

**CALIFORNIA BUILDING STANDARDS COMMISSION
MEETING MINUTES**

April 24, 2013 – 10:00 a.m.

1. CALL TO ORDER

Chair Caballero called the meeting to order at 10:00 a.m. at the Department of Consumer Affairs, 1625 North Market Blvd., First Floor Hearing Room, Sacramento, California 95834.

ROLL CALL

Commissioners Present:

Secretary Anna Caballero, Chair
James Barthman – Vice Chair
Sheila Lee
Erick Mikiten
Cheryl Roberts
Kent Sasaki
Richard Sierra
Randy Twist

Also Present:

Jim McGowan, Executive Director
Michael Nearman, Deputy Executive Director
Stephanie Davis, Administrative Assistant
Kevin Day, Technical Analyst
Cynthia Biedermann, Assoc. Gov. Program Analyst

PLEDGE OF ALLEGIANCE

Mr. Barthman led the Commission in the Pledge of Allegiance.

2. INTRODUCTION AND SWEARING-IN OF NEW COMMISSIONER

Chair Caballero was pleased to welcome Cheryl Roberts to the Commission. As a Battalion Chief from the Training Division of the Rancho Cucamonga Fire District, she fills the CBSC's Local Fire Official position.

Chair Caballero proceeded to administer the Oath of Office to Ms. Roberts.

Commissioner Roberts introduced herself as having served over 20 years in the Fire Service. She looked forward to serving the public in a different way and representing the community's interests.

3. APPROVAL OF THE JANUARY 23 & 24, 2013 MEETING MINUTES

MOTION: Commissioner Barthman moved approval of the January 23 & 24, 2013 Meeting Minutes. Commissioner Twist seconded. Motion passed with one abstention.

**CALIFORNIA BUILDING STANDARDS COMMISSION
APRIL 24, 2013 MEETING MINUTES**

4. AIACC PRESIDENTIAL CITATION TO COMMISSION STAFF

Executive Director Jim McGowan stated that in February, the CBSC staff was honored to receive a Presidential Citation from the American Institute Architects California Chapter (AIACC). The Commission's exceptional performance regarding rulemaking was recognized.

Mr. McGowan read the statement of recognition into the record.

5. UPDATE ON THE BUILDING STANDARDS COMMISSION STRATEGIC PLAN

Mr. McGowan stated that annually, staff provides the Commissioners with an update on the Strategic Plan. He noted that the staff's goals have not changed since the last update.

- The CBSC has completed the adoption of the California Building Standards Code for 2013, including the graywater and rainwater standards for non-residential occupancies.
- Between 1,500 and 1,800 individuals receive CBSC email correspondence, which goes out on a constant basis.
- The Commission website contains a wealth of information for the public.
- The Commission is now on Facebook.
- The quarterly newsletter receives positive feedback.
- Requests for code trainings are frequent.

Chair Caballero requested the Commissioners to look over the updated Strategic Plan and to bring back any suggestions during Future Agenda Items (#9).

6. PROPOSED EMERGENCY STANDARDS ADOPTIONS AND APPROVALS:

a) Office of Statewide Health Planning and Development (OSHPD EF 01/13)

Glenn Gall, Regional Supervisor of the Building Standards Unit at the Office of Statewide Health Planning & Development (OSHPD), explained the item.

The adoption would enable two facilities in the state to provide for outpatient cardiac catheterization services in a free-standing building.

The Hospital Building Safety Board (HBSB) and the public stakeholders had approved of the initial regulation proposal. In the discussions, it was felt that while this is a new facility type, the procedures are exactly the same as those currently conducted in a hospital setting. Mr. Gall stated that the majority of these procedures are not deemed to be an emergency and can be safely done in the free-standing setting.

All comments received on the package – from the California Nurses Association and the California Hospital Association – were supportive.

MOTION: Commissioner Lee moved approval of the adoption of OSHPD EF 01/13. Commissioner Barthman seconded. Motion passed unanimously.

