# PENNSYLVANIA

## STATUTES:

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## PENNSYLVANIA CONSOLIDATED STATUTES

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PENNSYLVANIA

RULES AND REGULATIONS: (6)

PENNSYLVANIA CODE:

TITLE 25: ENVIRONMENTAL PROTECTION –
CHAPTER 283: RESOURCE RECOVERY AND OTHER PROCESSING FACILITIES

CHAPTER 297: INCINERATORS AND OTHER PROCESSING FACILITIES

TITLE 34: LABOR AND INDUSTRY –
CHAPTER 129: WORKERS’ COMPENSATION HEALTH AND SAFETY

CHAPTER 143

CHAPTER 307: MATERIAL SAFETY DATA SHEET

CHAPTER 301: JURISDICTION, DEFINITIONS, EXEMPTIONS AND ADMINISTRATIVE MATTERS

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§ 283.102. Operating plan.

An application shall contain:

(1) A narrative description of the general operating plan for the proposed facility, including the origin, composition and weight or volume of solid waste that is proposed to be processed at the facility, the process to be used at the facility, the daily operational methodology of the proposed process, the loading rate, the proposed capacity of the facility and the expected life of the facility.

(2) A plan for an alternative waste handling or disposal system during periods when the proposed facility is not in operation, including procedures to be followed in case of equipment breakdown. Procedures may include the use of standby equipment, extension of operating hours and contractual agreements for diversion of municipal waste to other facilities.

(3) An operational safety, fire prevention and emergency response plan that will adequately protect workers and patrons of the facility, prepared by an expert in the field of *industrial hygiene* and safety.

(4) A plan for assuring that solid waste received at the facility is consistent with § 283.201 (relating to basic limitations).
§ 297.102. Operating plan.

An application shall contain:

(1) A narrative description of the general operating plan for the proposed facility, including the origin, composition and weight or volume of solid waste that is proposed to be processed at the facility, the process to be used at the facility, the daily operational methodology of the proposed process, the loading rate, the proposed capacity of the facility and the expected life of the facility.

(2) A plan for an alternative waste handling or disposal system during periods when the proposed facility is not in operation, including procedures to be followed in case of equipment breakdown. Procedures may include the use of standby equipment, extension of operating hours and contractual agreements for diversion of residual waste to other facilities.

(3) An operational safety, fire prevention and emergency response plan that will adequately protect workers and patrons of the facility, prepared by an expert in the field of *industrial hygiene* and safety.

(4) A plan for assuring that solid waste received at the facility is consistent with § 297.201 (relating to basic limitations).
§ 129.69. Manufacture of pneumatic rubber tires.

(b) The owner or operator of an undertread cementing, tread-end cementing or bead dipping operation subject to this section shall comply with the following:
   (1) Install and operate a capture system designed to achieve maximum reasonable capture, of at least 85% by weight of VOC emitted, from undertread cementing, tread-end cementing and bead dipping operations. Maximum reasonable capture shall be consistent with the following documents:

       (ii) Recommended Industrial Ventilation Guidelines, United States Department of Human Services National Institute of Occupational Safety and Health.

§ 129.102. Accident and illness prevention services requirements.

The Bureau will annually evaluate the following required accident and illness prevention services components for adequacy:
(3) Requirements to provide accident and illness prevention services.
   (i) An insurer shall provide accident and illness prevention services to policyholders who request them or based on the insurer’s determination of the policyholders’ operational requirements. Services shall be provided through an insurer’s own or contracted staff who meet the requirements established by the Department in Subchapter E.
   (ii) Services include the following:
       (A) Surveys to identify existing or potential accident and illness hazards or safety program deficiencies. Surveys may, for example, be in the form of an underwriting risk analysis or an onsite review. If the insurer determines through a survey and analysis of survey results that the hazards or deficiencies are present, it shall propose corrective actions to the policyholder concerning the abatement of hazards or program deficiencies identified in the surveys. If one or more imminent danger situations are identified, the insurer shall inquire as to the corrective actions a policyholder has taken and propose further corrective actions if necessary.
(B) Providing or proposing corrective actions in the area of **industrial hygiene** services as requested by the policyholder or as determined by the insurer to meet the policyholders’ operational requirements, for example, air quality testing.

§ 129.108. Recordkeeping requirements.

