

WAC 296-62-07423 Medical surveillance. (1) General.

(a) Scope.

(i) Currently exposed. The employer must institute a medical surveillance program for all employees who are or may be exposed to cadmium at or above the action level unless the employer demonstrates that the employee is not, and will not be, exposed at or above the action level on thirty or more days per year (twelve consecutive months); and

(ii) Previously exposed. The employer must also institute a medical surveillance program for all employees who prior to the effective date of this section might previously have been exposed to cadmium at or above the action level by the employer, unless the employer demonstrates that the employee did not prior to the effective date of this section work for the employer in jobs with exposure to cadmium for an aggregated total of more than sixty months.

(b) To determine an employee's fitness for using a respirator, the employer must provide the limited medical examination specified in subsection (6) of this section.

(c) The employer must ensure that all medical examinations and procedures required by this standard are performed by or under the supervision of a licensed physician, who has read and is familiar with the health effects WAC 296-62-07441, Appendix A, the regulatory text of this section, the protocol for sample handling and laboratory selection in WAC 296-62-07451, Appendix F and the questionnaire of WAC 296-62-07447, Appendix D. These examinations and procedures must be provided without cost to the employee and at a time and place that is reasonable and convenient to employees.

(d) The employer must ensure that the collecting and handling of biological samples of cadmium in urine (CdU), cadmium in blood (CdB), and beta-2 microglobulin in urine (β_2 -M) taken from employees under this section is done in a manner that ensures their reliability and that analysis of biological samples of cadmium in urine (CdU), cadmium in blood (CdB), and beta-2 microglobulin in urine (β_2 -M) taken from employees under this section is performed in laboratories with demonstrated proficiency for that particular analyte. (See WAC 296-62-07451, Appendix F.)

(2) Initial examination.

(a) The employer must provide an initial (preplacement) examination to all employees covered by the medical surveillance program required in subsection (1)(a) of this section. The examination must be provided to those employees within thirty days after initial assignment to a job with exposure to cadmium or no later than ninety days after the effective date of this section, whichever date is later.

(b) The initial (preplacement) medical examination must include:

(i) A detailed medical and work history, with emphasis on: Past, present, and anticipated future exposure to cadmium; any history of renal, cardiovascular, respiratory, hematopoietic, reproductive, and/or musculo-skeletal system dysfunction; current usage of medication with potential nephrotoxic side-effects; and smoking history and current status; and

(ii) Biological monitoring that includes the following tests:

(A) Cadmium in urine (CdU), standardized to grams of creatinine (g/Cr);

(B) Beta-2 microglobulin in urine (β_2 -M), standardized to grams of creatinine (g/Cr), with pH specified, as described in WAC 296-62-07451, Appendix F; and

(C) Cadmium in blood (CdB), standardized to liters of whole blood (lwb).

(c) Recent examination: An initial examination is not required to be provided if adequate records show that the employee has been examined in accordance with the requirements of (b) of this subsection within the past twelve months. In that case, such records must be maintained as part of the employee's medical record and the prior exam must be treated as if it were an initial examination for the purposes of subsections (3) and (4) of this section.

(3) Actions triggered by initial biological monitoring:

(a) If the results of the initial biological monitoring tests show the employee's CdU level to be at or below 3 µg/g Cr, β₂-M level to be at or below 300 µg/g Cr and CdB level to be at or below 5 µg/lwb, then:

(i) For currently exposed employees, who are subject to medical surveillance under subsection (1)(a)(i) of this section, the employer must provide the minimum level of periodic medical surveillance in accordance with the requirements in subsection (4)(a) of this section; and

(ii) For previously exposed employees, who are subject to medical surveillance under subsection (1)(a)(ii) of this section, the employer must provide biological monitoring for CdU, β₂-M, and CdB one year after the initial biological monitoring and then the employer must comply with the requirements of subsection (4)(e) of this section.