**CALIFORNIA BUILDING STANDARDS COMMISSION
APRIL 24, 2013 MEETING MINUTES**

7. PROPOSED CODE ADOPTIONS AND APPROVALS:

Glenn Gall explained that this group of code standards was initially promulgated under OSHPD's triennial code cycle. At that time, OSHPD had received some comments that warranted closer attention, and OSHPD had removed the portion in question from the package. It is actually a small portion of the entire package but it has some consequences for a number of primary care providers in the state.

OSHPD is reintroducing this portion for reconsideration under the 2013 code to see if it can come online more quickly. OSHPD held an additional public stakeholder meeting in order to bring a better understanding of what the package is focused on, and its consequences.

a) Office of Statewide Health Planning and Development (OSHPD 05/12)

OSHPD has recognized the national standard – the American Institute of Architects (AIA) guideline. I thought it was a Federal standard.] – in order to promote this OSHPD 3SE concept. The “small primary care neighborhood health clinics” which perform exempt services only are the focus; they will have lessened standards that are still safe. The spread of tuberculosis in these clinic settings is always a concern.

In 1989, OSHPD had a very specific standard for primary care clinic waiting rooms that is not being relieved in this standard.

The real focus is not only cost containment, but also maintaining a safe level of care within this environment.

Commissioner Questions and Comments

Commissioner Mikiten referred to the CBSC's Nine Point Criteria, and asked for more explanation of the model code basis. Mr. Gall responded that the national code standard comes from the Facility Guidelines Institute (FGI) guidelines (formerly the AIA guidelines), in which the development process is open and public.

Commissioner Sasaki had received a document from workers in the trades, calling into question some issues related to the amendments. One of the issues was the distance between plumbing vents and air intakes. Mr. Gall responded that many of the venues are small. OSHPD was backing off to a model code standard for applications of the OSHPD 3SE clinics.

Commissioner Sasaki asked how well cost versus actual health/safety issues had been vetted. Mr. Gall replied that cost was not OSHPD's primary focus, although the national standards do have cost associated with them. Many of these facilities are rental spaces within commercial buildings and are not held to the same level as the typical outpatient healthcare venue, which is much more akin to the national standard distance of 25'. Mr. Gall explained that in the typical exam room, there is not a ventilation requirement because procedures are not being done that require a level of clinical cleanliness; that is what is applying to the 3SE facilities.

Commissioner Sasaki remarked that OSHPD's responses to comments in support of the amendments might be worded in a more neutral manner. Mr. Gall assented.

CALIFORNIA BUILDING STANDARDS COMMISSION
APRIL 24, 2013 MEETING MINUTES

Commissioner Roberts asked about any increased risk in waiting rooms from the changes in these requirements. Mr. Gall answered that it is the 4A requirement in the ventilation table for a primary care waiting room; it doesn't go away for OSHPD 3SE facilities.

Alex Holtz pointed out that at this stage of the process, the discussion is limited to the rulemaking file to date. The document that Commissioner Sasaki referred to should have been submitted during the rulemaking process.

In answer to a question from Commissioner Barthman, Mr. Gall stated that no procedures requiring special engineering support would be done in the exam rooms. Primary care clinics are regulated operationally by state licensing and certification.

Commissioner Barthman asked about the plumbing and sheet metal industries' objections to the current standard. Mr. Gall replied that it is OSHPD's longstanding amendment for all its facilities, with a plastic pipe prohibition and a hard duct limitation. When OSHPD broaches the subject of removing the amendment in instances when appropriate, it is blocked by some of the comments it receives.

Commissioner Lee asked about the flexible ducts proposed in Section 602.3.1. She agreed with a written comment that the OSHPD exception was confusing. She suggested simplifying the language to say, "Flexible duct is allowed under 3SE."

Public Comment

Josh Rosa, California Association of Sheet Metal & Air Conditioning Engineers (SMACNA), stated that his organization was opposing the proposal because it waters down many safety standards relied upon in health facilities. SMACNA was also doubtful that any cost savings could be achieved.

