

UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542

BO 6262.1B
OH&PMD
27 MAR 1991

BASE ORDER 6262.1B

From: Commanding General
To: Distribution List

Subj: ASBESTOS MEDICAL SURVEILLANCE PROGRAM (AMSP)

Ref: (a) OPNAVINST 5100.23B

Encl: (1) Asbestos Medical Surveillance Program (AMSP) Guidelines
(2) Criteria for Inclusion of Personnel in the AMSP
(3) Partial Listing of Jobs/Tasks/Occupations/Applications which may be related to Asbestos Exposure
(4) Asbestos Medical Surveillance Program Flow Chart (AMSP)

1. Purpose. To set guidelines and improve the management of the Asbestos Medical Surveillance Program (AMSP).

2. Cancellation. BO 6262.1A.

3. Background. This program consists of periodic medical screenings which may include special purpose histories, physical examinations and laboratory tests. It is directed at detecting early changes in organs having been identified with asbestos disease. All Navy and Marine Corps personnel, both military and civilian, who have a history of occupational exposure to asbestos during federal employment may be entered in the AMSP. Federal employees are defined as military and civilian workers of the United States government (Department of Defense and other agencies). Chapter 17 of OPNAVINST 5100.23B permits entry in the AMSP based on exposure history in the absence of more definitive exposure records as discussed below. A history of participation in any operation where visible asbestos dust was present, including but not limited to ripouts, shall be considered to have been an exposure in excess of the Action Level (AL) or Excursion Level (EL).

4. Action

a. Commanding officers/civilian personnel officers will ensure maximum compliance with this program.

b. Individuals working in areas where the asbestos concentration did not equal or exceed the AL, but who believe they have been exposed to an undetermined level of asbestos fibers at some time, shall complete an Occupational Medical History (OPNAV 5100/15) and be evaluated for possible inclusion in the AMSP. To ensure quality assurance in each unit, it is essential that the Medical Department representative of each unit perform the maintenance phase of this program.

c. Unit medical department representatives will follow established guidelines in enclosure (1). Enclosures (2) and (3) provide technical information aiding units in the maintenance of this program.

d. The Occupational Health and Preventive Medicine Department (OH&PMD), Naval Hospital, will act as consultant and liaison for all matters pertaining to the AMSP. The OH&PMD shall provide training for all unit medical personnel assigned to perform Phase I and Phase II portions of the AMSP. All forms required for AMSP will be stocked by the OH&PMD. Units requiring forms will request them from the OH&PMD.

e. The Occupational Medicine Clinic will be responsible for conducting pulmonary function testing and medical evaluation on personnel placed in the AMSP.

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f. The Radiology Department, Naval Hospital, will provide required radiological support for the AMSP.

5. Concurrence. This Order has been coordinated with and concurred in by the Commanding Generals, II Marine Expeditionary Force; 2d Marine Division, FMF; 2d Marine Aircraft Wing, Cherry Point, FMFlant; 2d Force Service Support Group, FMF; 2d Marine Expeditionary Brigade; the Commanding Officers, Marine Corps Air Station, New River and 2d Surveillance Reconnaissance and Intelligence Group; and the Director, East Coast Commissary Complex.



D. F. ANDERSON
Acting Chief of Staff

DISTRIBUTION: A

UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542-5008

BO 6262.1B Ch 1
OH&PMS
29 MAY 1992

BASE ORDER 6262.1B Ch 1

From: Commanding General
To: Distribution List

Subj: ASBESTOS MEDICAL SURVEILLANCE PROGRAM (AMSP)

Encl: (1) New page inserts to BO 6262.1B

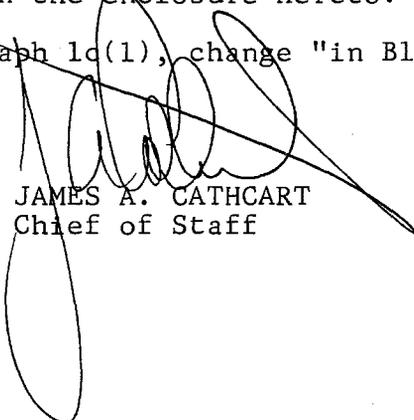
1. Purpose. To transmit new page inserts and to direct pen change to the basic Order.

