 ppm (10 mg/m³) with an A2 classification (i.e., suspect of carcinogenic potential for man). NIOSH has not yet established a recommended exposure limit, however, they have recommended that this substance be regarded as a potential carcinogen.²⁵

A similar monitoring effort was accomplished for a subsequent inhalation study, however, the results were not yet received at the last contact with this department in May 1982. This type of personal breathing zone monitoring should be performed at the beginning of each new exposure chamber project and if it is a prolonged study it should be repeated at regular intervals.

4. Men's Locker Room

The men's locker room (Room SB 58) is located at the opposite end of the hall from the majority of the laboratories and animal quarters. This is not an ideal arrangement, since the hallway may become contaminated with substances from the animal exposure chambers and the animal care areas. Fortunately, the sub-basement hallway is not a heavily trafficked area. Only one locker compartment is provided for each employee. This necessitates placing street clothing and work clothing in the same locker, which is not good practice,

since street clothing may become contaminated with toxic substances encountered at work.

5. Flammable Storage Dock B-2

The flammable storage room on B-2 dock has an exhaust fan which was turned off at the time of our visit. This fan should be running at all times, but since there is no access control to the fan switch, the fan can be switched off by any passerby. The storage cabinets are also individually vented. There are a number of users of this area with no apparent overall inventory or user controlling authority. This is a weak link in controlled use of hazardous materials at Taft Laboratories. Without user access controls, it is difficult to know where and under what conditions of use, the hazardous materials are consumed.

6. Cage Wash Rack

This facility (Room B-16) houses the cage wash rack, an acid bath, and utility sinks. The incinerator is also in this room. There were several improvements made in this area during the period of this survey. An eye wash was installed, skid resistant coatings were placed on the ramp to the wash rack, and guards were extended from the wash rack platform to the handrails to eliminate the possibility of stepping into the hot water below. There was concern expressed that manually pushing large monkey cages, which weigh several hundred pounds, up that ramp could result in injury should the worker slip. It is possible that this task could be mechanized by use of a lift or a winch system. This should be given further study and improvements made as feasible.

7. Cutaneous Hazards Laboratory

This facility (Room B-19) was not in use at the time of the survey. However, the ventilation survey revealed four areas of concern in this lab. The new exhaust system is operating far in excess of the flow recommended for effective controls. Also, one hood has the baffle removed, which further detracts from the intended control function. The flammable storage cabinet was not under negative pressure with regard to the room. There were two animal cage racks with venturi-type exhaust devices discharging into the hoods. The discharge hoses were hung from interior hood hardware by string. The passage of these hoses through the face of the hood along with the erratic and unreliable fastening method is not good procedure. The hoses should be provided with connection directly into the exhaust plenum exterior to the hood. The questionnaire response indicated that there were additional

cage exhaust units of this type planned for future use. While this would appear to be a good method of controlling cage emissions, numerous hoses discharging through the hood sash would not be acceptable. An additional note, a perchloric acid bottle was stored in one of these hoods and use of perchloric acid in these hoods could present an explosive hazard.

8. Isotope Metabolism Laboratory

This facility (Room B-23) was recently refurbished to accommodate radioisotope handling. The room is locked and access is controlled. The hood is located next to the door, but therefore could be a problem if traffic were allowed to pass during use. The additional canopy hood intended for control of animal cage rack emissions was evaluated and found to be ineffective unless a cage enclosure is provided.

There are three hand-held radioisotope survey meters. The two stored in Room B-25 were without batteries. The third is kept in the Safety Office. They did not have current calibration certification. Records are kept on swipe tests of sealed sources which are performed every 6 months. Swipe tests of laboratory work surfaces were reportedly accomplished. However, no records were maintained. Personnel routinely handling radioisotopes are in a thermoluminescent dosimeter monitoring program.

9. Pathology Laboratory

This facility (Room B-40) was noted to handle a number of chemicals on a daily basis and to have many other chemicals stored in the refrigerator in this room. The chemicals stored in this refrigerator were reportedly used by other laboratories and to give off odors from time to time. There appears to be a need for housekeeping in this refrigerator. A careful scrutiny for compatibility, shelf life, and the condition of containers and labels is in order.

The need for a bench top enclosure to improve the slot capture effectiveness over the slide staining dipping trays is discussed in Appendix 2 along with hood improvements and interim operating recommendations.

10. Immunotoxicology Lab

This facility (Room B-41) is accessed through the cardiopulmonary Lab Room B-39. The unusually erratic nature of the hood face velocities and the reported variability of room pressure with respect to the adjoining lab warrant

further investigation. The workers viewed the materials commonly handled in this hood to be highly toxic based on the results of their current research findings. This situation was brought to the attention of the Safety Office at the time of the ventilation survey. For more detailed ventilation evaluation, see Appendix 2.

11. Hematology Laboratory

This facility (Room B-42) is used for a number of activities. The hood was observed to be used for MOCA mixing and storage, and drying of tissue slides during this survey. (See the MOCA project findings and Appendix 2 ventilation assesment.)

In addition, there is a Low Temperature Ashing Unit in this lab which uses an RF heat source. Reportedly, a prior survey recommended that the unit have additional RF shielding installed, which had not yet been accomplished. The unit was not marked to warn of RF emissions. Workers could conceivably sit in chairs next to this unit. The shielding was reportedly installed and RF measurements taken following our visit. Measurements were below the OSHA standard of 200 V/m (volts per meter) electric field strength and 0.5 A/m (amps per meter) magnetic field strength. It should be noted that there is a revised ANSI standard C95.1982 due for release in May 1982. This facility should be checked against the revised criteria when it is announced.

12. Electron Microscopy Laboratory

This facility (Room B-44) supports the Scanning Electron Microscope and the Transmission Electron Microscope. The ventilation assessment is in Appendix 2. Reportedly, there was a survey last year with negative findings for stray radiation from the X-ray source. This survey should be repeated whenever the unit undergoes maintenance or on a scheduled basis. Thermoluminescent Dosimeters are routinely used for personal and area source monitoring. In addition the question was raised regarding the possibility of hazards to hearing from this work environment. The NIOSH Acoustical Laboratory and audiometry specialists were consulted. There is no known potential for such a relationship with this work environment.

13. Former Surface Properties Laboratory

This facility (Room B-48) was converted to a darkroom and storage area. This room should be considered a confined space where chemicals are stored and used. The NIOSH recommendation for control of hydroquinone in photographic laboratories is

that a minimum of 4 air changes per hour be provided and that good housekeeping be maintained to avoid buildup of chemical contaminants on floors and work surfaces.²⁶ In addition to the photographic chemicals, there are chemicals from tissue preparation lab stored in the refrigerator. This type of joint storage area should be kept under close surveillance to ensure compatibility of materials and responsible supervision.

14. Clinical Chemistry Laboratory

This facility (Room 301) has a hood which is reportedly used for other activities as needed. The hood is in a poor location and has cross draft interferences from the overhead return air supply. Perchloric acid was stored in this hood which doesn't have plumbing connections and is not approved for perchloric acid. Reportedly the room is frequently under positive pressure with respect to the hall although it was not at the time our observations were made. For a full discussion of the hood performance, see Appendix 2.

Three refrigerators, that store biological specimens and volatile chemicals used in the clinical chemistry laboratory, are located in the hall outside Room 301 at the entrance to the north elevators. One refrigerator is identified as explosionproof. It is used to store ether, carbon disulfide, and other volatiles. There is an odor from these solvents readily detectable in the elevator area when the fire doors are kept closed. There is no apparent ventilation in this area, and to avoid buildup of fumes, the fire doors must be kept open. It is not be advisable to locate this solvent storage unit in a laboratory occupied by workers and potential ignition sources, however, neither is it acceptable to use an unventilated elevator entrance way as a flammable storage area. This problem was discussed with the Safety Department and with the laboratory supervisors without reaching a satisfactory resolution. Clearly another more satisfactory solvent storage area should be provided in the vicinity of this laboratory.

15. Chromatography Laboratory

This facility (Room 302) is also known as the instrumentation laboratory. It contains atomic absorption, gas chromatograph, and liquid chromatograph instruments. The hood has four local exhaust takeoffs for the instrument siphons and for the nitrogen bubble drying hood in the adjoining laboratory (Room 304). The adjoining door is open and on the day of the ventilation survey Room 302 was negative with regard to Room 304. The hall door was held open with an elastic band which is normal practice to improve room ventilation. This hood has

been used for benzene and MOCA handling. The plumbing in this hood is not connected. A glove box has been procured and installed in Room B-23 for use in the MOCA procedures.

16. Trace Analysis Laboratory

This facility (Room 304) was used for the clinical chemistry procedures monitored for benzene exposure. (See environmental measurements reported in Section VI D of this report.) As discussed previously, under the conditions observed, the ventilation was found to be inadequate to meet the lowest feasible exposure criteria for highly toxic chemicals such as benzene. Reportedly, modifications have been made to provide improved interim measures until full correction can be made.

