Individuals with chronic silicosis are more susceptible to developing active tuberculosis than the general population. However, it is not clear whether low-level exposure to silica, in cases where silicosis has not developed, also predisposes employees to tuberculosis [Davis, 1996].

#### **Chronic Obstructive Pulmonary Disorder**

Epidemiologic studies have shown that occupational exposure to respirable crystalline silica is associated with chronic obstructive pulmonary disease, including bronchitis and emphysema. The findings from some of these studies suggest that emphysema and bronchitis may occur less frequently or not all in nonsmokers. Epidemiologic studies have also found significant increases in mortality from nonmalignant respiratory disease, a category that includes silicosis, emphysema, and bronchitis, as well as some other related pulmonary diseases [NIOSH, 2002].

#### Immunologic Disorders and Autoimmune Diseases

Several epidemiologic studies have found statistically significant increases in mortality from or cases of immunologic disorders and autoimmune diseases in employees exposed to silica. These disorders and diseases include scleroderma (a rare multisystem disorder characterized by inflammatory, vascular, and fibrotic changes usually involving the skin, blood vessels, joints, and skeletal muscle), rheumatoid arthritis, systemic lupus erythematosus (lupus), and sarcoidosis (a rare multisystem granulomatous disease characterized by alterations in the immune system) [NIOSH, 2002].

#### **Renal Disease**

Epidemiological studies report statistically significant associations between occupational exposure to silica dust and several renal diseases or effects, including end-stage renal disease morbidity (including that caused by glomerular nephritis, chronic renal disease mortality, and Wegener's granulomatosis (systemic vasculitis often accompanied by glomerulonephritis) [NIOSH, 2002].

#### **Stomach and Other Cancers**

There is some evidence from studies of various occupational groups exposed to crystalline silica of statistically significant excesses of mortality from stomach or gastric cancer. However, most of these studies did not adjust for confounding factors and possible exposure-response relationships were not assessed. Similar issues with confounding and lack of exposure-response assessment exist for the infrequent reports of statistically significant numbers of excess deaths or cases in silica-exposed employees of other non-lung cancers such as nasopharyngeal or pharyngeal, salivary gland, liver, bone, pancreatic, skin, esophageal, digestive system, intestinal or peritoneal, lymphopoietic or hematopoietic, brain, and bladder [NIOSH, 2002].

#### Summary

As these health findings indicate, crystalline silica exposure is associated with a number of diseases, in addition to silicosis. Silica exposure continues to pose substantial risks to employees, centuries after it was first identified as an occupational hazard. The only way to prevent disease is to eliminate exposure to crystalline silica or reduce crystalline silica exposure to safe levels.

#### References

ACGIH (2000) 2000 TLVs® and BEIs®. Threshold Limit Values for Chemical Substances and Physical Agents and Biological Exposure Indices. American Conference of Governmental Industrial Hygienists. Cincinnati, OH.

Archer, C., Gordon, D.A. (1996) Silica and Progressive Systemic Sclerosis (Scleroderma): Evidence for Workers' Compensation Policy. *American Journal of Industrial Medicine*. 29:533-538.

Bang, K.M., Althouse, R.B., Kim, J.H., et al. (1995) Silicosis Mortality Surveillance in the United States, 1968-1990. *Appl. Occup. Environ. Hyg.* 10(12):1070-1074.

Beckett, W., et al. (1997) Adverse Effects of Crystalline Silica Exposure. Statement of the American Thoracic Society, Medical Section of the American Lung Association. *American Journal of Respiratory and Critical Care Medicine*. 155:761-765.

Bergen, E.A.V.D., Rocchi, P.S.J., Boogaard, P.J. (1994) Ceramic Fibers and other Respiratory Hazards during the Renewal of the Refractory Lining in a Large Industrial Furnace. *Appl. Occup. Environ. Hyg.* 9(1):32-35.

Boujemaa, W., Lauwerys, R., Bernard, A. (1994) Early Indicators of Renal Dysfunction in Silicotic Workers. *Scand J Work Environ Health*. 20:180-3.

Centers for Disease Control and Prevention. (1998) Silicosis Deaths Among Young Adults - United States, 1968-1994. *MMWR* 47(16):331-335.

Centers for Disease Control and Prevention. (1997) Silicosis Among Workers Involved in Abrasive Blasting - Cleveland, Ohio, 1995. *MMWR* 46(32):744-747.

Checkoway, H., Heyer, N.J., Demers, P.A., et al. (1993) Mortality among workers in the diatomaceous earth industry. *Brit. Jour. Ind. Med.* 50:586-597.

Cheng, R.T., McDermott, H.J., Gia, G.M., et al. (June 1992) Exposure to Refractory Ceramic Fiber in Refineries and Chemical Plants. *Appl. Occup. Environ. Hyg.* 7(6):361-367.

Davis, G.S. (1996) "Silica," in *Occupational and Environmental Respiratory Disease*, Mosby-Yearbook Inc., St. Louis, MO, eds. Harber, P., Schencker, M. B., Balmes, J.R.

Gantner, B.A. (1986) Respiratory Hazard from Removal of Ceramic Fiber Insulation from High Temperature Industrial Furnaces. *Am. Ind. Hyg. Assoc. J.* 47(8):530-534.

Goldsmith, D.F. (1994) Silica exposure and pulmonary cancer. In: *Epidemiology of Lung Cancer*, 245-298, Samet, J.M. ed. New York: Marcel Dekker, Inc.

IARC. (1997) IARC Monographs on the Evaluation of Carcinogenic Risks to Humans. Silica, Some Silicates, Coal Dust and *para*-Aramid Fibrils. Vol. 68. Lyon, France. International Agency for Research on Cancer, World Health Organization.

Linch, K.D., Miller, W.E., Althouse, R.B., Groce, D.W., Hale, J.M. (1998) Surveillance of Respirable Crystalline Silica Dust using OSHA Compliance Data (1979-1995). *American Journal of Industrial Medicine*. 34:547-558.

Lippmann, M. (1995) Exposure Assessment Strategies for Crystalline Silica Health Effects. *Appl. Occup. Environ. Hyg.* 10(12):981-990.

National Institute for Occupational Safety and Health, Publication No. 92-102 (1992) Hazard Alert: Preventing Silicosis and Deaths from Sandblasting.

Olishifski, L.B.; Plog, B.A. (1988) *Overview of Industrial Hygiene, Fundamentals of Industrial Hygiene* 3rd ed. Chicago, National Safety Council.

Peters, J.M. (1986) Silicosis. *Occupational Respiratory Diseases*. Division of Respiratory Disease Studies, Appalachian Laboratory for Occupational Safety and Health, ed. J.A. Merchant, published by the National Institute for Occupational Safety and Health.

Porth, C.M. (1994) *Pathophysiology: Concepts of Altered Health States*, 4<sup>th</sup> ed. Unit V, Ch. 26 & 27, J.B. Lippincott Co., Philadelphia.

Proctor, N.H., Hughes, J.P., Fischman, M.L. (1988) *Chemical Hazards of the Workplace*. 2<sup>nd</sup> ed. J.B. Lippincott Co. Philadelphia.

