

Medical Services

Occupational and Environmental Health Guidelines for the Evaluation and Control of Asbestos Exposure

Headquarters
Department of the Army
Washington, DC
10 July 2013

UNCLASSIFIED

SUMMARY

DA PAM 40-513

Occupational and Environmental Health Guidelines for the Evaluation and Control of Asbestos Exposure

This new publication, dated 10 July 2013--

- o Describes the procedures for implementing the Occupational Safety and Health Administration asbestos standard promulgated in Title 29, Code of Federal Regulations, sections 1910.1001, 1915.1001 and 1926.1101 (para 1-5a(3)).
- o Identifies the Occupational Safety and Health Administration asbestos program standards (chap 2).
- o Changes the nonoccupational asbestos exposure program standards as identified in technical bulletin medical 513 (chap 2).
- o Describes post-abatement requirements (chap 4).
- o Describes the requirement for a competent person for abatement operations (chap 8).
- o Describes asbestos accreditation requirements (para 9-2b).
- o Replaces and expands the requirements found in technical bulletin medical 513 (throughout).

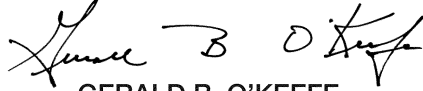
Medical Services

**Occupational and Environmental Health Guidelines for the Evaluation and Control
of Asbestos Exposure**

By Order of the Secretary of the Army:

RAYMOND T. ODIERNO
General, United States Army
Chief of Staff

Official:


GERALD B. O'KEEFE
*Acting Administrative Assistant
to the Secretary of the Army*

History. This is a new Department of the Army pamphlet.

Summary. This pamphlet provides guidance for implementing the essential elements of both an environmental and an occupational asbestos program. This document also provides requirements and guidance for the medical commander's

support to the installation asbestos management program.

Applicability. This pamphlet applies to the Active Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve, unless otherwise stated. This publication is applicable during mobilization.

Proponent and exception authority. The proponent of this pamphlet is The Surgeon General. The proponent has the authority to approve exceptions or waivers to this pamphlet that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this pamphlet by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the

commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25-30 for specific guidance.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Office of The Surgeon General (DASG-HSZ), 7700 Arlington Boulevard, Suite 5140, Falls Church, VA 22042-5140.

Distribution. This publication is available in electronic media only and is intended for command levels C, D, and/or E for the Active Army, Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

Contents (Listed by paragraph and page number)

Chapter 1

Introduction, page 1

Purpose • 1-1, page 1

References • 1-2, page 1

Explanation of abbreviations and terms • 1-3, page 1

Background • 1-4, page 1

Objectives • 1-5, page 1

Chapter 2

Asbestos Health Approach, page 1

Installation asbestos management program • 2-1, page 1

Occupational asbestos exposure • 2-2, page 2

Nonoccupational asbestos exposure • 2-3, page 3

Deployments and overseas contingency operations • 2-4, page 3

*This pamphlet supersedes TB MED 513, Occupational and Environmental Health Guidelines for the Evaluation and Control of Asbestos Exposure, dated 15 December 1986.

Contents—Continued

Chapter 3

Medical Commander and Contact Support by Category of Work, *page 3*

Government industrial operations • 3–1, *page 3*

Government facility abatement and maintenance activities • 3–2, *page 3*

Contract abatement and maintenance activities • 3–3, *page 3*

Chapter 4

Post-Abatement Requirements, *page 4*

Release of an area to normal use • 4–1, *page 4*

Wipe samples • 4–2, *page 4*

Chapter 5

Medical Surveillance, *page 4*

Examinations • 5–1, *page 4*

Physician statement • 5–2, *page 5*

Recordkeeping • 5–3, *page 5*

Chapter 6

Personal Protective Equipment, *page 5*

Selection • 6–1, *page 5*

Protective equipment program • 6–2, *page 5*

Chapter 7

Other Asbestos Program Requirements, *page 6*

Emergency response • 7–1, *page 6*

Recreational activities • 7–2, *page 6*

Review of abatement plans • 7–3, *page 6*

Chapter 8

Competent Person, *page 6*

Competent person requirement • 8–1, *page 6*

Medical commander competent person support • 8–2, *page 6*

Chapter 9

Training, *page 6*

Asbestos training • 9–1, *page 6*

Asbestos accreditation • 9–2, *page 6*

Occupational Safety and Health Administration training requirements • 9–3, *page 7*

Training of medical commander personnel • 9–4, *page 7*

Chapter 10

Environmental Differential Pay and Hazardous Duty Pay, *page 7*

Types of support • 10–1, *page 7*

Standards • 10–2, *page 7*

Appendix A. References, *page 8*

Glossary

Chapter 1

Introduction

1-1. Purpose

This Department of the Army pamphlet (DA Pam) provides guidance for implementing the essential elements of both an environmental and an occupational asbestos program. This DA Pam also provides requirements and guidance for the medical commander's support to the installation asbestos management program.