Reportedly there was a nitric acid wash spill during the period of this survey in this laboratory. The spill cleanup kits that had been placed in several laboratories were put to good use. It was noted however that there were insufficient backup supplies to replenish the acid spill kit. Materials were borrowed from other laboratory kits.

This laboratory is used by several chemists to perform laboratory tests and two chemists use this room as their office. Considering the inadequate hood, which can allow chemical substances such as benzene to escape into the room and the ever present danger to room occupants should explosions or chemical spills occur, it would be advisable to assign more appropriate office space to these two chemists.

17. Optical Radiation Laboratory

The "LASER" laboratory (Room 309) was visited; however no operational LASER observations were made. This lab also utilizes other potentially hazardous high energy optical sources such as a short arc xenon lamp (1 kw). The back drop for the laser target is a mobile black diffuse plywood surface. The only control of exposure to the path of the laser was operator procedure. The area was utilized by two part-time researchers in addition to the primary investigator. The laser is a Class 4 krypton/argon continuous wave tunable system manufactured by Coherent Radiation, Model CR-MG and severe ocular damage could occur should the laser beam enter an unprotected eye. It has a total 12 wavelength output of two watts ranging from 455 nm to 670 nm with a beam diameter of 1.3 mm and a 0.6 milli radians beam divergence. There were laser goggles available for various operating wavelengths. The room has warning signs posted however there is no warning light indicating when a hazardous energy source

is in use. An intercom has been installed to summon aid should a lone investigator need help.

The Optical Radiation Laboratory appeared to be less than optimum for use of a LASER system. The LASER beam and other high intensity sources should not be subject to possible reflection from objects in the room. There is an apparent need for a dedicated radiation range. The range should have proper surface treatments, warning devices, and interlocks and other engineering controls as specified below. There is also a need for improved storage facilities so that the range will not be cluttered by the array of instrumentation and equipment observed in this facility.

The American National Standard for the safe use of Lasers (ANSI Z136.1-1980)¹⁷ defines Class 4 as an ultraviolet, infrared, or near infrared system which emits an average accessible radiant power in excess of 0.5 W for a period greater than 0.25 seconds.

Systems which are Class 4 should give priority to use of engineering controls. These controls should be used wherever feasible to reduce the classification for some applications. System enclosure is the best protection.

- A safety interlock shall be provided for any portion of the protective housing which can be removed without the use of tools.
- A key-switch master interlock or switching device shall be provided - the key shall be removable and the device shall not be capable of operation when the key is removed.
- When optical systems are used, in association with lasers, interlocks and or filters must be used to eliminate the increased eye hazard.
- A remote interlock connector should be provided on the hall door.
- A beam stop or attenuator should be permanently attached.
- An alarm or a warning light visible through protective eyewear should be used on laser activation or startup. There should be an emission delay to allow appropriate action prior to radiation.
- A laser controlled area should be established. This area must be under the direct supervision of an individual knowledgeable in laser technology and laser safety.

- The area must be posted by warning signs and spectators access must have prior approval.
- The beam should be terminated in a beam stop and only diffuse reflective material permitted in or near the beam path. Requirements for beam stops of various wavelengths are specified in Paragraph 4.4 of the ANSI standard.

A Class 4 laser controlled area shall incorporate the safety measures as outlined in the ANSI standard Paragraph 4.2.12.2 which are discussed briefly as follows:

- 1) A safety latch or interlock to prevent unexpected entry into laser controlled areas. There must be provision for admittance and egress under emergency conditions.
- 2) All optical paths, such as windows in an interior facility, shall be covered or restricted in such a manner as to reduce the transmission values below the appropriate ocular maximum permissible exposure.

When engineering controls are not adequate to eliminate potential exposure in excess of the maximum permissible exposure (MPE), eye protection devices specifically designed for protection against the intensity and wavelength of radiation in use must be worn. The choice of optical density must be weighted to provide eye protection at the laser wavelength while meeting the need for adequate visible light transmission so that the operator can see adequately. In general, room lighting should be designed with the need for visible transmission through opaque goggles in mind. Supplemental lighting in areas where viewing tasks are performed will reduce the operators inclination to remove the eye protection for better task viewing.

18. Solar Radiation Laboratory

The "SUN" laboratory (Room 315) contains an exposure chamber with a 6500 watt source which permits exposure of test animals to a intense radiation spectrum that closely simulates sun light. The room is used intermittently to expose caged animals for brief periods. The exposure procedure was described. It involves opening the lower door of the exposure chamber and sliding out the cage while being careful not to stoop over and look up into the upper chamber where the sun source is operating. Even a brief glimpse of the source would cause eye damage. The rationale for not turning off the source is that the intermittent use would greatly shorten the life expectancy of the light sources. The room is posted and a warning light is activated outside the door when the

exposure procedures are taking place. It is the intention of the experimenter to build a second exposure chamber in an adjoining room and to have a much larger number of exposures conducted by other laboratory personnel. It would be advisable to revise the design of this exposure chamber to offer better protection to the eyes of the investigators.

The primary investigator has identified the need for additional ventilation to prevent ozone buildup from the light source operation. He has measured ozone levels above 10 ppm in the room air after brief periods of operation. Following installation of a local exhaust fan, levels did not exceed 0.1 ppm. This ventilation requirement should be carefully evaluated when installing the second unit in the small adjoining room for use on a routine schedule.

19. RF Microwave Laboratory

The Microwave Laboratory (Room 330) contains an RF exposure chamber. The chamber is shielded in a Faraday cage. The entrance has an interlock which will shut off the RF source should anyone open the door. Animal cages are placed into the exposure chamber which is not large enough for human occupancy. A warning light is activated when the system is turned on. This facility appeared to be well designed to avoid any accidental exposures.

20. Neurophysiology Laboratory

This facility (Room 402) contains three animal exposure chambers, an exposure generation hood, and a 12 channel fixed location monitoring system. The animals are housed and fed in the chambers. Cartridge respirators are provided and a SCBA is located nearby. Workers varied in their judgment on the adequacy of training in its use.

The generating hood and monitoring system also support a human exposure chamber in the adjoining Room 404. The cage exhaust system is filtered through charcoal before discharge to the outside. For a full discussion of the hood and local exhaust system see Appendix 2.

21. Mass Spectrometry Laboratory

This facility (Room 453) is dedicated to gas chromatography and mass spectrometry instrumentation. There was employee concern about noise levels which reportedly interfered with communications. Measurements were taken on September 11, 1981. The levels measured at the desk were 65 dBA with the air-conditioner running and 62-63 dBA without it. Next to the

air-conditioning unit 77 dBA. These levels are well below the threshold for risk of noise induced hearing loss. The most conservative criteria which is recommended by NIOSH is a 85 dBA 8-hour TWA.

A sound band analysis of this noise would permit the evaluation of the Speech Interference Level (SIL) which is the basis for evaluation of communication interference criteria. This was not accomplished during our survey due to the large time commitment that would be required to perform this analysis and other higher priority evaluations. However, based solely on the dBA overall sound pressure levels observed, the 1965 and 1966 ASHRAE Guide and Data Book recommends design goals of 40-50 dBA for ventilation noise in Hospital Laboratories and 40-55 dBA for general open offices and drafting rooms. These are general guides which do not mean that any level within the range will be satisfactory. In addition to the sound level, it is necessary that the quality of the sound is such that it will not be annoying, even though the level is not substantially above background.

F. Waste Disposal

The handling of waste material is the last step in the custody of hazardous materials. It requires a good deal of attention not only because of the complexity of the combined waste hazard's potential but also due to the various regulations which now control hazardous materials waste disposal. The Centers for Disease Control completed a contractor survey of the overall agency's waste handling.²⁷ This report deals with Taft Laboratories in detail and should be consulted for their recommendations. Their findings focused on the need for labeling of wastes, a new incinerator with increased capabilities, and provisions for pretreatment of the high hazards chamber wastewater. The present incinerator is characterized as obsolete and inadequate.

The question was raised by workers concerned that emission from the incinerator might be contaminating the work area and the nearby cafeteria. The incinerator was undergoing refurbishment during the initial walk-through. It was observed in use during the September follow-up. The small combustion chamber requires that animal carcasses be repositioned in the center of the flame after partial incineration. This procedure results in an unpleasant odor in the immediate vicinity when the incinerator door is opened. Other than this, it was not observed to cause odiferous emissions. The kitchen pantry area which the incinerator flue pipe passes through was also observed. No defects or odors were present. Kitchen staff had no recollection of any odors emitting from the pantry area.

G. Animal Colony

The standard operating procedure for the care and handling of the laboratory animals generally conforms to the recommendations of the Guide for the Care and Use of Laboratory Animals¹⁹ and the CDC Lab Safety Manual. The attendants wear laboratory coats and paper masks when in the animal quarters. Gloves are worn when they handle the animals.

Air pressure in the animal care rooms should be negative with respect to the hallways to prevent the escape of biological and chemical substances from the animal care rooms. However, the ventilation in the animal colony was found to be unbalanced with some rooms under positive pressure with respect to the halls and others under negative pressure.

Because of the nature of their work, animal care workers are at increased risk of accidents and may be at increased risk of developing certain infections. The health of animal care workers is discussed in the medical results section.