Insurers shall maintain records of accident and illness prevention services by a policyholder for the most complete current calendar year and 2 preceding consecutive calendar years which include:
1. The dates of the requests for services.
2. The services requested or problems presented.
3. Reports from site inspections performed.
4. Other service reports including proposed corrective actions.
5. The dates on which services were provided and the policyholder’s responses to proposed corrective actions.
6. The results of **industrial hygiene** and health surveys and consultations.

§ 129.2. Definitions.

*(Only definitions related to industrial hygiene shown below)*

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

**Accident and illness prevention services**—Services, within the context of the act, which include: surveys, proposed corrective actions, training programs, consultations, analyses of accident causes and **industrial hygiene** and industrial health services.

**Industrial hygiene** services—Services that include consultation concerning suspected chemical, physical or biological exposures. This consultation may produce proposed corrective actions designed to control or prevent identified exposures and is directed toward implementing a program of accident and illness prevention services.

§ 129.402. Program requirements.

(a) An individual self-insured employer shall maintain an adequate accident and illness prevention program and maintain records for this program for the 3 most current, complete fiscal years. The program shall include the following elements:

1. A safety policy statement.
2. A designated accident and illness prevention program coordinator.
3. Assignment of responsibilities for developing, implementing and evaluating the accident and illness prevention program.
4. Program goals and objectives.
5. Methods for identifying and evaluating hazards and developing corrective actions for their mitigation.
Industrial hygiene surveys required by the nature of the individual self-insured employer’s workplace and worksite environments, for example, air quality testing.

§ 129.407. Recordkeeping requirements.

Individual self-insured employers shall maintain records of accident and illness prevention program services for the most complete fiscal year and 2 preceding consecutive fiscal years which include:

1. Number and dates of surveys conducted.
2. Proposed corrective actions and their disposition.
3. Training programs conducted.
4. Consultations held.
5. Analyses of accident causes.
6. Industrial hygiene services provided.

§ 129.457. Service requirements.

A group self-insurance fund shall maintain or provide through its own or contracted accident and illness prevention services providers the following accident and illness prevention services to members:

1. Onsite surveys to identify existing or potential accident and illness hazards or safety program deficiencies. If through a survey and analysis of survey results it is determined that the hazards or deficiencies are present, corrective actions shall be proposed to the group self-insurance fund member concerning the abatement of hazards or program deficiencies identified in the surveys. If one or more imminent danger situations or program deficiencies are identified, the group self-insurance fund shall inquire as to the corrective actions the group self-insurance fund member has taken and propose further corrective actions if necessary.

2. Analyses of the causes of accidents and illnesses at the members’ worksites.

3. Providing or proposing corrective actions in the area of industrial hygiene services as requested by the group self-insurance fund member or as determined by the group self-insurance fund to meet the group self-insurance fund members’ operational requirements, for example, air quality testing.

§ 129.458. Recordkeeping requirements.

(a) Group self-insurance funds shall maintain records of accident and illness prevention programs or services for each member for the most complete current fiscal year and 2 preceding consecutive fiscal years which include:

1. The dates of requests for services.
(2) The services requested or problems presented.
(3) The dates of the group self-insurance fund’s responses.
(4) The dates on which services were provided and member responses to proposed corrective actions.
(5) The number of hours expended providing services including both onsite and preparatory time.
(6) The final disposition of requests.
(7) The number of service visits.
(8) Other service reports including proposed corrective actions.
(9) The results of industrial hygiene and industrial health surveys and consultations.

§ 129.702. Accident and illness prevention services providers requirements.

(a) A workers’ compensation insurer, individual self-insured employer or group self-insurance fund shall directly employ accident and illness prevention services providers or shall retain contracted accident and illness prevention services providers who meet the requirements as described in this section to provide accident and illness prevention services.

(e) The 2 years of accident and illness prevention experience required in subsection (d) shall include current, full-time professional experience providing accident and illness prevention services which accounts for at least 60% of the individual’s activities. Acceptable activities include: identifying hazards; conducting safety and health surveys; proposing corrective actions; analyzing accident causes; and recommending or providing industrial hygiene and industrial health surveys and consultations.

(f) The Bureau will maintain a listing of recognized organizational credentials. Inquiries may be made to the Bureau for current information reflecting additions or deletions to that listing.
§ 143.102. Service requirements.

An insurer shall be able to provide, through its own or contracted staff, the following accident and illness prevention services to policyholders who request them:

(1) Onsite surveys to identify existing or potential accident and illness hazards or safety program deficiencies. Recommendations shall be made to the policyholder concerning mitigation of any hazards or program deficiencies identified as a result of the survey. If the insurer identifies one or more significant hazards or program deficiencies, at least one follow-up visit shall be made to determine what action the policyholder has taken and to make further recommendations, if required.

