

CALIFORNIA INDUSTRIAL HYGIENE COUNCIL

*Advancing public policy to improve the health and safety
of workers and the community.*

February 19, 2026
Via email: oshsb@dir.ca.gov

Ms. Millicent Barajas
Executive Officer
California Occupational Safety and Health Standards Board
2520 Venture Oaks Way, Suite 350
Sacramento, CA 95833

**Subject: Petition for Amendments to Title 8 California Code of Regulations
Section 5155(e)**

Dear Ms. Barajas:

This petition is submitted by the California Industrial Hygiene Council (CIHC) in accordance with the Administrative Procedures Act, California Government Code, Section 11340.6, et. seq. and in conformance with petition procedures set forth by the Occupational Safety and Health Standards Board (OSHSB). On behalf of the CIHC, please accept this petition requesting the OSHSB to amend Title 8 California Code of Regulations Section 5155(e) (8 CCR 5155(e)) to address a much-needed clarification. This clarification will improve work place conditions for California workers, assist employers with implementation of their responsibility to provide a safe and healthful work environment, and assist Cal/OSHA enforcement when evaluating work place conditions.

CIHC's mission is to provide sound scientific and technological input to the regulatory and legislative processes in California. CIHC's specific request of the OSHSB is to amend 8 CCR 5155(e)(3) to clarify the term "competent in industrial hygiene practice".

The occupational health and safety regulations in 8 CCR are adopted in accordance with the enabling legislation codified in the California Labor Code. Labor Code section 142.3(c) states in part..."Where appropriate, these standards or orders shall ...provide for monitoring or measuring employee exposure at such locations and intervals and **in a manner as may be necessary for the protection of employees...**".

8 CCR 5155(e) Workplace Monitoring, currently reads in part:

"(1) Whenever it is reasonable to suspect that employees may be exposed to concentrations of airborne contaminants in excess of levels permitted in section 5155(c), the employer shall monitor (or cause to have monitored) the work environment so that exposures to employees can be measured or calculated.

(2) When exposures to airborne contaminants are found or are expected to exceed allowable levels, measures to control such harmful exposures shall be instituted in accordance with section 5141.

(3) For the adequate protection of employees, the person supervising, directing or evaluating the monitoring and control methods shall be versed in this standard and shall be competent in industrial hygiene practice."...

CIHC's understanding of these subsections is as follows:

- 8 CCR 5155(e)(1) creates the employer's obligation to monitor the work environment for the measurement and calculation of employees' exposures. CIHC agrees that this obligation is an employer's responsibility.
- 8 CCR 5155(e)(2) requires instituting control measures when airborne contaminants are expected to exceed or found to exceed allowable levels through the use of engineering controls, administrative controls, and respiratory protective equipment (8 CCR 5141 as referenced). This is the well-recognized hierarchy of controls for controlling exposures.
- 8 CCR 5155(e)(3) as stated is a starting point for assuring the quality of monitoring and control methods. However, based on the current language, competent is not defined and it is unknown as to who would be considered "competent".

Competent exposure evaluation and monitoring are critical because they are the basis/trigger for all other elements of compliance, including exposure control and medical evaluation. Industrial hygiene competency matters! Collection of samples is only one aspect of monitoring exposures. Exposure evaluation is more nuanced. Poor exposure evaluations can lead to:

- Worker injuries and illnesses
- Unacceptable over exposures that go uncontrolled
- Costly over-control of acceptable exposures

The Certified Industrial Hygienist (CIH) credential is the global standard for certification in industrial hygiene competency and for protecting the health of workers and the public by anticipating, recognizing, evaluating, and controlling chemical, physical, ergonomic, or biological hazards. Exposure assessment and monitoring and exposure control are core competencies of the profession of industrial hygiene. The benchmark for competence in industrial hygiene is certification by the Board for Global EHS Credentialing (formerly the American Board of Industrial Hygiene). Certified Industrial Hygienist is codified in California's Business and Professions (B&P) Code Sections 20700-20705.

CIHC recommends the following language for amending 8 CCR 5155(e)(3):

"For the adequate protection of employees, the person supervising, directing or evaluating the monitoring and control methods shall be versed in this standard and shall be competent in industrial hygiene practice. A Certified Industrial Hygienist as codified in California's Business and Professions Code sections 20700-20705 is considered competent in industrial hygiene practice."