1-2. References

Required and related publications are listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and terms used in this pamphlet are explained in the glossary.

1-4. Background

a. The asbestos risk mitigation strategy approach at any installation can be divided into three program elements: the installation asbestos management program (IAMP) (para 2-1), the occupational asbestos exposure program (para 2-2), and the nonoccupational asbestos exposure program (para 2-3). There is much overlap among these three program elements.

b. Therefore, the medical commander, garrison safety manager, and the garrison director of public works (DPW) need to constantly interact in order for these programs to be managed effectively.

c. The occupational asbestos exposure program element and the nonoccupational asbestos exposure program element address personnel exposure to asbestos from occupational and nonoccupational activities such as DPW maintenance activities, motor pool maintenance activities, and after-work activities involving craft shops. These program elements are U.S. Army Medical Command-managed program elements.

1-5. Objectives

a. This DA Pam—

(1) Provides preventive medicine information and guidance to establish a comprehensive program that promotes health and protects civilian and military personnel against adverse effects of asbestos exposure.

(2) Applies to military, civilian personnel, local nationals, and on-post family members worldwide who are occupationally or nonoccupationally exposed to asbestos, to include deployments and overseas contingency operations.

(3) Includes guidance on implementing the Occupational Safety and Health Administration (OSHA) asbestos standard promulgated in Title 29, Code of Federal Regulations (CFR), sections 1910.1001, 1915.1001 and 1926.1101.

(4) Outlines Army Medical Department (medical commander) support to the IAMP.

b. The applicability of State and local requirements in asbestos removal and disposal work depends on whether the workers involved are Federal or contract workers and whether the requirements originate from State and local occupational safety and health standards or from Clean Air Act standards (Title 42, United States Code (USC), chapter 85).

c. Army policy requires removal or abatement of asbestos-containing material (ACM) when it is identified to be a hazard. Abatement measures are outlined in paragraph 2-1a(3). In addition, ACMs are not procured or specified when a suitable substitute exists.

Chapter 2

Asbestos Health Approach

2-1. Installation asbestos management program

The IAMP deals with environmental aspects of asbestos in real property facilities and the disposal of ACM. An ACM is defined by OSHA in 29 CFR 1910.1001, 1915.1001, and 1926.1101 and by the United States Environmental Protection Agency (EPA) in 40 CFR 61 and 763 as any material that contains more than one percent of asbestos, while asbestos-containing building material (ACBM) is defined by EPA in 40 CFR 763.83 as any building material that contains more than one percent of asbestos. The IAMP is a DPW- or facility engineering-managed program. Army Regulation (AR) 200-1 and AR 420-1 describe the IAMP elements. In addition, some State, local, and/or host nation governments have additional IAMP requirements that do apply to Department of Defense (DOD) facilities. The installation DPW, or the equivalent, organizes and manages the program to locate, assess, and control all the ACBM in Army-managed buildings. The DPW is required to establish an installation asbestos management team (or equivalent) and appoint an asbestos management control officer (or team leader). The team's responsibilities include preparation, coordination, and execution of the IAMP.

a. Basic elements of the installation asbestos management program. The IAMP consists of the three basic elements listed below. Specific information on each of the basic elements can be found in AR 200–1 and AR 420–1.

(1) *Inventory.* An Asbestos Hazard Emergency Response Act (AHERA)-accredited asbestos building inspector will conduct a building-by-building inspection to locate and identify all presumed ACBM and determine its condition as outlined in 40 CFR 763. As part of the inspection, bulk samples are normally taken to determine which of the presumed ACBM actually contains asbestos and what type of asbestos the material contains. Records must be maintained on what building materials contain asbestos, how much and/or what type of asbestos the materials contain, where these materials are located, and what is the condition of the materials. The inventory must be updated to include any changes due to asbestos abatement. The requirements for the building inspection are outlined in 40 CFR 763, AR 200–1, and AR 420–1.

(2) *Assessment.* Asbestos management planners accredited according to Appendix C to Subpart E of 40 CFR 763 will conduct a subjective evaluation and assessment of the health hazards posed by the ACBM identified in the asbestos building inspection. AR 200–1 and AR 420–1 specify the criteria for performing this assessment.