H. FDA Biophysiology Branch

The branch chief and the FDA Safety Officer for the FDA Cincinnati Food Laboratories were most cooperative in conducting a walk-through of their areas in the Taft facility and orienting the investigators on their work. They referred to the CDC Proposed Biosafety Guidelines for Microbiological and Biomedical Laboratories.²⁸ They also provided copies of their Branch's Biosafety Guidelines which were distributed under a cover memo of February 18, 1981.

This group's activities are associated with field lab support, research, and animal studies. These activities varied depending on the needs at particular times. However, there were some common threads. The lab does not do studies of unknown contaminants. They deal with cultures of food borne agents to determine field investigation methods and to recommend control measures. They claimed not to handle agents with a known significant potential for airborne transmission at the Taft Facility. The branch chief classified the agents he worked with as Level 2 Biohazards as defined in Reference No. 28. He particularly noted that whenever a "large" quantity of material was used it was handled in biohoods which have High Efficiency Particulate (HEPA) filters and discharges to the room air.

Biohood systems are designed as much to keep the bacterial culture being worked with from being contaminated as to prevent worker exposures. The FDA hoods are under a maintenance contract. The filters are serviced annually. A pressure gauge is mounted on each

hood to keep a check on its performance. The gauge indicates the pressure change across the filters. Should it drop to a very low level it would mean a hole had developed in the filter system. If it becomes very high it would mean that the air flow was blocked and service was needed. The lab has only one chemical hood which is used solely for the storage of chemicals. More detailed criteria for biohood classification and use are provided in Reference Nos. 29, 30, and 31. Also, FDA was provided a copy of a Draft EPA Users Manual for Laboratory Containment Devices.

All FDA animal experiments are conducted at a FDA owned animal test facilities in a nearby building. They are separate except for the use of the preparation room which is located on the third floor of Taft Labs. Cultures and small amounts of animal tissue are used in the lab during the course of an experiment.

From our walk-through observations and discussions with the Branch chief and lab personnel, the following comments are made.

1. There is a need to improve the storage of long term and ready to use supplies. The concern is to maintain clear floors and counters for easy cleaning and disinfection. They pointed this out and stated that efforts were underway to reduce ready storage to a minimum.
2. There should be a close link between the FDA labs safety program and the NIOSH program to assure proper control measures are provided, proper housekeeping arrangements are made, and proper responses in case of emergencies such as spills or fires.

I. Occupational Medical Program

The primary goal of any health program is to maintain the "wellness" of its participants. In addition, an Occupational Health Program has three special goals: the prevention of occupational disease, the early detection of any occupational disease that may develop, and the prompt and proper evaluation and treatment of any employee who has an occupational accident or illness. To accomplish the first goal, the physician conducting the medical health surveillance must be familiar with the employees potential exposures to hazardous substances and work in conjunction with the members of the health and safety committee (research scientists, industrial hygienists, safety officer, etc.) to minimize the employee's potential exposure to hazardous substances or physical agents. In addition with certain exposures, he may see that the employees have the proper immunizations to protect from diseases to which they may have increased exposure (eg. tetanus in animal care workers or botulism in bacteriologists working with botulism organisms).

In a research facility, since the workers can be exposed to a great variety of toxic substances and some adverse effects may not become evident for years after the exposure, the second goal, the early detection of diseases of occupational origin can be difficult to accomplish. Adverse health effects that have a long latent interval before expression, usually cannot be detected early in their course by periodic health assessment, but periodic medical examinations can successfully detect the more quickly expressed effects of toxic chemical exposure such as elevation in liver enzymes after excessive exposure to certain solvents. For employees exposed to agents such as benzene, which can depress the bone marrow where most blood cells are formed, it may be advisable to perform quarterly blood counts. With exposures to certain physical agents, it may be advisable to monitor the condition of certain sensitive organs such as the ear (with hearing tests) in employees exposed to high noise levels, or to obtain a baseline eye examination by an ophthalmologist in employees who work with lasers. For some exposures, it may be appropriate to monitor blood or urine to detect levels of the toxic substance or its metabolic products to assure that excessive exposure is not occurring.

Because of the wide range of normal values of most clinical lab tests, it is very difficult to differentiate early disease from biologic variability when reviewing lab tests on an individual who may have some laboratory test values that are at the upper range of normal or slightly elevated. In these cases, the pattern of this employee's previous tests, repeat testing, and the examination of the clinical laboratory tests of other employees who have similar work exposures can be of aid in determining if there may be occupational factors adversely affecting the employee and his similarly exposed coworkers.

The goal of providing prompt and proper treatment for occupational injuries or illness can be difficult at a research facility, since many of the potential exposures are uncommon and may produce unusual signs and symptoms and require special modes of therapy with which the physicians in the community may not be familiar. Thus for employees who become exposed to excessive levels of toxic chemicals, it is important to be prepared to provide complete information regarding the toxicity and modes of therapy for the agent of exposure and to follow-up on progress of therapy. For example, if an employee receives a monkey bite wound to the hand, it is important that the treating physician be familiar with the high likelihood of infection in such wounds.

The Health Services Administration of the Public Health Service operates a clinic at Taft. The clinic is staffed by a registered nurse, and emergency care for illness or injuries is available from 7:30 to 4:00, Monday to Friday. Employees who incur occupational injuries are seen by the nurse and if the nurse decides that

treatment by a physician is required, the employee is referred to his personal physician.

An annual physical exam is offered to all DBBS employees at Taft who have potential occupational exposure to hazardous agents. Prior to the exam, the employee completes a form describing the potentially hazardous chemical substances and physical agents to which he has been exposed. The physical exam is performed by one of several physicians under contract to the PHS. This physician reviews the results of the physical exam as well as the clinical laboratory data. (A complete blood count, chemistry panel, audiometry, and EKG are done on all employees. At the discretion of the examining physician, a tuberculin skin test or chest X-ray may be performed on selected individuals.) The employee is informed of any abnormalities in lab tests or physical findings. If the examining physician feels any abnormal findings may be the result of occupational exposure, the records for that examinee are sent to a designated NIOSH physician and this NIOSH physician follows up on these results at his discretion.

In the last two years several potentially serious accidents have occurred at the Taft facilities. Several employees were exposed to possibly excessive levels of methyl bromide. After these exposures occurred, the potential health consequences of the exposures were unclear and several days were required to decide on the proper course of medical evaluation for the exposed workers. In early 1981, two individuals who work in the animal care wing suffered monkey bite wounds to the hand. Like human bite wounds to the hand, monkey bite wounds are likely to become infected. Both wounds were cleaned and dressed at the Taft clinic, but when these employees were seen by their personal physicians one to two days following their injuries, serious infection was present in their wounds. Both injured employees required several months of treatment and one employee required partial amputation of a finger.

Animal care personnel have been reported to be at increased risk of developing allergic reactions to animal dander and animal excreta. None of the eight animal care workers interviewed reported presently experiencing work associated allergic symptoms, but there were several scientists who used rats in their research who did have respiratory allergies to rats. Animal care personnel also may acquire systemic infections from the laboratory animals. Primates, especially, may harbor infectious agents such as tuberculosis or certain viruses that can be pathogenic to humans. Because of this risk of infection, serum samples from each animal husbandry employee were obtained in the Spring of 1981, so that should an illness occur and an elevated antibody titer to certain viral or bacterial agents be found, it could be determined if the high antibody titer was a recent development. While all current employees had a serum sample sent to CDC for storage, there is no

mechanism at present to assure that new employees will have such a reference sample drawn or that samples will be obtained from current employees on a periodic basis.

In order to evaluate the recordkeeping procedures employed in the medical monitoring program, 50 medical charts, chosen at random, were briefly reviewed. No findings that suggested adverse health effects from occupational exposures were noted beyond several occupational injuries and the above-noted respiratory allergies, methyl bromide inhalations, and monkey bite wounds.

To lessen the danger of primate-borne tuberculosis, the Taft primates receive a TBC skin test every three months. The CDC Lab Safety manual recommends that, as a further precaution for the animal care personnel, workers handling primates receive TBC skin tests every six months, but the clinic medical records did not contain recent (within one year) results of TBC skin tests or chest X-rays on the majority of the animal care personnel. CDC also recommends that animal care workers be kept currently immunized against tetanus but the current tetanus immunization status of many of the animal care employees could not be determined from the clinic records and several of these employees could not recall when their last tetanus booster was received.

At the present time, the PHS Health Services Administration Medical Clinic at Taft provides adequate occupational health care for the Taft NIOSH employees working in the Divisions other than DBBS, since these employees do not work directly with hazardous substances or physical agents. However, the occupational health program for the DBBS employees could be improved if an occupational physician, familiar with the work practices and occupational exposures of the DBBS employees, was designated to act as a consultant to the DBBS Safety Committee.