2. Change Notation. Enclosure denoted by an asterisk (*) symbol contain changes not previously published.

3. Action

a. Remove present pages C-1 and C-2 of Appendix C to enclosure (1) and replace with the corresponding pages contained in the enclosure hereto.

b. On page 1, enclosure (1), paragraph 1c(1), change "in Block 11 of" to "on".



JAMES A. CATHCART
Chief of Staff

DISTRIBUTION: A

ASBESTOS MEDICAL SURVEILLANCE PROGRAM (AMSP) GUIDELINES

APPENDIX:

- A Asbestos Medical Surveillance Questionnaire, SF 600
- B Occupational History and Respiratory Symptom Questionnaire
- C Periodic Health Evaluation, NAVMED 6260/5
- D Navy Asbestos Medical Surveillance Roentgenographic Interpretation, NEHC 6260/2
- E Radiologic Consultation Request/Report, SF 519-A

1. To ensure quality assurance within the AMSP, the following standard guidelines have been established and will be used.

a. Phase I

(1) An ongoing asbestos screening program will be incorporated into routine check in procedures. All newly reporting active duty personnel will complete an asbestos medical surveillance questionnaire (Appendix A), if no previous asbestos screening can be located. Civilian personnel reporting or beginning employment will complete the AMSP questionnaire while completing pre-hire medical processing at Building 65, Occupational Health Clinic (OHC).

(2) Individuals who respond in an affirmative or uncertain manner will proceed to Phase II. Individuals responding negatively require no further evaluation.

b. Phase II

(1) All personnel who responded "yes" or "uncertain" regarding military/civil service exposure to asbestos during Phase I will have the occupational history and respiratory symptoms questionnaire (Appendix B) given to them by a trained interviewer. If a determination, whether the individual has been or was likely exposed to airborne asbestos fibers on a "regular basis" as defined in the reference, is made, they are to be placed in the AMSP.

(2) Before the individual can complete Phases III and IV, all required paperwork must be prepared as illustrated in Appendixes (C) through (E).

(3) Once the forms are completed, the unit medical department representative will contact the AMSP Control Office at extension 2181 for an appointment to complete Phases III and IV of the AMSP.

c. Phase III

(1) Pulmonary function testing will be performed by the Occupational Medicine Clinic, Building 65. Patients referred for pulmonary function testing will be instructed to refrain from smoking, drinking cold water, or using a bronchodilator for one hour before the test. Test results will be recorded in Block 11 of the periodic health evaluation form.

(2) A 14 X 17 posterior/anterior chest x-ray will be taken and sent to the Naval Hospital Radiologist for interpretation. The chest x-ray will then be sent to the AMSP Control Office for shipment to a certified "B" reader by the OHC. The AMSP x-ray interpretation request will accompany the x-ray.

(3) Once the x-ray returns to the AMSP Control Office, the x-ray will be filed and both x-ray chit and "B" reader report will be sent to the cognizant medical department representative to be placed in the patient's health record.

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(4) Should pathology be identified either by the "primary" reader or by the "B" reader, the Occupational Health Physician will ensure that the patient or patient's physician is notified.

d. Phase IV

(1) All physical evaluations will be done by either a physician or physician's assistant qualified in accordance with OPNAVINST 5100.23B.

(2) The periodic health evaluation form will be used when completing the physical exam. Once completed the original copy is filed in the patient's health record. The remaining copies are forwarded to the OHC.

(3) An entry will be made on an SF 600 as to findings and recommendations on follow-up exams.

e. Phase V

(1) Once seen by the physician, the patient will be placed in a periodic physical examination cycle. The cognizant medical department representative will place the patient into a "tickler" system for recall.

(2) All necessary paperwork is to be completed by the medical department representative prior to scheduling the initial, annual, pentannual, or termination evaluation.