(3) *Control.* The control (or abatement) of the potential health hazards posed by the ACBM includes both engineering and administrative solutions. The criteria for selecting and performing the controls can be found in AR 200–1.

(a) Engineering controls include removal, enclosure, repair, and encapsulation of the ACBM. Enclosure, repair, and encapsulation are not permanent solutions and must be used in association with administrative controls.

(b) Administrative controls (referred to as “management in place”) include operations and maintenance plans, periodic inspection, recordkeeping, and training.

b. Medical commander and contract functions for the installation asbestos management program. A representative of the medical commander serves on the asbestos management team (or equivalent) as the occupational health and industrial hygiene expert. The representative from the medical commander can provide guidance to the team on all industrial hygiene and occupational health issues and requirements and perform the duties and responsibilities outlined in AR 200–1, DA Pam 40–11, and DA Pam 40–503.

(1) Asbestos abatement performed by Department of the Army personnel. The preventive medicine department or industrial hygiene office of the medical commander—

(a) Reviews and approves the work plan where resources and availability of trained personnel permit.

(b) Acts as a competent person as defined in 29 CFR 1926.1101 and chapter 8 of this pamphlet where resources and availability of trained personnel permit.

(c) Assists supervisors, environmental office and the safety office with the selection of personal protective equipment (PPE).

(d) Ensures that all Department of the Army (DA) personnel exposures to asbestos are evaluated as required by DA Pam 40–11 and DA Pam 40–503 and ensures that personal and general area air sampling are performed to determine DA personnel’s exposure to asbestos. Also all exposure data are reviewed by preventive medicine or the installation industrial hygiene office to ensure that the data was collected correctly and that all DA personnel exposures met the requirements of the standards outlined in paragraph 2–2 of this pamphlet.

(e) Determines if the area or room can be returned to normal use after the abatement has been completed by reviewing the post-abatement air sampling results. The DPW personnel or their contractor performs the post-abatement clearance air sampling.

(2) Asbestos abatement performed by contract. Where resources and availability of trained personnel permit, the contracting officer can request the medical commander to—

(a) Review all contract specifications and work plans to ensure that they protect the health of Government employees.

(b) Act as the contracting officer’s technical representative (COTR) when the industrial hygiene oversight services are contracted separately.

(c) Assist DPW in determining if the area or room can be returned to normal use after the abatement has been completed by reviewing the clearance air sampling. The DPW personnel or their contractor perform the clearance air sampling.

2–2. Occupational asbestos exposure

a. Occupational asbestos exposure is any direct or indirect exposure to asbestos that occurs as a result of employment.

b. The following OSHA provisions are adopted in their entirety:

(1) General Industry Asbestos Standard (29 CFR 1910.1001).

(2) Construction Industry Asbestos Standard (29 CFR 1926.1101).

(3) Maritime Ship Building and Breaking Asbestos Standard (29 CFR 1915.1001).

c. These provisions will be superseded by any more stringent provisions set by the OSHA or adopted by the American Conference of Governmental Industrial Hygienists.

2-3. Nonoccupational asbestos exposure

a. Nonoccupational asbestos exposure is any exposure to asbestos that occurs on DA- or DOD-owned-or-controlled facilities when DA personnel and their family members are performing activities that are not part of their employment. Note that privatized houses are not DA- or DOD-owned-or-controlled facilities.

b. For living in or using Army-owned-or-leased facilities, DA ensures that all the potential sources of ACM are managed according to the IAMP outlined in AR 200-1 and AR 420-1. All ACM is maintained in good condition. Any damaged ACBM is repaired or removed according to the installation asbestos management plan by DPW or equivalent as soon as reasonably possible.

c. Exposure to asbestos while working on hobbies and self-help projects performed under the supervision or direction of personnel from the installation morale, welfare, and recreation organizations within Army-owned-or-leased facilities is controlled following the same requirements outlined in the applicable OSHA regulation. For example, when working on automobile brakes, the procedure stipulated in 29 CFR 1910.1001 is followed. Note that self-help home maintenance projects that involve work on ACM are not authorized according to AR 420-1.

d. For exposures that occur at DOD-dependent schools or Army-owned-or-leased day care centers, DA ensures that all the potential sources of ACM are managed according to the IAMP outlined in 40 CFR 763, AR 200-1, AR 420-1, and AR 608-10. All ACBM is maintained in good condition. Any damaged ACBM is repaired or removed or the area is isolated according to the IAMP by DPW or equivalent as soon as reasonably possible.

