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MSHA/OSRV



February 16, 2006

Mine Safety and Health Administration
Office of Standards, Regulations, and Variances
1100 Wilson Blvd., Room 2313
Arlington, VA 22209-3939

SUBJECT: RIN 1210-AB29

RE: Diesel Particulate Matter Exposure of Underground Metal and Nonmetal Miners

The Kentucky Crushed Stone Association, Inc. submits the following comments, on behalf of Mr. Ray Ragland, Ragland Quarry, Inc., regarding the proposed rule referenced above.

Sincerely,

Ronald H. Gray

Ronald H. Gray
Executive Director

Ragland Quarry Inc.
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Leitchfield, Kentucky 42754
270-259-2000
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Mine Safety Health Administration
Suite 102
W. Zandal Drive
Lexington, Kentucky 40503

RE: DPM

To Whom This May Concern:

The past few days I have been trying to find specific data as the actual number of illnesses, and or deaths caused by DPM. I am interested in this data from both a small business owner-operator, and from a miner's standpoint.

As an owner, I am in the mine on a daily basis, and frequently work a full shift when an employee is absent from work. I am interested in the affects DPM may have on my health as well as my employee's health.

In reviewing the data available on DPM I have not found any real world data to provide this information. Acknowledging that DPM is a carcinogen, and may pose respiratory problems; while true this is not enough to impose the restrictions on underground DPM levels that MSHA proposes.

In reviewing the data available on DPM levels, and the affects it may, or may not have on the health of under ground miners I have found several questions that I feel need to be addressed, before implementing new DPM standards.

1. How many actual deaths have occurred that can be directly related to excessive DPM?
2. Are these deaths higher or lower per man hour worked in an under ground mine as compared to other causes of death, and as compared to other industries?
3. How many illnesses can be directly related to DPM per man hour worked as compared to other causes (smoking a pack of cigarettes per day) as compared to other industries?

4. How many illnesses or deaths can be directly related to DPM per man hour worked at a level of 400 vs. 160?
5. In light of exposure is three (3) years verses twenty three (23) years a significant factor?
6. Does a minor problem tend to get progressively worse or does it improve after retirement?

I feel that it is important to address and answer these questions before MSHA mandates a ruling on DPM which could affect the economic life of many mine operators, and miners. A rule backed by solid real world facts, and reasons would be welcomed as a workplace improvement.

Sincerely:



Ray Ragland