

LEAD COMPLIANCE PLAN

PRESENTED BY



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The University of Alabama ♦ College of Continuing Studies ♦ 205-348-7136
Box 870388 ♦ Martha Parham West ♦ Tuscaloosa, Alabama 35487-0388
1-800-452-5928 ♦ FAX 205-348-9286

These guidelines are intended to provide information to assist in the development of a Lead Compliance Plan. This information is not considered a substitute for any provisions of 1910.1025, nor will it serve as a Lead Compliance Plan. These guidelines were derived from OSHA standards and interpretations.

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LEAD COMPLIANCE PLAN

This sample lead compliance plan has been prepared to provide assistance in compliance with the OSHA General Industry standard 1910.1025. It should not be used without consideration of the unique conditions and requirements at each site. It may be necessary to modify the sample program for your specific needs. You remain under the obligation to comply with all applicable standards, and use of this program should not be considered to be a guarantee that compliance will be achieved. It is suggested that your final program be reviewed by a qualified person.

This compliance plan is required by 29 CFR 1910.1025(e)(3) when there is at least one employee exposed to greater than the PEL a minimum 30 days a year. The term "employee" as used in this plan refers only to those over the PEL.

The construction industry also has these same requirements in 29 CFR 1926.62(e)(2)(ii). Additionally, there must be a description of arrangements made among contractors on multi-contractor sites with respect to informing affected employees of potential exposure to lead and with respect to responsibilities for compliance with this section set forth in 1926.16 (Rules for Construction).

This plan is designed to follow the minimum requirements of the standard. There are many recommendations, suggestions, and item clarifications provided to assist you in writing your plan. These are put in brackets [] for quick identification.

There are many other requirements of the lead standard. These are found in appendices A thru G which are found at the end of this plan. It is recommended you include these in this program.

If additional assistance is needed, it can be obtained at no cost by contacting Safe State at 1-800-452-5928.

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LEAD COMPLIANCE PLAN

I. PURPOSE

The purpose of this plan is to implement changes in our plant that will attempt to lower our employee's lead exposure level below the OSHA Action Level (AL) and/or Permissible Exposure Limit (PEL). Areas of the facility where lead exposures remain above the OSHA exposure limits will require implementation of certain sections of this plan or its entirety.

II. SCOPE

This plan establishes requirements on how this company will get into compliance with OSHA's lead standard. It includes engineering, work practice, and administrative controls. It will be reviewed and updated at least every 6 months and remain in effect until two consecutive exposure monitoring results are below the OSHA PEL. This plan can then be modified to include only those sections required when an employee is exposed above the OSHA AL. [If exposures have been reduced below the OSHA AL this plan can be eliminated.]

III. RESPONSIBILITY

The [_____] is responsible for implementation, enforcement, and periodic review of this plan.

Each supervisor is responsible for understanding this plan and implementation of the plan in their area.

Each affected employee is also responsible for following the requirements outlined here as they apply to their job. The term "employee" as used in this plan refers only to those who are exposed to greater than the PEL. Employees exposed to lead above the OSHA AL would be responsible for following the requirements for exposures above the AL.

IV. OPERATIONS WITH EXPOSURE OVER THE PEL

DATE	AREA	OPERATION	EXPOSURE
1.			
2.			
3.			

[DATE = Last PEL overexposure monitoring]

[AREA = Place in the plant where it was done]

[OPERATION = The specific job or classification]

[EXPOSURE = In micrograms per cubic meter. The calculated PEL for extended shifts is; $PEL = 400 / \text{number of hours worked during shift}$]

V. DESCRIPTION OF CONTROLS CONSIDERED

CONTROL	STATUS	DATE
1.		
2.		
3.		

[CONTROL = These are ideas you consider, regardless whether you adopt them. This will help in future discussions and decisions if these controls are not sufficient in reducing lead exposure below the OSHA PEL.]

[STATUS = Did this idea work or parts back ordered?]

VI. CONTROL IMPLEMENTATION SCHEDULE

CONTROL	SCHEDULED	DONE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Copies of purchase orders for equipment, construction contracts, etc. are kept in this file to support the control implementation schedule.