Mr. Rosa listed three serious technical concerns.

1. Plenum air returns should never be allowed because they are vulnerable to contamination.
2. SMACNA believes that flex duct should never be over 10' in length and is inefficient.
3. Lowering standards for air filtration is dangerous: there are no studies that indicate that these 3SE facilities are less vulnerable to the incidence of airborne disease spread.

Tony Ledoux, Sheet Metal Workers L.U. #104, voiced concern about the filtration and ventilation requirements of the amendment. The cost savings do not offset the possible risks to the public.

Jim Conway, SMACNA Fresno/Modesto, expressed concern about public safety and the effort to intercept pathogens and contagions in waiting rooms: hard duct, not flexible duct, is the proper duct to use.

Roger Mason, Sheet Metal Workers Local #104, also voiced concern about flex duct. Studies at UC Berkeley have shown that correctly installed flex duct increases the static pressure, which changes the air flow; open ceilings cannot be cleaned. At least sealed duct systems can be cleaned. Sick people will continue to come to these clinics and

CALIFORNIA BUILDING STANDARDS COMMISSION
APRIL 24, 2013 MEETING MINUTES

spread airborne pathogens through the ductwork and ceilings. Mr. Mason opposed the proposed provisions.

Daniel Chacon, International Association of Sheet Metal, Air, Rail, Transportation Workers, opposed the proposed changes to 3SE clinics for the same reasons as the previous speakers. Bringing sick people into exam rooms where the filtration and the plenums are being used expose everyone in rest of the building to illness and infection.

Randy Young, Sheet Metal Workers L.U. #104, read a prepared statement in opposition to the proposed changes. He read that the entities pushing for the changes are purely motivated by cost, and are not keeping the public's health and safety in mind. The California Primary Care Association (CPCA) was one such entity and mentioned "prohibitively expensive standards" as clinics work quickly to expand in order to serve the growing MediCal population. Mr. Young believed that the proposed codes were a violation of #3, 4, and 6 of the Nine Point Criteria.

Matt Richard, Sheet Metal Workers L.U. #104, opposed the proposed provisions. The research seemed limited and vague in terms of health effects. It looked like rural and underserved areas were going to be used as guinea pigs in finding the effects on health and the efficiency of ventilation systems. Furthermore, any cost savings would not be passed down to the end user.

David Peña, Sheet Metal Workers L.U. #104, read a prepared statement in opposition to the proposed exemptions. Without high quality ventilation in health care facilities, patients, health care workers, and visitors can become exposed to contaminants through respiratory particles in the air. OSHPD should not reduce indoor air quality protection in clinics likely to be serving impoverished, rural, or otherwise underserved communities.

Glenn Snyder, Sheet Metal Workers L.U. #104, said that one of OSHPD's stated goals of bringing more clinics to rural and low-income areas should not be accomplished by cutting costs at the risk of those patients. Data has shown that lower-income families are more susceptible to airborne disease. Mr. Snyder stated that what is being proposed here may be the start of a new and more deadly version of the "sick building syndrome."

Joe Whipple, Sheet Metal Workers L.U. #104, opposed the OSHPD 3SE proposals. He cited problems with the duct work requirements. He suggested for OSHPD to look at the flex duct, filtration, and common plenum studies.

Beth Parker, Planned Parenthood Affiliates of California, stated that her organization supported the exemption for primary care clinics; however, they requested that it be approved as amended and re-circulated for a 15-day notice. They requested the amendment to include Section 12-26.7, which covers clinics providing medication and aspiration abortion services where treatment rooms are sized as examination rooms. OSHPD has refused to include these provisions.

Ms. Parker continued that in their comments, Planned Parenthood had submitted letters from six Medical Directors at their affiliates. They unanimously agreed that there is almost no chance of infection from these procedures and no impact from the changes in codes.