With some types of occupational exposure, it is possible that the general annual exam may not be of sufficient frequency and/or may not contain clinical tests that are especially appropriate for employees conducting research projects entailing exposure to certain agents. Thus, it is important that, during the planning phase of new projects, the DBBS Safety Committee, working in conjunction with the medical consultant, determine if specialized medical surveillance is appropriate for the employees to be engaged in the new project. A similar review for existing projects should be conducted regarding medical surveillance and the potential need for special medical evaluation or treatment should acute chemical exposures or physical injuries occur. Special attention should be given to the occupational groups with exposures entailing unusual hazards (eg. animal care workers, benzene exposed workers, laser research workers, etc.) and recommendations should be made with respect to the evaluation and treatment of employees who experience

acute toxic chemical inhalations or suffer occupational injuries with a special danger of infection such as hand wounds from monkey bites.

VII. RECOMMENDATIONS

A. Administrative

1. Establish a workable Hazardous Materials Management Program covering procurement, custody, handling, emergencies, and waste disposal procedures.
2. Establish a routine surveillance system for ongoing review of project safety plans and periodic inspection of custody inventories, personal exposures, and ventilation controls.
3. Establish a formal respirator protection program to ensure that all of the requirements of OSHA 1910.134 are fully met for selection, training, fit testing, maintenance, and storage.
4. Implement the recommendation of the CDC contractor's waste disposal study. Priority should be given to replacement of the incinerator.
5. The need for additional on-the-shelf backup materials for the spill kits should be reviewed. There should be sufficient material on hand to meet any foreseeable need without depleting the supply. Personnel should be trained in use of the kits and familiarized with kit instructions.
6. The radiation monitoring instruments should be serviced and kept in current calibration.
7. Whenever the services of NIOSH employees are called upon to perform in-house environmental evaluations for occupational health purposes, their findings should be formally documented in a report. There were a number of instances where it was reported that evaluations had been made, but no written reports were readily available to document the positive or negative findings. These included the finding of a hydrazine and nitrosamine survey in the boiler room, Room B-19, Room B-05, and the fourth floor of Taft Labs; the RF survey of the Low Temperature Asher in B-42, the X-ray survey of the Transmission Electron Microscope in Room B-44, the ozone measurements in the Sun Lab 315, and the swipe samples taken to check for work area contamination in Room B23 and 25.

B. Ventilation

1. Establish a Fume Hood Surveillance system similar to that used in the EPA program including the engineering specifications, and design criteria for each system. Post the maximum permissible interim operating height using an official label similar to the EPA certification.
2. Contract an engineering study of the overall ventilation system to update the ventilation blueprints and determine a course of action to provide a balanced and functional laboratory ventilation system.
3. Correct the numerous fume hood deficiencies as detailed and discussed in the Appendix 2, some of which are highlighted throughout this report.
4. Install gauges to monitor the performance of each hood on a daily basis.
5. The Tissue Preparation Room (B-2) Auto Technicon tissue preparation unit exhaust port should be correctly vented and the atmosphere tested periodically for adequacy of vapor controls.
6. Provide enclosure for the animal cage exhaust canopy in Isotope Metabolism Lab Room B-23.
7. Provide appropriate animal cage venturi exhaust discharge connections to the exhaust plenum in the Cutaneous Hazards Lab Room B-19. Also adjust hood flow rates and repair and adjust baffles to obtain even flow patterns. Then check the flammable storage cabinet for negative air pressure.

C. Rooms B-2 and B-4

1. Provide a means of lessening formaldehyde fumes during the emptying of containers in sinks. A funnel directly to the drain could reduce the splash and wetted surface areas. The workers should continue to use care in pouring and provide ample water to flush the residual from the sink. Similar work practices should be encouraged in the autopsy activity.
2. Ensure that user of the Tissue Preparation Hood and Autopsy Downdraft Tables are instructed on the proper damper adjustment to achieve the optimum control from the system where needed.
3. In addition to the recommendations above it is necessary to continue a periodic monitoring of the exposures and controls

in these Autopsy and Tissue Preparation facilities to assure that the lowest feasible criteria is being met. It would be prudent to make measurements under the various exposure conditions, such as primate sacrifices, which might alter the exposure levels.

D. Room 309 and Room 315

The Optical Radiation Laboratory appeared to be less than optimum for use of a LASER system. There is an apparent need for improved storage and a dedicated radiation range with proper surface treatments, warning devices, interlocks, and other engineering controls as outlined in Section VI.E.15 of this report and detailed in ANSI standard for the safe use of lasers (Z136.1 - 1980).

The Sun Lab animal exposure chamber should be modified to assure positive control of workers eye exposures during cage handling procedures.

E. Occupational Health Program

An occupational physician should be designated to act as consultant to the DBBS Safety Committee. The committee, in conjunction with this medical consultant should review present policies and procedures concerning the DBBS occupational health program and establish clear written policies regarding the medical surveillance and immunization requirements for DBBS employees. Special attention should be given to the occupational groups with exposures entailing unusual hazards (eg. animal care workers, benzene exposed workers, laser research workers, etc.) and recommendations should be made with respect to the evaluation and treatment of employees who experience acute toxic chemical inhalations or suffer occupational injuries with a special danger of infection such as hand wounds from monkey bites.

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5. Director, DSDTT
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7. OSHA, Region V

For the purpose of informing affected employees, copies of this report shall be posted by the employer in a prominent place accessible to the employees for a period of 30 calendar days.

TABLE 1

RESULTS OF AIR SAMPLES FOR FORMALDEHYDE, XYLENE, AND ETHANOL
 ROBERT A. TAFT LABORATORY AUTOPSY (B-2) AND TISSUE PREPARATION ROOMS (B-4)
 CINCINNATI, OHIO
 HETA 81-180

JUNE 11, 1981

<u>ROOM ID</u>	<u>JOB CLASSIFICATION</u>	<u>SAMPLE START</u>	<u>PERIOD STOP</u>	<u>VOL. (l)</u>	<u>FORMALDEHYDE mg/m³</u>	<u>XYLENE mg/m³</u>	<u>ETHANOL mg/m³</u>	<u>SAMPLE NOTES</u>
AUT	DISECTING	8:39a.m.	12:40p.m.	110.9	0.11			
AUT	DISECTING	8:41a.m.	12:20p.m.	98.6	0.09			
AUT	RECORDER	8:42a.m.	12:36p.m.	100.6	0.13			(a)
AUT	WEIGHING	8:43a.m.	12:22p.m.	92.0	0.18			
AUT	SECTIONING	9:05a.m.	12:25p.m.	88.0	0.08			(b)
AUT	HEMATOLOGY TECH	8:44a.m.	10:00a.m.	32.7	0.18			
TPR	HISTOLOGY TECH.	8:59a.m.	4:20p.m.	88.2	n/s	0.57	1.9	
TPR	HISTOLOGY TECH.	8:60a.m.	4:20p.m.	79.2	0.43			
TPR	BIOLOGY TECH.	9:10a.m.	5:30p.m.	95.0	n/s	0.21	2.1	(d)
TPR	BIOLOGY TECH.	9:10a.m.	5:30p.m.	95.0	0.57			

LIMITS OF DETECTION:
 (units per sample)

	0.006 mg/spl	0.01 mg/spl	0.01 mg/spl
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EVALUATION CRITERIA:

<u>NIOSH</u>	-TWA	LFL	435.0	N/A
	-Ceiling	N/A	870.0	N/A
	(sample period)	N/A	10(min)	N/A
<u>ACGIH</u>	-TLV	C 3.0(e)	S 435.0	1900.
	-STEL-TLV	N/A	S 655.0	N/A
<u>OSHA-PEL</u>	-TWA	3.6	435.0	1900.
	-Ceiling	6.0	N/A	N/A
	-Peak	12.0	N/A	N/A
	(peak period authorized)	30(min)	N/A	N/A

NOTES: SEE TABLE 1 NOTES CONTINUED ON NEXT PAGE.

AUT - Autopsy Room (B-2).
 TPR - Tissue Preparation Room (B-4).
 n/s - not sampled for
 i/a - No criteria exists or it is not applicable

NOTES: TABLE 1 CONTINUED HE 81-180

- a) This pump had a low flow light indication. Possibly due to the tendency of workers to occasionally lean back against the wall behind them. Not expected to be a significant period of flow restriction.
- b) This worker's sample hose was disconnected from the pump for what is believed to be less than 10 minutes.
- d) More than 30% of the ethanol was in the backup section of the tube.
- e) 1981 intended change to A2 classification.
- C Designates a ceiling value not to be exceeded at any time.
- S Skin annotation - substance toxic through skin.
- A2 Industrial substance suspect of carcinogenic potential for man.
- ACGIH American Conference of Governmental Industrial Hygienists.
- TLV® Threshold Limit Values for Chemical Substances and Physical Agents in the Workroom Environment with Intended Changes.
- STEL Short-Term Exposure Limit - the maximal concentration to which workers can be exposed for a period up to 15 minutes continuously, provided that no more than four excursions per day are permitted, with at least 60 minutes between exposures.
- TWA For ACGIH AND OSHA- The time-weighted average concentration for a normal 8-hour workday and a 40-hour workweek to which nearly all workers may be repeatedly exposed, day after day, without adverse effect.
For NIOSH- The time-weighted average concentration for a normal work period up to 10 hours per day and a 40-hour workweek to which nearly all workers may be repeatedly exposed, day after day, without adverse effect.
- CEILING For ACGIH - The concentration that should not be exceeded even instantaneously.
For OSHA - The permissible ceiling for an 8-hour day.
For NIOSH- The concentration that should not be exceeded at any time and that should be measured over a specified short-term sampling period.
- PEAK OSHA acceptable maximum peak above the ceiling for a specified maximum duration.
- LFL For NIOSH- Lowest Feasible Limit - since it has not been shown that safe levels of carcinogens exist, but risk is reduced if exposure is reduced.