Rapiti, E., Speranti, A., Miceli, M., et al. (1999) End Stage Renal Disease Among Ceramic Workers Exposed to Silica. *Occup. Environ. Med.* 56:559-561.

Rosenman, K.D., Reilly, M.J., Kalinowski, D.J., Watt, F.C. (1997) Silicosis in the 1990s. *Chest.* 111(3):779-782.

Rosenman, K.D., Reilly, M.J., Rice, C., et al. (1996) Silicosis Among Foundry Workers: Implications for the Need to Revise the OSHA Standard. *Am. J. Epidemiol.* 144(9):890-900.

Rosner, D., Markowitz, G. (1994) *Deadly Dust: Silicosis and the Politics of Occupational Disease in Twentieth-Century America*. Princeton: Princeton University Press.

Schluter, D.P. (1994) Silicosis and Coal Worker's Pneumoconiosis. *Occupational Medicine*. eds. Zens C., et al. 3rd ed. St Louis, Mosby-Year Book, Inc.

Starzynski, Z., Marek, K., Kujawska, A., Szymczak, W. (1996) Mortality Among Different Occupational Groups of Workers with Pneumoconiosis: Results From a Register-Based Cohort Study. *Am. J. of Ind. Med.* 30:718-725.

Steenland, K., Mannetje, A., Boffetta, P., Stayner, L., Attfield, M., Chen, J., Dosemeci, M., DeKlerk, N., Hnizdo, E., Koskela, R., and Checkoway, H. (2001). Pooled exposure-response analyses and risk assessment for lung cancer in 10 cohorts of silica-exposed workers: an IARC multicentre study. *Cancer Causes and Control* 12:773-784.

Walsh, S.J. (1999) Effects of Non-mining Occupational Silica Exposures on Proportional Mortality from Silicosis and Systemic Sclerosis. *The Journal of Rheumatology*. 26(10):2179-2185.

Wang, X., Yano, E., Nonaka, K., et al. (1997) Respiratory Impairments Due to Dust Exposure: A Comparative Study Among Workers Exposed to Silica, Asbestos, and Coal Mine Dust. *Am. J. of Ind. Med.* 31:495-502.

Wang, X., Yano, E. (1999) Pulmonary Dysfunction in Silica-Exposed Workers: A Relationship to Radiographic Signs of Silicosis and Emphysema. *Am. J. of Ind. Med.* 36:299-306.

Weill, H., Jones, R.N., Parkes, W.R. (1994) Silicosis and Related Diseases, in *Occupational Lung Disorders*, 3<sup>rd</sup> ed., Butterworth-Heinemann Ltd., Oxford, England.

Weill, H., McDonald, J.C. (1996) Exposure to Crystalline Silica and Risk of Lung Cancer: The Epidemiological Evidence. *Thorax*. 51:97-102.

Winter, P.D., Gardner, M.J., Fletcher, A.C., Jones, R.D. (1990) A mortality follow-up study of pottery workers: Preliminary findings of lung cancer. In: *Occupational Exposure to Silica and Cancer Risk (IARC Scientific Publications, No. 97)*, 83-94, Simonato, L., et al. eds. International Agency for Research on Cancer. Lyon.

#### Appendix B: Industries with Potential Overexposure to Crystalline Silica

This appendix contains a list of industries in which employees may be exposed to elevated levels of crystalline silica. The list is based on a review of inspection data from OSHA's Integrated Management Information System (IMIS) for crystalline silica (quartz), for the period January 1996 through March 2007. This table is intended to show the range of industries in which crystalline silica exposure may occur, but should not be considered to be an exhaustive listing. Employee exposure to crystalline silica may occur in industries not listed here. Likewise, crystalline silica exposure does not occur in all establishments encompassed within these North American Industry Classification System (NAICS) or Standard Industrial Classification (SIC) codes.

Industries with Crystalline Silica Exposure, 1996–2007				
1987 SIC Code <sup>1</sup>	1987 SIC Industry Title	2002 NAICS Code <sup>2</sup>		
1521	General Contractors–Single Family Houses	236115, 236118		
1522	General Contractors–Residential Buildings Other Than Single-Family	236115, 236118		
1541	General Contractors–Industrial Buildings and Warehouses	236210, 236220		
1611	Highway and Street Construction, Except Elevated Highways	237310		
1622	Bridge, Tunnel, and Elevated Highway Construction	237310, 237990		
1623	Water, Sewer, Pipeline, and Communications and Power Line Construction	237110, 237120, 237130		
1629	Heavy Construction, n.e.c.	236210, 237110, 237120, 237130, 237990		
1721	Painting and Paper Hanging*	237310, 238320		
1741	Masonry, Stone Setting, and Other Stone Work	238140		
1742	Plastering, Drywall, Acoustical, and Insulation Work	238310		
1761	Roofing, Siding, and Sheet Metal Work	238160, 238170, 238390		
1771	Concrete Work	238110, 238140, 238990		
1794	Excavation Work	238910		
1795	Wrecking and Demolition Work	238910		
1799	Special Trade Contractors, n.e.c.	236220, 237990, 238150, 238190, 238290		
3251	Brick and Structural Clay Tile	327121, 327331		
3253	Ceramic Wall and Floor Tile	327122		
3255	Clay Refractories	327124		

Industries with Crystalline Silica Exposure, 1996–2007				
1987 SIC Code <sup>1</sup>	1987 SIC Industry Title	2002 NAICS Code <sup>2</sup>		
3261	Vitreous China Plumbing Fixtures and China and Earthenware Fittings and Bathroom Accessories	327111		
3262	Vitreous China Table and Kitchen Articles	327112		
3264	Porcelain Electrical Supplies	327113		
3269	Pottery Products, n.e.c.	327112		
3271	Concrete Block and Brick	327331		
3272	Concrete Products, Except Block and Bricks	327332, 327390, 32799		
3273	Ready-Mixed Concrete	327320		
3281	Cut Stone and Stone Products	327991		
3291	Abrasive Products	327910, 332999		
3299	Nonmetallic Mineral Products, n.e.c.	327112, 327420, 327999		
3312	Steel Works, Blast Furnaces (Including Coke Ovens), and Rolling Mills	324199, 331111, 331221		
3321	Gray and Ductile Iron Foundries	331511		
3322	Malleable Iron Foundries	331511		
3325	Steel Foundries, n.e.c.	331513		
3334	Primary Production of Aluminum	331312		
3365	Aluminum Foundries	331524		
3366	Copper Foundries	331525		
3369	Nonferrous Foundries, Except Aluminum and Copper	331528		
3431	Enameled Iron and Metal Sanitary Ware	332998		
3441	Fabricated and Structural Metal*	332312		
3443	Fabricated Plate Work (Boiler Shops)*	332313, 332410, 332420		
3444	Sheet Metal Work*	332321, 332322, 332439, 333415		
3471	Electroplating, Polishing, Anodizing, and Coloring*	332813		
3479	Coating, Engraving, and Allied Services, n.e.c.*	332812, 339911, 339912, 339914		
3531	Construction Machinery and Equipment*	333120, 333923, 336510		

Industries with Crystalline Silica Exposure, 1996–2007				
1987 SIC Code <sup>1</sup>	1987 SIC Industry Title	2002 NAICS Code <sup>2</sup>		
3599	Industrial and Commercial Machinery and	332710, 332813, 332999,		
	Equipment*	333319, 333999, 334519,		
		336399		
3715	Truck Trailers*	336212		
5032	Brick, Stone, and Related Construction	423320, 425110, 425120,		
	Materials <sup>3</sup>	444190		
7532	Top, Body, and Upholstery Repair Shops and	811121		
	Paint Shops*			

\*Crystalline silica exposure primarily from abrasive blasting operations

<sup>1</sup> Standard Industrial Classification Manual, 1987. Executive Office of the President, Office of Management and Budget.