CALIFORNIA BUILDING STANDARDS COMMISSION
APRIL 24, 2013 MEETING MINUTES

Roger Richter, California Hospital Association (CHA), expressed strong support of the 3SE regulations. OSHPD developed these not only with the stakeholders but also with the HBSB. The HBSB has infection control expertise, as does the CHA; these groups would not support something that is a danger. Mr. Richter made various other points in favor of the 3SE regulations.

Elizabeth Saviano, CPCA, stated that the many comments today did not offer any empirical data supporting the idea that there would be increased risk of airborne infection to patients in clinics subject to the OSHPD 3SE exemption. Physician offices all over the state are not subject to OSHPD requirements. The regulations are based on hospital standards.

Scott Karpinen, representing mechanical engineers, stated that there is no data that says that plenum returns are worse. The AIA and the HBSB have thoroughly investigated the issue. Mr. Karpinen applauded OSHPD for going in this direction; many facilities out there cannot afford to change out a package unit to put in filtration and ductwork in existing buildings.

Tom Enslow, Coalition for Responsible Development, stated that those opposed to the OSHPD 3SE exemption had indeed looked for any studies showing that the changes would be safe, and there were none. 20 years of litigation and court decisions have had the result that the California Environmental Quality Act (CEQA) does apply to public standards that have potentially hazardous health impacts. The standard under CEQA is that environmental review must occur if the project may cause a potential impact. OSHPD has refused to comply with this requirement, which puts the onus on the CBSC: the Commission's final approval will violate state law as it applies to CEQA.

Erik Emblem, Joint Committee on Energy and Environmental Policy, asked that OSHPD defer the proposal for further study. He referred to the commendation that the Commission had received from the AIA for improving the built environment. Mr. Emblem pointed out that hospitals, medical office buildings, and clinics are a substantial part of the built environment. To look at something merely from a cost benefit, and not to look at the health and safety of the occupants in those buildings, is remiss.

Mr. Emblem referred to the contamination of an entire U.S. Senate office building due to the opening of an anthrax-laced letter in the mailroom. He also mentioned ASHRAE's standard limiting the use of flex duct to no more than 5'.

Deborah Ortiz, California Primary Care Association, emphasized that community clinics and health centers are outpatient facilities; OSHPD 3 is designed for hospital settings in which there is a higher level of acuity. If there were a risk to public health or the environment, the data would be out there. It is challenging for health centers to refute a negative – that is, the absence of any data – that says the use of flexible ducting, PVC, or AVC has been demonstrated to result in compromised public health.

Ms. Ortiz continued that the medical community is racing towards October of this year to serve at least 2 million more people in clinics and health centers. With the high cost of expanding those buildings, OSHPD 3SE is the sound, reasonable relief that will allow the medical community to serve the increased number of people.

CALIFORNIA BUILDING STANDARDS COMMISSION
APRIL 24, 2013 MEETING MINUTES

Scott Penner, Golden Valley Health Centers, said that his organization provides primary health care for small communities in two counties. He urged the Commission to adopt Items 7a) and 7b), as it would allow the organization to expand in order to meet the influx of new patients expected from the implementation of the Affordable Care Act.

Commissioner Comments

Commissioner Lee felt that OSHPD 3E is not much different from the regular medical or dental office as far as safety is concerned. She was fully in support of the proposal.

Commissioner Sasaki stated that as a forensic structural engineer, he had seen many flexible ducts in crawl spaces that were torn or collapsed. He believed that the comments of those working in the trades had merit; their comments were not based on study but on firsthand experience. He intended to vote for further study. If there are substantial and significant reasons not to be in line with national code, we should not go forward.

Commissioner Mikiten noted that he had seen such problems with flexible duct; he had also seen rigid duct installed incorrectly. The bottom line for him was that California allows flexible duct in many instances. He did not see the argument that this subset of buildings was special for some reason; he saw that these clinics were the same as physicians' offices and dentists' offices, and should meet the same standards. He was prepared to support the proposal and felt that it meets the Nine Point Criteria.

