



DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
5109 LEESBURG PIKE  
FALLS CHURCH, VA 22041-3258



REPLY TO  
ATTENTION OF

SGPS-PSP (40)

19 JAN 1989

**MEMORANDUM FOR SEE DISTRIBUTION**

**SUBJECT: Army Medical Department (AMEDD) Role Supporting  
Asbestos Abatement/Asbestos Management Programs**

1. This memorandum describes primary functional responsibilities and does not preclude modification for the efficient and effective use of installation resources. The responsibilities discussed in this document reflect judgement of functions based on Army guidance (regulations, technical bulletins, etc.) without considering whether the designees have been adequately resourced to accomplish those functions. Innovation and cooperation may be necessary to meet local needs. Personnel performing functions within this program must meet federal, state, and local regulatory requirements which apply to their functions, such as the "Competent Person" requirements, training, medical surveillance, etc. This may entail added training for personnel before they can perform their functions within applicable regulations.
2. The Asbestos Management Program is a Corps of Engineers managed program to assess the condition of asbestos and asbestos containing material (ACM) in Army managed buildings and to control hazards found. Three steps are typically involved as part of the abatement/management process: inventory, assessment, and control.
  - a. The inventory includes a building-by-building inspection to determine where asbestos or ACM is located within the buildings. Bulk samples may be taken to determine whether suspect material is or contains asbestos. Records of the inspection and sample results are to be maintained in building records. If asbestos is found, an assessment is conducted.
  - b. The assessment involves subjective evaluation of the hazard posed by the presence of asbestos or ACM and several criteria, as detailed in TB MED 513, paragraph 10, and other documents. Objective algorithms have been developed, but these should be used as a relative priority for abatement, not hazard indices. Atmospheric sampling is not recommended as part of the evaluation. Air samples only apply to the point in time when the sample was taken, and other factors may increase or decrease future asbestos risks. Atmospheric samples are warranted to document worker exposures where required by law or by an industrial hygienist's professional judgement.

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c. Control processes include removal, encapsulation, and enclosure. Encapsulation and enclosure are not permanent fixes and require that special operation and maintenance procedures be initiated. Specific discussion of these is found in the EPA "purple book" ("Guidance for Controlling Asbestos-Containing Materials in Buildings", June 1985) and other documents. Any work with asbestos repair requires numerous actions, per Title 29, Code of Federal Regulations, part 1926.58 (29 CFR 1926.58). Simply,

(1) Air samples are taken before any abatement begins to determine background levels.

(2) Atmospheric samples are required during abatement to document worker exposures, as well as exposures in adjacent occupied areas to evaluate fugitive emissions. Fugitive emissions are those asbestos fibers released in abatement actions which escape from the controlled abatement work area into other work or outside areas.

(3) After the abatement action, air samples are taken to ensure that the area is as clean or cleaner than when the work started. The pre- and post-abatement sampling is a quality control (QC) step to evaluate the efficacy of the abatement action.

(4) Requirements for those performing abatement actions are numerous. Stringent training and monitoring requirements are necessary (and mandated by many states) to prevent adverse worker health effects and building contamination.

3. The AMEDD has participated in the asbestos abatement process for many years. However, confusion over responsibilities has increased recently because of a large increase in the number of abatement projects requiring support, particularly in sampling for asbestos.

a. The AMEDD supports contracting of all asbestos abatement actions and associated industrial hygiene actions. Costs should be paid for by the installation engineer as a base/building maintenance/repair function. If abatement is contracted, AMEDD involvement will be limited to assistance in contract specifications preparation and consultation with the contracting officer on technical matters during execution of the contract.

b. Building surveys/inspections as a part of the Installation Asbestos Management Program are a team or engineer function. Specific responsibilities will be found in AR 200-1, Chapter 10, to be published. The AMEDD should provide technical advice to team members on sampling methodology, personal protection requirements, and enrollment of Army personnel in a medical surveillance program. Participation of AMEDD personnel as part of the team is appropriate.

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c. Atmospheric sampling for evaluation of occupational exposures of government employees, when required, is an installation AMEDD function. This applies to government workers performing abatement actions as well as government workers not engaged in asbestos abatement but located in proximity to the project such that exposure is probable. Sampling determination should be made by an industrial hygienist. Analytical laboratory support is available from the AMEDD supporting laboratories (USA Environmental Hygiene Agency (USAEHA), 10th Medical Laboratory, and USA Pacific Environmental Health Engineering Agency) per AR 40-5, but quick response-time analysis capability is limited. Back-up industrial hygiene support is available from the supporting laboratories for non-routine, special case actions within their mission services programs. Supporting laboratories are not expected to provide routine or installation-wide monitoring for abatement projects.

d. Training in health aspects of the assessment process and technical assistance in determining abatement actions are AMEDD functions. Training of employees in the safe performance of their asbestos abatement functions is a supervisory function. Regulations may specify how or by whom this training is presented. Performance of all health assessment actions is an AMEDD function. Performance of all assessment actions may not be feasible with existing installation resources, however, back-up assistance from the AMEDD supporting laboratories for routine or installation-wide projects is not appropriate, and DEH contracting may be necessary.

e. Pre- and post-abatement air sampling is a QC process for the abatement project and is not an AMEDD function, even if abatement action is performed by government personnel. These QC actions should be funded by engineer Base Operations resources. AMEDD personnel will review data to ensure the post-abatement results are such that re-occupancy is allowable.

f. Sampling for fugitive emissions during abatement is a part of the abatement action and should be funded as with the pre- and post-abatement sampling.

g. The AMEDD supporting laboratories, with their analytical laboratory and industrial hygiene capabilities, may be able to assist engineers in performing their designated functions on a resources available or reimbursable basis. The USAEHA may support laboratory analyses if the installation will accept their turn-around time constraints. Support should be requested through established mechanisms (AR 40-5).

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4. Installation industrial hygienists should have the technical knowledge to advise on or perform bulk sampling to safely determine the presence and percentage of asbestos in ACM. They should also have the capability to evaluate the potential hazard from the asbestos or ACM present and to perform atmospheric sampling to document the concentration of asbestos fiber in an area in compliance with 29 CFR 1910, 29 CFR 1926, and 40 CFR 763, subpart E. Technical guidance is available from AMEDD supporting laboratories. Installation industrial hygienists may not analyze asbestos samples unless qualified under EPA or NIOSH proficiency testing programs.

5. Points of Contact for asbestos actions are LTC Edward Bartosh, this office, and LTC Johannes Graven, Army Environmental Office.

**FOR THE SURGEON GENERAL:**



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