2-4. Deployments and overseas contingency operations

a. Commanders at all levels in forward-deployed and/or overseas contingency operations are responsible for implementing measures to identify and mitigate the occupational and nonoccupational asbestos exposure risks. Medical assets should be used to identify ACM or ACBM prior to initial occupation of military personnel and identified exposure risks should be minimized within operational constraints. If asbestos exposure potential is determined to exist—

- (1) Initiate an asbestos management plan.
- (2) Obtain a roster of the population of interest.
- (3) Provide written hazard communication to all potentially exposed personnel.
- (4) Document the receipt of the hazard communication.

b. If medical personnel determine there was a significant potential for asbestos exposure in forward-deployed and/or overseas contingency operations, historical documentation of the potential exposure should be placed in the Servicemembers' medical records.

c. Medical personnel archive all pertinent information related to potential asbestos exposure in the Defense Occupational and Environmental Health Readiness System.

Chapter 3

Medical Commander and Contact Support by Category of Work

3-1. Government industrial operations

The medical commander provides all occupational health program support to any industrial operation with the potential to cause asbestos exposures to DA. The occupational health program support required is described in 29 CFR 1926.1101, 29 CFR 1915.1001, 29 CFR 1910.1001, and throughout this pamphlet.

3-2. Government facility abatement and maintenance activities

The medical commander provides all occupational health program support to any facility asbestos abatement and maintenance activities with the potential to cause asbestos exposures to DA personnel. The industrial hygiene support required is described in AR 200-1, DA Pam 40-11, 29 CFR 1910.1001, and 29 CFR 1926.1101. This support includes collecting and analyzing and/or interpreting personal and area samples during abatement activities, collecting and analyzing and/or interpreting clearance samples to release the area for normal occupancy at the end of the abatement, and acting as the competent person for abatement work done by in-house DA personnel.

3-3. Contract abatement and maintenance activities

When asbestos abatement and maintenance activities are contracted, the medical commander's support is limited to providing consultation to the Government contracting officials. The industrial hygiene support required is described in AR 200-1, DA Pam 40-11, and DA Pam 40-503. The primary concern of medical commander personnel during contract abatement and maintenance operations must be the protection of DA personnel and other building occupants. The medical commander's support to the contract asbestos abatement activities may include the following:

a. Reviewing contract specifications and statements of work for items affecting the health and safety of DA workers and building occupants.

- b. Reviewing contractor's work plans for compliance with health and safety regulations.
- c. Acting as the COTR for contract industrial hygiene services associated with facility asbestos abatement and maintenance. It is recommended that industrial hygiene services for the abatement projects be contracted separately from the abatement work in order to protect DA interests.
- d. Providing answers to health issues that occur during the execution of the contract.
- e. Sampling during abatement activities to ensure the integrity of the containment system and consequent protection of DA employees and other building occupants.

Chapter 4

Post-Abatement Requirements

4-1. Release of an area to normal use

The DPW is responsible for ensuring clearance sampling is performed. Where resources and availability of trained and accredited personnel permits, the medical commander representative may—

- a. Review all clearance sampling procedures.
- b. Ensure that the clearance sampling was performed according to the IAMP.
- c. Review and interpret all clearance sampling results. The clearance sampling results are compared to the standards in the IAMP.
- d. Determine when to release the abatement area to be returned to normal activities.

4-2. Wipe samples

Because there are no recognized standards, wipe samples are not to be used for clearance sampling or exposure monitoring. Wipe sampling also is not to be used to determine personnel's potential exposure to asbestos. However, wipe sampling may be used as a bulk sampling method to determine the presence and type of asbestos.

Chapter 5

Medical Surveillance

5-1. Examinations

The medical commander provides medical surveillance to Government personnel as outlined in this pamphlet and 29 CFR 1910.1001, 29 CFR 1915.1001, and 29 CFR 1926.1101.

a. *Preplacement examinations.* Employees receive a preplacement medical evaluation before being assigned to an occupation with exposure to airborne concentrations of asbestos at or above the OSHA time-weighted average or excursion limit permissible exposure limit (PEL), or when the employee will be performing class I, class II or class III asbestos abatement as defined in 29 CFR 1926.1101 (see para 2-2b(2)) for more than a combined total of 30 or more days per year, or when the employee must wear a respirator. This examination should be performed before the employee is assigned but no later than 10 working days following the thirtieth day of exposure. The preplacement medical evaluation should include—

