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To: zzMSHA-Standards - Comments to Fed Reg Group
Subject: RIN 1219- AB64

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Comments on:

**Lowering Miners' Exposure to Respirable Coal Mine Dust, Including
Continuous Personal Dust Monitor
(RIN 1219-AB64)**

March 2, 2011

I have worked in the sand and gravel industry for 28 years mining and processing silica sand. Preventing dust illnesses of the lungs has been my first priority and concern for many years. I am responsible for dust sampling and monitoring the effectiveness of training, personal protective equipment and safe work practices. Those measures in combination with engineering and administrative controls are the key reasons Metal and Non-Metal mining have seen continuous improvement in the occurrences of dust illnesses of the lungs reported to MSHA. A review of MSHA's annual "Injury Experience Reports" details all the occurrences reported to MSHA as occupational illnesses, specifically "Dust Diseases of the Lungs". These reports illustrate some very important information about the extent and frequency of dust illnesses in Metal and Non-Metal (M/NM) mining. In MSHA's annual reports from 2005 through 2007 there were less than 8 reportable illnesses per year in this category for all metal, non-metal, stone, sand and gravel. Eight. How in the world did this industry reduce dust illnesses of the lungs without adding new government regulations?

Both Coal and M/NM mining have one thing in common. Economically speaking, you cannot stay in business if your employees get injured or ill at the workplace.

Crafting regulations aimed at lowering miners exposure to respirable coal mine dust might reduce the frequency of coal workers pneumoconiosis but at what cost. In my industry it has taken decades of new technologies, equipment and training to get exposures to just less than the PEL of .1mg/m³. It would not be economically feasible nor would the health of N/NM miners be measurably improved if we were to have cut the permissible exposure limits in half like this proposed rule is mandating the coal industry do. There are other ways to achieve the goal of protecting the coal miner's health without burdening the coal industry with this enormous proposed rule.

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MSHA should be fully responsible for compliance sampling at a level that assures representative samples of respirable dust exposures under the usual conditions of work. The frequency of MSHA's sampling should be at a rate or frequency at least at the level currently required of operators.

We should approach the problem similar to the way we do in 30 CFR Part 62 on noise. Before we engage in rulemaking that forces lower limits it makes better economical sense to require respiratory use at lower limits or an action level. Strengthening respiratory protection programs, more frequent use of PPE, and training will achieve the level of protection our miners need.

Thank you for consideration of these comments,

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