<sup>2</sup> North American Industry Classification System, United States, 2002. Executive Office of the President, Office of Management and Budget.

3 This industry may be subject to OSHA Instruction CPL 02-00-051 - Enforcement Exemptions and Limitations under the Appropriations Act (or a subsequent version).

Source: Federal OSHA Inspection Data for Silica (Code 9010–Quartz) compiled in the OSHA Integrated Management Information System (IMIS), from 01/01/1996 through 03/31/2007.

#### **Appendix C – Guidelines for Air Sampling**

This appendix summarizes the procedures for collecting air samples of respirable crystalline silica, contained in OSHA sampling and analytical method ID-142. Although OSHA ID-142 applies to the collection of quartz and cristobalite, tridymite can also be collected and analyzed using this method if the appropriate reference material and diffraction pattern are used. Compliance Safety and Health Officers (CSHOs) should consult the method directly for detailed information. Additionally, information on respirable dust samplers and crystalline silica sampling is contained in the OSHA Technical Manual, Section II: Chapter I.

#### **Sampling Equipment**

- A 5-μm pore size, 37-mm diameter polyvinyl chloride (PVC) filter, preceded by a 10-mm nylon Dorr-Oliver cyclone, is used with a personal sampling pump for the collection of airborne respirable crystalline silica. Note: SKC metal cyclones shall not be used for sampling respirable dust (OSHA Instruction TED 01-00-015 [TED1-0.15A]). The metal cyclones do not "cut" the appropriate particle size as required by the OSHA standard.
- 2. CSHOs may obtain pre-weighed PVC filters by contacting OSHA's Salt Lake Technical Center (SLTC) or Cincinnati Technical Center (CTC).

#### **Sampling Instructions**

- 1. Calibrate the personal sampling pump to a flow rate of 1.7 liters per minute (L/min), with a representative sampler assembly (cyclone, filter, etc.) in-line. The pump shall be calibrated before and after each use. Refer to the OSHA Technical Manual (OTM), Section II: Chapter 1, for detailed information on pump calibration when sampling with cyclones. The recommended and maximum sampling time is 480 minutes (resulting in a sample air volume of 816 liters at 1.7 L/min.), and the minimum sample time is 240 minutes (408 liters collected at 1.7 L/min.).
- 2. Before and after each use, clean the cyclone gently, taking care not to scratch it. A leak test must be conducted on a cyclone at least once a month with regular usage. Refer to the OSHA OTM Section 1: Chapter 1. Also, Appendix D summarizes the Cyclone Leak Test Procedure.
- 3. The cyclone shall be positioned outside of the employee's personal protective equipment but within the breathing zone. Do not allow the cyclone to be inverted during or after sampling. Maintain the cyclone in an upright position until the filter is removed from the cyclone.
- 4. Check the pump and sampling assembly periodically, to verify pump performance and monitor particulate loading on the sample filter. Filters should be replaced when employees move to another task or activity, or if observation during sampling suggests possible filter overload (greater than 3 mg.). [Note: The CSHO should not enter an area while the abrasive blasting operation is active.]
- 5. When submitting the sample to the laboratory, indicate whether the requested analysis is for quartz, cristobalite, or both. Operations in which the material has been heated to high temperatures generally should be analyzed for both. When other airborne compounds are known or suspected to be present, such information, including the suspected identities, should be provided to the laboratory. Where possible, a copy of the {MSDS/SDS} should be

#### \* OSHA ARCHIVE DOCUMENT \*

## NOTICE: This is an OSHA Archive Document and may no longer represent OSHA policy.

submitted to aid in identifying interferences. Potential analytical interferences are listed in Appendix A of OSHA ID-142. A partial listing follows:

- Aluminum phosphate
- Feldspars (microcline, orthoclase, plagioclase)
- Graphite
- Iron carbide
- Lead sulfate
- Micas (biotite, muscovite)
- Montmorillonite
- Potash
- Sillimanite
- Silver chloride
- Talc
- Zircon (Zirconium silicate).
- 6. Identify and submit an appropriate blank filter from each lot of filters used.
- 7. Obtain bulk samples in accordance with standard procedures described in the OTM, Section II: Chapter 1. The bulk sample should be representative of the airborne silica content of the work environment, e.g., from settled dust. A bulk sample of the raw material should be collected to evaluate compliance with the Hazard Communication standard. The type of bulk sample shall be stated on the OSHA-91 form and cross-referenced to the appropriate air samples.

## Determining Compliance with the PEL for Respirable Crystalline Silica

The General Industry permissible exposure limit (PEL) for respirable dust containing crystalline silica (as quartz), codified at 29 CFR 1910.1000, is determined individually for each sample, according to the following formula:

$$PEL(mg/m^3) = \frac{10 mg/m^3}{2 + \% respirable quartz}$$

The PEL can be calculated either by following the steps below, or by accessing the "Advisor Genius" on-line at the OSHA web site. The Advisor Genius performs the calculations for a respirable dust sample and yields three values: the PEL for the sample, the respirable dust exposure result, and the severity.

To determine the PEL for an air sample containing respirable crystalline silica:

1. Obtain the respirable dust concentration for the sample. The weight of the respirable dust in the air sample (expressed as mg or  $\mu$ g) is the net filter weight gain, as determined by the industrial hygienist or the laboratory. The sample air volume is then used to express the concentration of respirable dust in air, as mg of respirable dust per cubic meter of air (mg/m<sup>3</sup>), as follows:

respirable dust concentration in air  $(mg/m^3) = \frac{sample \ respirable \ dust \ weight \ (mg)}{total \ air \ volume \ sampled \ (m^3)}$ 

# \* OSHA ARCHIVE DOCUMENT \*

## NOTICE: This is an OSHA Archive Document and may no longer represent OSHA policy.

2. Obtain the percent respirable crystalline silica (e.g., as quartz) in the respirable dust sample, determined analytically by the laboratory and derived as follows:

% respirable quartz =  $\frac{\text{weight of quartz (mg or } \mu g) \times 100}{\text{sample respirable dust weight (mg or } \mu g)} [from 1 above]$ 

3. Calculate the PEL for the sample, using the reported percent respirable quartz, from no. 2 above, as follows:

PEL for respirable dust with quartz  $(mg/m^3) = \frac{10 mg/m^3}{2 + \%}$  respirable quartz in sample

4. To determine whether there is an overexposure, compare the PEL, calculated in no. 3, with the sample respirable dust reading (from no. 1). The severity ratio is determined by the following formula:

Severity Ratio =  $\frac{respirable \ dust \ in \ sample \ (mg / m^3)}{calculated \ PEL \ (mg / m^3)}$ 

5. Calculate the Lower Confidence Limit (LCL) by subtracting the Sampling and Analytical Error (SAE) from the severity:

*LCL* = *Severity* - *SAE* 

If the LCL is greater than 1, there is a greater than 95% confidence that the sampled employee's exposure exceeded the PEL, and the employee was, therefore, overexposed to respirable dust containing crystalline silica as quartz.