- (1) Comprehensive medical and work histories to document symptomatology of respiratory disease, smoking history, and any past exposure to asbestos.
- (2) A physical examination with emphasis on respiratory, cardiovascular, and gastrointestinal systems.
- (3) Clinical laboratory studies, specifically—
 - (a) Chest x-ray, 14 by 17 inches, posterior-anterior. Note: Only a B-reader, a board-eligible and/or certified radiologist, or an experienced physician with known expertise in pneumoconioses should perform interpretation and classification. All interpreters should have a set of the International Labour Organization's International Classification of Radiographs for Pneumoconioses (2000) immediately available for reference.
 - (b) Pulmonary function tests to include measurement of forced vital capacity and forced expiratory volume at one second.
- (4) Completion of an OSHA respiratory disease standardized questionnaire which appears as appendix D of asbestos standards 29 CFR 1910.1001, 29 CFR 1926.1101, and 29 CFR 1915.1001.

b. *Annual examinations.*

(1) Employees receive an annual medical evaluation when exposed to asbestos at or above the OSHA PEL excursion limit for more than 30 days per year, or when the employee will be performing asbestos abatement as outlined in 29 CFR 1926.1101 for more than 30 days per year, or when the employee must wear a respirator. Workers who perform class I or class II asbestos work as outlined in 29 CFR 1926.1101, who are not exposed consistently, are

examined within 10 working days of their 30th day of exposure during the first year. Examinations will be conducted on such workers annually thereafter.

(2) Content of annual examinations is as discussed in paragraph 5-1a, above, except—

(a) Chest x-ray evaluations are conducted at the discretion of the physician for construction and abatement workers as discussed in 29 CFR 1926.1101.

(b) Chest x-ray evaluations for all other workers are conducted every five years until the elapsed time since first exposure reaches 10 years or greater. At such time, the frequency of chest x-ray evaluations will be every two years for workers between 35 and 45 years of age and yearly for those workers who are 45 years of age or older.

c. *Termination of employment examinations.*

(1) Personnel who are no longer exposed to asbestos, as defined in paragraph 5-1a, and who will be removed from the asbestos medical monitoring program receive a medical evaluation as outlined in paragraph 5-1b. This evaluation is made available to any employee who has received an annual asbestos examination as specified in paragraphs 5-1a or 5-1b, above. This examination is performed within 30 calendar days before or after termination of employment.

(2) No examination is required if the employee has undergone an examination as specified in paragraphs 5-1a or 5-1b within the past year.

5-2. Physician statement

a. The examining physician includes a signed statement in the employee's medical record stating—

(1) The results of the examination.

(2) Information as to whether the employee has any medical condition that would place the employee at increased risk of health impairment subsequent to asbestos exposure.

(3) Recommended limitation on use of PPE by the employee.

(4) The employee has been appraised of the examination results and of any medical conditions that may be related to asbestos exposure.

(5) The employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

b. The OSHA asbestos standards (29 CFR 1910.1001, 29 CFR 1915.1001, and 29 CFR 1926.1101) require the employer to obtain a written and signed statement from the examining physician and provide a copy to the affected employee within 30 days from its receipt.

5-3. Recordkeeping

The employer should keep an accurate record of all measurements taken to monitor employee exposure to asbestos and maintain the record for at least 30 years according to 29 CFR 1910.1020. See AR 25-400-2 for Army recordkeeping policy and guidance.

Chapter 6

Personal Protective Equipment

6-1. Selection

The local medical commander's preventive medicine or industrial hygiene authority, with input from the installation safety office, recommends specific PPE, including respirators and protective clothing, for use by DA personnel during operations with potential for asbestos exposure. The specification is required by AR 200-1, AR 11-34, technical bulletin medical (TB MED) 502, and is made using the guidance provided in 29 CFR 1910.134, 42 CFR 84, 29 CFR 1910.1001, 29 CFR 1915.1001, 29 CFR 1926.1101 and American National Standards Institute (ANSI®)/American Industrial Hygiene Association (AIHA®) Z88.6. (ANSI® is a registered trademark of the American National Standards Institute, New York, New York; AIHA® is a registered trademark of the American Industrial Hygiene Association, Fairfax, Virginia. Use of trademarked names does not imply endorsement by the U.S. Army but is intended only to assist in identification of a specific product.)