(b) For all employees who are subject to medical surveillance under subsection (1)(a) of this section, if the results of the initial biological monitoring tests show the level of CdU to exceed 3 µg/g Cr, the level of β₂-M to exceed 300 µg/g Cr, or the level of CdB to exceed 5 µg/lwb, the employer must:

(i) Within two weeks after receipt of biological monitoring results, reassess the employee's occupational exposure to cadmium as follows:

(A) Reassess the employee's work practices and personal hygiene;

(B) Reevaluate the employee's respirator use, if any, and the respirator program;

(C) Review the hygiene facilities;

(D) Reevaluate the maintenance and effectiveness of the relevant engineering controls;

(E) Assess the employee's smoking history and status;

(ii) Within thirty days after the exposure reassessment, specified in (b)(i) of this subsection, take reasonable steps to correct any deficiencies found in the reassessment that may be responsible for the employee's excess exposure to cadmium; and,

(iii) Within ninety days after receipt of biological monitoring results, provide a full medical examination to the employee in accordance with the requirements of WAC 296-62-07423 (4)(b). After completing the medical examination, the examining physician must determine in a written medical opinion whether to medically remove the employee. If the physician determines that medical removal is not necessary, then until the employee's CdU level falls to or below 3 µg/g Cr, β₂-M level falls to or below 300 µg/g Cr and CdB level falls to or below 5 µg/lwb, the employer must:

(A) Provide biological monitoring in accordance with subsection (2)(b)(ii) of this section on a semiannual basis; and

(B) Provide annual medical examinations in accordance with subsection (4)(b) of this section.

(c) For all employees who are subject to medical surveillance under subsection (1)(a) of this section, if the results of the initial biological monitoring tests show the level of CdU to be in excess of 15 µg/g Cr, or the level of CdB to be in excess of 15 µg/lwb, or the level of β₂-M to be in excess of 1,500 µg/g Cr, the employer must comply with the requirements of (b)(i) and (ii) of this subsection. Within ninety days after receipt of biological monitoring results, the employer must provide a full medical examination to the employee in accordance with the requirements of subsection (4)(b) of this section. After completing the medical examination, the examining physician must determine in a written medical opinion whether to medically remove the employee. However, if the initial biological monitoring results and the biological monitoring results obtained during the medical examination both show that: CdU exceeds 15 µg/g Cr; or CdB exceeds 15 µg/lwb; or β₂-M exceeds 1500 µg/g Cr, and in addition CdU exceeds 3 µg/g Cr or CdB exceeds 5 µg/liter of whole blood, then the physician must medically remove the employee from exposure to cadmium at or above the action level. If the second set of biological monitoring results obtained during the medical examination does not show that a mandatory removal trigger level has been exceeded, then the employee is not required to be removed by the mandatory provisions of this section. If the employee is not required to be removed by the mandatory provisions of this section or by the physician's determination, then until the employee's CdU level falls to or below 3 µg/g Cr, β₂-M level falls to or below 300 µg/g Cr and CdB level falls to or below 5 µg/lwb, the employer must:

(i) Periodically reassess the employee's occupational exposure to cadmium;

(ii) Provide biological monitoring in accordance with subsection (2)(b)(ii) of this section on a quarterly basis; and

(iii) Provide semiannual medical examinations in accordance with subsection (4)(b) of this section.

(d) For all employees to whom medical surveillance is provided, beginning on January 1, 1999, and in lieu of (a) through (c) of this subsection:

(i) If the results of the initial biological monitoring tests show the employee's CdU level to be at or below 3 µg/g Cr, β₂-M level to be at or below 300 µg/g Cr and CdB level to be at or below 5 µg/lwb, then for currently exposed employees, the employer must comply with the requirements of (a)(i) of this subsection and for previously exposed employees, the employer shall comply with the requirements of (a)(ii) of this subsection;

(ii) If the results of the initial biological monitoring tests show the level of CdU to exceed 3 µg/g Cr, the level of β₂-M to exceed 300 µg/g Cr, or the level of CdB to exceed 5 µg/lwb, the employer must comply with the requirements of (b)(i) through (iii) of this subsection; and

(iii) If the results of the initial biological monitoring tests show the level of CdU to be in excess of 7 µg/g Cr, or the level of CdB to be in excess of 10 µg/lwb, or the level of β₂-M to be in excess of 750 µg/g Cr, the employer must: Comply with the requirements of (b)(i) through (ii) of this subsection; and, within ninety days after receipt of biological monitoring results, provide a full medical examination to the employee in accordance with the requirements of subsection (4)(b) of this section. After completing the medical examination, the examining physician must determine in a written medical