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
ASBESTOS MEDICAL SURVEILLANCE PROGRAM QUESTIONNAIRE	
S	<p>Breathing asbestos dust may be hazardous to your health. All personnel who have been, or who are significantly exposed to asbestos are to be included in an Asbestos Medical Surveillance Program. While present engineering and environmental controls and personal protective equipment prevent personnel from being exposed to hazardous levels of asbestos dust, continued periodic medical surveillance is required to assure the continued adequacy of control measures and/or detect early asbestos related changes. Personnel in selected jobs are being surveyed to determine if they should be included in the Asbestos Medical Surveillance Program.</p>
A	<p>1. During your career: Have you been exposed to asbestos dust, ripout operations, or other asbestos dust operations, or worked with asbestos products?</p>
M	<p>a. Prior to your military/civil service career?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain </p>
M	<p>b. During your military/civil service career?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain </p>
P	<p>2. Total exposure to asbestos in years? _____</p>
P	<p>3. Years in Rating/Job? _____</p>
P	<p>4. Brief description of how you were exposed and when exposure was incurred.</p>
P	<p>_____</p>
P	<p>_____</p>

Work Phone: _____

Signature: _____

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:			
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

INITIAL OCCUPATIONAL HISTORY AND RESPIRATORY SYMPTOM QUESTIONNAIRE

S

Privacy Act Statement, DD form 2005, must be provided with this form unless already a part of the health care record.

ASMP YES NO

Interview Date

Rev **S** y

Name (Last, First, Middle Initial)	Work Center	SSN	Sex	D.O.B.	Occupation
------------------------------------	-------------	-----	-----	--------	------------

PART 1-OCCUPATIONAL HISTORY

EMPLOYER NAME & ADDRESS	DATES WORKED		JOB TITLE AND WORK ACTIVITIES (Be Specific)	POTENTIAL HAZARDS EXPOSED TO		PROTECTIVE EQUIPMENT WORN
	FROM MO/YR	TO MO/YR		CHEMICAL	PHYSICAL	

EMPLOYER NAME AND ADDRESS	SECONDARY JOBS (Such as fire fighter, farmer ect)	DATES WORKED	
		FROM	TO
S			

HOBBIES & ACTIVE SPORTS (Past and present, such as painting, woodworking ect)

WORK RELATED EXPERIENCES (Comment on those you feel may have been harmful to your health)

SMOKING HISTORY

DO YOU SMOKE CIGARETTES, CIGARS, OR A PIPE? YES ___ NO ___
HAVE YOU EVER SMOKED? YES ___ NO ___
CIGARETTES PER DAY ___ CIGARS PER DAY ___ PIPEFULS PER DAY ___
TOTAL PACK YEARS ___

REMARKS

*** PERIODIC HEALTH EVALUATION
NAVY ASBESTOS MEDICAL SURVEILLANCE PROGRAM
HISTORY AND PHYSICAL EXAMINATION**

Sections 133, 1071-87-3012, 5031 and 8012, Title 10 USC & Exec. Order 9397 (Privacy Act of 1974) Apply
USE HARD TIPPED PEN & PRESS FIRMLY, LEGIBLE COPY REQUIRED FOR DATA ENTRY

PAGE 1 OF 1
CONTROL NO. (For NEHC Use Only)

SECTION 1

RETAIN ORIGINAL IN HEALTH RECORD
Send Copy to: Commanding Officer
NAVY ENVIRONMENTAL HEALTH CENTER
2510 Williams Avenue, Norfolk, VA 23513-2617

EXAMINATION FACILITY NAME _____

UIC _____

Name (Last, First, MI) _____ SEX: M F

SOCIAL SECURITY NO. _____

DATE OF BIRTH: YR _____ MO _____ DAY _____

RACE (Check one): White Black Hispanic Asian Indian Other

STATUS (Check one): Navy Marines Coast Guard Air Force Army Civilian

MILITARY ONLY: PAY GRADE _____ ENLISTED RATING/MOS _____ OFFICERS NOBC _____

EXAM PURPOSE: INITIAL PERIODIC TERMINATION

YRS. GOVT SERVICE _____

AVERAGE NO. HOURS WORKED PER WEEK (FOR AT LEAST SIX MONTHS): 30 OR LESS MORE THAN 30

OCCUPATIONAL CODE (CIVILIAN) _____

SHIPBOARD PERSONS ONLY: SHIP HULL NO. _____ LETTERS _____ NUMBERS _____

SECTION 2: Respiratory Questionnaire

1. Are you currently exposed to asbestos in your job? (Check one only.)
 NEVER/NO known previous or current exposure
 NO Known current exposure, but have had prior exposure
 YES, DIRECT - I work with asbestos in my job
 YES, INDIRECT - I work in an area where asbestos is used
 Age when first exposed: _____
 Age when exposure stopped (Use 99 if still exposed): _____

