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Applicable OSHA Standards: 29 CFR 1910.1025 and 1926.62

1. Purpose and Scope

- 1.1. The purpose of this program is to minimize the lead and reparable dust exposure potentials of personnel performing abrasive blasting, welding, cutting, brazing or other work on painted or primed material.
- 1.2. This program applies to all of work locations under the control of Absolute Pipeline Maintenance & Consulting where an employee or subcontract personnel may be occupationally exposed to lead. Work activities covered include but are not limited to the following:
 - 1.2.1. Demolition or salvage of structures where lead or materials containing lead is present;
 - 1.2.2. Removal or encapsulation of materials containing lead;
 - 1.2.3. New construction, alteration, repair, or renovation of structures, substrates, or portions thereof, that contain lead, or materials containing lead;
 - 1.2.4. Installation of products containing lead;
 - 1.2.5. Lead contamination emergency cleanup;
 - 1.2.6. Transportation, disposal, storage, or containment of lead or materials containing lead on the site or location at which construction activities are performed, and
 - 1.2.7. Maintenance operations associated with removal or work involving lead-containing materials.

2. Definitions

- 2.1. *Action level* means employee exposure, without regard to the use of respirators, to an airborne concentration of lead of 30 micrograms per cubic meter of air (30 ug/m³ calculated as an 8-hour time-weighted average (TWA).
- 2.2. *Competent person* means one who is capable of identifying existing and predictable lead hazards in the surroundings or working conditions and who has authorization to take prompt corrective measures to eliminate them.
- 2.3. *Lead* means metallic lead, all inorganic lead compounds, and organic lead soaps. Excluded from this definition are all other organic lead compounds.

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3. Responsibilities

- 3.1. The site supervisor will ensure that these procedures are followed by employees performing the work. This individual will ensure that personal protective equipment (PPE) requirements outlined in this plan are followed pertinent to the job at hand.
- 3.2. The site supervisor will be trained regarding lead safety, and will be responsible for assuring that employees have been trained in accordance with this program and are capable of properly implementing lead safety work procedures.

4. Permissible Exposure Limit

- 4.1. No Company employee will be exposed to lead at concentrations greater than 50 micrograms per cubic meter of air (50 ug/m^3) averaged over an 8-hour work period.
- 4.2. In the event that an employee is exposed to lead for longer than 8 hours in any shift or work period, the permissible exposure limit (PEL), as a time weighted average (TWA) for the shift or work period, will be reduced using the following formula: Maximum PEL (in ug/m^3) = 400 divided by hours worked in the day.
- 4.3. A respirator will be used during installation or implementation of engineering or work practice controls and where engineering and work practice controls are inadequate.
- 4.4. A respirator also will be used in emergency situations.
- 4.5. If respirators are used, employee exposure will be considered to be at the level provided by the respirator's rated protection factor for periods when the respirator is worn. Periods may be averaged with exposure levels during periods when respirators are not worn to determine the employee's daily TWA exposure.

5. Monitoring

- 5.1. Initial monitoring and exposure determination will be made for any work location or operation where there is indication of employee exposure to lead. Monitoring will determine if any employee may be exposed to lead at or above the action level.
- 5.2. Method(s) of monitoring and laboratory analysis will have an accuracy (to a confidence level of 95%) of not less than plus or minus 20 percent for airborne concentrations of lead equal to or greater than 30 ug/m^3 .
- 5.3. Initial determinations will be based on any of the following considerations:
 - 5.3.1. Any information, observations, or calculations that indicate employee exposure to lead;
 - 5.3.2. Any previous measurements of airborne lead; and
 - 5.3.3. Any employee complaints of symptoms associated with exposure to lead.

