OCCUPATIONAL SAFETY
AND HEALTH STANDARDS BOARD
2520 Venture Oaks Way, Suite 350
Sacramento, CA 95833
(916) 274-5721
www.dir.ca.gov/oshsb

PROPOSED PETITION DECISION OF THE OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD (PETITION FILE NO. 612)

I. INTRODUCTION

On February 19, 2026, the Occupational Safety and Health Standards Board received a Petition from the California Industrial Hygiene Council (CIHC or Petitioner) to amend Title 8 of the California Code of Regulations (CCR), section 5155, "Airborne Contaminants."

The current regulation provides that whenever employees may be exposed to airborne contaminants in excess of the permissible exposure limits, the employer shall monitor the work environment to measure or calculate employee exposures. Subsection 5155(e)(3) states: "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." The Petitioner proposes amending subsection 5155(e)(3) to add immediately following the above text: "A Certified Industrial Hygienist, as codified in California's Business and Professions Code sections 20700–20705, is considered competent in industrial hygiene practice."

II. SUMMARY

The Petitioner asserts that the Certified Industrial Hygienist (CIH) credential is the global standard for certification in industrial hygiene competency and is awarded by the Board of Global EHS Credentialing (formerly the American Board of Industrial Hygiene). Further, a CIH is also a recognized professional classification under California Business and Professions Code sections 20700–20705.

According to CIHC, "[C]ompetent 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, and costly over-control of acceptable exposures."

The Petitioner contends that the CIH credential should be expressly codified in section 5155(e)(3) as a competent person because exposure assessment, air monitoring, and exposure control are core competencies of a CIH.

III. RELEVANT STANDARDS

A. Federal Standards

There are no title 29, Code of Federal Regulations standards that define or require a CIH as the standard for competency across all OSHA regulations. Instead, it uses broader terms such as “qualified person” or “competent person,” to allow flexibility. In a 1998 guidance and interpretation letter, OSHA acknowledges that a CIH is an example of a qualified professional, but it does not make certification mandatory.

B. California Standards

California’s title 8 regulations do not broadly require a CIH across all standards, but they do explicitly reference or require a CIH in certain substance-specific and programmatic standards. Key examples include:

- 8 CCR §5157. Permit Required Confined Spaces:

  Section 5157 recognizes CIH as competent but not required. It requires competency and hazard evaluation but leaves flexibility in who qualifies. The non-mandatory Appendix B guide of section 5157 states that atmospheric evaluation and interpretation should be conducted or reviewed by a CIH, or other technically qualified professional (e.g., CSP, PE). This is guidance, not a strict requirement, but still an explicit recommendation for the use of a CIH.

- 8 CCR §5197. Occupational Exposure to Food Flavoring Containing Diacetyl:

  Section 5197 defines a CIH and uses the role of a program reviewer. The section requires that the employer’s exposure control program be validated by a program reviewer, who must be a CIH or Licensed Professional Engineer with relevant expertise. This is one of the clearest examples where a is explicitly required for program validation.

- 8 CCR §5204. Occupational Exposure to Respirable Crystalline Silica:

  Section 5204 defines a “Qualified Person” as someone competent in industrial hygiene practice. The section states that a CIH is considered competent under California Business & Professions Code §§20700–20705. The section does not require a CIH but elevates CIH as a recognized benchmark for competency.

IV. CAL/OSHA'S EVALUATION

Cal/OSHA concurs with the Petitioner that the term "competent in industrial hygiene" should be further defined to better effectuate the regulation's purpose. Cal/OSHA agrees with the Petitioner that the accurate evaluation of exposures and control methods forms the basis for protecting employees from harmful exposures. A person who supervises, directs, or evaluates industrial hygiene monitoring and control methods must be clearly defined in terms of their ability to anticipate, recognize, evaluate, and control harmful exposures.

Cal/OSHA did not address whether the regulation should be amended to state that a CIH is considered competent in industrial hygiene practice.