TABLE 2

RESULTS OF AIR SAMPLES FOR HEXANE, BENZENE, & ACETONE
 NIOSH TAFT LABORATORIES ROOM 304
 CLINICAL CHEMISTRY LABORATORY
 CINCINNATI, OHIO
 HETA 81-180

SEPTEMBER 10, 1981

LOCATION / JOB CLASSIFICATION	SAMPLE PERIOD START STOP	VOL (l)	HEXANE mg/m ³	BENZENE mg/m ³	ACETONE mg/m ³
(The morning measurements are during a simulated MOCA column cleanup procedure.)					
AREA center desk	9:21a.m. 10:50a.m.	9.79	<1.0	<0.102	
AREA center desk	9:21a.m. 10:50a.m.	10.76	<0.93	0.092	
AREA corner desk	9:22a.m. 10:50a.m.	10.03	<1.00	0.099	
AREA corner desk	9:22a.m. 10:50a.m.	10.56	<0.95	0.094	
AREA (hood sash)	9:24a.m. 10:50a.m.	9.46	<1.1	0.528	
AREA (hood sash)	9:24a.m. 10:50a.m.	8.60	<1.2	0.465	
PBZ Lab Worker	9:20a.m. 10:50a.m.	3.87	5.2	2.58	
PBZ Lab Worker	9:20a.m. 10:50a.m.	3.78	2.6	2.64	
PBZ Lab Worker	9:20a.m. 10:50a.m.	9.90	4.0	2.72	

(The afternoon data is for the simulated glass cleaning procedure.)

AREA center desk	1:05p.m. 2:20p.m.	8.25	<1.2	0.121	<3.6
AREA center desk	1:05p.m. 2:20p.m.	8.25	<1.2	<0.121	<3.6
AREA corner desk	1:08p.m. 2:20p.m.	7.70	<1.3	<0.129	<3.9
AREA corner desk	1:08p.m. 2:20p.m.	8.49	<1.2	0.117	<3.5
AREA (hood sash)	1:08p.m. 2:20p.m.	8.78	<1.1	0.341	3.4
AREA (hood sash)	1:08p.m. 2:20p.m.	3.02	<3.3	0.331	9.9
PBZ Lab Worker	1:05p.m. 2:20p.m.	2.25	<4.4	0.444	13.0
PBZ Lab Worker	1:05p.m. 2:20p.m.	3.00	<3.3	0.666	10.0
PBZ Lab Worker	1:05p.m. 2:20p.m.	7.50	<1.3	0.666	4.0

ANALYTICAL LIMITS OF DETECTION:
 (units per sample)

0.01 0.001 0.03
 mg/sp1 mg/sp1 mg/sp1

EVALUATION CRITERIA:

NIOSH

-Ceiling
 (sample period)

1800. 3.2(LFL) N/A
 15(min) 60(min) N/A

ACGIH

-STEL-TLV

2375.

NOTES:

- <
- ACGIH STEL LESS THAN-These samples were below the detection limit and therefore airborne levels if present at all were less than the level shown. American Conference of Governmental Industrial Hygienists. Short Term Exposure Limit - the maximal concentration to which workers can be exposed for a period up to 15 minutes continuously, provided that no more than four excursions per day are permitted, with at least 60 minutes between exposures. The TWA TLV must not be exceeded. This criteria is not to be used as a design criteria.
- CEILING For NIOSH- The concentration that should not be exceeded at any time and that should be measured over a specified short-term sampling period.
- PEAK OSHA acceptable maximum peak above the ceiling for a specified maximum duration.
- LFL For NIOSH- Lowest Feasible Limit - since it has not been shown that safe levels of carcinogens exist, but risk is reduced if exposure is reduced.

APPENDIX 1

EXPOSURE CRITERIA AND HEALTH EFFECTS

HETA 81-180

ROBERT A TAFT LABORATORIES
CINCINNATI, OHIO
FEBRUARY 1982

This appendix is a brief overview of the principles and practices used by Industrial Hygienists and other qualified Occupational Health Professionals in applying exposure criteria. For a full understanding of any criteria, it is necessary to refer to the documentation used in making the criteria recommendation.

There are thousands of chemical and physical hazards in the workplace for which there are little or no information upon which to base a health effects exposure limit. There are a few hundred that have been sufficiently documented to be published by one or more professional groups or government agencies. Two of the most widely recognized are the American Conference of Governmental Industrial Hygienists list of Threshold Limit Values (TLVs^R) and the National Institute for Occupational Safety and Health (NIOSH) Recommended Standards for Occupational Exposure. The Occupational Safety and Health Administration has promulgated a number of Permissible Exposure Limits (PELs) which, for the most part, were adopted from the 1968 TLV professional guides and are now standards. When available, all three of the above have been provided in these tables. The particular guide of choice depends on its intended use and limitations.

There are several general statements that can be made regarding the origin, limitations, and application of most of the exposure limit criteria:

Exposure criteria for chemical contaminants are given in units of airborne concentrations which is primarily related to toxic inhalation hazards. However, they may also be annotated as toxic by entry through the skin. This annotation warns of the need for precautions to avoid skin absorption which would invalidate the airborne exposure limit. Similarly in general there is a need to ensure that toxic exposures through ingestion are controlled by good personal hygiene, food handling, and contamination control.

These criteria are based on the best available information from industrial experience, from experimental human and animal studies, and when possible from a combination of all three. The basis on which the values are established may differ from substance to substance; protection against immediate impairment of health may be a guiding factor for some, whereas reasonable freedom from irritation, narcosis, nuisance or other forms of stress which could result in health effects may form the basis for others.

The amount and nature of the information available varies from substance to substance. Consequently, the precision of the estimated criteria is

also subject to variation and the latest documentation should be consulted in order to assess the extent of the data available for a given substance.

The criteria represent exposure conditions under which it is believed that nearly all workers may be repeatedly exposed for five eight hour days a week for a working lifetime without adverse effect. Because of a wide variation in individual susceptibility, a small percentage of workers may experience discomfort from some substances at concentrations at or below the exposure limit; a smaller percentage may be effected more seriously by aggravation of a pre-existing condition or by development of an occupational illness. In spite of the fact that serious injury is not believed likely as a result of exposures to the exposure limit concentrations, the best practice is to maintain concentrations of all atmospheric contaminants as low as is practical.

These criteria are for single-substance exposures and specified work schedules. Exposures to a combination of chemicals under a variety of physical conditions and work schedules requires adjustment of these criteria based on sound knowledge and professional judgment. This adjustment is more difficult when some of the exposures are to chemicals of unknown or poorly documented toxicity. These uncertainties add to the need to minimize exposure to atmospheric contaminants.

Threshold Limit Values for mixtures are addressed by the ACGIH as follows; "When two or more hazardous substances are present, their combined effect rather than that of either individually, would be given primary consideration. In the absence of information to the contrary, the effects of the different hazards should be considered as additive..." It is also possible to have other effects from combined exposures such as synergistic action or potentiation. A synergistic effect is a combined toxicity greater than that expected from the two single toxicities added together. A potentiation effect is one which increases the toxic effect of a toxic hazard; potentiative and synergistic agents are not necessarily harmful by themselves. Potentiation effects are often caused by exposures other than inhalation, e.g. imbibed alcohol and inhaled narcotic (trichloroethylene).

Carcinogens, teratogens, and mutagens must be treated cautiously since unlike other toxicants the effect is a potentially serious disease irrespective of the exposure which caused it. However, the exposure level does appear to have a direct relationship on the likelihood of having these effects. Therefore to minimize the risk, it is prudent to minimize the exposure.

There are three categories of airborne exposure limits: the Time Weighted Average (TWA), the Short-Term Exposure Limit (STEL), and the Ceiling Limit (C).

The TWA is a calculated average exposure level for a specified period, typically eight to ten hours per day and forty hours per week. TWA's permit exposures above the limit provided they are compensated by equivalent excursions below the limit during the work period. There is a limit to the excursions that are permissible above the listed values. This limit is based on guidelines which take into account such factors as acute toxicity at higher concentrations, whether the effects are

cumulative, the frequency of occurrence of peaks and their duration. All factors must be considered in making a judgment as to whether a hazardous condition exists.

The STEL is the maximal concentration to which a worker can be exposed for a period up to 15 minutes without suffering from 1) irritation, 2) chronic or irreversible tissue change, 3) narcosis of sufficient degree to increase accident proneness, impair self-rescue, or materially reduce work efficiency, provided that no more than four excursions per day are permitted, with at least sixty minutes between exposure periods, and provided that the TWA-TLV is also not exceeded. The STEL should not be used as a design criteria.