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- 5.4. Monitoring to make an initial determination may be limited to a representative sample of exposed employees who can be reasonably expected to have the greatest exposure to airborne lead in the work area.
- 5.5. Monitoring results obtained in the previous 12 months may be used to satisfy the monitoring requirement so long as sampling and analytical methods meet OSHA accuracy and confidence requirements.
- 5.6. When making determinations based on monitoring, employee use of a respirator will not be considered.
- 5.7. If initial determination shows that no employee is exposed to airborne concentrations of lead at or above the action level, this will be documented in writing, reporting date of determination; location within the work area; and the name and social security number of each employee monitored.
- 5.8. Except when making an initial determination, monitoring performed will involve collecting personal samples during a full shift (for at least 7 continuous hours), with at least one sample collected for each shift, for each job classification in each work area.
- 5.9. Full shift personal samples will be representative of employee's regular, daily exposure to lead.
- 5.10. When monitoring indicates the possibility that any employee is exposed to lead at or above the action level, additional monitoring will be performed to determine the lead exposure for each employee in the work area.
- 5.11. If initial monitoring reveals employee exposure to be below the action level, additional sampling will not be required unless there is a change in the work or production process, exposure controls being utilized, personnel or other change that could introduce new or additional lead exposure.
- 5.12. If initial determination or subsequent monitoring shows employee exposure to be at or above the action level, but below the PEL, monitoring will be repeated at least every 6 months. This schedule will continue until at least two consecutive measurements, taken at least 7 days apart, are below the action level.
- 5.13. If initial monitoring shows employee exposure that is above the PEL, monitoring will be repeated each quarter thereafter. Quarterly monitoring will continue until at least two consecutive measurements, taken at least 7 days apart, are below the PEL. However, if monitoring results show exposure above the action level, monitoring will be repeated every 6 months.
- 5.14. Affected employees will be notified about monitoring results within 15 working days after the receipt of the results. This may be done either by written notice to each individual, or by posting results in a prominent location accessible to affected employees.

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- 5.15. When results show representative employee exposure that exceeds the PEL (without regard to use of respirators), this information will be included in the written notice or posting, as well as a description of corrective action(s) that have been or will be taken to reduce exposure to or below the PEL.

6. Compliance Methods

- 6.1. Engineering, work practice and administrative controls will be utilized to reduce and maintain employee exposure to lead that is at or below the PEL when the PEL is exceeded for more than 30 days per year.
- 6.2. In the event that engineering and work practice controls are demonstrated to be either unfeasible or ineffective in reducing employee exposure to or below the PEL, they will be utilized anyway to lower exposures to the lowest feasible level, and will be supplemented by the use of respiratory protection.
- 6.3. Where employee exposure is above the PEL but for 30 days or less each year, engineering controls will be utilized to reduce exposures to 200 ug/m³, but thereafter may use a combination of engineering, work practice, administrative controls and respiratory protection lower and maintain employee lead exposure to or below 50 ug/m³.
- 6.4. In the event that engineering and work practice controls do not reduce employee lead exposure to or below the PEL, these controls will be supplemented by use of respirators.
- 6.5. Any use of respirators will be in compliance with the Company's written *Respiratory Protection Program*.

7. General Requirements

- 7.1. When lead exposure at a work location exceeds the OSHA PEL, the site supervisor will establish and implement a written compliance program to reduce exposures to or below the PEL. This will be done by means of engineering, work practice and administrative controls, with respiratory protection utilized only when the other controls are either not feasible or ineffective.
- 7.2. Written compliance plans will include at least the following:
- 7.2.1. Description of each operation that presents a lead exposure -- machinery used, material processed, controls in place, size or work crew, individual job responsibilities, operating procedures and maintenance practices;
- 7.2.2. Description of specific methods used for compliance, including any engineering plans and studies used to determine exposure control methods;

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- 7.2.3. Explanation of the technology being considered to meet the PEL;
 - 7.2.4. Monitoring data to document lead sources;
 - 7.2.5. Schedule for program implementation, including items such as copies of purchase orders for equipment, construction contracts, etc.;
 - 7.2.6. Safe work practices for use of PPE and protective clothing, housekeeping and hygiene facilities;
 - 7.2.7. Explanation of any administrative control schedule if such is utilized as a control; and
 - 7.2.8. Other pertinent information.
- 7.3. When air from exhaust ventilation is re-circulated into the work area, the following requirements apply:
- 7.3.1. The ventilation system will have a high efficiency filter with reliable back-up filter; and
 - 7.3.2. Controls will be installed, used and maintained to monitor the concentration of lead in the return air and to bypass the recirculation system automatically if it fails.
- 7.4. If administrative controls are used as a way to reduce employee TWA lead exposure, a job rotation schedule will be used that includes:
- 7.4.1. Name or identification method of each affected employee;
 - 7.4.2. Duration and levels of exposure at each affected employee's work area; and
 - 7.4.3. Other relevant information that will help to evaluate the effectiveness of administrative controls.