opinion whether to medically remove the employee. However, if the initial biological monitoring results and the biological monitoring results obtained during the medical examination both show that: CdU exceeds 7 µg/g Cr; or CdB exceeds 10 µg/lwb; or β₂-M exceeds 750 µg/g Cr, and in addition CdU exceeds 3 µg/g Cr or CdB exceeds 5 µg/liter of whole blood, then the physician must medically remove the employee from exposure to cadmium at or above the action level. If the second set of biological monitoring results obtained during the medical examination does not show that a mandatory removal trigger level has been exceeded, then the employee is not required to be removed by the mandatory provisions of this section. If the employee is not required to be removed by the mandatory provisions of this section or by the physician's determination, then until the employee's CdU level falls to or below 3 µg/g Cr, β₂-M level falls to or below 300 µg/g Cr and CdB level falls to or below 5 µg/lwb, the employer must: Periodically reassess the employee's occupational exposure to cadmium; provide biological monitoring in accordance with subsection (2)(b)(ii) of this section on a quarterly basis; and provide semiannual medical examinations in accordance with subsection (4)(b) of this section.

(4) Periodic medical surveillance.

(a) For each employee who is covered under subsection (1)(a)(i) of this section, the employer must provide at least the minimum level of periodic medical surveillance, which consists of periodic medical examinations and periodic biological monitoring. A periodic medical examination must be provided within one year after the initial examination required by subsection (2) of this section and thereafter at least biennially. Biological sampling must be provided at least annually, either as part of a periodic medical examination or separately as periodic biological monitoring.

(b) The periodic medical examination must include:

(i) A detailed medical and work history, or update thereof, with emphasis on: Past, present and anticipated future exposure to cadmium; smoking history and current status; reproductive history; current use of medications with potential nephrotoxic side-effects; any history of renal, cardiovascular, respiratory, hematopoietic, and/or musculoskeletal system dysfunction; and as part of the medical and work history, for employees who wear respirators, questions 3-11 and 25-32 in WAC 296-62-07447, Appendix D;

(ii) A complete physical examination with emphasis on: Blood pressure, the respiratory system, and the urinary system;

(iii) A 14 inch by 17 inch, or a reasonably standard sized posterior-anterior chest X-ray (after the initial X-ray, the frequency of chest X-rays is to be determined by the examining physician);

(iv) Pulmonary function tests, including forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV1);

(v) Biological monitoring, as required in subsection (2)(b)(ii) of this section;

(vi) Blood analysis, in addition to the analysis required under this section, including blood urea nitrogen, complete blood count, and serum creatinine;

(vii) Urinalysis, in addition to the analysis required under subsection (2)(b)(ii) of this section, including the determination of albumin, glucose, and total and low molecular weight proteins;

(viii) For males over forty years old, prostate palpation, or other at least as effective diagnostic test(s); and

(ix) Any additional tests deemed appropriate by the examining physician.

(c) Periodic biological monitoring must be provided in accordance with subsection (2)(b)(ii) of this section.

(d) If the results of periodic biological monitoring or the results of biological monitoring performed as part of the periodic medical examination show the level of the employee's CdU, β_2 -M, or CdB to be in excess of the levels specified in subsection (3)(b) or (c) of this section; or, beginning on January 1, 1999, in excess of the levels specified in subsection (3)(b) or (d) of this section, the employer must take the appropriate actions specified in subsection (3)(b) through (d) of this section.

(e) For previously exposed employees under subsection (1)(a)(ii) of this section:

(i) If the employee's levels of CdU did not exceed 3 $\mu\text{g/g Cr}$, CdB did not exceed 5 $\mu\text{g/lwb}$, and β_2 -M did not exceed 300 $\mu\text{g/g Cr}$ in the initial biological monitoring tests, and if the results of the follow-up biological monitoring required by subsection (3)(a)(ii) of this section one year after the initial examination confirm the previous results, the employer may discontinue all periodic medical surveillance for that employee.

(ii) If the initial biological monitoring results for CdU, CdB, or β_2 -M were in excess of the levels specified in subsection (3)(a) of this section, but subsequent biological monitoring results required by subsection (3)(b) through (e) of this section show that the employee's CdU levels no longer exceed 3 $\mu\text{g/g Cr}$, CdB levels no longer exceed 5 $\mu\text{g/lwb}$, and β_2 -M levels no longer exceed 300 $\mu\text{g/g Cr}$, the employer shall provide biological monitoring for CdU, CdB, and β_2 -M one year after these most recent biological monitoring results. If the results of the followup biological monitoring, specified in this section, confirm the previous results, the employer may discontinue all periodic medical surveillance for that employee.

