OCCUPATIONAL SAFETY
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PROPOSED PETITION DECISION OF THE OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD (PETITION FILE NO. 609)

I. INTRODUCTION

On December 20, 2025, the Occupational Safety and Health Standards Board (Board or OSHSB) received a petition from Western Occupational & Environmental Medical Association (Petitioner or WOEMA) regarding the title 8 crystalline silica standard. The petition requests revisions to section 5204 (Occupational Exposures to Respirable Crystalline Silica) that will prohibit all fabrication and installation tasks (cutting, grinding, polishing, etc.) on engineered stone that contains more than 1% crystalline silica.

Labor Code section 142.2 permits interested persons to propose new or revised regulations concerning occupational safety and health and requires the Board to consider such proposals and render a decision no later than six months following receipt. Further, as required by Labor Code section 147, any proposed occupational safety or health standard received by the Board from a source other than the Division of Occupational Safety and Health (Cal/OSHA) must be referred to Cal/OSHA for evaluation. Cal/OSHA has 60 days after receipt to submit an evaluation regarding the proposal. Both Cal/OSHA and OSHSB staff have evaluated the petition for the Board's consideration.

II. SUMMARY

Petitioner requests rulemaking to effectively prohibit all fabrication and installation (processing that generates dust) of engineered stone that contains more than 1% crystalline silica.

The Petitioner makes the following claims in support of its request:

- There are rising counts of silicosis caused by engineered stone, which represent a public health emergency.
- Exposure to silica dust from engineered stone causes the rapid onset of silicosis.
- Engineered stone is more toxic than other silica-containing materials, such as natural stone.
- The number of fabrication workers with silicosis is going to increase.
- Airborne concentrations of respirable crystalline silica dust are above the Cal/OSHA limit in many fabrication shops.

- Enforcement of existing regulations to control silica dust exposures is not likely to prevent more cases.
- Australia has successfully prohibited the use, supply and manufacture of all engineered stone containing more than 1% crystalline silica.
- Alternative products are readily available and price competitive in Australia in place of engineered stone.
- Safe work practices must continue while alternative non-crystalline silica products are used in fabrication shops.

III. RELEVANT STANDARDS

The current section 5204, Occupational Exposures to Respirable Crystalline Silica, regulation, can be found on the DIR website at this link: California Code of Regulations, Title 8, 5204. Occupational Exposures to Respirable Crystalline Silica.

In 2016, federal OSHA adopted title 29 Code of Federal Regulations (CFR) section 1910.1053 Respirable Crystalline Silica, establishing baseline requirements to prevent silicosis and other silica-related diseases. California acted to remain at least as effective as the federal OSHA program by adopting an identical standard, found at title 8, section 5204.

In February 2023, WOEMA filed a petition to request an Emergency Temporary Standard to address an emerging silicosis crisis. The Board acted by granting Petition 597 in July 2023, and on December 29, 2023, California strengthened the section 5204 requirements through an Emergency Temporary Standard. The amendments to the regulations eliminated broad exemptions from engineering controls, updated respiratory protection and other requirements in the original 2016 rule, and introduced additional safeguards. The emergency provisions were made permanent, with minor changes to provide additional worker protections, on February 5, 2025.

IV. CAL/OSHA'S EVALUATION

In its evaluation, Cal/OSHA concludes that the fabrication and installation of artificial stone with greater than 1% silica is inherently dangerous, highly toxic, and harmful to workers. Cal/OSHA concludes that worker exposure should be prohibited though title 8 rulemaking, and outlines several possible roadmaps to a full phaseout, from an immediate ban, to a gradual phaseout to allow the industry to work through current inventory and plan for alternative products.