8. **Respiratory Protection**

- 8.1. The Company will provide respirators to affected employees for the following work situations. Employees will use respirators:
 - 8.1.1. When installing or implementing engineering or work-practice controls;
 - 8.1.2. For work when engineering and work-practice controls are not sufficient to reduce employee lead exposures to or below the PEL; and
 - 8.1.3. Whenever an employee requests a respirator.

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- 8.2. All use of respiratory protection will be in accordance with the Company's written *Respiratory Protection Program*.
- 8.3. Respiratory protection, associated medical examinations, fit testing and training will be provided without cost to affected employees.
- 8.4. Employees will be provided to with full face piece respirators instead of half mask respirators for protection against lead aerosols that cause eye or skin irritations.
- 8.5. HEPA filters will be utilized for powered and non-powered air-purifying respirators.
- 8.6. Employees who choose to use a powered air-purifying respirator (PAPR) instead of a negative pressure respirator will be provided with a PAPR so long as it gives adequate protection.

9. Protective Clothing and PPE

- 9.1. If an employee is exposed to lead above the PEL and there is the possibility of skin or eye irritation, he or she will be provided with appropriate personal protective equipment (PPE) and protective clothing. This is without regard to use of a respirator.
- 9.2. PPE will be provided at no cost to affected employees.
- 9.3. Employees will use appropriate PPE and protective work clothing, which may include but is not limited to:
 - 9.3.1. Coveralls or similar full-body work clothing;
 - 9.3.2. Gloves, hats, and shoes or disposable shoe coverlets; and
 - 9.3.3. Face shields, vented goggles or other appropriate protective equipment.
- 9.4. Required protective clothing will be provided to affected employees at least weekly in a clean and dry condition, and daily to employees whose lead exposure levels (without regard to use of a respirator) are over 200 ug/m³ during an 8-hour TWA.
- 9.5. Affected employees issued protective clothing and equipment also will be provided with cleaning, laundering or disposal of such as required.
- 9.6. The site supervisor will ensure that protective clothing and equipment is repaired or replaced as needed to maintain effectiveness.
- 9.7. Protective clothing will be removed at the end of a work shift only in change rooms provided for this purpose.

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- 9.8. Contaminated protective clothing to be cleaned, laundered or disposed of will be placed in a closed container in the change-room to prevent dispersion of lead outside the container.
- 9.9. Any person or service provider that cleans or launders protective clothing or equipment will be notified in writing by the Company about the potentially harmful effects of lead exposure.
- 9.10. Containers of contaminated protective clothing and equipment will be labeled with the warning: *CAUTION: CLOTHING CONTAMINATED WITH LEAD. DO NOT REMOVE DUST BY BLOWING OR SHAKING. DISPOSE OF LEAD CONTAMINATED WASH WATER IN ACCORDANCE WITH APPLICABLE LOCAL, STATE, OR FEDERAL REGULATIONS.*
- 9.11. Removal of lead from protective clothing or equipment by blowing, shaking or any other method that could disperse lead into the air is prohibited.

10. Housekeeping in Lead Exposure Work Areas

- 10.1. Surfaces in the work area will be maintained as free as practicable of lead accumulations.
- 10.2. Do not use compressed air to clean floors and other surfaces where lead accumulates.
- 10.3. Shoveling, brushing, dry or wet sweeping will be used for cleaning only where vacuuming or other equally effective methods have been tried and found not to be effective.
- 10.4. When vacuuming is used for cleaning, this equipment will be used and emptied in a way that minimizes the reentry of lead into the work area.

11. Hygiene Facilities and Work Practices

- 11.1. In work areas where employees are exposed to lead above the PEL (whether or not respirators are used), the presence or consumption of food, beverages and tobacco products are prohibited. Additionally, application of cosmetics is prohibited unless this is done in a change rooms, lunch rooms or shower facility.
- 11.2. Employees who are exposed to lead above the PEL will be provided with clean change rooms (without regard to the use of respirators).
- 11.3. To prevent cross contamination, change rooms will be equipped with separate storage facilities for street clothing and protective work clothing/equipment.
- 11.4. Employees who are exposed to lead above the PEL (without regard to the use of respirators) will shower at the end of their work shift. Proper shower facilities will be provided by the Company.