(iii) However, if the results of the follow-up tests specified in (e)(i) or (ii) of this subsection indicate that the level of the employee's CdU, β_2 -M, or CdB exceeds these same levels, the employer is required to provide annual medical examinations in accordance with the provisions of (b) of this subsection until the results of biological monitoring are consistently below these levels or the examining physician determines in a written medical opinion that further medical surveillance is not required to protect the employee's health.

(f) A routine, biennial medical examination is not required to be provided in accordance with subsections (3)(a) and (4) of this section if adequate medical records show that the employee has been examined in accordance with the requirements of (b) of this subsection within the past twelve months. In that case, such records must be maintained by the employer as part of the employee's medical record, and the next routine, periodic medical examination must be made available to the employee within two years of the previous examination.

(5) Actions triggered by medical examinations.

If the results of a medical examination carried out in accordance with this section indicate any laboratory or clinical finding consistent with cadmium toxicity that does not require employer action under subsection (2), (3), or (4) of this section, the employer, within thirty days, must reassess the employee's occupational exposure to cadmium and take the following corrective action until the physician determines they are no longer necessary:

(a) Periodically reassess: The employee's work practices and personal hygiene; the employee's respirator use, if any; the employee's smoking history and status; the respiratory protection program; the hygiene facilities; and the maintenance and effectiveness of the relevant engineering controls;

(b) Within thirty days after the reassessment, take all reasonable steps to correct the deficiencies found in the reassessment that may be responsible for the employee's excess exposure to cadmium;

(c) Provide semiannual medical reexaminations to evaluate the abnormal clinical sign(s) of cadmium toxicity until the results are normal or the employee is medically removed; and

(d) Where the results of tests for total proteins in urine are abnormal, provide a more detailed medical evaluation of the toxic effects of cadmium on the employee's renal system.

(6) Examination for respirator use.

(a) To determine an employee's fitness for respirator use, the employer must provide a medical examination that includes the elements specified in (a)(i) through (iv) of this subsection. This examination must be provided prior to the employee's being assigned to a job that requires the use of a respirator or no later than ninety days after this section goes into effect, whichever date is later, to any employee without a medical examination within the preceding twelve months that satisfies the requirements of this paragraph.

(i) A detailed medical and work history, or update thereof, with emphasis on: Past exposure to cadmium; smoking history and current status; any history of renal, cardiovascular, respiratory, hemato-poietic, and/or musculoskeletal system dysfunction; a description of the job for which the respirator is required; and questions 3 through 11 and 25 through 32 in WAC 296-62-07447, Appendix D;

(ii) A blood pressure test;

(iii) Biological monitoring of the employee's levels of CdU, CdB and β_2 -M in accordance with the requirements of subsection (2)(b)(ii) of this section, unless such results already have been obtained within the previous twelve months; and

(iv) Any other test or procedure that the examining physician deems appropriate.

(b) After reviewing all the information obtained from the medical examination required in (a) of this subsection, the physician must determine whether the employee is fit to wear a respirator.

(c) Whenever an employee has exhibited difficulty in breathing during a respirator fit test or during use of a respirator, the employer, as soon as possible, must provide the employee with a periodic medical examination in accordance with subsection (4)(b) of this section to determine the employee's fitness to wear a respirator.

(d) Where the results of the examination required under (a), (b), or (c) of this subsection are abnormal, medical limitation or prohibition of respirator use must be considered. If the employee is allowed to wear a respirator, the employee's ability to continue to do so must be periodically evaluated by a physician.

(7) Emergency examinations.

(a) In addition to the medical surveillance required in subsections (2) through (6) of this section, the employer must provide a medical examination as soon as possible to any employee who may have been acutely exposed to cadmium because of an emergency.

(b) The examination must include the requirements of subsection (4)(b) of this section, with emphasis on the respiratory system, other

organ systems considered appropriate by the examining physician, and symptoms of acute overexposure, as identified in WAC 296-62-07441 (2)(b)(i) through (ii) and (4), Appendix A.

(8) Termination of employment examination.

(a) At termination of employment, the employer must provide a medical examination in accordance with subsection (4)(b) of this section, including a chest X-ray, to any employee to whom at any prior time the employer was required to provide medical surveillance under subsection (1)(a) or (7) of this section. However, if the last examination satisfied the requirements of subsection (4)(b) of this section and was less than six months prior to the date of termination, no further examination is required unless otherwise specified in subsection (3) or (5) of this section;

(b) However, for employees covered by subsection (1)(a)(ii) of this section, if the employer has discontinued all periodic medical surveillance under subsection (4)(e) of this section, no termination of employment medical examination is required.