In response to a question from Commissioner Mikiten about the exemption of the medication and aspiration services, Mr. Gall explained that in this context, that particular item refutes the definition of an OSHPD 3 facility. It goes to the procedural side of the service delivered at that setting.

Commissioner Twist stated that while the CBSC understands the push for an increase in facilities, there still seem to be questions about the protection of public health if the standards are reduced. He would vote for the item to be sent back for further study.

Commissioner Roberts asked if it were accurate to say that 38 states had the exemptions in place; and if so, was there any data collected over time? Mr. Gall responded that the number of states was correct, and that the OSHPD 3SE category is defined as a small primary care neighborhood clinic. They are endorsed by the guidelines and have been since at least 2001. Mr. Gall added that the ASHRAE 170 standard – the ventilation standard for health facilities – is in fact part of this document. It also acknowledges exceptions for the OSHPD 3SE facilities. Commissioner Roberts stated that she supported the exemptions.

Commissioner Barthman stated that although he supported the clinic concept, he agreed with Commissioner Sasaki that the proposal should go back for further study until the duct issue is cleared up.

MOTION: Commissioner Lee moved approval of the adoption of Item 7a (OSHPD 5/12). Commissioner Mikiten seconded. Motion failed by a vote of four nays and three ayes.

Commissioner Lee commented that the CBSC has listened to the flex duct issue many times in the past. It has gone through many studies with the result the flex duct is

CALIFORNIA BUILDING STANDARDS COMMISSION
APRIL 24, 2013 MEETING MINUTES

allowed in the state of California; it is in the building code. She did not understand what more needs to be studied.

Commissioners Barthman and Sasaki felt that the issue is the length of the ducts rather than whether they are allowed. Commissioner Sasaki expressed concern with its durability. He emphasized that he was in favor of increased access to medical care, and he wanted new patients to be provided with a healthy environment sustainable for the long term.

Commissioner Mikiten stated that his concern was that if the CBSC was sending the item back for further study, they needed to base the request on the idea that these facilities are somehow different from physicians' offices. Otherwise, the request is capricious. (Commissioner Mikien agreed with Commissioners Barthman and Sasaki in their skepticism of the durability of flex duct.)

Commissioner Twist stated that he would like to see empirical data reflecting the utilization of flexible duct in these buildings.

Commissioner Barthman ascertained with Mr. Gall that the current OSHPD limitation on length of flexible duct is 10'. Mr. Gall added that many of these facilities would utilize only that amount because they are small facilities. He continued that it is indeed difficult to refute a negative; he did not know what else OSHPD could provide in terms of further study.

Commissioner Lee commented that the conversions will mostly involve existing buildings.

Chair Caballero commented that this is a standard used in private doctor offices and in county health facilities that has proven to be safe. There have been no instances of disease transmittal that would support a change. It is part of a regulatory process that OSHPD is trying to change; it is an anomaly that these health clinics have a higher standard – a standard that does not provide a higher level of care, but costs more money.

Chair Caballero continued that the question is whether the CBSC wants to let the anomaly stand, or to be more practical and reasonable in response to people who have said that there is no reason for the requirements.

The Commissioners discussed the matter.

Commissioner Barthman asked how CEQA might be involved in a further study.

Mr. Holtz stated that it would be helpful to understand which of the Nine Point Criteria had failed in the rejection of the proposal – which portion was not satisfied by the rulemaking file and the documentation support of OSHPD's proposed adoption. Commissioner Sasaki stated that focusing on the duct, #3 (public interest) and #5 (reasonable cost) would be the criteria.

MOTION: Commissioner Barthman moved for further study of the flex duct issue. Commissioner Sierra seconded. Motion passed with five votes of aye and two of nay.

b) Office of Statewide Health Planning and Development (OSHPD 06/12)

CALIFORNIA BUILDING STANDARDS COMMISSION
APRIL 24, 2013 MEETING MINUTES

Mr. Gall explained that the provision exempts a subcategory of OSHPD 3 facilities from specific provisions of the plumbing code. OSHPD did not feel that any of these particular exemptions caused a safety risk to the persons seen in these facilities for the services that they receive.