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- 11.5. Employees who are required to shower because of lead exposure will not leave the workplace wearing any work clothing or equipment worn during work.
- 11.6. Sanitary lunchroom facilities will be provided for employees who work in areas where exposure to airborne lead is above the PEL. These facilities will be readily available to affected employees and provided without regard to use of respirators.
- 11.7. Lunchrooms will have a temperature controlled, positive pressure, filtered air supply.
- 11.8. Employees who work in areas where their airborne exposure to lead is above the PEL will wash their hands and face prior to eating, drinking, smoking, using tobacco products or applying cosmetics. This is required regardless to the use of respirators.
- 11.9. Employees will not enter lunchroom facilities while wearing protective work clothing or equipment unless surface lead dust has been removed by vacuuming or use of a down draft booth or other cleaning method that does not disperse lead into the air.
- 11.10. The Company will provide an adequate number of lavatory facilities for hand and face washing.

12. **Medical Surveillance**

- 12.1. The Company will establish a medical surveillance program for employees who are or may be exposed to lead above the action level for more than 30 days per year.
- 12.2. All medical examinations and procedures will be performed by, or under the supervision of, a licensed physician.
- 12.3. The Company will provide required medical surveillance procedures, including multiple physician review, without cost to employees and at a reasonable time and place.
- 12.4. The Company will make available to each affected employee biological monitoring (blood lead and ZPP level sampling and analysis) by providing blood sampling and analysis for lead and zinc protoporphyrin levels in accordance with Company safety and health procedures and OSHA requirements.
- 12.5. Biological monitoring will be performed on the following schedule:
 - 12.5.1. At least every 6 months for each covered employee;
 - 12.5.2. At least every two months for each employee whose last blood sampling and analysis indicated a blood lead level at or above 40 ug/100 g of whole blood. (This frequency will continue until two consecutive blood samples and analyses indicate a blood lead level below 40 ug/100 g of whole blood); and

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- 12.5.3. At least monthly during the removal period of each employee removed from exposure to lead due to an elevated blood lead level.
- 12.6. Follow-up blood sampling tests will be conducted whenever the results of a blood lead level test indicate that an employee's blood lead level exceeds the numerical criterion for medical removal. The Company will provide a second (follow-up) blood sampling test within two weeks after receiving results of the first blood sampling test.
- 12.7. Blood lead level sampling and analysis will have an accuracy (to a confidence level of 95 percent) within plus or minus 15 percent or 6 ug/100 ml, whichever is greater. Analysis will be performed by a laboratory licensed by the Center for Disease Control, United States Department of Health, Education and Welfare (CDC) or which has received a satisfactory grade in blood lead proficiency testing from CDC in the prior 12 months.
- 12.8. Employees will be notified in writing within five working days after the receipt of biological monitoring results that report blood lead level exceeds 40 ug/100 g:
 - 12.8.1. About the employee's blood lead level; and
 - 12.8.2. About requirements of the standard for temporary medical removal with Medical Removal Protection benefits when an employee's blood lead level exceeds the numerical criterion for medical removal.

13. **Medical Examinations and Consultations**

- 13.1. The Company will make available medical examinations and consultations to each affected employee on the following schedule:
 - 13.1.1. At least annually for each employee whose blood sampling conducted at any time during the preceding 12 months indicated a blood lead level at or above 40 ug/100 g;
 - 13.1.2. Prior to first-time assignment to an area in which airborne concentrations of lead are at or above the action level;
 - 13.1.3. As soon as possible when an employee reports signs or symptoms commonly associated with lead intoxication; when the employee requests medical advice concerning the effects of current or past exposure to lead regarding his or her ability to procreate a healthy child; or when the employee has difficulty breathing during a respirator fit test or during use of a respirator; and
 - 13.1.4. When it is medically appropriate for each employee to be either removed from exposure to lead due to a risk of sustaining material impairment to health, or to be placed under work restrictions pending a final medical determination.