(9) Information provided to the physician. The employer must provide the following information to the examining physician:

(a) A copy of this standard and appendices;

(b) A description of the affected employee's former, current, and anticipated duties as they relate to the employee's occupational exposure to cadmium;

(c) The employee's former, current, and anticipated future levels of occupational exposure to cadmium;

(d) A description of any personal protective equipment, including respirators, used or to be used by the employee, including when and for how long the employee has used that equipment; and

(e) Relevant results of previous biological monitoring and medical examinations.

(10) Physician's written medical opinion.

(a) The employer must promptly obtain a written, signed medical opinion from the examining physician for each medical examination performed on each employee. This written opinion must contain:

(i) The physician's diagnosis for the employee;

(ii) The physician's opinion as to whether the employee has any detected medical condition(s) that would place the employee at increased risk of material impairment to health from further exposure to cadmium, including any indications of potential cadmium toxicity;

(iii) The results of any biological or other testing or related evaluations that directly assess the employee's absorption of cadmium;

(iv) Any recommended removal from, or limitation on the activities or duties of the employee or on the employee's use of personal protective equipment, such as respirators;

(v) A statement that the physician has clearly and carefully explained to the employee the results of the medical examination, including all biological monitoring results and any medical conditions related to cadmium exposure that require further evaluation or treatment, and any limitation on the employee's diet or use of medications.

(b) The employer promptly must obtain a copy of the results of any biological monitoring provided by an employer to an employee independently of a medical examination under subsections (2) and (4) of this section, and, in lieu of a written medical opinion, an explanation sheet explaining those results.

(c) The employer must instruct the physician not to reveal orally or in the written medical opinion given to the employer specific findings or diagnoses unrelated to occupational exposure to cadmium.

(11) Medical removal protection (MRP).

(a) General.

(i) The employer must temporarily remove an employee from work where there is excess exposure to cadmium on each occasion that medical removal is required under subsection (3), (4), or (6) of this section and on each occasion that a physician determines in a written medical opinion that the employee should be removed from such exposure. The physician's determination may be based on biological monitoring results, inability to wear a respirator, evidence of illness, other signs or symptoms of cadmium-related dysfunction or disease, or any other reason deemed medically sufficient by the physician.

(ii) The employer must medically remove an employee in accordance with this subsection regardless of whether at the time of removal a job is available into which the removed employee may be transferred.

(iii) Whenever an employee is medically removed under this subsection, the employer must transfer the removed employee to a job where the exposure to cadmium is within the permissible levels specified in that subsection as soon as one becomes available.

(iv) For any employee who is medically removed under the provisions of (a) of this subsection, the employer must provide follow-up biological monitoring in accordance with subsection (2)(b)(ii) of this section at least every three months and follow-up medical examinations semiannually at least every six months until in a written medical opinion the examining physician determines that either the employee may be returned to their former job status as specified under (d) through (e) of this subsection or the employee must be permanently removed from excess cadmium exposure.

(v) The employer may not return an employee who has been medically removed for any reason to their former job status until a physician determines in a written medical opinion that continued medical removal is no longer necessary to protect the employee's health.

(b) Where an employee is found unfit to wear a respirator under subsection (6)(b) of this section, the employer must remove the employee from work where exposure to cadmium is above the PEL.

(c) Where removal is based on any reason other than the employee's inability to wear a respirator, the employer must remove the employee from work where exposure to cadmium is at or above the action level.

(d) Except as specified in (e) of this subsection, no employee who was removed because their level of CdU, CdB and/or β_2 -M exceeded the medical removal trigger levels in subsection (3) or (4) of this section may be returned to work with exposure to cadmium at or above the action level until the employee's levels of CdU fall to or below 3 $\mu\text{g/g Cr}$, CdB falls to or below 5 $\mu\text{g/lwb}$, and β_2 -M falls to or below 300 $\mu\text{g/g Cr}$.

(e) However, when in the examining physician's opinion continued exposure to cadmium will not pose an increased risk to the employee's health and there are special circumstances that make continued medical removal an inappropriate remedy, the physician must fully discuss these matters with the employee, and then in a written determination may return a worker to their former job status despite what would otherwise be unacceptably high biological monitoring results. Thereafter, the returned employee must continue to be provided with medical surveillance as if they were still on medical removal until the employee's levels of CdU fall to or below 3 $\mu\text{g/g Cr}$, CdB falls to or below 5 $\mu\text{g/lwb}$, and β_2 -M falls to or below 300 $\mu\text{g/g Cr}$.