The Ceiling Limit (C) is the concentration that should not be exceeded even instantaneously. The STEL is also to be considered a ceiling limit.

OSHA's Accepted Maximal Peak above the eight hour TWA specifies the applicable maximum duration for each substance so treated.

NIOSH Ceiling limits specify the short-term sampling period required for commonly available monitoring methods to detect the ceiling limit. This does not represent acceptance of a TWA excursion above the ceiling/peak exposure limit.

When referring to the following tables of criteria and effects, it is necessary to keep the principles and practices discussed above in mind. To interpret or apply these numbers to any particular set of environmental conditions, the advice and council of a qualified occupational health professional is necessary.

TABLE I OF APPENDIX 1

ENVIRONMENTAL CRITERIA AND PRINCIPAL HEALTH EFFECTS FOR AIRBORNE CONTAMINANTS
 [Please note: this table is not to be duplicated without Appendix 1 text.]

JANUARY 1982

UNITS ARE GIVEN IN BOTH: PARTS PER MILLION PARTS OF AIR BY VOLUME (ppm) / AND THE EQUIVALENT / MILLIGRAMS PER CUBIC METER OF AIR (mg/m³)

COMPOUNDS AND (SYNONYMS)	ACGIH (TLV)		OSHA (PEL)			NIOSH		PRINCIPAL HEALTH EFFECTS TARGET ORGANS AND [REFERENCES]	NOTES
	TWA	STEL	TWA	CEILING	PEAK	TWA	CEILING		
	[ppm]	[ppm]	[ppm]	[ppm]	[ppm]	[ppm]	[ppm]		
	mg/m ³	mg/m ³	mg/m ³	mg/m ³	mg/m ³	mg/m ³	mg/m ³		
Benzene C ₆ H ₁₂ (SYN: Coal Tar Naphtha)	A2[10.0] A2 30.0	A2[25.0] A2 75.0	[10.0] 30.0	[25.0] 75.0	[** 50.0] 150.0	----- -----	[1.0] *3.2	LEUKEMIA [NIOSH CRITERIA] effects blood, bones, CNS, eyes, respiratory system.	**10' *60'
Ethyl Alcohol (SYN: Ethanol, Grain Alchoh)	[1000.0] 1900	----- -----	[1000.0] 1900	----- -----	----- -----	----- -----	----- -----	Mild eye and nose irritation, headache drowsy, tremors, & fatigue. (SYNERGISTIC)	
Formaldehyde (SYN: Formalin)	# A2 # A2	----- -----	[3.0] 3.6	[5.0] 6.0	[** 10.0] ** 12.0	LFL LFL	----- -----	SUSPECT CARCINOGEN-[CURRENT INTELEGENCE BULLETIN No.34] Eye, skin, and respiratory irritant;	**30'
n-Hexane (SYN: Hexyl hydride)	#[50.0] # 180.0	----- -----	[500.0] 1,800.0	----- -----	----- -----	[100.0] 360.0	*[510.0] * 1,800	POLYNEUROPATHY-[NIOSH CRITERIA ALKANES] Lt. head ;giddy, nausea, headache, irr; eyes, nose, skin.	*15'
Hexane (Other than normal) (SYN: Hexyl hydride)	#[500.0] # 1800.0	#[1000.0] #3600.0	----- -----	----- -----	----- -----	----- -----	----- -----	Effects skin, eyes and nose causing Lighthead ,giddy, nausea, headache, irr; eyes, nose, skin.	
Xylene(o-,m-,p-isomers) (SYN: Xylol)	[*100.0] 435.0	[*150.0] 655.0	[100.0] 435.0	----- -----	----- -----	[100] 435.0	[**200] **870.0	Central Nervous System, GI tract, blood, liver, kidneys, & skin. Dizzy, Stagger, nausea, vomit	*SKIN **10'

NOTES:

- (* , **) notes in right column for each entry.
 # indicates that the following value is a proposed revision to the TLVs.
 C Designates a ceiling value not to be exceeded at any time.
 A2 Industrial substance suspect of carcinogenic potential for man.
 ACGIH American Conference of Governmental Industrial Hygienists.
 TLV* Threshold Limit Values for Chemical Substances and Physical Agents in the Workroom Environment with Intended Changes.
 STEL Short Term Exposure Limit) - the maximal concentration to which workers can be exposed for a period up to 15 minutes continuously, provided that no more than four excursions per day are permitted, with at least 60 minutes between exposures.
 TWA For ACGIH AND OSHA- The time-weighted average concentration for a normal 8-hour workday and a 40-hour workweek to which nearly all workers may be repeatedly exposed, day after day, without adverse effect.
 For NIOSH- The time-weighted average concentration for a normal work period up to 10-hours per day and a 40-hour workweek to which nearly all workers may be repeatedly exposed, day after day, without adverse effect.
 CEILING For ACGIH - The concentration that should not be exceeded even instantaneously.
 For OSHA - The permissible ceiling for an 8-hour day.
 PEAK For NIOSH- The concentration that should not be exceeded at any time and that should be measured over a specified short-term sampling period.
 OSHA acceptable maximum peak above the ceiling for a specified maximum duration.

APPENDIX 2
HETA 81-180

LOCAL EXHAUST PERFORMANCE EVALUATION
ROBERT A. TAFT LABORATORIES
SEPTEMBER 1981

The assessment of local exhaust performance in this appendix is based on the Laboratory Fume Hood Standards, Recommended for the U.S. Environmental Protection Agency. They were reported in January 1978 by R.I. Chamberlin and J.E. Leahy under EPA Contract No. 68-01-4661. The application of this laboratory fume hood standard is outlined briefly in the executive summary included here from that report.

EXECUTIVE SUMMARY

The laboratory fume hood if designed, installed, operated, and maintained properly will provide personnel with a high degree of protection and allow the user to work with a wide range of potentially hazardous materials.

The design of the basic laboratory hood and its capability to provide desired control can be evaluated by existing performance testing procedures. Assurance that the equipment can meet such criteria is essential.

Hood performance is a function of airflow characteristics as well as quantity. Not enough emphasis has been placed on these characteristics and too much emphasis has traditionally been placed on quantity. External factors have a great effect on hood performance. Of these, hood location and room air turbulence from any number of sources are of prime concern. Where such conditions exist, they should be corrected as the first step in any program to up-grade laboratory hood performance.

The manner in which make-up air is provided is very important. This air should reach the hood face in a manner that enhances overall hood performance. It should "fill-in" the low pressure area in front of the operator without causing other adverse turbulent conditions.

The control velocities required at the hood face range from 80 FPM for ideal laboratory situations to 100 FPM for good arrangements. These flow rates will provide the worker protection desired for any operations that should be performed in this type of equipment. Flows lower than those proposed do not provide the safety factors desired for normal conditions such as operator movement. Higher flows than those proposed are not required for "good" laboratory arrangements and do not improve performance for "poor" arrangements.

- "Ideal"
- (1) Excellent location, end of room or bay, no door or window problems.
 - (2) Essentially no pedestrian traffic, other than hood operator.
 - (3) All of the required laboratory hood make-up air, drawn or induced, so as to enhance overall hood performance. For example, a properly designed and located perforated ceiling section or well-designed auxiliary air-type hood plenum.
 - (4) No other grilles or diffusers exist that produce air at measurable velocities in the hood area.

- "Good"
- (1) Good location, no door or window problems, and not on a main aisle.
 - (2) Minimum traffic other than hood operator.
 - (3) Have air supplied to lab so velocity from diffusers or grilles does not exceed 25 FPM in vicinity of hood.

"Poor" Where any one or more of the conditions noted above are not met.

Tests indicate that hood system designs which incorporate true control of the air in the area in front of the hood operator are safer than conventional exhaust hoods.

This appendix provides a one page summary of each laboratory hood evaluation based on criteria similar to the EPA criteria. It also includes comments on other local exhaust systems and the general air balance of the rooms with respect to the hallway. Each assessment is patterned after the EPA method with modifications.

The face velocity measurements are shown for fully open sash and for the sash lowered to six inches from the working surface, for each vertical sash hood. The basis of assessing adequacy of performance is included for each case. The average face velocity and total flow volumes are calculated. In the case of Ideal or Good environmental factors and fully open sash the average face velocity should be between 80 and 100 FPM and the measured velocities should not vary more than 10 FPM from the average. The velocities measured with the sash at a height of 6 inches should be at least twice but not more than 3 times the measurements taken with the sash fully open.

The room rating is based on the quality of the room environment. It is judged primarily upon the amount of cross draft found with the hood closed. The EPA method called for measurements of ambient air currents in the hood face with the hood off. Most of the Taft Lab hoods are not shut off, therefore measurements of ambient air currents were taken with the hood sash closed in a plane lateral to the face and approximately 3 inches out from it. There is of course a direct relationship between the location of the hood in the room and the cross-draft effect from room air registers and doors. Therefore two hoods in the same room can have different room ratings.