2. Are you currently exposed to respirable fibers, but NOT asbestos fibers?
 NO YES, Name the type of fiber(s): _____

3. In the last year have you had any chest illnesses that have kept you off work, indoors at home, in bed, or required hospitalization?
 NO
 YES - Did you produce phlegm with any of these chest illnesses?
 Yes No
 If yes, in the last year how many such illnesses with (increased) phlegm did you have which lasted a week or more?
 Number of illnesses: _____

4. If you get a cold, does it usually go to your chest?
 NO YES (Usually means more than half the time.)

5. Do you have a cough? (Check one only.)
 No, or not more than 2-3 times a day
 More than 2-3 times a day but not more than a total of 3 months per year, or only with colds
 More than 3 months per year

6. Do you bring up sputum or phlegm from your chest? (Check one only.)
 No, or only with colds
 One teaspoon in morning, more than 3 mos/yr
 More than one teaspoon, but less than 1/2 cup a day, more than 3 mos/yr
 More than 1/2 cup a day for more than 3 months per year

7. How long have you had trouble with cough and/or sputum? (Check one only.)
 No trouble 3 months to 1 year
 Less than 3 months 1-5 years More than 5 years

8. Do you have chest wheezing? (Check one only.)
 NO Rarely, or with colds Frequently, without colds

9. Do you have shortness of breath? (Check one only.)
 No
 Yes, only when hurrying on level ground or walking up a hill or with 1-2 flights of stairs
 Yes, must walk slower than a person of my own age on level ground or get short of breath after one flight of stairs
 Yes, must stop for breath when walking at own pace on level ground
 If yes, how long have you had shortness of breath? (Check one only.)
 Less than 3 months 3 months to 1 year 1-5 years More than 5 years

10. Have you ever been told by a physician that you have any of the following? (Check each.)

Asbestosis	NO	YES	Emphysema	NO	YES
Asthma			Heart Disease		
Black Lung			Lung Cancer		
Bronchitis			Silicosis		

Name other lung problems: _____

11. Have you ever had chest surgery? NO YES

12. Have you ever smoked cigarettes?
 NO YES - Average you now smoke, or previously smoked?
 If yes, (Check one only.)
 Less than 1 pack/day (< 20 cigarettes)
 1 pack/day (20-24 cigarettes)
 1.5 packs/day (24-36 cigarettes)
 2 packs/day (44 cigarettes)
 More than 2 packs/day (> 44 cigarettes)

13. Do you now smoke cigarettes? NO YES

14. _____ Age (in years) you started smoking cigarettes
 Insert (00) if never smoked.

15. _____ Age (in years) when you stopped smoking cigarettes
 Insert (99) if still a smoker.

16. Have you ever smoked a pipe or cigars? NO YES

17. Do you now smoke a pipe or cigars? NO YES

Interviewer: _____ Date: _____ MO DA

SECTION 3: Physical Examination

WEIGHT _____ POUNDS	SPIROMETRY (BTPS IN LITERS) _____ FVC	Rales or crackles in lungs <input type="checkbox"/> None <input type="checkbox"/> Localized late inspiratory <input type="checkbox"/> Bilateral late inspiratory <input type="checkbox"/> Expiratory only <input type="checkbox"/> Other	Wheezes (check one) <input type="checkbox"/> None <input type="checkbox"/> Common and diffuse <input type="checkbox"/> Occasional and diffuse <input type="checkbox"/> Localized	OTHER EXAM FINDINGS:
HEIGHT _____ INCHES	_____ FEV ₁			EXAMINER: _____ DATE: _____ YR MO DA