VII. LEAD MONITORING

The company has completed an initial determination for employee exposure to lead through air sampling. Based on the air sample results, the company has implemented an air sampling monitoring program which includes periodic air sampling. Air sample results are provided in the tables listed below:

ORIGINAL MONITORING RESULTS

DATE	EMPLOYEE	AREA	TIME MONITORING	RESULTS

[TIME MONITORING = This must be the full shift or no more than one hour short of the full shift.]

[RESULTS = This is expressed in micrograms per cubic meter (mg/m³).]

1st QUARTERLY MONITORING RESULTS

DATE	EMPLOYEE	AREA	TIME MONITORING	RESULTS

[As required in 1910.1025(d)(6)(iii). To stop this quarterly requirement, two consecutive measurements taken at least 7 days apart, must be below the PEL. Then monitoring is required every 6 months.]

If the company can reduce the airborne concentration of lead in the air and two consecutive measurements taken 7 days apart reduce lead exposure below the OSHA AL monitoring can be discontinued. Changes in work processes, procedures or personnel may require another determination of lead exposures and further air sampling.

Each employee monitored will be notified of the results within 15 working days after receipt of the results. The air sample results are provided to the employee using the Employee Notification of Sampling Results form found in Appendix F. For employees exposed to lead above the PEL a description of a correction action to be taken will be provided. Affected employees will also be allowed an opportunity to observe monitoring performed at the facility.

All air monitoring will be performed with approved methodologies. Sample analysis will be performed by an American Industrial Hygiene Association (AIHA) accredited laboratory.

VIII. WORK PRACTICE PROGRAM

The company provides protective work clothing and equipment to employees exposed to lead above the OSHA PEL. The table below lists the employees and required protective clothing and equipment.

PROTECTIVE WORK CLOTHING

EMPLOYEE	COVERALLS	GLOVES	HAT	SHOES	EYE PROTECTION

NOTE: These are provided at no cost to the employee.

Cleaning and Replacement

Employees will be provided with clean, dry protective clothing at least [weekly, or daily if over 200 micrograms per cubic meter.]

Our company will provide for the cleaning, laundering, and disposal of the protective clothing.

Our company will provide for the repair or replacement of protective clothing and equipment.

Employees will remove their protective clothing at the end of the work shift only in the change room located at [_____].

The protective clothing will be placed in the marked containers. These containers will be closed immediately.

A copy of our notification letter to the laundry service is located in Appendix B. [It is recommended you have the laundry acknowledge and return a copy].

The contaminated protective clothing container is marked with the label stated in 1910.1025(g)(2)(vii).

Employees will not remove lead from protective clothing or equipment by blowing, shaking, or any other means that disperses lead into the air.

Housekeeping Schedule

To reduce employee lead exposures the company has implemented a housekeeping schedule outlined in the table below. It is every employee's responsibility to help maintain the work area to reduce exposures to airborne lead.

SURFACE	METHOD OF CLEANING	FREQUENCY	RESPONSIBILITY

[NOTES]

1. All surfaces shall be maintained as free as practicable of accumulations of lead.
2. Floors and other surfaces where lead accumulates may not be cleaned by the use of compressed air.
3. Shoveling, dry or wet sweeping, and brushing may be used only where vacuuming or other equally effective methods have been tried and found not to be effective.
4. Where vacuuming methods are selected, the vacuums shall be used and emptied in a manner which minimizes the reentry of lead into the workplace.

Hygiene Facilities and Practices

Employees will not have or consume food, beverages, or tobacco products or apply cosmetics in areas with lead above the PEL. These products will only be applied only in change rooms, lunchrooms, showers or designated areas.

Change Rooms

The company has provided clean change rooms, located at [_____]. The employees will use these change rooms and separate storage facilities for protective work clothing and equipment and for street clothes which prevent cross-contamination.

Showers

The showers for employees are located at [_____].
The employees will shower at the end of the shift. Employees will not leave the facility wearing any clothing or equipment worn in lead areas above the PEL.

Lunchrooms

Employees will use the lunchroom located at [_____].
This lunchroom is temperature controlled, and is operated at a positive pressure from a filtered air supply [air is flowing out the door]. Employees are required to wash their hands and face prior to eating, drinking, smoking, or applying cosmetics. Employees will not enter the lunchroom facilities with protective work unless surface lead dust has been removed by vacuuming, downdraft booth, or other cleaning methods.

Lavatories

The company has an adequate number of lavatory facilities [this is found in 1910.141(d)(1)].