The suitability of the hood location is judged on the basis of pedestrian traffic patterns around the hood. This evaluation is independent of the room rating discussed above.

The Titanium Tetrachloride flow pattern observations were taken by slowly drawing the smoke tube across the face about four inches inside the hood and at various levels to observe the currents and eddies. This provides a more complete representation of the hood's flow patterns and capture effectiveness.

The EPA protocol also calls for a one-minute smoke bomb discharge to measure the effectiveness of smoke removal with the sash fully raised, at six inches, and closed. This test was considered to be too time consuming to be applied to the 28 hoods evaluated in this Hazard Evaluation.

The EPA requires considerable documentation on each system such as; fan size, number of belts, static pressures, filters, work surfaces, controls, lighting, slots, bypass, etc. This information should be readily available to the facilities engineer to assist in performance checks, however, it is beyond the scope of this survey to provide such extensive documentation. An example of the Hood Card File is provided as Figure 1 of this appendix.

The absence of bypasses on most of the Taft Lab hoods should be recognized as a general deficiency which will not be commented on for each location. The excessively high face velocities measured at the 6-inch sash height are indicative of the problem. It is not practical to close these hoods. Therefore, effectiveness of control during periods of nonuse is dependent on the position the sash is left in and the interference in the room environment.

Materials used in the hoods should also be documented along with their toxicity and control requirements. This is a topic which will require considerable inhouse effort to devise mechanisms to provide continuing surveillance. This survey identified only a fraction of the uses of each hood and is not intended to assess the overall adequacy of use for each procedure.

The ventilation performance evaluation provided here is a starting point to assess various applications now in use or anticipated for use in various hoods. In cases where general performance deficiencies were identified, they are commented on with some suggested approach to improve the performance.

In addition to the Laboratory Hoods there are a number of local exhaust hoods which are used for various special applications. These were also discussed on the same page with the hood in the comment section for each room location. The data is present in order of the room numbers. If more than one hood is in a room it is identified by location in the room.

Maximum sash height recommendations are made for most of the hoods. These values are based on face velocity and smoke tube observations at the time of the survey, at the recommended height. The use of these work practice limitations is not considered a correction for the deficient ratings in Hood Location and Room Factors. This level will provide a minimum interim control only if the adverse environmental factors are also controlled. The ultimate corrective measures should include provisions for all of the deficiencies. A few examples of acceptable and unacceptable corrective measures follow.

1. Where the room factor is poor due to air discharge in excess of 25 fpm across the hood face, a register deflector may provide an inexpensive means of correction.
2. Where cross currents are created by pedestrian traffic or door movements, it may be more cost effective to build a wall isolating the hood from traffic than to move the hood.
3. Where one of two doors in a laboratory is the cause of a poor rating, it is acceptable practice to place, emergency egress only, hardware on that door. This effectively eliminates the poor traffic pattern rating in many cases. Signs alone would not be adequate control of traffic.
4. Where the hood face velocities and smoke tube observations can be adjusted to provide acceptable interim control, the hood should be posted with an official NIOSH approval similar to the adhesive backed sticker used by EPA as shown in Figure No. 2.

Summary Findings for
Taft Laboratories Fume Hood Performance Evaluation
by EPA Fume Hood Criteria

September 1981

Room #	Hood Location	Room Pressure	Face Velocity Analysis					Less Than 3X Avg. Velocity	Room Factor Rating	Hood Location Rating	Smoke Tube Observation
			Average Full Open		Variation (<+10 FPM)	At 6"					
			FPM	CFM		FPM	CFM				
B-04	Tissue Preparation	-	92	1434	Yes	(Horizontal Sash)	Yes	G	G	St	
B-04**	Left Exhaust Table	-	202	912	No	(No Sash)	Yes	G	G	S	
B-04**	Right Exhaust Table	-	340	1536	No	(No Sash)	Yes	G	G	S	
B-19	SW Corner	NP	240	2790	No	508 1313	Yes	UK	G	S	
B-19	SE Corner	NP	370	2674	No	556 892	Yes	UK	G	U	
B-23	Next to the Door	NP	(46)	435	Yes	122 254	Yes	G	G††	U	
B-40	Histology	NP	89	1214	No	430 1164	No	G	G	U	
B-41	Immuno Tox Lab	NP	(56)	410	No	225 365	No	P	P	U	
B-42	Hematology	NP	149	1274	No	715 1310	No	G	I	S	
B-44	Tech Svc Br	-	(56)	414	No	216 343	No	P	P	U	
B-60	Hood on Left	PP	80	637	No	280 478	No	P	G	S	
B-60	Hood in Middle	PP	78	628	No	318 543	No	P	G	U	
B-60	Hood on Right	PP	79	632	No	310 529	No	P	G	S	
B-66	Training Eq't Rm	PP	(62)	496	No	266 455	No	P	P	U	
301	SW Corner	NP	(50)	409	No	273 449	No	P	P	U	
302	SE Corner	-	110	851	No	463 752	No	P	P	S	
304	SE Corner	PP	(34)	626	No	182 655	No	P	P	U	
304	Far Corner	PP	(20)	67	No	76 71	No	I	I	S	
402	Outside Wall	NP	86	728	No	335 663	No	P	G	S	
424	Between Door & Air	-	(60)	912	Yes	Broken Sash Cables					
430	Far Corner	NP	191	1379	No	463 743	Yes	I	I	S	
449	South Wall	NP	(48)	762	No	275 813	No	P	P	U	

(continued)

Summary Findings ... (continued)

Room #	Hood Location	Room Pressure	Average Full Open		Variation (<+10 FPM)	At 6"		Less Than 3X Avg. Velocity	Room Factor Rating	Hood Location Rating	Smoke Tube Observation
			FPM	CFM		FPM	CFM				
449	West Wall, SW Corner	NP	123	1134	No	(Half open)					
-	With Dbl. Ver. Sash	NP	87	1522	No	232	610	Yes	P	P	U
452	South Wall	-	128	1008	Yes	410	802	Yes	P	P	S
460	Perchloric Acid	NP	184	3213	No	760	2739	No	I	I	S
460	Center of Room	NP	(37)	355	Yes	160	283	No	G	G	S
461***	Wall by Door	NP	145	1978	No	103	266	Yes	G	P	S

NP = Room under negative pressure w.r.t. hall.

PP = Room under positive pressure w.r.t. hall.

S = Satisfactory

U = Unsatisfactory

P = Poor

G = Good

I = Ideal

UK = Unknown - cannot evaluate until excessive rates of exhaust are adjusted

† = This is true only when both sashes are placed in front of the opening and not both on one side.

†† = Requires strict observance of work practices. Door locked and lower sash if necessary to open.

** = Not a hood - Lateral exhaust tables no sashes.

*** = Not a standard hood configuration (Housing and Instrument).

HOOD FACE VELOCITY AND FLOW RATE CALCULATIONS

Room: B-04 Location: Tissue Preparation Lab. NIOSH #10598

Type of Hood: Standard Auxillary Air Other: Lateral sliding sashes

Flow with sash full open.

Face Velocity Measurements

90	100	100
90	90	90
90	90	90

Sub Total 830 Number of data points 9

Avg. Face Vel. (fpm) 92
 (Under ideal to good physical conditions should be 80 - 100 fpm and should not vary more than (+) 10 fpm from the average.)

Height (avg.) = h (in.) 35. Width = l (in.) 64.
 Conversion sq feet 144. Area = a (sq. ft.) 15.5
 Flow q = (CFM) 1,434

Flow with sash at 6 in. Measured Velocities (fpm) and their (Sum)

000	000	000	000
-----	-----	-----	-----

Sub Total --- N/A Number of data points

(Readings should be at least 2 but not more than 3 times the velocity with the sash fully raised.)

Avg. Vel. (fpm) 0
 Height h = N/A Width = l (same as above)
 Conversion to sq. ft. 144 Area a = l x h = (sq. ft.) 0.0
 Flow q = (CFM) 0

OBSERVATIONS AND COMMENTS

Titanium Tetrachloride indication of flow patterns at hood face:
 Satisfactory X Unsatisfactory Describe; This was true only when the two sliding sashes were placed in front of the hood opening and not both on the same side.

Room Rating: Good; Return air was provided along the full length of the walls opposite each of the hoods. It entered at ceiling height (8-10 feet).

Hood Location: Good; The only passing traffic is the technician using this hood.

Recommended Sash Height: See Comments

Materials used in hood: Formalin, Xylene, Ethanol, Formic Acid, others.

COMMENTS: These measurements reflect the two horizontal sliding doors positioned one on each half of the face. The actual operating conditions observed were with both doors on the right side and pushed beyond the limits of the face. This resulted in a much less desirable capture velocity pattern with losses due to turbulence in the lower left quadrant around the Tecnicon® instrument housed in this hood.

HOOD FACE VELOCITY AND FLOW RATE CALCULATIONS.

Room: B-04 Location: Two Lateral Exhaust Tables along the wall
 Type of hood: Standard Auxillary Air Other: Two exhaust tables with sashes
Left Exhaust Table.