For some of the requirements relative to these buildings, there has been an ongoing issue of continued support for prohibitions of certain pipe materials in freestanding buildings under local jurisdictions, that otherwise allow for these particular code-approved plumbing materials. Mr. Gall explained the prohibitions, which involve plastic pipe and cast iron.

OSHPD utilizes national standards and California currently-adopted code provisions for application to these freestanding facilities.

Commissioner Questions and Comments

In answer to a Commissioner question about cast iron, Mr. Gall explained that it had gotten into code a long time ago: OSHPD stipulates that sanitary drains must use cast iron.

Public Comment

Phillip Ribbs, PHR Consultants, stated that for over 25 years the state has held that installation of plastic pipes has potential for significant impact; Environmental Impact Reports (EIRs) should be used to identify appropriate mitigation and/or restrictions. The preparation of adequate EIRs is particularly critical in clinic settings, because of evidence that plastic pipes may release toxins into drinking water, rupture prematurely, and increase the risk of fire.

Mr. Ribbs further stated that cast iron soil pipe documentation shows that a pH less than 2.2 is the only thing that can degrade it. He concluded that OSHPD's failure to evaluate and indicate well-documented impacts of CPVC, ABS, and PVC pipe is a violation of CEQA and contrary to the public interest (#3 of the Nine Point Criteria).

Elizabeth Saviano stated that community clinics are dealing with a real problem: they need to be able to expand and provide services to the people who need them. This provision enables them to convert existing physician offices into community clinics, without imposing unnecessarily high building standards.

Thomas Enslow pointed out the lack of a CEQA review in spite of initial studies finding potential impacts of CPVC and PVC pipe. The proposal needs to go back for further review. Mr. Enslow added that OSHPD 3SE's occupancy description is ambiguous; the National Guidelines define small medical clinics more specifically as having three or fewer exam rooms.

Beth Parker stated that Planned Parenthood Affiliates of California fully supports the exemption because they have a great concern about expanding clinics and accessibility, particularly for those people who will be newly receiving health care. A concern with sending the proposal back for further study is that 18 months of clinic expansion time would be lost. Furthermore, Planned Parenthood wants community clinics to have parity with physicians' offices in terms of abortion services.

**CALIFORNIA BUILDING STANDARDS COMMISSION
APRIL 24, 2013 MEETING MINUTES**

Eric Emblem expressed concern over the sewer gas vents and separation from intake. When properly designed, systems in buildings can accommodate for the 25' separation; it is purely a design issue, easily mitigated. Mr. Emblem recommended that the proposal be rejected for further study, and that OSHPD do sincere outreach to all stakeholders for feedback.

Deborah Ortiz stressed that CPVC, ABS, and PVC pipe is used throughout California in residential settings, private physicians' offices, and county primary care clinics. In addition, there is an absence of data indicating any risk in primary care settings. Delay of the adoption of this exemption will result in delayed health care and delayed employment as clinics cannot expand. The greatest risk to public health will be sick people going to emergency rooms and sick children attending school.

Roger Richter stated that the other 49 states allow the use of plastic pipe in inpatient hospitals. He added that the court has never ruled that a building standard is a project; and only certain projects must be pulled through CEQA. Furthermore, the services performed in these facilities are the responsibility of the California Department of Public Health Licensing under Title 22.

Dr. Steve Ensley, an internal medicine MD/cardiologist working pro bono at Golden Valley Health Centers, stated that they have 85,000 people they care for in an outpatient primary care setting. With Obamacare, patients living in poverty will now have insurance. Relief from regulation is needed in order to build the necessary clinics.

Commissioner Questions and Comments

Commissioner Mikiten received confirmation from staff that the exceptions allowed under 3SE are consistent with what is already allowed in similar facilities providing the same services in the private sector.