6-2. Protective equipment program

a. Respiratory protection programs meet all of the requirements of AR 11-34, TB MED 502, 29 CFR 1910.134, 42 CFR 84, ANSI/AIHA Z88.6 and the OSHA asbestos standards (29 CFR 1910.1001, 29 CFR 1915.1001, and 29 CFR 1926.1101).

b. All DA personnel who are involved in installation asbestos activities and required to wear PPE must be enrolled in the medical surveillance program (as outlined in paragraph 5-1) and the respiratory protection program.

Chapter 7

Other Asbestos Program Requirements

7-1. Emergency response

The medical commander provides support during emergency response activities that involve the potential for exposure of DA and other personnel (including contractors and local nationals) in a Government-owned, -rented, or -leased facility. This includes those emergencies that occur during removal of ACBM as well as emergencies having potential for release of asbestos (for example, accidental disturbance of ACBM during utility work).

7-2. Recreational activities

The medical commander provides industrial hygiene services to DA-sponsored recreational activities such as the automotive hobby shop and the ceramics shop where there is the potential for exposure to asbestos. Medical commander personnel make an exposure assessment using either qualitative or quantitative exposure assessment methods and determine if there are any potential hazards. If there are potential hazards, the medical commander recommends controls.

7-3. Review of abatement plans

During the review of all asbestos abatement plans, the reviewer identifies and evaluates all potential safety and health hazards. The reviewer makes recommendations for the elimination or control of these hazards. The review process should be documented. In addition, affected employees (including building occupants) should be made aware of the abatement plans before work begins.

Chapter 8

Competent Person

8-1. Competent person requirement

A competent person, as defined in 29 CFR 1926.1101 for operations involved in facility renovation or demolition and in 29 CFR 1915.1001 for ship breaking or repair, is required for all asbestos abatement operations as outlined in the 29 CFR 1926.1101 and 29 CFR 1915.1001 standards.

8-2. Medical commander competent person support

Where resources and availability of trained and accredited personnel permits, the medical commander can provide competent person support as follows:

a. Government activities. Medical commander personnel can either perform the duties of the competent person or train other Government employees to perform these duties. Medical commander personnel can review the procedures and practices of these employees on a weekly basis.

b. Contract activities. To protect DA interests, the competent person support should be provided under a separate contract rather than as a subcontract to the asbestos abatement contract. Medical commander personnel can act as COTR, if requested by the contracting officer, when the competent person is provided as a separate contract. If the asbestos contractor provides the competent person, medical commander personnel can provide technical assistance to the contracting officer or COTR to ensure that this function is being performed properly.

Chapter 9

Training

9-1. Asbestos training

Medical commander personnel are the installation commander's experts on health issues. Therefore, where resources and availability of trained and accredited personnel permits, medical commander personnel assist in properly training DA and other Government personnel in the health aspects of asbestos exposure. This training support may include—

- a.* Awareness training for building occupants to include occupants of family housing units (where applicable).
- b.* Initial and annual refresher training for in-house abatement workers.
- c.* Operations and maintenance training for those in-house maintenance workers who may disturb ACBM in the course of their duties.
- d.* Bulk sampling and asbestos health hazard assessment training for proper performance methods.

9-2. Asbestos accreditation

- a. General.* The EPA, under the AHERA, sets up the basic requirements for accreditation, and the Asbestos in

Schools Hazard Abatement Reauthorization Act requires the use of accredited personnel for Federal Government facilities (40 CFR 763). In addition, some States require non-Government personnel (contractors) who perform asbestos-related work to be licensed. The EPA has turned over the responsibility for issuing accreditations to the States and local governments (for example, cities such as New York and Boston). The State and local governments issue the accreditation based on their local requirements which are approved by EPA.

b. Accreditation requirements. To become accredited, personnel must attend and pass an approved EPA or State entry-level training class for the type of accreditation that they need. A list of these training classes can be obtained from the EPA or from State governments. In addition to attending the entry-level training class, accredited personnel must attend annual refresher classes.

c. Job classification asbestos accreditations.

(1) Asbestos workers. Accreditation is required of all workers performing abatement operations as defined in OSHA standards. Personnel are required to attend an approved four-day entry-level training class and an annual one-day refresher class.

(2) Contractors and/or Supervisors. Accreditation is required of all supervisors or managers who oversee abatement work. Personnel are required to attend an approved five-day entry-level training class and an annual one-day refresher class.

(3) Inspector. Accreditation is required of all personnel who perform asbestos building surveys as defined in Public Works technical bulletin (PWTB) 420–70–8. Personnel are required to attend an approved three-day entry-level training class and an annual half-day refresher class.

(4) Manager planner. Accreditation is required of all personnel who develop the asbestos management plan. To be accredited as a manager and/or planner, the person must be accredited as an inspector and that person must attend an approved two-day entry-level training class and an annual half-day refresher class.