	Face Velocity Measurements		
(damper half open)	225	265	110
	185	210	220
Sub Total-----	1,215	Number of data points 6	

Avg. Face Vel.(fpm) 202
 (Under ideal to good physical conditions should be 80 - 100 fpm and should not vary more than (+) 10 fpm from the average.)

Height =h (in.)	11	Width =l (in.)	59
Conversion sq. ft.	144	Area =a (sq. ft.)	4.5
Flow =q (CFM)	<u>912</u>		

Right Exhaust Table.

	Measured Velocities (fpm) and their (<u>Sum</u>)		
(damper full open)	335	430	360
	335	360	225
Sub Total ---	2,045	Number of data points 6	

(Under ideal to good physical conditions should be 80 - 100 fpm and should not vary more than (+) 10 fpm from the average.)

Avg. Vel. (fpm)	<u>340</u>	Width =	59
Height h=	11	Area a =l x h=(sq. ft.)	4.5
Conversion to sq. ft.	144		
Flow q = a x f (CFM)	<u>1,536</u>		

OBSERVATIONS AND COMMENTS.

Titanium Tetrachloride indication of flow patterns at hood face:
 Satisfactory X Unsatisfactory Describe; Even with considerable air blockage from cluttered table tops, the capture appeared good. Only on one end of one table where blockage was complete was there a slight problem.

Room Rating:Good; Return air provided along the opposite wall at ceiling height.

Hood Location:Good; The only traffic is the technician working there.

Recommended Sash Height:N/A

Materials used in hood:Formalin, Xylene, Ethanol, and Zeukers fluid.

Comments: The excess Formalin from tissue containers is poured off in the sinks under the slot exhausts. A damper is readily adjustable for each table; the effect of partial closing of the damper was observed in the left hood measurements.

Room: 449

Location: West Wall - CONTINUED

NIOSH 16624

OBSERVATIONS AND COMMENTS

Titanium Tetrachloride indication of flow patterns at hood face:
Satisfactory _____ Unsatisfactory X Describe; Both ends flow is obstructed by glass chromatography chambers sitting on the work surface.

Room Rating: Poor; The cross currents with sash closed fluctuated wildly and as high as 50 and 70 FPM.

Hood Location: Poor; In pathway with narrow passage in front of the hood face.

Recommended Sash Height: Unrestricted - with operational changes noted below.

Materials used in hood: Ethyl acetate, Methanol, Benzene, Hexane, other solvents.

Comments: This is a toxicology lab. This hood is used for low-pressure chromatography.

Considering the wide range of the sash, this hood performed well. However, the laboratory instruments and equipment sitting on the work surface prevented its properly controlling emissions. Placing these items on elevated racks would allow airflow underneath and should improve the control pattern. The deflection of the return air cross draft is necessary to have effective control at the face of the hood.

APPENDIX 2

Figure 1

Example EPA Form

Data: Man Rds.		Damper Position	RPM	Ave. Face Vel.	Sash Hgt.	Filter SF	
						Inlet	Outlet

Filter Chgd:		Previous Filter Chg:		Duct Transition FS Fan Blade	Material	Condition
Filter: Name- Type-	Pre Filter: Name- Type-					

Exhaust Fan Data:

Name of Fan:	Model No:	Size:
Size of Motor:	RPM:	
So: Inlet -	Outlet -	
Number of Belts	Size:	

Supply Fan Data:

Name of Fan:	Model No:	Size:
Size of Motor:	RPM:	
So: Inlet -	Outlet -	
Number of Belts	Size:	

Accessories:

- Steam Bath
- Wash Down

Data: _____

EPA HOOD CARD

Code No. _____

Organization
Person i/c
Materials Used in Hood

Hood Data
Mfg:
Type:
Sashes:
Slocs:
By-Pass:
Lighting:
General Physical Condition:

How Operated

Switch Location
Other switches on system
Fan location
Fan identified

Work Surface

Material:
Recessed:

Interior Surface

Material:

Other Hoods on This System

- Dampers
- Manual
- Other

Filters Type, manometer, tickled

Use of Room:

- Person Interviewed
- Room Racing
- Hood Location

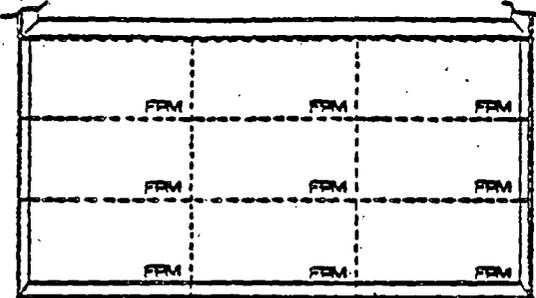
Recommended Sash Height

Labeled:

DRUCE CT. CIV.

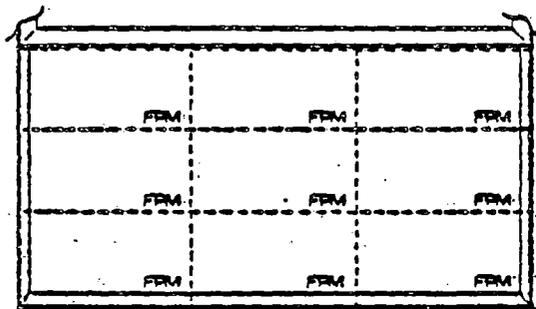
LABORATORY CHEMICAL FUME HOOD INSPECTION	DATE OF PREVIOUS INSPECTION: _____ DATE THIS INSPECTION PERFORMED BY (Name) _____
LOCATION OF HOOD: _____	TYPE OF HOOD <input type="checkbox"/> Standard <input type="checkbox"/> Auxiliary Air supply <input type="checkbox"/> Other (Specify) _____
GENERAL TOXICITY RATING OF MATERIAL USED IN HOOD <input type="checkbox"/> Low (STEL \geq 1,000 PPM) <input type="checkbox"/> Medium <input type="checkbox"/> High (STEL \leq 10 PPM)	CROSS SECTIONAL AREA AT FACE Height: _____ feet x Width: _____ feet = _____ feet ²

AIR VELOCITY READINGS
(Readings are to be taken at each of the prescribed frontal locations.)



Exhaust off, sash fully raised.
(Exhaust flow value equal to zero CFPM.)

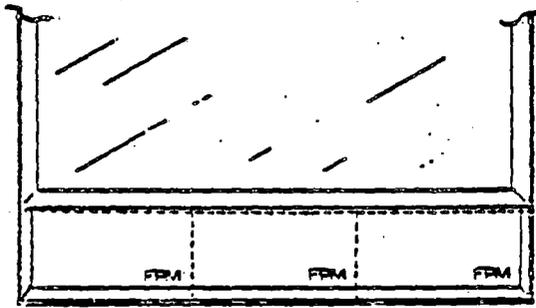
Average value: _____ FPM.
(Value should not exceed 20 FPM.)



Exhaust on, sash fully raised.
(Readings may not vary more than \pm 10 FPM from average value.)

Average value: _____ FPM.
(Value should be 60-100 FPM.)

Exhaust flow value _____ CFPM.



Exhaust on, sash 6 inches above work surface.
(Readings shall be at least 2 but not more than 3 times the face velocity when sash was fully raised.)

Average value: _____ FPM.

Exhaust flow value: _____ CFPM.

EXHAUST READING WITH SASH CLOSED

Should be essentially the same readings as those obtained with sash fully opened and sash 6 inches above the work surface.

Exhaust flow value _____ CFPM.

TITANIUM TETRACHLORIDE INDICATION OF FLOW PATTERNS AT HOOD FACE.

ONE-MINUTE SMOKE BOMB DISCHARGE.

- Satisfactory flow patterns evident.
- Unsatisfactory (Describe): _____

- Effective smoke removal with sash fully raised.
- Effective smoke removal with sash 6 inches above work surface.
- Effective smoke removal with sash closed.

If unsatisfactory, describes: _____

APPROVAL

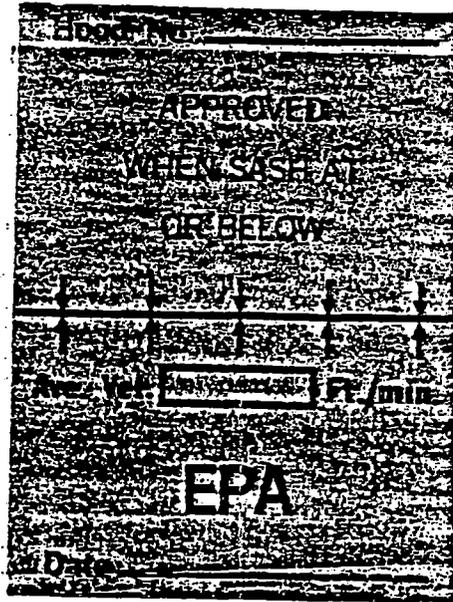
- This hood is found to be acceptable for use with materials of the general toxicity rating as specified above.
- This hood has been found UNACCEPTABLE.

SIGNATURE _____ DATE _____

Appendix 2

Figure 2

Example EPA Fume Hood Sash Height
Certification Sticker



DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH
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