

The Electronic Code of Federal Regulations

Displaying title 29, up to date as of 8/20/2024. Title 29 was last amended 8/01/2024.

Nomenclature changes to part 1910 appear at [84 FR 21597](#), May 14, 2019.

Appendix B-I to § 1910.1043—Respiratory Questionnaire

§1910.1043 Cotton Dust.

PAPERWORK REDUCTION ACT BURDEN DISCLOSURE STATEMENT

Under the cotton dust standard, this medical questionnaire must be administered to all employees who are exposed to cotton dust, and who will therefore be included in their employer's medical surveillance program. (29 CFR 1910.1043(h)(1)(i)). Under the Paperwork Reduction Act, a Federal agency generally cannot conduct or sponsor, and the public is generally not required to respond to, an information collection, unless it is approved by OMB and displays a valid OMB Control Number. Use of this questionnaire is mandatory. The questionnaire assists both physicians and employers to ensure that the physician obtains compliant employee medical documentation. OSHA estimates employer burden for the completion of this collection of information ranges from one hour and five minutes (1.08 hours) to one hour and thirty-five minutes (1.58 hours). This estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and, completing and reviewing the collection of information. The time estimate includes employer time for compliance with the underlying information collection requirements in 29 CFR 1910.1043(h), including employee time for completion of the questionnaire and medical examination and providing information to the physician. The employer shall retain this record for at least 20 years. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OSHAPRA@dol.gov or to OSHA's Directorate of Standards and Guidance, Department of Labor, Room N-3718, 200 Constitution Ave., NW, Washington, DC 20210; Attn: Paperwork Reduction Act Comment; 1218-0061. (This address is for comments regarding this form only; **DO NOT SEND ANY COMPLETED SAMPLE FORM TO THIS OFFICE.**)

OMB Control #1218-0061; Expires: 9-30-2024

APPENDIX B-I -- RESPIRATORY QUESTIONNAIRE

RESPIRATORY QUESTIONNAIRE

A. IDENTIFICATION DATA

PLANT _____

DAY MONTH YEAR

(figures) (last 2 digits)

NAME _____ DATE OF INTERVIEW _____

(Surname)

_____ DATE OF BIRTH _____

(First Names)

M F

ADDRESS _____ AGE ____ (8, 9) SEX _____ (10)

RACE (11) (Check all that apply)

1. White ____

4. Hispanic or Latino ____

2. Black or African American ____

5. American Indian or Alaska Native ____

3. Asian ____

6. Native Hawaiian or

Other Pacific Islander ____

INTERVIEWER: 1 2 3 4 5 6 7 8 (12)

WORK SHIFT: 1st _____ 2nd _____ 3rd _____ (13)

STANDING HEIGHT _____ (14, 15)

WEIGHT _____ (16, 18)

PRESENT WORK AREA

If working in more than one specified work area, X area where most of the work shift is spent. If "other," but spending 25% of the work shift in one of the specified work areas, classify in that work area. If carding department employee, check area within that department where most of the work shift is spent (if in doubt, check "throughout"). For work areas such as spinning and weaving where many work rooms may be involved, be sure to check to specific work room to which the employee is assigned - if he works in more than one work room within a department classify as 7 (all) for that department.

		(19)	(20)		(21)	(22)	(23)	(24)	(25)
	Work- room Number	Open	Pick	Area	Card #1	#2	Spin	Wind	Twist
AT	1			Cards					
RISK	2			Draw					
(cotton & cotton blend)	3			Comb					
	4			Thru Out					
	5								
	6								
	7 (all)								
Control (synthe- tic & wo ol)	8								
Ex- Worker (cotton)	9								

Continued -

	Work- Room Number	(26) Spool	(27) Warp	(28) Slash	(29) Weave	(30) Other
AT RISK (cotton & cotton blend)	1					
	2					
	3					
	4					
	5					
	6					
	7 (all)					
Control (synthetic & wool)	8					
Ex- Worker (cotton)	9					

Use actual wording of each question. Put X in appropriate square after each question. When in doubt record "No". When no square, circle appropriate answer.

B. COUGH

(on getting up)

Do you usually cough first thing in the morning? _____

Yes _____ No _____ (31)

(Count a cough with first smoke or on "first going out of doors." Exclude clearing throat or a single cough.)

Do you usually cough during the day or at night? Yes _____ No _____ (32)
(Ignore an occasional cough.)

If 'Yes' to either question (31-32):

Do you cough like this on most days for as much as three months a year? Yes _____ No _____ (33)

Do you cough on any particular day of the week? Yes _____ No _____ (34)

(1) (2) (3) (4) (5) (6) (7)
If 'Yes': Which day? Mon Tues Wed Thur Fri Sat Sun (35)

C. PHLEGM or alternative word to suit local custom.

(on getting up)

Do you usually bring up any phlegm from your chest first thing in the morning? (Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm.) Yes _____ No _____ (36)

Do you usually bring up any phlegm from your chest during the day or at night? (Accept twice or more.) Yes _____ No _____ (37)

If 'Yes' to question (36) or (37):

Do you bring up any phlegm like this on most days for as much as three months each year? Yes _____ No _____ (38)

If 'Yes' to question (33) or (38):

(cough)

How long have you had this phlegm?

(Write in number of years)

(1) ____ 2 years or less (39)

(2) ____ More than 2 year-9 years

(3) ____ 10-19 years

(4) ____ 20+ years

* These words are for subjects who work at night

D. CHEST ILLNESSES

In the past three years, have you had a period of (increased) *cough and phlegm lasting for 3 weeks or more?

(1) ____ No (40)

(2) ____ Yes, only one period

(3) ____ Yes, two or more periods

*For subjects who usually have phlegm

During the past 3 years have you had any chest illness which has kept you off work, indoors at home or in bed? (For as long as one week, flu?)