Commissioner Twist shared firsthand experience of the installation hazards of plastic pipe. His father passed away from a disease called myelodysplasia, attributed to benzene exposure. The only exposure the family could find was the installation of PVC and ABS pipe in the early 1970s. There is a very real concern with these plastic pipes.

MOTION: Commissioner Mikiten moved approval of the adoption of Item 7b (OSHPD 6/12). Commissioner Roberts seconded. Motion passed by a vote of six ayes and one nay.

c) The Division of the State Architect - Access Compliance (DSA-AC 02/12)

Mr. Chet Widom, State Architect, Division of the State Architect (DSA), explained the minor increase in fees: the base fee for review of a submitted project by a school district, college district, or other agency; and the revision fee for changes to the project. The increases were being requested to prevent DSA from going further into debt.

Commissioner Questions and Comments

In answer to a question from Commissioner Lee, Mr. Widom stated that the base fee was last raised in 2009.

**CALIFORNIA BUILDING STANDARDS COMMISSION
APRIL 24, 2013 MEETING MINUTES**

MOTION: Commissioner Barthman moved approval of the adoption of Item 7c (DSA-AC 02/12). Commissioner Mikiten seconded. Motion passed unanimously.

d) Department of Water Resources (DWR 01/12)

Julie Saare-Edmonds, Staff Scientist at the Department of Water Resources (DWR), presented the request to repeal DWR's Appendix G, Graywater Systems, from the California Plumbing Code. The International Association of Plumbing and Mechanical Officials (IAPMO) added a new Chapter 16 for graywater systems into the 2012 Model Plumbing Code that replaces Appendix G. The removal of Appendix G is intended to eliminate conflicts.

MOTION: Commissioner Lee moved approval of the adoption of Item 7d (DWR 01/12). Commissioner Twist seconded. Motion passed unanimously.

e) Board of State and Community Corrections (BSCC 01/13)

Michael Bush, Field Representative at the Corrections Standards Authority, presented the request to change the agency name to the Board of State and Community Corrections.

MOTION: Commissioner Barthman moved approval of the adoption of Item 7e (BSCC 01/13). Commissioner Sierra seconded. Motion passed unanimously.

8. CBSC Committees – Discussion and Possible Appointment of Members

- a) Appeals**
- b) Code Change**
- c) Green Building**
- d) Policy & Management**
- e) Publication, Communication & Training**
- f) Seismic**

Chair Caballero requested to continue the item to another meeting.

9. FUTURE AGENDA ITEMS

Commissioner Sasaki encouraged those providing information to the Commissioners for meetings to do so well in advance. This will give the Commissioners ample time to review the information. Commenters on Items 7a and 7b had brought up new information that was not necessarily addressed.

Chair Caballero discerned two issues concerning this problem:

1. Departments before the Commission need to respond to every comment that they receive.
2. The CBSC does get items at the dais that have not been submitted to OSHPD; such items are not supposed to be part of the Commission's consideration.

CALIFORNIA BUILDING STANDARDS COMMISSION
APRIL 24, 2013 MEETING MINUTES

Chair Caballero agreed that it is very difficult to read new information on the dais. Receiving emails the night before also creates a time crunch.

Commissioner Mikiten questioned whether the Commissioners should receive packets of information on the dais; it just confuses matters. Chair Caballero responded that staff would talk about the issue internally and report back.

Commissioner Mikiten suggested using a clock for speakers to force them to edit themselves.

Chair Caballero shared the perspective that each person who comes to the microphone should receive attention and respect, even if they go beyond what is in the record. Laypeople who comment are not familiar with the Commission's restrictions.

10. COMMENTS FROM THE PUBLIC ON ISSUES NOT ON THIS AGENDA

Dave Kopaceski, Lubrizol, stated that this chemical company manufactures the compounds used in PVC piping. He responded to Commissioner Twist's earlier comment. In the 1970s, serious chemicals were used; today they are all low-VOC cements. Mr. Kopaceski read bullet items regarding chemicals and safety.

11. ADJOURN

Chair Caballero adjourned the meeting at approximately 2:00 p.m.