IX. ADMINISTRATIVE CONTROLS SCHEDULE

NAME [or identification number]	DURATION	EXPOSURE LEVEL

[These are ideas like reduction of work shift, rotation of employees, or some practice where your employees are now required to limit their time in this area. Please note that by splitting a shift to reduce the 8 hour exposure average, you may be increasing the number of employees that are exposed to greater than the Action Level of 30 micrograms per cubic meter.]

MEDICAL SURVEILLANCE

The company has implemented a medical surveillance program for all employees exposed or may be exposed to lead above the OSHA AL for more than 30 days per year. The medical surveillance program examinations will be performed under the supervision of a licensed physician. Medical surveillance available for each affected employee is provided at no cost to the employee and at a reasonable time and place. Medical examinations and consultations will be made available at least annually.

The medical surveillance program includes biological monitoring which will also be available to each employee. A schedule of biological monitoring is provided in Appendix D and is based on exposure and blood lead levels.

The company provides the following information to the initial examining and consulting physician:

- A copy of the Lead Standard including Appendices.
- Description of effected employee's duties related to employee's lead exposure.
- Employee's exposure level or anticipated exposure level to lead.
- Personal protection equipment used.
- Prior blood lead level determinations.
- All prior written medical opinions the employee.

This information will also be provided to the second or third physician conducting medical examinations or consultation upon the physicians request.

The Company will remove employees from work having lead exposures at or above the AL when required by the Lead Standard. This includes the following:

- Blood lead levels at or above 60 ug/100g of whole blood.
- Three consecutive or all blood tests within past 6 months average at or above 50 ug/100g of whole blood.

Employees will be removed until two consecutive blood tests reveal blood levels at or below 40 ug/100g whole blood or final medical determination clear employee to return to work.

If requested, the company will provide for a multiple physician review mechanism as outlined in 1910.1025(j)(3)(iii).

XI EMPLOYEE INFORMATION AND TRAINING

Each employee exposed to lead at any level will be provided with a copy and informed of the content of Appendices A and B of the lead standard.

Employees exposed to lead at or above the Action Level or whom the possibility of skin and eye irritation exists will be required to participate in the Company's lead compliance program information and training section. All employees can request a copy of the Lead Standard and Appendices by requesting a copy from _____.

The company will train each affected employee at the time of initial job assignment. Employee training will be repeated on an annual basis or sooner if changing job assignment.

Employee information and training will include the required information found on the Employee Information and Training Record found in Appendix E of this program. Each employee participating in the training will be required to sign the form upon completion of training. A copy of the record will be provided to the employee. The original copy will be maintained in the _____.

XII SIGNAGE

Work areas in which lead exposures exceed the OSHA PEL are posted with appropriate signage which says:

**WARNING
LEAD WORK AREA
POISON
NO SMOKING OR EATING**

The signs will be illuminated and routinely cleaned as necessary so the legend is visible.

XIII RECORDKEEPING

The Company has established and maintains employee exposure monitoring, medical surveillance and medical removals records. The exposure monitoring records are maintained in the _____. Medical surveillance and medical removal records are [also maintained in the _____, OR maintained by the Medical Clinic (physician's office) responsible for performing the medical surveillance.

Employees have a right to access this information under OSHA Standard 1910.1020. The Company Employee Access to Exposure and Medical Records Policy form included in Appendix F is provided to each employee at the time of employment. Employees are reminded of this policy on an annual basis.

Exposure monitoring will be maintained for at least 40 years or the duration of employment plus 20 years whichever is longer. Exposure monitoring information will include the following information.

- Date(s), number, duration, location and results of samples taken including description of sampling procedure used to determine representative employee exposure.
- Description of sampling and analytical method(s) used including accuracy of methodology.
- Type of respiratory protection worn (if any).
- Name, social security number, and job classification of employee monitored and employees this monitoring was representative of.
- Environmental variables that could affect the employee exposure measurements.

Medical surveillance information for each employee will be maintained for at least 40 years or duration of employment plus 20 years whichever is longer. Medical surveillance records will include the following information.

- Name, social security number and description of duties of employees.
- Copy of physician's written opinions.
- Exposure monitoring result(s) of employee and representative exposure levels provided to physician.
- Employee medical complaints related to lead exposure.

The Company will keep or ask the examining physician to keep the following medical records.