Ultimately, Cal/OSHA recommends that Petition 609 be granted to the extent that the Standards Board direct Cal/OSHA to: 1) Convene an advisory committee to consider and discuss the best way to prohibit fabrication and installation of artificial stone slabs with more than 1% crystalline silica, and 2) Initiate rulemaking to revise 5204 to prohibit the use and installation of artificial stone with more than 1% crystalline silica. The

Cal/OSHA evaluation also recommends that the petitioner and stakeholders be invited to provide further scientific data, which would be reviewed and considered prior to the advisory committee meeting and be included with the materials to be discussed during the meeting.

V. BOARD STAFF'S EVALUATION

Board staff finds the evidence and argument as presented by WOEMA to be compelling and cites recent California Department of Public Health (CDPH) statistics in support of the conclusion that a serious health crisis is unfolding, and there is a need to strengthen the current standard. There are approximately 1342 fabricators operating in the state, working with these engineered stone materials. Data from CDPH shows that 715 of these fabricators have had a confirmed silicosis case in their shop. Most of the workers impacted are young and otherwise in good health; many are Latino, immigrant workers. In 2026, there have been 83 silicosis confirmed cases reported by CDPH. (CDPH Engineered Stone Silicosis Surveillance Dashboard.)

According to Board staff's analysis, investment in expensive equipment and procedures does not eliminate the risks associated with crystalline silica in countertop fabrication. Some of the barriers are the high silica content of artificial stone, the fact that controls can only mitigate, and not eliminate, exposure, as well as the realities of production and installation, and human error. Even the best practices with the most modern equipment cannot be relied upon to consistently protect workers from dangerous levels of exposure under real-world production conditions.

The Board staff supports WOEMA's petition, to the extent that it requests the Board to form an advisory committee to explore the possibility of rulemaking that will eliminate worker exposure to the hazard of crystalline silica.

VI. DISCUSSION

In 2023, WOEMA submitted Petition 597, requesting the Board adopt emergency temporary standards to strengthen section 5204 when employees cut, grind, polish or otherwise handle artificial stone, as well as natural stone that contains more than 10% silica. The Board approved those changes in December 2023, and the emergency standards went into effect on December 29, 2023. Those emergency temporary standards were then further amended and made permanent in a rulemaking that went into effect in February 2025. The 2025 rulemaking improved requirements in section 5204 pertaining to engineering controls, work practices, medical surveillance, medical removal, communications, training, reporting, and respiratory protection, and improved the effectiveness of Cal/OSHA's enforcement operations.

Unfortunately, the two rulemakings have not stemmed the tide of new silicosis cases in California:

> In early 2025, Cal/OSHA estimated there were approximately 800 fabrication shops that employed about

> 4,000 workers in California, and that the global rate of silicosis among workers in this industry was as high as 21%. At the time of Cal/OSHA's briefing to the Board in August 2025, CDPH had reported 364 cases of silicosis caused by engineered stone. Cal/OSHA staff reported that the *expected* number of cases of silicosis among these 4,000 workers was 680, based on a case rate of only 17%, and that the expected number of silicosis deaths among these 680 cases was 130 (19%), well above the 364 cases and 24 deaths CDPH had identified at that time through passive reporting channels. In their August briefing, Cal/OSHA updated the number of shops to 920 and the number of workers to 4,600, noting that "the projected case and fatality rates will be proportionately higher," and that "both the current conditions and the projections are alarming." crystalline silica dust from engineered stone continues, the total number of cases and deaths beyond these estimates will continue to grow. As long as exposure to crystalline silica dust from engineered stone continues, the total number of cases and deaths beyond these estimates will continue to grow. (WOEMA Petition, p. 5).

The reasons for this epidemic of silicosis cases are numerous. The product at issue—engineered stone currently popular for use as kitchen and bathroom countertops—contains a much higher amount of respirable crystalline silica than natural stone products, and the particles themselves are finer, which allows the particles to penetrate deeply into the respiratory tract. Moreover, the industry tends to be dominated by small to mid-sized fabrication shops which do not have the financial resources to invest in the sophisticated tools that help limit worker exposures to dust. Even those shops who have made the investment in sophisticated tools are seeing troubling rises in silicosis cases.