Directions for Completing NAVMED 6260/5

Identifying Information

- Name of Examining Facility ... Use official command mailing address
UIC Unit Identification Code, (examining facility), five digits are required.
Name Self explanatory
Sex Check one
SSN Social Security Number
Date of Birth Use year, month; day format
Race Check one
Status Check one
Exam Purpose Check one
Years Government Service Enter whole number only. Count combinations of military and civil service and enter total years of Federal service.
Occupation Code (for US Civil Service employees only) Enter standard seven digit code starting in first block on left.
Military only (for military personnel) Enter standard pay grade, Rate/MOS, NOBC, NEC or Designator abbreviations starting in first block Do not space by leaving blanks.
Shin hull number (for shipboard personnel only) Enter letter designation starting in first block. Enter number designation starting in first block on left.

Respiratory Questionnaire

Complete by checking appropriate blocks and filling-in appropriate entries.

Respiratory Physical Examination

Complete by checking appropriate blocks and filling in appropriate entries.

Upon Completion of Evaluation

1. Separate copies
2. File original in patient's health record.
3. Prepare transmittal indicating total number of forms in shipment.
4. Forward LEGIBLE copy #1, and transmittal to:
Commanding Officer
Navy Environmental Health Center
2510 Walmer Avenue
Norfolk, VA 23513-2617

NAVY ASBESTOS MEDICAL SURVEILLANCE ROENTGENOGRAPHIC INTERPRETATION

ORIGINAL COPY TO:

Commanding Officer
NAVY ENVIRONMENTAL HEALTH CENTER
Naval Station, Norfolk, Va., 23511

COPY TO:

LAST NAME FIRST M.I. LOCAL X-RAY NO. (Optional)

1. SOCIAL SECURITY NUMBER

0 0 0 0 0 0 0 0 0 0 0 0

1a. DATE OF PHYSICAL EXAM

YR. MO. DAY
0 0 0 0 0 0

2. DATE OF X-RAY

YR. MO. DAY
0 0 0 0 0 0

3. FILM QUALITY

1 2 U/R

If U/R, give reason:

4. IS FILM COMPLETELY NEGATIVE

3a. YES 0/0

NO 0/0

IF NO, COMPLETE ITEMS 5-14 AS APPLICABLE AND ITEM 15.

4a.

0 0 0 0 0 0

EXAMINING FACILITY (UIC)

5. SMALL OPACITIES - ROUNDED

a. TYPE b. PROFUSION c. ZONES

p q r
0/0 0/0 0/1
1/0 1/1 1/2
2/1 2/2 2/3
3/2 3/3 3/4
R L
(PNEUMOCONIOSIS)

6. SMALL OPACITIES - IRREGULAR

a. TYPE b. PROFUSION c. ZONES

s t u
0/0 0/0 0/1
1/0 1/1 1/2
2/1 2/2 2/3
3/2 3/3 3/4
R L
(PNEUMOCONIOSIS)

7. COMBINED

b. PROFUSION

0/1
1/0 1/1 1/2
2/1 2/2 2/3
3/2 3/3 3/4
(PNEUMOCONIOSIS)

8. LARGE OPACITIES (PNEUMOCONIOSIS)

a. SIZE 0 A B C

b. TYPE WD ID

9. PLEURAL THICKENING

- a. Costrophrenic Angle
- b. Walls and Diaphragm Site
- c. Width
- d. Extent

0 R L a_o_h
0 R L a_o_h
0 A B C
0 1 2

e. Pleural plaque

0 R L a_o_h

f. Certainty of plaque

0/0 0/1 1/0 1/1

10. ILL DEFINED DIAPHRAGM

0 R L a_o_h

11. ILL DEFINED CARDIAC OUTLINE

0 1 2 3

12. PLEURAL CALCIFICATION

a. Dia-phragm 0 R L a_o_h b. Wall 0 R L a_o_h c. Other Sites 0 R L a_o_h d. Grade of a/b/c 0 1 2 3

13. OTHER SYMBOLS

a. OBLIGATORY 0 ax bu ca cn co cp cv di ef em es hi ho k px rl tb

Report items which may be of present clinical significance in this section

00 (SPECIFY od.)