- Copy of medical examination results including medical and work history.
- Description of laboratory procedures and copy of standard guidelines used to interpret test results or references to that information.

- Copy of biological monitoring results.

Medical removal information for each employee removed from current lead exposure will be maintained for the duration of the employee's employment. Medical removal information will include the following information.

- Name, social security number and description of duties of employees.
- Date employee was removed from current lead exposure and date employee was returned to his former job status
- Brief explanation of how each removal was or is being accomplished.
- Statement whether or not removal was a result of an elevated blood lead level.

APPENDIX A

Review Schedule

Review Schedule

ACTION	DATE
Lead Compliance Plan Adopted	
First Review/Update [At least annually]	
Second Review/Update	
Third Review/Update	
“	
“	
“	
“	

[NOTE: This must be continued as long as your employees are over the PEL.]

APPENDIX B

Laundry Service Notification Letter

Laundry Service Notification Letter

[You must inform in writing any person who cleans or launders protective clothing or equipment of the potentially harmful effects of exposure to lead. Appendix A and B of the 1910.1025 does this and is part of you mandatory training program as found in paragraph (I)(1)(i) of the standard.]

APPENDIX C

Respiratory Protection Program

APPENDIX D

Medical Surveillance Program Schedule

Biological Monitoring Schedule

Exposure Level	Frequency
Above Action level for 30 or more days per year	At least every 6 months
Blood lead level at or above 40 ug/100g of whole blood	At least every 2 months until 2 consecutive blood samples indicate blood lead level below 40 ug/100g whole blood
Medically removal of employee with blood level at or above 60 ug/100g of whole blood	At least monthly until 2 consecutive blood samples indicate blood lead level below 40 ug/100g whole blood
Medically removal of employee with last 3 blood sample tests over past 6 months indicates blood level at or above 50 ug/100g of whole blood	At least monthly until 2 consecutive blood samples indicate blood lead level below 40 ug/100g whole blood

APPENDIX E

Employee Information and Training Record

Employee Information and Training Record

Company: _____

Employee Name: _____ SSN: _____

Job Title: _____ Department: _____

On _____ I attended training provided by my employer.

Topics covered included:

- A. The requirements of the Lead Standard and Appendices.
- B. Operations in work areas which could result in lead exposure.
- C. Purpose, proper selection, fitting, use and limitations of respirators.
- D. Purpose and description of medical surveillance program and medical removal protection programs including information on adverse health effects associated with excessive exposure to lead.
- E. Engineering controls and work practices associated with job assignment.
- F. Contents of this compliance plan.
- G. Instructions to employees that chelating agents should not be used unless under direction of licensed physician.

Supervisor of Trainer's Initials

Employee Signature

APPENDIX F

Employee Notification of Sampling Results
And
Employee Access to Exposure of Medical
Records Policy Forms

XYZ, Inc.
Employee Notification of Sampling Results

As required by OSHA, this company monitored your exposure to _____. We are also required to inform you of what level you got and explain what it means.

On ____ date _____ you (or your position) were monitored for _____. The amount you received was _____ (dBA, ppm, mg/m³, µg/m³). This level is (is not) within allowable OSHA (Permissible Exposure Limits, Action Level, Short Term Exposure Limits) levels.

Because your exposure was within the acceptable OSHA limits, there are no further actions to be taken other than this notification.

Because your exposure was above the OSHA limits, further actions will be taken by the company to remedy this situation. These will be discussed later.

_____ (Signature)

_____ (Date)

I've been informed about the results as stated above.

_____ (Employee's signature)

_____ (Date)

XYZ, Inc.
Employee Access to Exposure and Medical Records Policy

As required by OSHA, this company maintains records on possible exposures to chemical and physical hazards you may have in our facility. We also keep any medical records resulting from any exposures. By this policy, you have been informed that:

1. We may have records on you covering these areas.
2. These records are maintained by _____ of the _____ office.
3. You can access these records during normal work hours by contacting the person named above. Should you request to see these records when this person is unavailable, our company will make every effort to notify you when _____ returns. Access will be made no later than 15 working days from your request.

Please note that you have access to your records only. You may grant by written statement someone else this access to your records.

A copy of the pertinent OSHA standard (29 CFR 1910.1020) is available for your review in the _____ office.

_____ (Signature)

_____ (Date)

APPENDIX G

Lead Standard and Appendices