V. STAFF'S EVALUATION

Board staff does not agree with Petitioner's assessment that a CIH having certification or being recognized as a professional classification under the California Business and Professions Code is sufficient to amend the current regulation language to state a CIH is considered competent in industrial hygiene practice. Rather, Board staff points out in addition to CIH certification, competency in industrial hygiene practice may also be demonstrated through other combinations of education, professional certification, training, and practical experience. For example, professionals such as Certified Safety Professionals (CSPs), occupational health specialists, safety engineers, and other experienced practitioners may possess substantial expertise in exposure assessment, hazard recognition, toxicology, and workplace hazard controls without holding the CIH designation. The Board staff believes taking the approach that only CIHs are considered competent in industrial hygiene practice could increase burdens for employers, particularly in industries or geographic regions where access to CIHs may be limited, without a corresponding improvement in employee protection.

The Board staff evaluation also states according to the Board of Certified Safety Professionals, during 2023–2025 there were approximately 16,000 to 17,000+ CSPs who do not hold the CIH designation, many of whom possess competency in industrial hygiene through their education, training, and professional experience.[1] Although the CSP credential is not as specialized as the CIH, the CSP examination includes occupational health, ergonomics, toxicology, industrial hygiene principles, and the recognition, evaluation, and control of workplace hazards. These professionals may be fully capable of performing industrial hygiene functions.

Although the Petitioner pointed to other regulations that mentioned CIHs as a "qualified professional", "program reviewer," and a "qualified person," these regulations contained definitions for these terms. Board staff found it problematic that the Petitioner proposes

[1] Board of Certified Safety Professionals, 2023 Annual Report (Champaign, IL: Board of Certified Safety Professionals, 2023), https://www.bcsp.org/hubfs/Downloads-PDFs-and-PPTs/Annual-Rpt-2023.pdf

inserting the CIH language directly into section 5155(e)(3) without first establishing a broader definition of a competent person. This structural difference creates the potential for unintended interpretation. Although the language does not explicitly require that the person be a CIH, placing the CIH reference directly within subsection 5155(e)(3) may imply that a CIH is the primary or preferred qualification, or that only a CH would satisfy the competency requirement.

VI. DISCUSSION

The crux of the Petitioner's argument to amend subsection 5155(e)(3) asserts the regulation does not define the word competent so it is unknown who would be considered sufficiently competent in hygiene practice to be able to supervise, direct, or evaluate the monitoring and control methods of airborne contaminants.

Where no specific definitions exist in the General Industry Safety Order Articles, the general definition of competent person from section 3207 applies. Section 3207(a) defines the competent person as "[o]ne who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt correct measures to eliminate them."

CIHC asserts because their members, who are CIHs, have core competencies in monitoring the work environment for the measurement and calculation of employees' exposures (per subsection 5155(e)(1) and 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 (per subsection 5155(e)(2), subsection 5155(e)(3) should be amended to state that a CIH is considered competent in industrial hygiene practice.

The Board does not agree with this narrow logic. Conversely, the Board agrees with Board staff that just because a CIH can be considered a competent person, a CIH is not the only type of professional that can satisfy the competent person requirement.

Additionally, although the respirable crystalline silica standard section 5204 contains the proposed amended language: **"**A Certified Industrial Hygienist as codified in California's Business and Professions Code sections 20700-20705 is considered competent in industrial hygiene practice." immediately following "The qualified person shall be knowledgeable in this standard and shall be competent in industrial hygiene practice," the main difference is that the term qualified person is specifically defined. The definition states that a qualified person "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." Although this subsection specifically mentions CIHs are competent in industrial hygiene practice, it also provides

a path for other professionals to fall within the qualified person designation and be similarly considered competent in industrial hygiene practice.

CIHC's proposed amended language does not provide a definition for competent. Nor does it recognize any other safety professionals who may have the same qualifications as described in subsection 5155(e)(1) and (2).