Other factors may have to be considered before arriving at a final exposure value. For example, the Time Weighted Average (TWA) calculation may require combining two or more sample results and adjusting to an 8-hour workday. Consult the OTM, Section II: Chapter 1 for procedures to determine the PEL when the employee is exposed to different types of respirable crystalline silica (i.e., quartz, cristobalite, and tridymite) during the course of a single work shift.

## References

Occupational Safety and Health Administration (OSHA). OSHA ID-142. Quartz and Cristobalite in Workplace Atmospheres (XRD). December 1996.

Occupational Safety and Health Administration (OSHA), OSHA Technical Manual TED 01-00-015 (TED 1-0.15A). Section II: Sampling, Measurement Methods and Instruments, Chapter I: Personal Sampling for Air Contaminants, Appendix II:1-5. Sampling for Special Analyses, Samples Analyzed by X-Ray Diffraction, Air Samples, January 20, 1999.

#### **Appendix D:** Cyclone Leak Test Procedure

This section summarizes procedures for leak testing of the Dorr-Oliver cyclone samplers used for collecting respirable dust. Further details on this procedure are contained in the Cyclone Leak Test Procedure (CLTP) available through the OSHA Cincinnati Technical Center (OSHA, 1997). Compliance Safety and Health Officers (CSHOs) should review the entire leak test procedure before conducting the leak test as summarized below. See the CLTP for more specific procedures regarding leak tests.

#### **Nylon Part Inspection**

- Disassemble the cyclone assembly, clean it, and inspect it for cracks and worn fit between parts. Take care not to scratch the inside surface of the cyclone chamber.
- Replace any worn or cracked units or parts.

## **O-Ring, Tubing, and Filter Leak Test**

- Connect the entire cyclone assembly (minus the cyclone body) to the pressure gauge and aspirator, maintaining the normal spacing between the plastic filter adaptor (coupler) and the vortex finder.
- Seal the cyclone vortex finder opening by placing an airtight cap or your fingertip over the hole.
- Hold the cyclone assembly together with one hand.
- With your other hand, squeeze and gently release the aspirator bulb until the pressure gauge reads between 4" H<sub>2</sub>O and 10" H<sub>2</sub>O, then fold the tubing halfway between the "Tee" fitting and the aspirator. If the pressure reading is beyond full scale, release the vacuum and try again.
- Observe the pressure gauge reading for 30 seconds. If the pressure drops less than 25 percent, the leakage is acceptable and the unit passes the leak test. If the pressure drops more than 25 percent, corrective action is necessary. Sources of leaks include worn or damaged O-rings, cracked or ill-fitting tubing, and leaky pre-weighed filter cassettes.

Note: Leaks between the filter input and the air sampling pump are more disruptive than leaks at the plastic filter adaptor O-rings.

## **Final Pump-Fault Leak Test**

- Connect the cyclone assembly to the pump in the normal sampling configuration with the air sampling pump running at 1.7 L/min.
- Close the inlet to the cyclone with tape or a finger. If the pump bears down and goes into a fault mode, the assembly passes this final, but crude, pump-fault leak test.

#### Reference

Occupational Safety and Health Administration (OSHA). Cyclone Leak Test Procedure. OSHA Cincinnati Technical Center. September 15, 1997.

#### Appendix E: Conversion Factor for Silica PELs in Construction and Maritime

The crystalline silica permissible exposure limits (PELs) for the construction and maritime industries, at 29 CFR 1926.55(a) and 1915.1000 respectively, are expressed in terms of millions of particles per cubic foot (mppcf). These PELs are based on a particle count method long rendered obsolete by respirable mass (gravimetric) sampling, which yields results reported in milligrams per cubic meter (mg/m<sup>3</sup>). In contrast with the construction and maritime PELs, the crystalline silica PELs for general industry are based on gravimetric sampling, and are the only methods currently available to OSHA compliance personnel. Since the construction and maritime PELs are expressed in terms of mppcf, the results of the gravimetric sampling must be converted to an equivalent mppcf value.

In order to determine a formula for converting from mg/m<sup>3</sup> to mppcf, OSHA requested assistance from the National Institute for Occupational Safety and Health (NIOSH). Based on its review of published studies comparing the particle count and gravimetric methods, NIOSH recommended a conversion factor of 0.1 mg/m<sup>3</sup> respirable dust to 1 mppcf. OSHA has determined that this conversion factor should be applied to silica sampling results used to characterize exposures in construction and maritime operations. The following examples illustrate how the conversion factor should be applied to enforce the current PEL for crystalline silica (quartz) in the construction and maritime industries.

#### **Reference Formulas**

A. Construction/Maritime PEL for Crystalline Silica (Quartz):

$$PEL (crystalline \ silica, \ quartz) = \frac{250 \ mppcf}{\% \ silica + 5}$$

B. General Industry PEL for Crystalline Silica (Quartz):

 $PEL(mg/m^3) = \frac{10 mg/m^3}{2 + \% respirable quartz}$ 

C. OSHA-adopted conversion factor:

 $1 mppcf = 0.1 mg/m^3 respirable dust$  or

 $1 mg/m^3 = 10 mppcf$  respirable dust

**Example 1:** A sample is obtained for a jackhammer operator, using the gravimetric sampling method specified in OSHA ID-142. The sample is run for 240 minutes at a flow rate of 1.7 liters per minute (L/min), yielding a total sample volume of  $0.408 \text{ m}^3$ . The respirable dust collected on the filter is determined to weigh 0.857 mg, resulting in a respirable dust concentration of 2.1 mg/m<sup>3</sup>. OSHA's Salt Lake Technical Center (SLTC) laboratory reports that the sample contains

55 percent quartz. SLTC also reports a Sampling and Analytical Error (SAE) of 0.20 for the sample.