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- 13.2. Medical examinations relating to lead safety compliance will include the following components:
- 13.2.1. Detailed work history and medical history, with particular attention to past lead exposure (occupational and non-occupational), personal habits (smoking, hygiene), and past gastrointestinal, hematologic, renal, cardiovascular, reproductive and neurological problems;
 - 13.2.2. A thorough physical examination, with particular attention to teeth, gums, hematologic, gastrointestinal, renal, cardiovascular, and neurological systems. Pulmonary status should be evaluated if respiratory protection will be used;
 - 13.2.3. Measurement of blood pressure;
 - 13.2.4. Obtaining a blood sample and analysis which determines:
 - 13.2.4.1. Blood lead level;
 - 13.2.4.2. Hemoglobin and hematocrit determinations, red cell indices, and examination of peripheral smear morphology;
 - 13.2.4.3. Zinc protoporphyrin;
 - 13.2.4.4. Blood urea nitrogen and serum creatinine;
 - 13.2.4.5. Routine urinalysis with microscopic examination; and
 - 13.2.4.6. Any laboratory or other test which the examining physician deems necessary.
- 13.3. Content of medical examinations relating to this program will be determined by an examining physician and, if requested by an employee, will include pregnancy testing or laboratory evaluation of male fertility.
- 13.4. If the Company selects the initial physician who conducts any medical examination or consultation provided to an employee under this section, the employee may designate a second physician:
- 13.4.1. To review any findings, determinations or recommendations of the initial physician; and
 - 13.4.2. To conduct such examinations, consultations, and laboratory tests as the second physician deems necessary.
- 13.5. The Company will promptly notify an employee of the right to seek a second medical opinion after each occasion when an initial physician conducts a medical examination or consultation.

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- 13.6. The Company may condition its participation in, and payment for, the multiple physician review mechanism upon the employee doing the following within fifteen (15) days after receipt of notification, or receipt of the initial physician's written opinion, whichever is later:
- 13.6.1. The employee informing the Company that he or she intends to seek a second medical opinion, and
 - 13.6.2. The employee making an appointment with a second physician.
- 13.7. If findings, determinations or recommendations of the second physician differ from those of the initial physician, then the Company and the employee will assure that efforts are made for the two physicians to resolve any disagreement.
- 13.8. If the two physicians have been unable to quickly resolve their disagreement, then the Company and the employee -- through their respective physicians -- will designate a third physician to:
- 13.8.1. To review any findings, determinations or recommendations of the prior physicians; and
 - 13.8.2. To conduct such examinations, consultations, laboratory tests and discussions with the prior physicians as the third physician deems necessary to resolve the disagreement of the prior physicians.
 - 13.8.3. The Company will take action based on findings, determinations and recommendations of the third physician, unless the Company and the employee reach agreement that is otherwise consistent with recommendations of at least one of the three physicians.
 - 13.8.4. The Company will provide an the following information to the initial physician conducting a medical examination or consultation:
 - 13.8.4.1. A copy of the OSHA regulation for lead, including all Appendices;
 - 13.8.4.2. A description of the affected employee's duties as they relate to the employee's exposure;
 - 13.8.4.3. The employee's exposure level or anticipated exposure level to lead and to any other toxic substance (if applicable);
 - 13.8.4.4. A description of any personal protective equipment used or to be used;
 - 13.8.4.5. Prior blood lead determinations; and

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- 13.8.4.6. All prior written medical opinions concerning the employee in the Company's possession or control.
- 13.8.5. The Company will provide the information specified above to a second or third physician conducting a medical examination or consultation under this program upon request either by the second or third physician, or by the employee.
- 13.8.6. The Company will obtain and furnish the employee with a copy of a written medical opinion from each examining or consulting physician which contains the following information:
 - 13.8.6.1. The physician's opinion as to whether the employee has any detected medical condition which would place the employee at increased risk of material impairment of the employee's health from exposure to lead;
 - 13.8.6.2. Any recommended special protective measures to be provided to the employee, or limitations to be placed upon the employee's exposure to lead;
 - 13.8.6.3. Any recommended limitation upon the employee's use of respirators, including a determination of whether the employee can wear a powered air purifying respirator if a physician determines that the employee cannot wear a negative pressure respirator; and
 - 13.8.6.4. The results of the blood lead determinations.
- 13.8.7. The Company will instruct each examining and consulting physician to:
 - 13.8.7.1. Not reveal either in the written opinion, or in any other means of communication with the Company, findings, including laboratory results, or diagnoses unrelated to an employee's occupational exposure to lead; and
 - 13.8.7.2. Advise the employee of any medical condition, occupational or non-occupational, which dictates further medical examination or treatment.
- 13.8.8. The Company and an employee or authorized employee representative may agree upon the use of any expeditious alternate physician determination mechanism instead of the multiple physician review mechanism so long as the alternate mechanism otherwise satisfies program and OSHA requirements.
- 13.8.9. Affected employees will not engage in prophylactic chelation as a way to show reduced levels of lead in the blood. *Chelation* is a therapeutic

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practice whereby chelating agents such as EDTA (ethylenediamine tetracetate) are administered to reduce blood lead levels in an exposed individual.