(2) Analyses of the causes of accidents and illnesses at the policyholders’ worksites.

(3) Evaluations of policyholder accident and illness prevention programs, with recommendations concerning program improvements. An insurer will provide to each policyholder, at the time the policy is bound, a publication that describes quality accident and illness prevention services and will inform the policyholder of the incentive to form a workplace safety committee as described in Subchapter E (relating to workplace safety committee).

(4) Industrial hygiene and industrial health services, including surveys and screenings, appropriate to policyholders’ needs.

§ 143.104. Quality of services.

Services shall be provided in accordance with accepted safety management, safety engineering, industrial hygiene and industrial health practices as reflected in the standards of practice of National professional organizations representing those disciplines.
§ 143.110. Recordkeeping requirements.

(a) Insurers shall maintain, for at least 3 years, records of requests for services made by each policyholder. The records shall include the following for each request:
   (1) The date of the request.
   (2) The services requested or problems presented.
(b) Insurers shall maintain, for at least 3 years, records of the services provided to each policyholder. The records shall include:
   (1) The dates of services provided.
   (2) The number of hours expended providing services, including both onsite and preparatory time.
   (3) The number of service visits.
   (4) The service reports including recommendations.
   (5) A policyholder’s response to the recommendations.
   (6) The results of industrial hygiene and health activities.
   (7) The training conducted.
   (8) The safety related materials provided.

§ 143.113. Preinspection exchange of information.

(a) At least 45 days prior to the inspection, the insurer shall provide the Department with a list of:
(b) The list of policyholder accounts will be kept confidential by the Department.
(c) Within 10 days of receipt of the list, the Department will select the specific accounts to be evaluated and notify the insurer of the accounts selected. The Department will return the list to the insurer with the notification.
(d) For each account selected by the Department, the insurer shall prepare a worksheet on a form prescribed by the Department. The worksheet shall include:
   (1) The identification and location of the account.
   (2) The governing classification and A.M. Best hazard index.
   (3) The effective date of the policy.
   (4) A description of the policyholder’s operations.
   (5) Accident and illness prevention services requested and accident and illness services provided.
   (6) Recommendations submitted for accident prevention.
   (7) Training programs provided.
   (8) Industrial hygiene/health services provided.
§ 143.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless otherwise indicated:

Accident and illness prevention services—Services, within the context of the act, which include: surveys, recommendations, training programs, consultations, analyses of accident causes and **industrial hygiene** and industrial health services.

**Industrial hygiene** services—Services that include an initial consultation concerning suspected chemical, physical or biological exposures. This consultation may produce recommendations designed to control or prevent identified exposures and directed towards implementing a program of accident and illness prevention services.

§ 143.453. Service requirements.

(a) A group self-insurance fund shall be able to provide, through its own or contracted staff, the following accident and illness prevention services to members:

(1) Onsite surveys to identify existing or potential hazards or safety program deficiencies with recommendations concerning mitigation of hazards or program deficiencies identified. If in the opinion of the group self-insurance fund one or more significant hazards or program deficiencies are identified, at least one follow-up visit will be made to determine what action the member has taken and to make further recommendations, if required.

(2) Analyses of the causes of accidents and illnesses at the members’ worksites.

(3) **Industrial hygiene** and industrial health services, including surveys and screenings, appropriate to members’ needs.

(4) Accident and illness prevention training programs.

§ 143.454. Quality of services.

Services shall be provided in accordance with accepted safety management, safety engineering, **industrial hygiene** and industrial health practices as reflected in the standards of practice of National professional organizations representing those disciplines.
§ 143.457. Recordkeeping requirements.

(a) Group self-insurance funds shall maintain records of requests for an accident and illness prevention program or services for each member which shall include, at least, the following:
(b) Group self-insurance funds shall maintain records of the accident and illness prevention programs provided to members for at least 3 years which shall include, at least:

(1) The number of service visits.
(2) The service reports and recommendations.
(3) The results of industrial hygiene and industrial health activities.
(4) The training conducted.
(5) The safety related materials provided.
(6) Member responses to group self-insurance fund recommendations.

§ 143.702. Accident and illness prevention personnel qualifications.

(b) To be qualified as an accident and illness prevention person within the meaning of section 1001(a) of the act (77 P. S. § 1038.1(a)) and this chapter, a person shall obtain one or more of the following:

(1) Certification as a Medical Doctor (M.D.) in Occupational Medicine granted by the American Board of Preventive Medicine (ABPM).