Step1. Determine the jackhammer operator's 8-hour Time Weighted Average (TWA) respirable dust exposure (assuming zero exposure for the unsampled portion of the 8-hour shift):

$$Exposure = \frac{2.1 \ mg \ / \ m^3 \ x \ 240 \ min}{480 \ min} = 1.05 \ mg \ / \ m^3 \ respirable \ dust$$

Step 2. Calculate the general industry PEL, assuming the conditions for the jackhammer operator sample containing 55 percent respirable quartz:

$$PEL(mg/m^3) = \frac{10 mg/m^3}{2+55} = 0.175 mg/m^3$$

Step 3. Calculate the Severity Ratio:

Severity = 
$$\frac{\text{sample results (from Step 1)}}{\text{calculated PEL (from Step 2)}} = \frac{1.05 \text{ mg}/\text{m}^3}{0.175 \text{ mg}/\text{m}^3} = 5.4$$

Step 4. Calculate confidence limits by applying the sampling and analytical error (SAE):

*Lower Confidence Limits* (LCL) = 5.4 - 0.20 = 5.2

- Step 5. Based on a severity of 5.4, the sample exceeds the 95% confidence limit for overexposure.
- Step 6. Apply the OSHA-adopted conversion factor to the jackhammer operator's exposure result from Step 1 and Reference Formula (B) above:

$$Exposure = 1.05 mg/m^3 x \frac{1 mppcf}{0.1 mg/m^3} = 10.5 mppcf$$

Step 7. Calculate the applicable construction PEL, for jackhammer operator sample containing 55 percent respirable quartz:

$$PEL = \frac{250 \ mppcf}{55\% + 5} = 4.17 \ mppcf$$

Step 8. Conclusion. The 8-hour TWA exposure of the jackhammer operator exceeds the construction industry PEL for crystalline silica (quartz).

**Example 2:** Two samples are obtained for a construction foreman overseeing a concrete drill press operation. Both samples are collected at a flow rate of 1.7 L/min. The duration of Sample

A is 238 minutes, yielding a total sample volume of  $0.40 \text{ m}^3$ . The respirable dust collected on the filter is determined to weigh 0.855 mg, resulting in a respirable dust concentration of 2.1 mg/m<sup>3</sup>. The SLTC laboratory reports that Sample A contains 30 percent quartz. The duration of Sample B is 192 minutes, yielding a total sample volume of  $0.326 \text{ m}^3$ . The respirable dust weight is 0.619 mg, resulting in a concentration of 1.9 mg/m<sup>3</sup>. The total weight of respirable dust collected on both samples is 1.474 mg. The SLTC laboratory reports that Sample B contains 25 percent quartz. SLTC reports an SAE of 0.16 for both samples.

Step1. Determine the foreman's 8-hour TWA respirable dust exposure:

$$Exposure = \frac{(2.1 mg/m^3 x 238 min) + (1.9 mg/m^3 x 192 min)}{480 min} = 1.8 mg/m^3$$

Step 2. Determine average quartz content since SLTC provided two different percentages of quartz:

Reculated % = 
$$\frac{(30\% \ x \ 0.855) + (25\% \ x \ 0.619)}{(0.855 + 0.619)} = 28\%$$

Step 3. Calculate the general industry PEL, assuming the conditions for the construction foreman sample containing 28 percent respirable quartz:

$$PEL(mg/m^3) = \frac{10 mg/m^3}{2+28} = 0.333 mg/m^3$$

Step 4. Calculate the Severity Ratio:

Severity = 
$$\frac{1.8mg/m^3}{0.333mg/m^3} = 5.4$$

Step 5. Calculate confidence limits by applying the sampling and analytical error (SAE):

$$LCL = 5.4 - 0.16 = 5.24$$

- Step 6. Based on a severity of 5.4, the sample exceeds the 95% confidence limit for overexposure.
- Step 7. Apply the OSHA-adopted conversion factor to the construction foreman's exposure result from Step 1 and Reference Formula (B) above:

*Exposure* = 
$$1.8 \text{ mg} / m^3 x \frac{1.0 \text{ mppcf}}{0.1 \text{ mg} / m^3} = 18.0 \text{ mppcf}$$

Step 8. Calculate the applicable construction PEL, using Reference Formula (A) above, for the foreman's samples containing an average of 28 percent respirable quartz:

$$PEL = \frac{250 \ mppcf}{28 + 5} = 7.58 \ mppcf$$

Step 7. Conclusion. The 8-hour TWA exposure of the foreman exceeds the construction industry PEL for crystalline silica (quartz).

#### **Appendix F: Employee Questionnaire**

This questionnaire, when completed, may be considered a medical record and must be used in accordance with 1913.10 - *Rules Concerning OSHA Access to Employee Medical Records*. The questionnaire is intended to provide Compliance Safety and Health Officers (CSHOs) with a form they may fill out when interviewing employees to evaluate the employer's medical monitoring program. CSHOs should consult with the OSHA Office of Occupational Medicine regarding any findings of potential silicosis.

Date	e:	Company Name:	Lo	cation:				
A. 1	Personal Inform	nation						
Emp	oloyee's Name:		Ger	nder:	J Male		Fema	ale
Current Job Title:			Age:					
<b>B.</b> .	Job-Related Int	formation						
Nun per v	nber of hours wo	orked in silica-related tasks	List previous	i jobs an	d durat	ion of	each j	ob:
	10-20		a			(	yı	rs.)
	20-30		b			(	yı	rs.)
	30-40		с.			(	yı	rs.)
	More than 40	( hours)	d			(	yı	rs.)
Tim	e at current job:							
	Six months or	less						
	1-2 yrs							
	3-5 yrs							
	More than 5 y	rs. ( yrs.)						
C. 1	Brief Medical H	History						
Are	you being treate	ed by a physician for breathing	g problems?			Yes		No
Have you ever had a chest X-ray?					Yes		No	
If ye	es, when was yo	ur last chest X-ray?						
Why	y was the chest 2	X-ray taken?						
Did the doctor tell you everything was normal? If no, what was noted?				Yes		No		
Wha	at treatment are	you receiving for this problem	n?					
Hav	e you discussed	your medical history with yo	ur employer?			Yes		No
Are you a cigarette smoker?					Yes		No	

## Appendix G: Non-Mandatory Medical Monitoring Recommendations for Employees Exposed to Crystalline Silica

#### A. Recommendations for Baseline Medical Examination

# Note: These are recommendations only and are not required by any current OSHA regulation.

It is recommended that a pre-placement baseline medical examination be provided to employees who are potentially exposed to crystalline silica at one-half the permissible exposure limit (PEL) or more. The baseline examination should contain the following elements:

- A medical examination emphasizing the respiratory system, as well as an occupational and medical history; and
- A chest roentgenogram (X-ray), posteroanterior 14" x 17" or 14" x 14", classified according to the 1980 ILO International Classification of Radiographs of Pneumoconiosis (ILO, 1981), and read by a board-certified radiologist or certified class "B" reader (who is qualified to distinguish silicosis from sarcoidosis, asbestosis, coal miner's pneumoconiosis, and other pneumoconioses).

#### **B.** Recommended Frequency of Examinations

- It is recommended that a medical examination emphasizing the respiratory system and a chest X-ray be repeated every three years if the employee has less than 15 years of crystalline silica exposure, every two years if the employee has 15 to 20 years of exposure, and annually if the employee has 20 or more years of exposure.
- It is recommended that a chest X-ray be obtained at termination of employment.

#### Appendix H: CSHO Checklist for Conducting Silica-Related Inspections

This non-mandatory checklist is intended as a quick reference tool for Compliance Safety and Health Officers (CSHOs) conducting silica-related inspections. The CSHO may wish to review the checklist before completing the inspection to make sure that none of the essential elements have been overlooked. The checklist addresses all of the topics discussed in Section XI(B), Inspection Procedures, of this directive.