14. OTHER COMMENTS

Should employee see doctor because of comments in this section

YES NO

Sections 133, 1071-87, 3012, 5031 and 8012, Title 10 USC & Exec. Order 9397 (Privacy Act of 1974) apply

15. FILM READER'S ID NO.

NEHC 6260/2

0 0 0

16. DATE OF READING...

YR. MO. DAY
0 0 0 0 0 0

NSN 7540-00-634-4162

519-2

PATIENT IDENTIFICATION (For typed or written entries give:
Name -- last, first, middle, Medical Facility)

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
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EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

REQUESTED BY	TELEPHONE NO.
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LOCATION OF MEDICAL RECORDS

FILM NO.	DATE REQUESTED	PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
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SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

A

M

SIGNATURE	LOCATION OF RADIOLOGIC FACILITY
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1 - MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

*U.S. GOVERNMENT PRINTING OFFICE: 1989-234-201

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

P

L

M

CRITERIA FOR INCLUSION OF PERSONNEL IN THE AMSP

1. General Information On Who Is In The Program

a. Current asbestos exposures: All Navy and Marine Corps personnel, both military and civilian, upon assignment to a workplace where asbestos exposure has been documented or is likely to occur are to be enrolled in the AMSP. The criteria for enrollment is described in OPNAVINST 5100.23B for persons who are:

(1) Exposed to levels of asbestos at or above the action level (AL) of 0.1 fiber per cubic centimeter of air calculated on an eight (8) hour time weighted average (TWA). This must include all personnel exposed at or above the action level for 15 separate days per quarters, or 30 days per year.

(2) Exposed at or above the EL of 1 fiber for 30 minutes (as required by the 14 September 1988 amendment to 29 CFR 1910.1001 and 29 CFR 1926.58).

(3) Exposed to airborne concentrations of asbestos fibers and wear negative-pressure respirators.

b. History of asbestos exposures: All Navy and Marine Corps personnel, both military and civilian, who have a history of occupational exposure to asbestos during federal employment may be entered in the AMSP. Federal employees are defined as military and civilian workers of the United States government (Department of Defense and other agencies). Chapter 17 of OPNAVINST 5100.23B permits entry in the AMSP based on exposure history in the absence of more definitive exposure records.

(1) A history of participation in any operation where visible asbestos dust was present, including but not limited to rip-outs, shall be considered to have been an exposure in excess of the AL or EL.

(2) Individuals working in areas where the asbestos concentration did not equal or exceed the AL but who believe they have been exposed to an undetermined level of asbestos fibers at some time shall complete an Occupational Medical History Form (OPNAV 5100/15) and be evaluated for possible inclusion in the AMSP.

c. Placement in the AMSP: Medical professionals are to place personnel in the AMSP based on data supporting the above criteria, and may consult with other professionals to determine the likelihood that an exposure occurred or is likely to occur. Once placed in the AMSP, based on the criteria, an employee will remain in the program for the duration of Federal employment per OPNAVINST 5100.23B.

2. Medical Surveillance Evaluations

a. Medical Surveillance Evaluations consist of pre-placement, periodic, and termination evaluations. These evaluations consist of the following procedures:

(1) Frequency of medical surveillance evaluations:

(a) For current and anticipated exposure: Pre-placement, annual and termination evaluations are required. The pre-placement examination shall be performed prior to an area or task for which a potential exposure at or above the Medical Surveillance AL has been established. The annual examination is similar to the pre-placement examination except for the chest x-ray. A chest x-ray is not required annually, but is based on the age of the person and the number of years since the first asbestos exposure. Termination is defined as an evaluation within 30 calendar days before or after the date of termination of employment. An

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employee occupying a position included in an established program of medical surveillance may be ordered to undergo a medical examination. This guidance was promulgated in June 1984 through the Guidance/Advice Memorandum #100 from the Federal Civilian Personnel Office. Employees enrolled in the AMSP based on the current exposure criteria are in an established program of medical surveillance.

(b) For history of exposure: Evaluations are provided based on the years since first exposure and age of the person.