A. The Proposed Amendment Lacks Necessity.

Regulations must follow the Administrative Procedures Act (APA), specifically the requirements of Government Code section 11349. Subsection 11349(a) states,

> "Necessity" means the record of the rulemaking proceeding demonstrates by substantial evidence the need for a regulation to effectuate the purpose of the statute, court decision, or other provision of law that the regulation implements, interprets, or makes specific, considering the totality of the record. For purposes of this standard, evidence includes, but is not limited to, facts, studies, and expert opinion.

The Petitioner has not pointed to any studies or evidence that CIHs are uniquely positioned to be considered competent in industrial hygiene practice over other professionals. Although the Petitioner claims poor exposure evaluations can lead to worker injuries and illness, unacceptable over exposures that go uncontrolled, and costly over-control of acceptable exposures, there is no evidence to show that non CIH professionals contribute to these undesirable results while CIHs avoid this outcome.

Furthermore, the Petitioner has not demonstrated that the current regulatory language has resulted in widespread enforcement inconsistency, inadequate worker protection, or a clear regulatory gap requiring amendment. The existing performance-based standard already requires that the person supervising, directing, or evaluating monitoring and control methods be versed in the standard and competent in industrial hygiene practice, allowing enforcement to assess qualifications based on the specific facts of each case.

While CIHs have obtained a certificate from a certifying body as mentioned in the Business and Professional Code, other professionals such as CSPs are similarly certified in the same skills by their respective certifying agency. If certification of skills, training, and experience are factors to be considered in determining a competent person, amending the regulation to state that only CIHs are competent in hygiene practices is not necessary.

B. The Proposed Amendment Lacks Clarity.

The APA requires regulations must be clear. Pursuant to Gov. code section 11349(c) "Clarity" means written or displayed so that the meaning of regulations will be easily understood by those persons directly affected by them.

While the petitioner's intent is to provide clarity and establish a recognized benchmark, the proposed amendment may create ambiguity rather than resolve it. The current regulation already provides sufficient protection while preserving employer flexibility to utilize the most appropriate qualified professionals based on workplace hazards and operational needs.

The Board agrees with Board staff that placing the CIH reference directly within subsection 5155(e)(3) may imply that a CIH is the primary or preferred qualification, or that only a CIH would satisfy the competency requirement. The regulated public may believe that they must hire a CIH in order to satisfy the competency requirement.

C. The Proposed Amendment May Result in An Additional Cost and Delay to Employers Without Sufficient Justification.

Because CIHs are fewer in number than CSPs, employers who incorrectly believe they must hire a CIH to meet the competency requirement will deal with delays and added costs due to higher demand and limited supply of CIHs available.

Without a showing of necessity, the Petitioner's proposed amendment would create confusion among the regulated public and will likely result in additional costs and delays. The proposed amendment is not justified.

D. A Clear Definition of "Competent in Hygiene Practice" May Be Beneficial But Was Not Requested.

It is important to note that while the Petitioner recognizes there is no specific definition for "competent in hygiene practice" when it comes to airborne contaminants, it does not seek one. It merely seeks to have CIHs be considered competent in hygiene practice.

Other regulations cited by the Petitioner and referenced by Board staff contain qualifications for those deemed competent in their specific areas that serve as definitions. These descriptions help the regulated public by providing concrete examples as well as listing a variety of skilled professions who can do this work.

For the reasons outlined by Board staff, the Board is hesitant to amend a regulation that only narrowly identifies one group as competent without a definition of competence.

VII. CONCLUSION AND ORDER

The Board has considered the petition from CIHC. The Board has also considered the recommendations of Cal/OSHA and Board staff. For reasons stated in the preceding discussion, the Petition to the request an amendment to section 5155 to recognize CIHs as competent in hygiene practice is hereby DENIED. However, should CIH seek to file

another Petition to propose language for competent in hygiene practice, the Petitioner may do so without prejudice.