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September 30, 2026

Research and Standards Branch
California Division of Occupational Safety and Health
1515 Clay Street, Suite 1901
Oakland, CA 94612
Via email: RS@dir.ca.gov

Re: Comment on Draft Section 5204.1 and the Proposed 3.0 microgram per cubic meter Artificial Stone Action Level

To the Research and Standards Branch:

[Fox Marble](#) submits these comments as a Richmond fabrication and installation company directly affected by draft Section 5204.1. We support strong, enforceable protections to eliminate silicosis risk from artificial-stone work. Our comments are narrow: before applying a 3.0 $\mu\text{g}/\text{m}^3$ action level, the Division should publish the occupational-health derivation, validated compliance measurement method, and scientific record supporting that threshold.

Fox Marble has operated for more than 40 years. Fireclay Tile, Inc.—also founded 40 years ago and a Certified B Corporation—acquired it and shares Fireclay's commitment to continuous improvement, transparent accountability, and responsible operations.

That commitment is practical, not aspirational. We conduct rigorous air sampling, continuously adopt evidence-based safety practices, and invest in stronger controls. Fireclay's Aromas CA facility is currently a Cal/VPP Reach site; Fox Marble's Richmond, CA facility aspires to meet that same standard over time and has welcomed OSHA into its facility several times. We submit these comments in that spirit: to ensure the proposed rule is both protective and scientifically measurable.

1. Is 3.0 an occupational number or a continuous-exposure number applied without adjustment?

The 3.0 microgram figure is OEHHA's chronic inhalation Reference Exposure Level for respirable crystalline silica, adopted in February 2005. OEHHA is a CalEPA agency, not part of the Department of Industrial Relations, and not an occupational health body. The REL was derived under the Air Toxics "Hot Spots" program for ambient air — a concentration the general population, including children and people with existing respiratory disease, can breathe continuously for a lifetime. That derivation took occupational silicosis cohort data and adjusted it down to a 24-hour continuous-exposure equivalent before applying a safety factor. The draft now reinstates that adjusted number as an 8-hour occupational TWA, without reversing the conversion. Different metric, different population, different uncertainty-factor structure. Confirm whether the action level was derived independently for occupational exposure, or taken directly from the OEHHA ambient figure, and if the latter, the basis for applying it unadjusted.

2. What validated compliance method will the Division require at 3.0 $\mu\text{g}/\text{m}^3$?

The reference method is OSHA ID-142. For quartz, the detection limit of the overall procedure is 2.84 μg per sample, or 3.48 $\mu\text{g}/\text{m}^3$ at the stated sampling conditions of 1.7 liters per minute for 480 minutes. The reliable quantitation limit is 9.76 μg per sample, or 12.0 $\mu\text{g}/\text{m}^3$. The proposed action level therefore raises a fundamental compliance question: what validated full-shift method will reliably establish whether an



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employer is above or below 3.0 µg/m³? Please identify the required sampling and laboratory method and provide its validated detection and quantitation limits for field use.

OEHHA's 2005 document reports California ambient background respirable crystalline silica at 0.2 to 2.3 µg/m³, and published fence-line monitoring near mineral-processing facilities reports upper 95% confidence limits of 1.85 to 2.05 µg/m³. These figures make treatment of ambient background a necessary part of any compliance protocol. Please identify the sampling method, flow rate, laboratory detection limit, treatment of background, and validation supporting a result at or below 3.0 µg/m³ in field conditions.

3. Has the artificial-stone-specific toxicity data actually been run through dose-response modeling, or just asserted?

The cohorts underlying the 2005 REL are natural mineral-dust populations; none is engineered stone. Recent work on reactive surface chemistry and nanoparticle toxicity may be relevant, but it is not itself a dose-response analysis establishing a 3.0 µg/m³ occupational threshold. Please identify any artificial-stone-specific dose-response analysis used to validate 3.0 µg/m³, including the studies, assumptions, and uncertainty factors. If none was performed, please explain the basis for applying an ambient REL derived from natural-mineral-dust cohorts to engineered stone as an 8-hour occupational threshold.

4. How does 3.0 compare to every other adopted occupational limit, including California's own existing standard for the same substance?

The clearest comparison is internal: current Section 5204 sets a 25 µg/m³ action level and a 50 µg/m³ permissible exposure limit for respirable crystalline silica. The draft proposes 3.0 µg/m³ for artificial stone. Please publish the technical basis, including the exposure, health, and feasibility analysis, for that proposed threshold.

5. What is the status of the Board-requested Silica Science subcommittee and its report?

The Board's Petition 609 decision requested a Silica Science subcommittee to report on whether engineered stone can be fabricated safely and, if so, the controls and monitoring required. The public rulemaking page records a July 31 advisory meeting, but Fox has not located a public Science subcommittee report. Please identify the subcommittee's meetings, participants, materials, report status, and how the Division will incorporate that work before finalizing the proposed action level.

We'd welcome the opportunity to discuss before the comment period closes on September 30, 2026.

Respectfully,

David Galaviz
CSHO, SMP EHS Director
Fox Marble & Fireclay Tile, Inc.