<ul> <li>Employee Exposure Monitoring</li> <li>Sample for Respirable Dust/Silica</li> <li>Leak Test Filters/Cyclones</li> <li>Bulk Samples of Settled Dust</li> <li>Employer's Monitoring Records</li> <li>Other</li> </ul>	<ul> <li>Medical Surveillance</li> <li>Employer Aware of Silicosis Risk</li> <li>Employer Identifying Possible Cases</li> <li>Employer Referring Cases to Physician</li> <li>Other</li> </ul>
	Housekeeping and Hygiene Practices
Engineering and Work Practice Controls	□ Facility Cleanliness
□ Location of Employees	Clean-up Methods (Compressed Air.
$\square$ Ventilation	Dry Sweeping?)
User Methods	Change Rooms/PPE Storage
• Other	Separate Break Areas
	$\square$ Other
Respiratory Protection	
U Written Program	Employee Exposure and Medical Records
Cartridge Selection and Change-out	Employer Monitoring and Medical
Schedule	Records
Medical and Fit Test Records	Employee Access and Confidentiality
Breathing Air Quality and Use	□ Other
□ Other	
	Abrasive Blasting (on-site or off-site)
Hazard Communication	□ Sample for Silica and Metals
□ Written Program	(including Bystanders)
$\square \{MSDSs/SDSs\}$	□ Sample for Noise
Training	Ventilation and Dust Containment
Bulk Samples of Products	PPE and Respirators
□ Other	Carbon Monoxide Alarm on Respirator
	Manual Control of Blast Nozzle
Symptoms of Silicosis in Workplace	Operating Valve
Survey/Interview Employees	Electrical Grounding
Employees Obtaining Medical Evaluations	Pressure Range (90-120 psi)
Other	Heat Stress
	Other

## Appendix I: Case File Components to be Sent to the National Office

- 1. OSHA 1
- 2. OSHA 1A
- 3. OSHA 1B/IH for overexposures to silica.
- 4. Engineering Controls (including failed ones) used to control silica exposures.

See section **XI. D. – Follow-up and Monitoring** for additional information.

#### **Appendix J: Bibliography**

ACGIH. 2004. Industrial Ventilation, A Manual of Recommended Practice. 25th Edition. American Conference of Governmental Industrial Hygienists. Cincinnati, OH.

Akbar-Khanzadeh, F., and R. L. Brillhart. (2002). Respirable Crystalline Silica Dust Exposure during Concrete Finishing (Grinding) using Hand-held Grinders in the Construction Industry. *Ann. Occup. Hyg.* 46(3):341-346.

Alpaugh, E.L.; rev. Hogan, T.J. (1988) Particulates. Fundamentals of Industrial Hygiene. Ed Plog, B.A. 3rd ed. Chicago, National Safety Council, 141.

Amandus, H., Costello, J. (1991) Silicosis and Lung Cancer in U.S. Metal Miners. *Arch. Environ Health.* 46:82-89.

Archer, C., Gordon, D.A. (1996) Silica and Progressive Systemic Sclerosis (Scleroderma): Evidence for Workers' Compensation Policy. *American Journal of Industrial Medicine*. 29:533-538.

American Thoracic Society and Centers for Disease Control. (1986) Treatment of Tuberculosis Infections in Adults and Children. *Am. Rev. Respir Dis.* 134(2):355-363.

Ayer, H.E. (1968) The Proposed ACGIH Mass Limits for Quartz: Review and Evaluation. Am. Ind. Assoc. Hyg. J. 30:117-125.

Ayer, H. E. (1995) Origin of the U. S. Respirable Mass Silica Standard. *Appl. Occup. Environ. Hyg. J.* 10(12) 1027-1030.

Ayer, H.E., Dement, J.E., Busch, K.A., et al. (1973) A Monumental Study -- Reconstruction of a 1920 Granite Shed. *Amer. Ind. Hyg. Assoc. J.* 34:206-211.

Ayer, H.E., Sutton, G.W., Davis, I.H. (1968) Size-Selective Gravimetric Sampling in Foundries. *Am. Ind. Hyg. Assoc. J.* 29:4.

Balmes, J.R. (1990) Medical Surveillance for Pulmonary Endpoints. *Occupational Medicine*. 5(3):499-513.

Bang, K.M., Althouse, R.B., Kim, J.H., et al. (1995) Silicosis Mortality Surveillance in the United States, 1968-1990. *Appl. Occup. Environ. Hyg.* 10(12):1070-1074.

Barth, P., Hunt, H. (1980) *Workers' Compensation and Work-Related Illnesses and Disease*. Cambridge, MA: MIT Press, 256.

Batra, P., Brown, K. (1991) Radiology in Prevention and Surveillance of Occupational Lung Disease. *Occupational Medicine*. *State of the Art Reviews*. 6(1):81-100.

Beckett, W., et al. (1997) Adverse Effects of Crystalline Silica Exposure. Statement of the American Thoracic Society, Medical Section of the American Lung Association. *American Journal of Respiratory and Critical Care Medicine*. 155:761-765.

Bergen, E.A.V.D., Rocchi, P.S.J., Bogart, P. J. (1994) Ceramic Fibers and other Respiratory Hazards During the Renewal of the Refractory Lining in a Large Industrial Furnace. *Appl. Occup. Environ. Hyg.* 9(1):32-35.

Boujemaa, W., Lauwerys, R., Bernard, A. (1994) Early Indicators of Renal Dysfunction in Silicotic Workers. *Scand J Work Environ Health.* 20:180-3.

Centers for Disease Control and Prevention.(1990) Silicosis: Cluster in Sandblasters - Texas and Occupational Surveillance for Silicosis. *MMWR* 39(25):433-437.

Centers for Disease Control and Prevention. (1993) Silicosis Surveillance - Michigan, New Jersey, Ohio, and Wisconsin 1987-1990. *MMWR* 42(SS-5):23-28.

Centers for Disease Control and Prevention. (1997) Silicosis Among Workers Involved in Abrasive Blasting - Cleveland, Ohio, 1995. *MMWR* 46(32):744-747.

Centers for Disease Control and Prevention.(1998) Silicosis Deaths Among Young Adults - United States, 1968-1994. *MMWR* 47(16):331-335.

Checkoway, H., Heyer, N.J., Demers, P.A., et al. (1993) Mortality among workers in the diatomaceous earth industry. *Brit. Jour. Ind. Med.* 50: 586-597.

Cheng, R.T., McDermott, H.J., Gia, G.M., et al. (1992) Exposure to Refractory Ceramic Fiber in Refineries and Chemical Plants. *Appl. Occup. Environ. Hyg.* 7(6):361-367.

Cherry, N.M., Burgess, G.L., Turner, S., McDonald, J.C. (1998) Crystalline Silica and risk of lung cancer in the potteries. *Occup. Environ. Med.* 55:779-785.

Corn, J.K. (1980) Historical Aspects of Industrial Hygiene: II. Silicosis. *American Industrial Hygiene Journal*. 41(2):125-133.