- 13.8.10. If therapeutic or diagnostic chelation is to be performed on an affected employee, the Company will assure that it be done under the supervision of a licensed physician in a clinical setting with thorough and appropriate medical monitoring, and that the employee is notified in writing prior to its occurrence.

14. Medical Removal Protection

- 14.1. The Company will remove an employee from work having an exposure to lead at or above the action level on each occasion that a periodic and a follow-up blood sampling test conducted pursuant to this section indicate that the employee's blood lead level is at or above 60 ug/100 g of whole blood; and
- 14.2. The Company will remove an employee from work having an exposure to lead at or above the action level on each occasion that the average of the last three blood sampling tests conducted pursuant to this section (or the average of all blood sampling tests conducted over the previous six (6) months, whichever is longer) indicates that the employee's blood lead level is at or above 50 ug/100 g of whole blood; provided, however, that an employee need not be removed if the last blood sampling test indicates a blood lead level at or below 40 ug/100 g of whole blood.
- 14.3. The Company will remove an employee from work having an exposure to lead at or above the action level on each occasion that a final medical determination results in a medical finding, determination, or opinion that the employee has a detected medical condition which places the employee at increased risk of material impairment to health from exposure to lead.
- 14.4. For purposes of this program, "final medical determination" will mean the outcome of the multiple physician review mechanism or alternate medical determination mechanism used pursuant to the medical surveillance provisions of this section.
- 14.5. Where a final medical determination results in any recommended special protective measures for an employee, or limitations on an employee's exposure to lead, the Company will implement and act in accordance with the recommendation.
- 14.6. The Company will return an employee to his or her former job status:
- 14.6.1. For an employee removed due to a blood lead level at or above 60 ug/100 g, or due to an average blood lead level at or above 50 ug/100 g, when two consecutive blood sampling tests indicate that

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the employee's blood lead level is at or below 40 ug/100 g of whole blood;

- 14.6.2. For an employee removed due to a final medical determination, when a subsequent final medical determination results in a medical finding, determination, or opinion that the employee no longer has a detected medical condition which places the employee at increased risk of material impairment to health from exposure to lead.
- 14.7. For the purposes of this program, the Company's requirement to return an employee to his or her former job status is not intended to expand upon or restrict any rights an employee has or would have had, absent temporary medical removal, to a specific job classification or position under the terms of a collective bargaining agreement.
- 14.8. The Company will remove any limitations placed on an employee or end any special protective measures provided to an employee pursuant to a final medical determination when a subsequent final medical determination indicates that the limitations or special protective measures are no longer necessary.
- 14.9. Where the multiple physician review mechanism, or alternate medical determination mechanism used pursuant to the medical surveillance provisions of this section, has not yet resulted in a final medical determination with respect to an employee, the Company will act as follows:
- 14.9.1. The Company may remove the employee from exposure to lead, provide special protective measures to the employee, or place limitations upon the employee, consistent with the medical findings, determinations, or recommendations of any of the physicians who have reviewed the employee's health status.
- 14.9.2. The Company may return the employee to his or her former job status, end any special protective measures provided to the employee, and remove any limitations placed upon the employee, consistent with the medical findings, determinations, or recommendations of any of the physicians who have reviewed the employee's health status, with two exceptions:
- 14.9.2.1. If the initial removal, special protection, or limitation of the employee resulted from a final medical determination which differed from the findings, determinations, or recommendations of the initial physician or
- 14.9.2.2. If the employee has been on removal status for the preceding eighteen months due to an elevated blood lead level, then the Company will await a final medical determination.

