



August 23, 2017

Kevin Walder

Administrative Regulations Analyst
Division of Occupational Safety and Health
Department of Labor & Industries
kevin.walder@lni.wa.gov

Via e-mail

RE: Public Comments Proposed Washington L&I Lead Rule

Dear Mr. Walder,

CenturyLink has reviewed the proposed lead rule being pursued by Washington DOSH. As written, CenturyLink is not in favor of this rule and feels that the implementation in the current format will be burdensome for the telecommunications industry and will provide limited protections to workers.

CenturyLink supports the Battery Council International position that DOSH focus its attention on reducing worker blood lead levels through work practices, hygiene, housekeeping and worker PPE as data suggest that air borne exposure limits do not accurately correlate to blood lead levels. Lowering the PEL will trigger additional air sampling while providing a limited benefit and limited worker protection. Our Company is a prime example, we have implemented work methods and strict procedures which restrict the type of tools used when working with lead, emphasizes safe work procedures and effectively controls exposure to lead. We have completed exposure assessments and Voluntary Blood Lead Testing, which indicates when used, our methods greatly reduce any potential for exposure and these methods protect our workers.

We recommend a risk based assessment process. A qualitative assessment supplemented by quantitative data should be allowed to show compliance with the standard. The assessment by a certified industrial hygienist or certified safety professional which includes work task frequency, lead content of materials impacted, amount of lead materials to be disturbed, air monitoring data, previous blood lead data, wipe sample data, planned work practices and proposed PPE should all be considered in determining compliance, response or exemption. Under the proposed, section WAC 296-857-10040, employees are not covered by this rule, item 2(e) effectively eliminates this as an option.

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Please give consideration of a de Minimis level for lead work. The proposed standard cites that lead work includes any work performed on items that have greater than 0.5% lead, 5,000 parts per million or 1.0 mg/m³ (XRF). These levels correspond to the current levels of a lead based paint (LBP) per HUD and EPA. Based upon my review of the proposed regulations, any items, including lead based paint would be subject to the regulations if they meet the minimum level of lead. However, HUD and EPA also have de Minimis thresholds which trigger the applicable safe work practices under the Lead Renovator and Remodeler standard (Title 40 Part 745 Subpart E – EPA). Those levels are: HUD has an interior "de Minimis" threshold (2 sq. ft. per room, or 10% of a small component type) for lead-safe work practices. EPA's interior threshold for minor repair and maintenance activities is 6 sq. ft. per room. HUD/EPA has established these levels with the expectation that little to no exposure to lead will occur when the amount of work is below these levels. I would like to suggest that WA L&I consider a de Minimis level for implementation of specific work practices and testing during the development of new lead regulations. Our technicians who perform work on lead casings do it infrequently. It is not a daily or weekly requirement and when done, it may be a small amount. A de Minimis level would allow CenturyLink to exempt certain individuals from the regulations based upon the work they would be expected to perform at which little to no exposure to lead is anticipated while using our processes.

I would add to the de Minimis level above that a qualified professional be allowed to review the potential lead disturbance activity (a qualitative, or quantitative assessment as the activity may warrant) to determine the appropriate level of compliance or exemption. The current proposed standard has an initial classification of employee exposure but does not allow an employee the opportunity to opt out of certain requirements even when it can be shown that current work practices and training have eliminated the hazard. We would like this approach to be given some consideration.

If any portion is implemented, a phased approach should be considered along the lines of the recent Silica rule which ranged from 1 to 5 years for full implementation across all affected industries. Specifically consider a phased implementation schedule for medical surveillance portions of the rule to allow employees time to evaluate the most feasible control options.



We appreciate the opportunity to comment on these rules and look forward to participating in future discussions.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Harding".

Bob Harding, CSP, CHMM Manager-EHS Field Operations
CenturyLink Corporation