Industry has called for other solutions besides an outright ban; there is interest among all stakeholders in finding a path forward to halt the crisis now being faced by the engineered stone fabrication industry and its workers.

VII. CONCLUSION AND ORDER

The Board has considered the petition of WOEMA, numerous presentations and comments from diverse stakeholders, and the reports of Cal/OSHA and Board staff. Petition File No. 609 is hereby GRANTED to the extent the Board requests Cal/OSHA convene an advisory committee to undertake a review of section 5204 and potential regular rulemaking to amend the standard.

Specifically, the Board requests Cal/OSHA work with Board staff to accomplish the following:

1. Convene a Silica Advisory Committee representative of stakeholders, including Petitioner, California fabricators, manufacturers, public health experts (including, but not limited to, staff of the Los Angeles and Orange County Departments of Public Health and California Department of Public Health), academia and researchers, worker advocates (including, but not limited to, Instituto de Educación Popular del Sur de California, Southern California Coalition for Occupational Safety & Health, California State Building and Construction Trades Council, Laborers International Union of North America, the Union of Bricklayers and Allied Craftworkers and WorkSafe).

    - Invitations to the Silica Advisory Committee are to be sent by June 1, 2026.

    - The Board requests Cal/OSHA provide updates to the Board every month until a proposal is ready for Board consideration.

2. Simultaneously, convene a Silica Science subcommittee comprised of scientific and medical experts whose independence cannot be reasonably questioned.

        - The Board requests that experts to be invited include:

            - Chandnee Ramkissoon, Dept. of Education, South Australia;
            - Cristina Pavan, University of Turin;
            - Mattia Turchi, Empal;
            - Alfredo Menéndez Navarro, Universidad de Granada;
            - Antonio León-Jiménez, Servicio de Neumología, Hospital; Universitario Puerta del Mar, Cádiz, Spain;
            - Chaolong Qi, NIOSH;
            - Sheiphali Ghandi, UCSF;
            - Rachael Jones, UCLA;
            - Amy Heinzerling, CDPH; and
            - Helene M. Calvet, Orange County Health Care Agency.

        - Invitations to the Silica Science subcommittee are to be sent by June 1, 2026.

        - The Silica Science subcommittee is tasked with providing the Board a report based on the most current research and scientific data and addressing the following questions:

            - Can engineered stone be safely fabricated? If so, what are the minimum controls, monitoring, and/or other measures necessary to ensure worker safety?

                - Please define “safely” as deemed appropriate.

- Please confine the analysis to the necessary measures without regard for their economic feasibility.

- Can natural stone products with high levels of silica content be safely fabricated? If so, what are the minimum controls, monitoring, and/or other measures necessary, and how do they differ from those recommended for engineered stone, if at all?

    - Please define “high levels of silica” as deemed appropriate.
    - Please confine the analysis to the necessary measures without regard for their economic feasibility.

The Board requests the Silica Science subcommittee appoint a representative to address the Board at its August 20, 2026, meeting; if possible, the subcommittee will provide its findings to the Board and stakeholders at this meeting, or an update on its progress.

3. Within 30 days of the submission of the Silica Science subcommittee’s report, the full Silica Advisory Committee is tasked to reconvene to:

    - Assess the economic viability and feasibility of any control measures recommended by the Silica Science subcommittee report, including the cost of implementing any controls in realistic work environments with the precision required by the subcommittee report.

    - If merited, assess the steps necessary to properly test whether the recommended measures can be feasibly implemented in realistic work environments over the long term and create a protocol for safely and ethically conducting such testing, including the collection of data.

    - If necessary, recommend a procedure to implement such testing.

    - Upon conclusion of the above, assess whether any previously imposed temporary cessation of stone fabrication should be extended, made permanent, modified, or terminated.