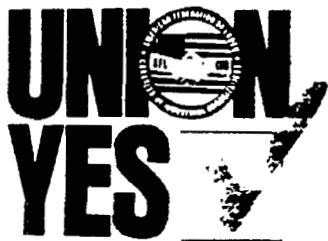


AMERICAN FEDERATION  
OF LABOR AND CONGRESS  
OF INDUSTRIAL ORGANIZATIONS



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**MINNESOTA TOBACCO LITIGATION**

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March 31, 1992

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The Honorable Dorothy L. Strunk  
Acting Assistant Secretary for  
Occupational Safety and Health  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Re: Request for OSHA Standard on Indoor Air Quality

Dear Ms. Strunk:

The undersigned labor organizations, representing more than 14 million workers, hereby petition the Occupational Safety and Health Administration to promulgate regulations under §6(b)(1) of the Occupational Safety and Health Act on indoor air quality. This action is necessary due to the widespread presence of indoor air pollution, the serious health problems caused by exposure to this hazard, and the enormous number of workers potentially affected.

Indoor air pollution is a widespread problem that is estimated to affect 30-70 million building occupants, many of whom are workers. Between 800,000 and 1,200,000 commercial buildings in the United States are estimated to have indoor air pollution problems. The Environmental Protection Agency has estimated the cost of indoor air pollution in terms of decreased productivity, lost work time, and medical costs to be tens of billions of dollars each year. Indoor air pollution is ranked by the EPA as one of the top five environmental risks to human health. Indoor air pollution is a pervasive occupational health problem that carries serious consequences, both in terms of human health and worker productivity.

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NIOSH and EPA have found numerous health ailments to be common among workers in buildings with poor indoor air quality: eye irritation; dry throat; headache; fatigue; sinus congestion; skin irritation; shortness of breath; cough; dizziness; nausea; sneezing; and nose irritation. These findings are consistent with the complaints the AFL-CIO and its affiliated unions frequently hear from their members.

In addition, microbiological contamination in buildings can have very serious health consequences. A recent example of the potential effects of microbiological contamination is the outbreak of Legionnaires' disease at the Social Security Administration building in Richmond, California. Legionella were found in the ventilation system, which had distributed the bacteria throughout the building. Several workers contracted Legionnaires' disease and one worker died of the disease.

Finally, many of the specific contaminants that contribute to poor indoor air quality, such as formaldehyde and volatile organic compounds, have been linked with both acute and serious long-term effects, including respiratory diseases and cancer.

The federal agency with the most experience to date in addressing indoor air pollution as an occupational hazard is the National Institute for Occupational Safety and Health (NIOSH). In analyzing over 500 indoor air quality investigations conducted through the end of 1988, NIOSH categorized its findings into six broad sources of poor indoor quality: building materials contamination (4%); microbiological contamination (5%); outside contamination (10%); inside contamination (15%); inadequate ventilation (53%); and unknown sources (13%). (The number of NIOSH investigations of poor indoor air quality has now grown to over 600.)

The NIOSH findings demonstrate, and the experience of AFL-CIO unions and their members confirm, that indoor air quality can be affected by a wide variety of factors. In "tight" buildings -- energy efficient buildings that were built in the 1970s and thereafter -- ventilation is often the culprit in indoor air quality problems. Very often insufficient fresh air or poorly maintained heating, ventilation, and air conditioning (HVAC) systems are responsible for indoor air quality problems, and complaints are greatly reduced once adequate fresh, clean air is circulated. However, in other cases chemical contamination from office equipment, insect extermination, cleaning supplies, or offgassing from furniture and carpeting, as well as other sources, can be at the root of indoor air quality problems. In these cases, various methods can be used to alleviate the problem, including source control measures and increased ventilation.

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The undersigned organizations believe that regulations on indoor air quality are needed and should promptly be developed. The regulations developed by OSHA should focus primarily on a building systems approach to indoor air quality rather than a contaminant-by-contaminant approach. The experience of the AFL-CIO and its affiliated unions, together with the findings of the NIOSH investigations discussed previously, strongly suggest three conclusions: (1) indoor air pollution is caused by a number of factors; (2) the specific source of indoor air pollution often cannot be identified; and (3) deficiencies in ventilation are the root cause of indoor air quality problems in the majority of cases. These conclusions provide a strong basis for following a "building systems approach" to indoor air quality, rather than an approach centered around measuring specific contaminants and attempting to locate the specific contaminant causing the problem.