There is precedence in Federal and State regulations where CIH is referenced in various contexts. CIHC has provided comments during rulemaking on various substance-specific regulations regarding a certified industrial hygienist as competent in industrial hygiene practice and/or as a qualified person. For illustration, please note the following Cal/OSHA regulatory references (emphasis added):

1. Permit-Required Confined Spaces §5157 Confined space evaluations per Appendix B – Procedures for Atmospheric Testing (adopted in 1993).
“(1) Evaluation testing. The atmosphere of a confined space should be analyzed using equipment of sufficient sensitivity and specificity to identify and evaluate any hazardous atmospheres that may exist or arise, so that appropriate permit entry procedures can be developed and acceptable entry conditions stipulated

for that space. **Evaluation and interpretation of these data, and development of the entry procedure, should be done by or reviewed by, a technically qualified professional** (e.g., Cal/OSHA consultation service, or **certified industrial hygienist**, registered safety engineer, certified safety professional, certified marine chemist, etc.) based on evaluation of all serious hazards.”

2. Occupational Exposure to Food Flavorings §5197 Program review and ventilation/control verification (adopted in 2014).

“(b)(4) "Certified industrial hygienist (CIH)" means an industrial hygienist who is certified by the American Board of Industrial Hygiene.

(b)(24) **"Program reviewer" means a certified industrial hygienist** or licensed professional engineer who is knowledgeable in both industrial ventilation design and the control of hazardous exposures, and who is responsible for certifying the effectiveness of the employer's diacetyl control program in accordance with subsection (e)(6).

(e)(6) Program evaluation. **A program evaluation shall be performed by the employer and then validated by a program reviewer."**

3. Respirable Crystalline Silica Standard §5204 Ability to perform and interpret exposure monitoring (adopted in 2024).

“(b)(11) "Qualified Person", for purposes of this section only, means a third party independent of the employer who, by extensive instruction, knowledge, training, and experience, has demonstrated their ability to effectively perform, and interpret the results of, representative air monitoring for occupational exposure to respirable crystalline silica. **The qualified person shall be knowledgeable in this standard and shall be competent in industrial hygiene practice. A Certified Industrial Hygienist as codified in California's Business and Professions Code sections 20700-20705 is considered competent in industrial hygiene practice.**

(d)(3)(E)...**High-exposure trigger tasks shall be monitored by a qualified person** at least every 12 months or more frequently as required in this section.”

CIHC understands that the Board may consider this request as self-serving considering our membership. However, it is important for the Board to appreciate that CIHC's driver is advancing public policy for the improvement of the health of workers and the community!

We have included a reference list of documents and information we consulted in support of our request for this amendment. Please refer to page 4.

Please grant this petition and commence the process for amending 8 CCR 5155(e). The petitioner requests to be fully engaged and participate in any process that would be convened to amend the regulation as well as participate in any hearings on the matter. The petitioner would be pleased to provide additional testimony and evidence as needed. The petitioner looks forward to working with the Board and staff to assist with the amendment of 8 CCR 5155(e).

Ms. Millicent Barajas
February 19, 2026
Page 4 of 5

On behalf of the petitioner, please contact Megan Canright Racicot, President, CIHC, as needed, by telephone at (949) 633-2172, or by email at megan.canright@facs.com. Thank you for your consideration.

Sincerely,
California Industrial Hygiene Council

 

Megan Canright Racicot, MPH, CIH
President, CIHC

Petition Reference List:

- 1) OSHSB Petition Process February 2024
- 2) Title 8 California Code of Regulations Sections 5155, 5157, 5197 and 5204
- 3) California Labor Code Section 142.3 <https://codes.findlaw.com/ca/labor-code/lab-sect-142-3/>
- 4) Federal OSHA Letter of Interpretation <https://www.osha.gov/laws-regs/standardinterpretations/1998-07-01-0>
- 5) Board for Global EHS Credentialing (BGC), What is the Certified Industrial hygienist (CIH) Credential? <https://gobgc.org/cih/>
- 6) NIOSH [2020]. Current intelligence bulletin 69: NIOSH practices in occupational risk assessment. By Daniels RD, Gilbert SJ, Kuppusamy SP, Kuempel ED, Park RM, Pandalai SP, Smith RJ, Wheeler MW, Whittaker C, Schulte PA. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. DHHS (NIOSH) Publication No. 2020-106, (Revised 03/2020)
<https://doi.org/10.26616/NIOSH PUB2020106revised032020>