Costello, J., Grahm, W.G.B. (1988) Vermont Granite Workers' Mortality Study. *Amer. Jour. Indust. Medicine*. 13:483-497.

Croteau G. A., S.E. Guffey, M.E. Flanagan, and N. S. Seixas. (2002) The Effect of Local Exhaust Ventilation Controls on Dust Exposures during Concrete Cutting and Grinding Activities. *Am. Ind. Hyg. Assn. Jour.* 63:458-467.

Cunningham, E.A., Todd, J.J., Jablonski, W. (1998) Was There Sufficient Justification for the 10-fold Increase in the TLV for Silica Fume? A Critical Review. *Amer. J. of Ind. Med.* 33:212-223.

Davis, G.S. (1996) "Silica," in *Occupational and Environmental Respiratory Disease*, Mosby–Yearbook Inc., St. Louis, MO, eds. Harber, P., Schencker, M. B., and Balmes, J.R.

Ducatman, B.S., Cos-Ganser, J., Dosemeci, M., et al. (1997) A New Way to Look at an Old Question of Silica Carcinogenicity. *Appl. Occup. Environ. Hyg.* 12(12):919-923.

Echt A., Sieber K., Jones E., et al. (2003) Control Respirable Dust and Crystalline Silica from Breaking Concrete with a Jackhammer. *Appl Ocup Environ Hyg.* 18:491-495.

Echt, A., and Sieber, W.K. (2002). Case Studies: Control of Silica Exposure from Hand Tools in Construction: Grinding Concrete. *Appl. Occup. Environ. Hyg.* 17(7):457-461.

Echt, A., Sieber, W.K., Jones, A., and Jones, E. (2002). Case Studies – Control of Silica Exposure in Construction: Scabbling Concrete. *Appl. Occup. Environ. Hyg.* 17(12):809-813.

Finkelstein, M.M. (1994) Silicosis Surveillance in Ontario: Detection Rates, Modifying Factors, and Screening Intervals. *Amer. J. of Ind. Med. Vol.* 25: 257-266.

Flanagan, M.E., Loewenherz, C., and Kuhn, G. (2001). Indoor Wet Concrete Cutting and Coring Exposure Evaluation. *Appl. Occup. Environ. Hyg.* 16(12): 1097-1100.

Flanagan, M.E., N. Seixas, M. Majar, J. Camp, and M. Morgan. 2003. Silica Dust Exposures during Selected Construction Activities. *Am. Ind. Hyg. Assoc. J* 64(3):319-28.

Flynn, et al. (February 1991) Cristobalite Formation in Diatomaceous Earth - Effects of Time and Temperature; Proceedings of the Symposium on Environmental Management for the 1990's. Denver, Colorado. Published AIME.

Freeman, C.S., Grossman, E. (1995) Silica Exposures in U.S. Workplaces: An Update. *Scand. J. Work and Environ. Health.* 21(2):47-49.

Froines, J.R., Wegman, D.H., Dellenbaugh, C.A. (1986) An Approach to the Characterization of Silica Exposure in U.S. Industry. *Amer. Jour Ind. Med.* 10:345-361.

Gantner, B.A. (1986) Respiratory Hazard from Removal of Ceramic Fiber Insulation from High Temperature Industrial Furnaces. *Am. Ind. Hyg. Assoc. J.* 47(8):530-534.

Gelb, A. (1991) Physiologic Testing in preventing Occupational Lung Disease. *Occup. Med.*: *State of the Art Reviews.* 6(1):59-68.

Goldsmith, D.F. (1994) Silica exposure and pulmonary cancer. In: *Epidemiology of Lung Cancer*, 245-298, Samet, J.M. ed. New York: Marcel Dekker, Inc.

Graham, W.G.B. (1992) Silicosis. Occupational Lung Diseases. 13(2):253-267.

Graham, W.G.B., Ashikaga, T., Hememway, D., et al. (1991) Radiographic Abnormalities in Vermont Granite Workers Exposed to Low Levels of Granite Dust. *Chest*. 100:1507-1514.

Graham, W.G.B., O'Grady, R.V., Dubuc, B. (1981) Pulmonary Function Loss in Vermont Granite Workers. *Am. Rev. Respir. Dis.* 123:25-28.

Graham, W.G.B., Weaver, S., Ashikage, T., O'Grady, R.V. (1994) Longitudinal Pulmonary Function Losses in Vermont granite Workers. *Chest*. 106:125-130.

Groce, D.W., Linch, K.D., Jones, W.G., Costello, J. (1993) Silicosis: A Risk in Construction. NIOSH, Div. of Resp. Disease Studies. Presented at the AIHCE.

Hardy, T.S., Weil, H. (1995) Crystalline Silica: Risks and Policy. *Environ. Health Perspec*. 103:152.

Hart, G.A., Hesterberg, T.W. (1998) In Vitro Toxicity of Respirable-Size Particles of Diatomaceous Earth and Crystalline Silica Compared with Asbestos and Titanium Dioxide. *Jour. Occup. and Environ. Med.* 40(1):29-42.

Hearl, F.J. (1996) *In Silica and Silica-Induced Lung Diseases*; V. Castranova, V. Vallyathan, and W.E. Wallace, eds.: Section I, Chapter 3: Guidelines and Limits for Occupational Exposure to Crystalline Silica. CRC Press, Inc.

Hnizdo, E., Sluis-Cremer, G.K. (1991) Silica exposure, silicosis, and lung cancer: A mortality study of South African gold miners. *Brit. Jour. Ind. Med.* 48:53-60.

Holland, L.M. (1995) Animal Studies of Crystalline Silica: Results and Uncertainties. *Appl. Occup. Environ. Hyg.* 10(12):1099-1103.

Honma, K., Chiyotani, K., Kimura, K. (1997) Silicosis, Mixed Dust Pneumoconiosis and Lung Cancer. *Amer. J. of Ind. Med.* 32:595-599.

IARC. (1987) Silica and Some Silicates, Vol. 42. Lyon. International Agency for Research on Cancer.

IARC. (1997) Silica, Some Silicates Coal Dust and *para*-Aramid Fibrils. Vol. 68. Lyon. International Agency for Research on Cancer.

International Labour Office Committee on Pneumoconiosis. Med Radiogr Photogr. 57(1): 2-17.

Koskinen, H. (1985) Symptoms and Clinical Findings in Patients with Silicosis. *Scand J. Work Environ. Health.* 11:101-106.

Lilis, R. (1992) Silicosis. Maxcy-Rosenau-Last Public Health and Preventative Medicine, eds. Last J.M., et al. East Norwalk, Appleton and Lange 373.

Linch, K.D., Cocalis, J.C. (1994) Commentary: An Emerging Issue - Silicosis Prevention in Construction. J. B. Moran, Column ed. *Appl. Occup. Environ. Hyg. J.* 9(8):539-542.

Linch, K.D., Miller, W.E., Althouse, R.B., Groce, D.W., Hale, J.M. (1998) Surveillance of Respirable Crystalline Silica Dust using OSHA Compliance Data (1979-1995). *American Journal of Industrial Medicine*. 34:547-558.