(5) Project designer. Accreditation is required of all personnel who perform asbestos abatement design. To be accredited as a project designer, personnel must attend an approved three-day entry-level training class and an annual one-day refresher class.

9–3. Occupational Safety and Health Administration training requirements

All asbestos training must meet the requirements outlined in 29 CFR 1910.1001, 29 CFR 1915.1001, and 29 CFR 1926.1101. In addition, the training must meet any requirements of EPA, State, local, or host nation regulations or laws.

9–4. Training of medical commander personnel

Where the medical commander will be providing services under the IAMP, medical commander personnel need to have all training, accreditation, and other credentials required by DOD, DA, Federal and State Government, local government or country-specific final governing standards and other host nation regulations and/or statutes.

Chapter 10

Environmental Differential Pay and Hazardous Duty Pay

10–1. Types of support

The medical commander supports the installation commander, the installation judge advocate general, and the civilian personnel office in cases where environmental differential pay (EDP) and hazardous duty pay (HDP) have been requested.

a. The decision to award EDP and HDP is a command and/or management responsibility. The standard that is to be used for granting EDP and/or HDP is not a medical commander responsibility.

b. Medical commander personnel make an exposure assessment using either qualitative or quantitative exposure assessment methods and determine if there are any potential hazards. The determination of what is a potential hazard is based on procedures, guidelines, and standards outlined in this document. If there are potential hazards, the medical commander makes recommendations to control or eliminate these hazards. Command and/or management use the assessment findings to make the EDP and/or HDP decision.

10–2. Standards

The standards by which EDP and/or HDP are approved are not under the control of the medical commander. These standards can be found in congressional laws and office of personnel management regulations. This chapter in no way attempts to set up alternate EDP and/or HDP standards. Medical commander personnel should follow accepted industrial hygiene, safety, and environmental guidelines and protocols when providing support to the EDP and/or HDP process.

Appendix A

References

Section I

Required Publications

Except as noted below, ARs, DA Pams, and TB MEDs are available online at <http://www.apd.army.mil>. DOD directives, instructions, and manuals are available online at <http://www.dtic.mil/whs/directives>. CFRs are available at <http://www.gpoaccess.gov/cfr/index.html>.

ANSI/AIHA Z88.6

Respiratory Protection — Respirator Use — Physical Qualifications for Personnel (Cited in paras 6–1, 6–2a.) (Available at <http://www.ansi.org>.)

AR 11–34

The Army Respiratory Protection Program (Cited in paras 6–1, 6–2a.)

AR 25–400–2

The Army Records Information Management System (ARIMS) (Cited in para 5–3.)

AR 200–1

Environmental Protection and Enhancement (Cited in paras 2–1, 2–1a, 2–1a(1), 2–1a(2), 2–1a(3), 2–1b, 2–3b, 2–3d, 3–2, 3–3, 6–1.)

AR 420–1

Army Facilities Management (Cited in paras 2–1, 2–1a, 2–1a(1), 2–1a(2), 2–1b, 2–3b, 2–3c, 2–3d, 3–2, 3–3.)

AR 608–10

Child Development Services (Cited in para 2–3d.)

DA Pam 40–11

Preventive Medicine (Cited in paras 2–1b, 2–1b(1)(d), 3–2, 3–3.)

DA Pam 40–503

The Army Industrial Hygiene Program (Cited in paras 2–1b, 2–1b(1)(d).)

PWTB 420–70–8

Installation Asbestos Management Program (Cited in para 9–2c(3).) (Available at http://www.wbdg.org/ccb/ARMYCOE/PWTB/pwtb_420_70_8.pdf.)

TB MED 502

Occupational and Environmental Health and Respiratory Protection Program (Cited in paras 6–1, 6–2a.)

29 CFR 1910.134

Respiratory Protection (Cited in paras 6–1, 6–2a.)

29 CFR 1910.1001

Occupational Safety and Health Standards: Asbestos (Cited in paras 2–1, 2–2, 2–2b(1), 2–3c, 3–1, 3–2, 5–1, 5–1a(4), 5–2b, 6–1, 6–2a, 9–3.)

29 CFR 1910.1020

Access to Employee Exposure and Medical Records (Cited in para 5–3.)

29 CFR 1915.1001

Occupational Safety and Health Standards for Shipyard Employment: Asbestos (Cited in paras 2–1, 2–2, 2–2b(3), 3–1, 5–1, 5–1a(4), 5–2b, 6–1, 6–2a, 8–1, 9–3.)