1 For persons first exposed less than 10 years ago, the evaluation must be provided every five (5) years.

2 For persons first exposed 10 or more years ago, and who are under the age of 35, the evaluation must be provided every five (5) years. For persons between the ages of 35 and 45, the evaluation must be done every 2 years, and annually after the age of 45 is reached.

b. The content of the evaluation consists of the following:

(1) Information (as identified in OPNAVINST 5100.23B, section 17010d) must be forwarded to the medical staff for review during the evaluation. Industrial Hygiene staff may be consulted to clarify this information. This data must be retained in the Medical Treatment Record (MTR) permanently. The current approved MTR form for recording this data is the overprint SF 600 for Industrial Hygiene data. Such data include the following:

(a) Command name, UIC, operation location.

(b) Date of air sampling.

(c) Operation involving asbestos exposure/job description.

(d) Sampling and analytical methods used and evidence of accuracy.

(e) Number, duration and results of samples - Permissible Exposure Level (PEL) calculation shall be included.

(f) Type(s) respiratory protection equipment used.

(g) Employee name, social security number and exposure results.

(h) Name of person performing air sampling and office.

(2) All persons enrolled in the AMSP must have a notation on the NAVMED 6150/20, Problem Summary Sheet, indicating the date placed in the program. An MTR entry on this date must explain the reason the person was enrolled, based on the criteria for AMSP entry.

(3) Work and medical histories are documented in the MTR on the OPNAV 5100.15 (Occupational History form) and the SF 93 (Medical History form). These two forms are to be filed in the MTR in accordance with MEDCOMINST 6150.1. Additionally, for persons enrolled in the AMSP based on current exposure criteria, Occupational Safety and Health Agency requires either the DD 2493-1, Initial Medical Questionnaire, or the DD 2493-2, Periodic Medical Questionnaire, to be completed on all initial, periodic, and termination evaluations. Until a location is designated for these DD forms, they must be filed in the MTR at the bottom right hand side of the MTR folder and retained in compliance with SECNAVINST 5212.10 series. There is no requirement for the DD forms to be completed on persons enrolled in the AMSP based solely on a history of exposure criteria.

(4) A 14 x 17 posterior/anterior (PA) chest x-ray is required based on the age of the person and the number of years since the first exposure to asbestos. This table identifies the frequency of these x-rays:

Years since first asbestos exposure:	<u>Age of Employee</u>		
	15 to 35	35+ to 45	45+
0 to 10 years	every 5 years	every 5 years	every 5 years
10+ years	every 5 years	every 2 years	every year

Only x-ray facilities certified by NAVENVIRHLTHCEN are authorized to take x-rays for the AMSP. Procedures to certify a facility's x-ray technique and equipment have been in effect since 1980 and are now contained in Appendix 17-D of OPNAVINST 5100.23B.

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PARTIAL LISTING OF JOBS/TASKS/OCCUPATIONS/APPLICATIONS WHICH MAY BE RELATED TO
ASBESTOS EXPOSURE

OccupationsApplications

Insulators	expansion joints
Pipe Fitters	gaskets
Pipe Wrappers	safety curtains
Shipyard Workers	electrical cable
Mill Workers	stress relief pads
Brake/Clutch Workers	sheathing valve stem packing
Floor/Ceiling Tile Workers	table tops
Construction Workers	cements
Bldg Demolition Workers	wallpaper
Welders	roofing materials
Sheet Metal Workers	heat shields
Firemen	paints
Asbestos Mining	siding/shingles
Asbestos Products Processing	filter cloths
Power Sawing/Asbestos Materials	spackling compounds
Asbestos Glove Handlers, e.g. labs-gun crews-tank crews	mastics
Ammunition Bag Handlers, e.g. gun crews	conveyor belts
Spray on Materials , e.g. fire retardants-acoustical surfaces	ovens
Personnel in vicinity of rip-outs	asbestos-cement water pipe
Person in neighborhood of Industrial Asbestos sources	vinyl floor tiles
Household and family members of asbestos workers	thermal insulation

ASBESTOS MEDICAL SURVEILLANCE PROGRAM
FLOW CHART
(AMSP)