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15. Medical Removal Protection Benefits

- 15.1. The Company will provide to an employee up to 18 months of medical removal protection benefits on each occasion that an employee is removed from exposure to lead or otherwise limited in duties in accordance with this program.
- 15.2. For the purposes of this program, the requirement that the Company provide medical removal protection benefits means that the Company will maintain the earnings, seniority and other employment rights and benefits of an employee as though the employee had not been removed from normal exposure to lead or otherwise limited.
- 15.3. During the period of time that an employee is removed from normal exposure to lead or otherwise limited, the Company may condition the provision of medical removal protection benefits upon the employee's participation in follow-up medical surveillance made available under this program.
- 15.4. If a removed employee files a claim for workers' compensation payments for a lead-related disability, then the Company will continue to provide medical removal protection benefits pending disposition of the claim. To the extent that an award is made to the employee for earnings lost during the period of removal, the Company's medical removal protection obligation will be reduced by such amount. The Company will receive no credit for workers' compensation payments received by the employee for treatment related expenses.
- 15.5. The Company's obligation to provide medical removal protection benefits to a removed employee will be reduced to the extent that the employee receives compensation for earnings lost during the period of removal either from a publicly or employer-funded compensation program, or receives income from employment with another employer made possible by virtue of the employee's removal.
- 15.6. The Company will take the following measures with respect to any employee removed from exposure to lead due to an elevated blood lead level whose blood lead level has not declined within the past eighteen (18) months of removal so that the employee has been returned to his or her former job status:
 - 15.6.1. The Company will make available to the employee a medical examination pursuant to this section to obtain a final medical determination with respect to the employee;
 - 15.6.2. The Company will assure that the final medical determination obtained indicates whether or not the employee may be returned to his or her former job status, and if not, what steps should be taken to protect the employee's health;
 - 15.6.3. Where the final medical determination has not yet been obtained, or once obtained indicates that the employee may not yet be returned

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to his or her former job status, the Company will continue to provide medical removal protection benefits to the employee until either the employee is returned to former job status, or a final medical determination is made that the employee is incapable of ever safely returning to his or her former job status.

- 15.7. Where the Company acts pursuant to a final medical determination that permits the return of the employee to his or her former job status despite what would otherwise be an unacceptable blood lead level, later questions concerning removing the employee again will be decided by a final medical determination. The Company need not automatically remove such an employee pursuant to the blood lead level removal criteria provided by this section.
- 15.8. When the Company voluntarily removes an employee from exposure to lead, or otherwise places limitations on an employee due to the effects of lead exposure on the employee's medical condition, the Company will provide the required medical removal protection benefits to the employee.

16. Employee Information and Training

- 16.1. When Company employees work at a location that has a potential exposure to airborne lead at any level, the site supervisor will inform employees of the content of 29 CFR 1910.1025 Appendix A (*Substance data sheet for occupational exposure to lead*) and Appendix B (*Employee standard summary 1910.1025*).
- 16.2. The Company has established and implemented a training program for all employees who are subject to exposure to lead at or above the action level, or for whom the possibility of skin or eye irritation exists as a result of lead exposure. Affected employees will participate in this training in accordance with Company requirements.
- 16.3. Initial training will be conducted prior to initial job assignment for affected employees.
- 16.4. Training will be repeated at least annually for each affected employee.
- 16.5. Training will inform affected employees about:
 - 16.5.1. Content of 29 CFR 1910.1025 *Lead* and its appendices;
 - 16.5.2. Specific nature of work operations that could result in lead exposure above the action level;
 - 16.5.3. Purpose, proper selection, fitting, use and limitations of respirators;
 - 16.5.4. Purpose and description of the Company's medical surveillance and medical removal protection programs;

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- 16.5.5. Adverse health effects associated with excessive exposure to lead (with particular attention to the adverse reproductive effects on both males and females);
- 16.5.6. Engineering controls and work practices at the work location associated with the employee's job assignment;
- 16.5.7. Contents of any compliance plan in effect; and
- 16.5.8. Instructions to employees that chelating agents should not routinely be used to remove lead from their bodies, and should not be used at all except under the direction of a licensed physician.

16.6. **Access to information and training materials**

- 16.6.1. The Company will make readily available to all affected employees a copy of *29 CFR 1910.1025 Lead* and its appendices.
- 16.6.2. On request, the Company will provide all materials relating to the employee information and training program to authorized OSHA representatives.
- 16.6.3. The Company will provide to employees any materials pertaining to the Occupational Safety and Health Act, regulations issued pursuant to the Act and the lead standard that are made available to the Company by OSHA.