The Permissible Exposure Limits (PELs) developed by OSHA to regulate chemical exposures should not be used as the basis for an indoor air quality standard. Most often chemical exposures in sick buildings will be well below the PEL. This fact is often used by employers as a basis for asserting that since chemical exposures are lower than the PEL, the building is healthy. However, the PELs were not developed for use in non-industrial settings. The PELs fail to account for the cumulative effect of multiple chemical exposures and the adverse effects that chemicals can have at low exposure levels over a period of time. Very often workers will experience discomfort and adverse health effects at chemical exposure levels well below the PEL. As such, the PELs should not be used as the basis for determining whether or not an indoor air quality problem exists or whether remedial action is necessary.

We believe that the following elements, at a minimum, should be included in regulations on indoor air quality:

**a. Written Program:**

Each employer and/or building owner should be required to maintain a written plan outlining their program to address indoor air quality. The program should be developed and implemented with the full participation of employees, preferably through a joint employee-employer committee.

The program should assess the various factors contributing to indoor air quality, including ventilation, chemicals, microbiological contamination, and environmental tobacco smoke, among other factors. The program should include the engineering controls and safe work practices utilized by the employer/building owner to maintain good indoor air quality.

The employer/building owner should designate an individual with primary responsibility for coordinating the employer/building owner's response to indoor air quality.

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**b. Worksite Analysis:**

Each employer and/or building owner should be required to conduct an initial comprehensive evaluation of the possible causes of poor indoor air quality. Reassessments should be done periodically and following complaints of poor indoor air quality.

**c. Building Performance Standard:**

The standard should include general requirements for the safe maintenance and operation of HVAC systems, work practices during operation and renovation, and ventilation to ensure sufficient air and satisfactory air quality. This provision should be general and broad in scope. OSHA should consider the American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE) standard entitled, "Ventilation for Acceptable Indoor Air Quality: 62-1989" and other guidelines in the development of this provision.

**d. Employee Information:**

The standard should include requirements that employers obtain and maintain information concerning the design, maintenance, and operation of building systems, and material safety data sheets for materials that may emit indoor air contaminants. Employers should ensure that such materials are readily accessible to employees during each work shift.

**e. Safe Work Practices:**

The standard should include procedures for safe handling of toxic materials used in construction, renovation, operation, or maintenance to reduce or eliminate indoor air contaminants.

**f. Education and Training:**

The standard should include requirements for worker training on indoor air quality, appropriate control measures (including safe work practices), and the provisions of this standard. Training should include information on the availability of Material Safety Data Sheets and make reference to other provisions of the Hazard Communication Standard. The training requirements should be tiered to reflect the various levels of involvement and responsibility for practices impacting on indoor air quality.

**g. Monitoring:**

The standard should include a reference to OSHA's regulations on access to employee exposure and medical records, 29 CFR 1910.20. The standard should include requirements for medical monitoring following outbreaks of acute illness suspected to be caused by poor indoor air quality.

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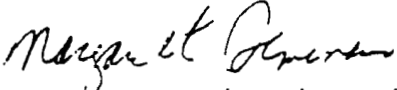
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We request that the Secretary of Labor convene an advisory committee to develop proposed regulations on indoor air quality, as authorized by §§ 6(b)(1) and (7) of the Occupational Safety and Health Act. As specified in §7, the advisory committee should include representatives of employers, workers, federal and state agencies, and other qualified professionals. Under §6(b)(1), the advisory committee would be given 90 days from the date of its appointment to make recommendations to the Secretary regarding the regulations. (The Secretary may shorten or extend the time period, but in no event for a period which is longer than two hundred and seventy days. (§6(b)(1))).

The AFL-CIO and a number of its affiliates have submitted extensive comments and documentation to the record in response to OSHA's Request for Information on indoor air quality. We ask that you incorporate those materials in your consideration of this petition. We believe that the information submitted to the record by the AFL-CIO, affiliated unions, and other interested parties provides more than an adequate basis for OSHA to move forward expeditiously on regulations concerning indoor air quality.

We urge your prompt and favorable consideration of this request and stand ready to assist OSHA in the development of regulations governing indoor air pollution. We request your response to this petition as soon as possible.

Respectfully submitted,



Margaret Seminario, Director  
Department of Occupational  
Safety and Health, AFL-CIO

American Federation of Government Employees  
American Federation of State, County and Municipal Employees  
American Federation of Teachers  
Bakery, Confectionery and Tobacco Workers International Union  
Communications Workers of America  
Department for Professional Employees, AFL-CIO  
Food and Allied Service Trades Department, AFL-CIO  
International Brotherhood of Teamsters  
International Federation of Professional and Technical Engineers  
Laborers' International Union of North America  
The Newspaper Guild  
Service Employees International Union  
Sheet Metal Workers International Association  
United Automobile, Aerospace & Agricultural Implement Workers of  
America

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