29 CFR 1926.1101

Safety and Health Regulations for Construction: Asbestos (Cited in paras 2–1, 2–1b(1)(b), 2–2, 2–2b(2), 3–1, 3–2, 5–1, 5–1a, 5–1a(4), 5–1b(1), 5–2b, 6–1, 6–2a, 8–1, 9–3.) (Available at http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10862.)

40 CFR 61

National Emission Standards for Hazardous Air Pollutants (Cited in para 2–1.) (Available at <http://www.gpo.gov/fdsys/pkg/CFR–2012-title40-vol9/pdf/CFR–2012-title40-vol9.pdf>.)

40 CFR 763

Environmental Protection Agency: Asbestos (Cited in paras 2–1, 2–1a(1), 2–1a(2), 2–3d, 9–2.) (Available at <http://www.gpo.gov/fdsys/search/searchresults.action?st=40+CFR+763>.)

40 CFR 763.83

Definitions (Cited in para 2–1.) (Available at <http://www.gpo.gov/fdsys/pkg/CFR–2012-title40-vol32/pdf/CFR–2012-title40-vol32-sec763–83.pdf>.)

42 CFR 84

Approval of Respiratory Protective Devices (Cited in paras 6–1, 6–2a.)

Section II**Related Publications**

A related publication is a source of additional information. The user does not have to read it to understand this pamphlet.

AR 25–30

The Army Publishing Program

AR 40–5

Preventive Medicine

ASTM D6480 – 05(2010)

Standard Test Method for Wipe Sampling of Surfaces, Indirect Preparation, and Analysis for Asbestos Structure Number Concentration by Transmission Electron Microscopy (Available at <http://www.astm.org/Standards/D6480.htm>.)

EPA 560/5–85–024

Guidance for controlling asbestos-containing materials in buildings. U.S. Environmental Protection Agency, Office of Pesticides and Toxic Substances (Available at <http://www2.epa.gov/laws-regulations>.)

EPA 740–R–90–003

Managing asbestos in place: a building owner’s guide to operations and maintenance programs for asbestos-containing materials, 20T–2003, U.S. Environmental Protection Agency, Office of Pesticides and Toxic Substances, 20T–2003 (Available at <http://www2.epa.gov/laws-regulations>.)

International Classification of Radiographs for Pneumoconioses

International Labour Organization, 2000 (Available at <http://www.ilo.org/global/publications/lang-en/index.htm>.)

29 CFR 1960

Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters (Available at <http://www.gpoaccess.gov/cfr/index.html>.)

42 USC 85

Clean Air Act (Available at <http://www.gpo.gov/fdsys/pkg/USCODE–2011-title42/pdf/USCODE–2011-title42-chap85.pdf>.)

Section III**Prescribed Forms**

This section contains no entries.

Section IV**Referenced Forms**

Except where otherwise indicated, DA forms are available on the Army Publishing Directorate’s (APD) Web site (<http://www.apd.army.mil>).

DA Form 2028

Recommended Changes to Publications and Blank Forms

Glossary

Section I Abbreviations

ACM

asbestos-containing material

AHERA

Asbestos Hazard Emergency Response Act

AIHA[®]

American Industrial Hygiene Association

ANSI[®]

American National Standards Institute

AR

Army Regulation

CFR

Code of Federal Regulations

COTR

contracting officer's technical representative

DA

Department of the Army

DA Pam

Department of the Army pamphlet

DOD

Department of Defense

DPW

director of public works

EDP

environmental differential pay

EPA

United States Environmental Protection Agency

HDP

hazardous duty pay

OSHA

Occupational Safety and Health Administration

PEL

permissible exposure limit

PPE

personal protective equipment

PWTB

Public Works technical bulletin

TB MED

technical bulletin medical

USC
United States Code

Section II

Terms

Asbestos

General term used to describe six distinctive varieties of fibrous mineral silicates—chrysotile, amosite, crocidolite, tremolite, anthophyllite, and actinolite.

Nonoccupational exposure

Any exposures to asbestos that occur on DA- or DOD-controlled-or-owned facilities, when DA personnel and their family members are performing activities that are not part of their employment.

Occupational exposure

Exposure to asbestos fibers that occurs as a result of employment in an area containing asbestos materials or working with asbestos material as part of an occupational task.

Section III

Special Abbreviations and Terms

ACBM

asbestos-containing building material

IAMP

installation asbestos management program

UNCLASSIFIED

PIN 103581-000