(f) Where an employer, although not required by (a) through (c) of this subsection to do so, removes an employee from exposure to cadmium or otherwise places limitations on an employee due to the effects of cadmium exposure on the employee's medical condition, the employer must provide the same medical removal protection benefits to that employee under subsection (12) of this section as would have been provided had the removal been required under (a) through (c) of this subsection.

(12) Medical removal protection benefits (MRPB).

(a) The employer must provide MRPB for up to a maximum of eighteen months to an employee each time and while the employee is temporarily medically removed under subsection (11) of this section.

(b) For purposes of this section, the requirement that the employer provide MRPB means that the employer must maintain the total normal earnings, seniority, and all other employee rights and benefits of the removed employee, including the employee's right to their former job status, as if the employee had not been removed from the employee's job or otherwise medically limited.

(c) Where, after eighteen months on medical removal because of elevated biological monitoring results, the employee's monitoring results have not declined to a low enough level to permit the employee to be returned to their former job status:

(i) The employer must make available to the employee a medical examination pursuant in order to obtain a final medical determination as to whether the employee may be returned to their former job status or must be permanently removed from excess cadmium exposure; and

(ii) The employer must ensure that the final medical determination indicates whether the employee may be returned to their former job status and what steps, if any, should be taken to protect the employee's health.

(d) The employer may condition the provision of MRPB upon the employee's participation in medical surveillance provided in accordance with this section.

(13) Multiple physician review.

(a) If the employer selects the initial physician to conduct any medical examination or consultation provided to an employee under this section, the employee may designate a second physician to:

(i) Review any findings, determinations, or recommendations of the initial physician; and

(ii) Conduct such examinations, consultations, and laboratory tests as the second physician deems necessary to facilitate this review.

(b) The employer must promptly notify an employee of the right to seek a second medical opinion after each occasion that an initial physician provided by the employer conducts a medical examination or consultation pursuant to this section. The employer may condition its participation in, and payment for, multiple physician review upon the employee doing the following within fifteen days after receipt of this notice, or receipt of the initial physician's written opinion, whichever is later:

(i) Informing the employer that he or she intends to seek a medical opinion; and

(ii) Initiating steps to make an appointment with a second physician.

(c) If the findings, determinations, or recommendations of the second physician differ from those of the initial physician, then the

employer and the employee must ensure that efforts are made for the two physicians to resolve any disagreement.

(d) If the two physicians have been unable to quickly resolve their disagreement, then the employer and the employee, through their respective physicians, must designate a third physician to:

(i) Review any findings, determinations, or recommendations of the other two physicians; and

(ii) Conduct such examinations, consultations, laboratory tests, and discussions with the other two physicians as the third physician deems necessary to resolve the disagreement among them.

(e) The employer must act consistently with the findings, determinations, and recommendations of the third physician, unless the employer and the employee reach an agreement that is consistent with the recommendations of at least one of the other two physicians.

(14) Alternate physician determination. The employer and an employee or designated employee representative may agree upon the use of any alternate form of physician determination in lieu of the multiple physician review provided by subsection (13) of this section, so long as the alternative is expeditious and at least as protective of the employee.

(15) Information the employer must provide the employee.

(a) The employer must provide a copy of the physician's written medical opinion to the examined employee within two weeks after receipt thereof.

(b) The employer must provide the employee with a copy of the employee's biological monitoring results and an explanation sheet explaining the results within two weeks after receipt thereof.

(c) Within thirty days after a request by an employee, the employer must provide the employee with the information the employer is required to provide the examining physician under subsection (9) of this section.

(16) Reporting. In addition to other medical events that are required to be reported on the OSHA Form No. 200, the employer must report any abnormal condition or disorder caused by occupational exposure to cadmium associated with employment as specified in WAC 296-27-02105.

[Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 19-01-094, § 296-62-07423, filed 12/18/18, effective 1/18/19. Statutory Authority: Chapter 49.17 RCW. WSR 93-21-075 (Order 93-06), § 296-62-07423, filed 10/20/93, effective 12/1/93; WSR 93-07-044 (Order 93-01), § 296-62-07423, filed 3/13/93, effective 4/27/93.]