(2) Certification as an Industrial Hygienist (CIH) granted by the American Board of Industrial Hygiene (ABIH).

(3) Certification as a Safety Professional (CSP) granted by the Board of Certified Safety Professionals (BCSP).

(4) Certification as an Industrial Hygienist in Training (IHIT) granted by the American Board of Industrial Hygiene (ABIH).

(5) Certification as an Associate Safety Professional (ASP) granted by the Board of Certified Safety Professionals (BCSP).

(6) A bachelor’s degree, master’s degree or doctoral degree in safety earned from an accredited program within an accredited college or university.
(7) A bachelor’s degree, master’s degree or doctoral degree in science or engineering with a major or concentration in occupational/industrial safety and health from an accredited program within an accredited college or university.

(8) Certification as an Occupational Health Nurse (COHN) granted by the American Board for Occupational Health Nurses (ABOHN).

(9) Certification as an Occupational Health and Safety Technologist (COHST) granted by the American Board of Industrial Hygiene (ABIH)/Board of Certified Safety Professional (BCSP) Joint Committee.

(10) A diploma in safety and health earned from the National Safety Council’s Safety Training Institute and 1 1/2 years acceptable safety experience, as set forth in subsection (c).

(11) An associate’s degree in Loss Control Management (ALCM) earned from the Insurance Institute of America (IIA) and 1 1/2 years acceptable safety experience, as set forth in subsection (c).

(12) An associate’s degree in Risk Management (ARM) earned from the Insurance Institute of America (IIA) and 1 1/2 years of acceptable safety experience, as set forth in subsection (c).

(c) Safety experience, which will be considered acceptable for purposes of qualifying a person to provide accident and illness prevention services, includes:

(1) Full-time professional level experience in which safety and industrial hygiene accounts for 50% of the position’s activities.

(2) Safety and industrial hygiene activities, which shall include experience in conducting surveys, providing recommendations, training programs, consultations, analyses of accident causes and other similar industrial hygiene and industrial health services.

§ 143.703. Proof required of qualifications of personnel.

(a) Upon inspection by the Department, and in an annual report submitted to the Department, a workers’ compensation insurer or self-insured employer shall give proof that each person providing accident and illness prevention services, whether employed or under contract, meets the qualifications in this subchapter.

(b) Proof shall be based on the category under which the person claims qualification and shall include the following:

(1) A copy of the current medical doctor in occupational medicine certification card.
(2) A copy of the current industrial hygienist certification card.
(3) A copy of the current safety professional certification card.
(4) A copy of the current **industrial hygienist in training** certification card.
(5) A copy of the current **associate safety professional** certification card.
(9) A copy of the current **occupational health and safety technologist** certification card.
§ 307.2. Contents of MSDSs.

(a) The information in the MSDS shall be in English and shall reflect the contents of the relevant National Library of Medicine computer files and the latest edition of the National Fire Association’s Fire Protection Guide on Hazardous Materials. Subject to the trade secret provisions of section 11 of the act (35 P. S. § 7311) and Chapter 317 (relating to trade secrets), it shall also include, but not be limited to, the following information, if applicable:

(4) The boiling point, vapor pressure, vapor density, solubility in water, specific gravity, melting point, physical state, color and odorous properties at standard conditions of temperature and pressure.

(5) The flash point, auto ignition temperature, percentage of volume of flammable limits, the recommended fire extinguishing media, special firefighting procedure and other unusual fire or explosion hazards.

(6) The hazards, posed by the substance, including its toxicity, tumorigenicity, mutagenicity, reproductive flammability, explosiveness, corrosivity and reactivity, including specific information on its reactivity with water.

(7) A description, in nontechnical language, of the acute and chronic health effects of exposure to the substance, including the signs and symptoms of exposure, and medical conditions which are generally recognized as being aggravated by exposure to the substance.

(8) The permissible exposure level, threshold limit value, short-term ceiling and other established limit values as set by OSHA, National Institute of Occupational Safety and Health, American Industrial Hygiene Association and American Conference of Governmental Industrial Hygienists.

(9) The potential routes and symptoms of exposure to the hazardous substances.
§ 301.2. Definitions.

The following words and terms when used in this part, have the following meanings, unless the context clearly indicates otherwise:

Health professional—A physician, nurse, industrial hygienist, toxicologist or epidemiologist providing medical, occupational health or environmental health services.