#### \* OSHA ARCHIVE DOCUMENT \*

#### NOTICE: This is an OSHA Archive Document and may no longer represent OSHA policy.

Lippmann, M. (1995) Exposure Assessment Strategies for Crystalline Silica Health Effects. *Appl. Occup. Environ. Hyg.* 10(12):981-990.

Lofgren, D.J. (1993). Case Studies: Silica Exposure for Concrete Workers and Masons. *Appl. Occup. Environ. Hyg.* 8(10):832-836. October.

Markowitz, C., Fischer, E., Fahs, M., et al. (1989) Occupational Disease in New York State: A Comprehensive Examination. *Am. J. Ind. Med.* 16:417-435.

Markowitz, G., Rosner, D. (1995) The Limits of Thresholds: Silica and the Politics of Science, 1935 to 1990. *American Journal of Public Health*. 85:2,254.

{ Memorandum for Regional Administrators from John B. Miles, Jr., Director, Directorate of Compliance Programs. (March 21, 1995) "Hazard Communication Standard: Documentation of Citations Related to the Exposure to Hazardous Substances and Consumer Products." }

Ness, S.A. (1991) Air Monitoring for Toxic Exposures. Van Nostrand Reinhold, New York.

Nevitt, C., Saniell, W., Rosenstock, L. (1994) Workers Compensation for Nonmalignant Asbestos-Related Lung Disease. *Am. J. Ind. Med.* 26:821-830.

Ng, T., Chan, S. (1994) Quantitative Relations between Silica Exposure and Development of Radiological Small Opacities in granite Workers. *Ann. Occup. Hyg.: (Supp 1)* 857-863.

National Institute for Occupational Safety and Health. Publication No. 75-120 (1974) Criteria for a Recommended Standard: Occupational Exposure to Crystalline Silica.

National Institute for Occupational Safety and Health. Publication No. 92-102 (1992) Hazard Alert: Preventing Silicosis and Deaths from Sandblasting.

National Institute for Occupational Safety and Health. Publication No. 92-107 (1992) Hazard Alert: Preventing Silicosis and Deaths in Rockdrillers.

National Institute for Occupational Safety and Health Publication No. 96-112 (1996). Hazard Alert: Preventing Silicosis and Deaths in Construction Workers.

National Institute for Occupational Safety and Health (2000). Recommended Conversion Factor to Derive mccpf Equivalents from Samples of Silica-containing dusts using the gravimetric method.

Oksa, P., Pukkala, E., Karjalainen, A., et al. (1997) Cancer Incidence and Mortality Among Finnish Asbestos Sprayers and in Asbestosis and Silicosis Patients. *Am. J. of Ind. Med.* 31:693-698.

Olishifski, L.B.; Plog, B.A. (1988) Overview of Industrial Hygiene, Fundamentals of Industrial Hygiene 3rd ed. Chicago, National Safety Council.

OSHA Chemical Information Manual file on OSHA's website, www.osha.gov.

{ OSHA Instruction CPL <del>02-02-038 (CPL 2-2.38D), March 20, 1998</del> 02-02-079, July 9, 2015, Inspection Procedures for the Hazard Communication Standard, <del>29 CFR 1910.1200, 1915.99, 1917.28, 1918.90, 1926.59, 1928.21</del> (HCS 2012). }

OSHA Instruction CPL 02-00-131(CPL 2-0.131), January 01, 2002, Recordkeeping Policies and Procedures Manual (RKM).

OSHA Instruction TED 01-00-015 (TED 1-0.15A), January 20, 1999, OSHA Technical Manual.

OSHA Priority Planning Process, Recommendations for Assistant Secretary Joseph A. Dear and Director Linda Rosenstock, Silica (Crystalline) (July 1995).

Peters, J.M. (1986) Silicosis. *Occupational Respiratory Diseases*. Division of Respiratory Disease Studies, Appalachian Laboratory for Occupational Safety and Health, ed. J.A. Merchant, published by the National Institute for Occupational Safety and Health.

Pollack, E.S., Keimig, D.G. (1987) Counting Injuries and Illnesses in the Workplace: Proposals for a Better System. Prepared by the Panel on Occupational Safety and Health Statistics, Committee on National Statistics, National Research Council, Washington, DC: National Academy Press.

Porth, C.M. (1994) *Pathophysiology: Concepts of Altered Health States*, 4<sup>th</sup> Edition. Unit V, Ch. 26 & 27, J.B. Lippincott Co. Philadelphia.

Proceedings of the International Conference on Crystalline Silica Health Effects: Current State of the Art. (1995) *Appl. Occup. and Environ. Hyg. J.* 10(12):981-1156.

Proctor, N.H., Hughes, J.P., Fischman, M.L. (1988) *Chemical Hazards of the Workplace*. 2<sup>nd</sup> ed. J.B. Lippincott Co. Philadelphia.

Rapiti, E., Speranti, A., Miceli, M., et al. (1999) End Stage Renal Disease Among Ceramic Workers Exposed to Silica. *Occup. Environ. Med.* 56:559-561.

Reilly, M., Rosenman, K.D., Watt, F., et al. (1993) Silicosis Surveillance - Michigan, New Jersey, Ohio, Wisconsin. *MMWR*. 42(SS-5):23-28.

Rice, C., Harris, R.L., Lumsden, J.C., et al. (1984) Reconstruction of Silica Exposure in North Carolina Dusty Trades. *Am. Ind. Hyg. J.* 45(10): 689-696.

Rice, C., Harris, R.L., Checkoway, H., Symons, M.J. *North Carolina Silicotis*. Dose Response Relationships for Silicosis from a Case-Control Study of North Caroline Dusty Trades Workers, 77-86.

Rice, C.H., (1984) Exposure reconstruction and study of silicosis in North Carolina.

Robinson, H., Venable, F., Stern, C., et al. (1992) Occupational Exposures and the Mortality Patterns of U.S. Construction Trade Workers 1984-1986. *Revue d' Epidemiologie et de Sante Publique*. Vol. 40.

Hygiene Practices	10, H-J
Ι	
IARC	
MIS Coding Instructions	
Industrial Sources of Crystalline Silica Exposure	
Inspection Procedures	
Inspection Scheduling	5
L	
lung cancer	A-5, A-8, A-9, J-2, J-4, J-7, J-9
М	
Madical Monitoring Pacommandations	16 G I
Minimum Despiratory Protection	
MSHA	
Ν	
Non-English Speaking Groups	
0	
outreach	
Р	
partnerships PEL Calculations	Abstract-3 C-2
program evaluation	
Purpose of NEP	
R	
Recordkeeping	1, 11, J-6
references	
Referrals	
Renal Disease	
Respiratory Protection	
S	
Sampling Equipment	
Sampling Instructions	C-1
Scheduling	Abstract-1
Scleroderma	
severity ratio	C-3
Silica Sources	
silicosisAl	ostract-3, 2, 3, A-1, A-2, A-3, A-4, A-5, A-6, F-1, G-1, J-4, J-6
silicosis history	
Site Selection	
Stomach Cancer	
Т	
tuberculosis	A-6

V	
Ventilation	
W	
Work Practice Controls	