17. **Signs**

- 17.1. Signs and posted warnings required by laws, statutes, regulations or ordinances may be used in addition to, or in combination with, signs required by this program.
- 17.2. No statement will appear on or near any sign required by this program that contradicts or detracts from the sign's meaning.
- 17.3. The following warning sign will be posted in each work area where the lead PEL is exceeded:

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

- 17.4. Signs required by this program will be illuminated and cleaned as necessary so that the legend is readily visible.

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18. Recordkeeping

- 18.1. The Company will establish and maintain an accurate record of all required monitoring. This record will include:
 - 18.1.1. Date(s), number, duration, location and results of each of the samples taken, including a description of the sampling procedure used to determine representative employee exposure where applicable;
 - 18.1.2. A description of the sampling and analytical methods used and evidence of their accuracy;
 - 18.1.3. The type of respiratory protective devices worn, if any;
 - 18.1.4. Name, social security number and job classification of the employee monitored and of all other employees whose exposure the measurement is intended to represent; and
 - 18.1.5. Environmental variables that could affect the measurement of employee exposure.
- 18.2. Monitoring records will be maintained by the Company for at least 40 years or for the duration of employment plus 20 years, whichever is longer.
- 18.3. The Company will establish and maintain an accurate record for each employee subject to medical surveillance. This record will include:
 - 18.3.1. Name, social security number and description of the duties of the employee;
 - 18.3.2. A copy of the physician's written opinions;
 - 18.3.3. Results of any airborne exposure monitoring done for that employee and the representative exposure levels supplied to the physician; and
 - 18.3.4. Any employee medical complaints related to exposure to lead.
- 18.4. The Company will keep, or assure that the examining physician keeps, the following medical records:
 - 18.4.1. A copy of the medical examination results including required medical and work history;
 - 18.4.2. A description of the laboratory procedures and a copy of any standards or guidelines used to interpret the test results or references to that information;

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- 18.4.3. A copy of the results of biological monitoring.
- 18.5. The Company will maintain or assure that the physician maintains those medical records for at least 40 years, or for the duration of employment plus 20 years, whichever is longer.
- 18.6. The Company will establish and maintain an accurate record for each employee removed under this program from current exposure to lead. Each record will include:
- 18.6.1. Name and social security number of the employee;
- 18.6.2. Date on each occasion when the employee was removed from current exposure to lead, as well as the corresponding date on which the employee was returned to his or her former job status;
- 18.6.3. A brief explanation of how each removal was or is being accomplished; and
- 18.6.4. A statement with respect to each removal indicating whether or not the reason for the removal was an elevated blood lead level.
- 18.7. The Company will maintain each medical removal record for at least the duration of an employee's employment.
- 18.8. All records required to be maintained under this program will be made available to authorized OSHA representatives on request.
- 18.9. Environmental monitoring, medical removal, and medical records required under this program will be provided on request to employees, designated representatives and authorized OSHA representatives. Medical removal records will be provided in the same manner as environmental monitoring records.
- 18.10. In the event that the Company should cease to do business, any successor employer will receive and retain all records required to be maintained under this program. Should the Company cease to do business and there is no successor employer to receive and retain these records for the prescribed period, these records will be transmitted to the Director (hereafter referred to as "the Director"), National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health, Education and Welfare, or a designee.
- 18.11. On expiration of the required records retention period, the Company will notify the Director at least three months prior to disposal of such records and will transmit those records to the Director if requested within the period.
- 18.12. The Company also will comply with any additional requirements involving transfer of records in accordance with 29 CFR 1910.1020(h).

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19. Observation of monitoring

- 19.1. The Company will provide affected employees or their designated representatives an opportunity to observe any monitoring of employee exposure to lead conducted in accordance with this program.
- 19.2. Whenever such monitoring observations require entry into an area where the use of respirators, protective clothing or equipment is required, the Company will provide the observer(s) with and assure the use of respirators, clothing and other required protective equipment. Observers will be required to comply with all other applicable Company safety and health procedures. This includes providing the Company with written documentation of safety training, medical evaluation and respirator fit testing to be in compliance with both Company and OSHA requirements.
- 19.3. Without interfering with the monitoring, observers will be allowed to:
 - 19.3.1. Receive an explanation of measurement procedures;
 - 19.3.2. Observe all steps related to the monitoring of lead performed at the place of exposure; and
 - 19.3.3. Record results obtained, or receive copies of results when returned by the laboratory.