Yes _____ No _____ (41)

If 'Yes' to (41):

Did you bring up (more) phlegm than usual in any of these illnesses?

Yes _____ No _____ (42)

If 'Yes' to (42):

During the past three years have you had:

Only one such illness with increased phlegm? (1) ____ (43)

More than one such illness: (2) ____ (44)

Br. Grade _____

E. TIGHTNESS

Does your chest ever feel tight or your breathing become difficult?

Yes _____ No _____ (45)

Is your chest tight or your breathing difficult on any particular day of the week? (after a week or 10 days from the mill)

Yes _____ No _____ (46)

If 'Yes': Which day? (3) (4) (5) (6) (7) (8)

Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun. (47)

(1) / \ (2)

Sometimes Always

If 'Yes' Monday: At what time on Monday does your chest feel tight or your breathing difficult?

(1) ___ Before entering the mill (48)

(2) ___ After entering the mill

(Ask only if NO to Question (45))

In the past, has your chest ever been tight or your breathing difficult on any particular day of the week?

Yes _____ No _____ (49)

If 'Yes': Which day? (3) (4) (5) (6) (7) (8)

Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun. (50)

(1) / \ (2)

Sometimes Always

F. BREATHLESSNESS

If disabled from walking by any condition other than heart or lung disease put "X" here and leave questions (52-60) unasked.

_____ (51)

Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill?

Yes _____ No _____ (52)

If 'No', grade is 1.

If 'Yes', proceed to next question.

Do you get short of breath walking with other people at an ordinary pace on the level?

Yes _____ No _____ (53)

If 'No', grade is 2.

If 'Yes', proceed to next question.

Do you have to stop for breath when walking at your own pace on the level?

Yes _____ No _____ (54)

If 'No', grade is 3.

If 'Yes', proceed to next question.

Are you short of breath on washing or dressing?

Yes _____ No _____ (55)

If 'No', grade is 4.

If 'Yes' grade is 5.

Dyspnea Grd. _____ (56)

ON MONDAYS

Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill?

Yes _____ No _____ (57)

If 'No', grade is 1.

If 'Yes', proceed to next question.

Do you get short of breath walking with other people at ordinary pace on the level?

Yes _____ No _____ (58)

If `No', grade is 2.

If `Yes', proceed to next question.

Do you have to stop for breath when walking at your own pace on level ground?

Yes _____ No _____ (59)

If `No', grade is 3.

If `Yes', proceed to next question.

Are you short of breath on washing or dressing?

Yes _____ No _____ (60)

If `No', grade is 4.

If `Yes', grade is 5.

B. Grd. _____ (61)

G. OTHER ILLNESSES AND ALLERGY HISTORY

Do you have a heart condition for which you are under a doctor's care?

Yes _____ No _____ (62)

Have you ever had asthma?

Yes _____ No _____ (63)

If `Yes', did it begin:

(1) _____ Before age 30

(2) _____ After age 30

If `Yes' before 30 did you have asthma before ever going to work in a textile mill?

Yes _____ No _____ (64)

Have you ever had hay fever or other allergies (other than above)?

Yes _____ No _____ (65)

H. TOBACCO SMOKING*

Do you smoke?

Record `Yes', if regular smoker up to one month ago (Cigarettes, cigar or pipe)

Yes _____ No _____ (66)

If 'No' to (63)

Have you ever smoked? (Cigarettes, cigars, pipe.
Record 'No' if subject has never smoked as much
as one cigarette a day, or 1 oz of tobacco a
month, for as long as one year.)

Yes _____ No _____ (67)

If 'Yes' to (63) or (64), what have you smoked and for how many years?

(Write in specific number of years in the appropriate square)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
Years	<5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
Cigarettes										(68)
Pipe										(69)
Cigars										(70)

If cigarettes, how many packs per day?
(Write in number of cigarettes)

(1) _____ Less than 1/2 pack (71)

(2) _____ 1/2 pack, but less than 1 pack

(3) _____ 1 pack, but less than 1 1/2 packs

(4) _____ 1 1/2 packs or more

Number of years _____ (72, 73)

If an ex-smoker (cigarettes, cigar or pipe),
how long since you stopped?

(Write in number of years) _____ (74)

(1) _____ 0-1 year

(2) _____ 1-4 years

(3) _____ 5-9 years

(4) _____ 10+ years

* Have you changed your smoking habits since last interview? If yes, specify what changes.

I. OCCUPATIONAL HISTORY**

Have you ever worked in:

A foundry? (As long as one year) Yes _____ No _____ (75)

Stone or mineral mining, quarry or processing?
(As long as one year) Yes _____ No _____ (76)

Asbestos milling or processing? Yes _____ No _____ (77)

Other dusts, fumes or smoke? Yes _____ No _____ (78)

If yes, specify.

Type of exposure _____

Length of exposure _____

** Ask only on first interview.

At what age did you first go to work in a textile mill?

(Write in specific age in appropriate square)

(1)	(2)	(3)	(4)	(5)	(6)
<20	20-24	25-29	30-34	35-39	40+

When you first worked in a textile mill,
did you work with:

(1) _____ Cotton or cotton blend (79)

(2) _____ Synthetic or wool (80)

Appendix B-II to [§ 1910.1043](#)—Respiratory Questionnaire for Non-Textile Workers for the Cotton Industry

APPENDIX B-II -- RESPIRATORY QUESTIONNAIRE FOR NON-TEXTILE
WORKERS FOR THE COTTON INDUSTRY

Respiratory Questionnaire for Non-Textile Workers for the
Cotton Industry

Identification No. Interviewer Code

Location Date of Interview

A. IDENTIFICATION

1. NAME (Last) (First) (Middle Initial)

2. CURRENT ADDRESS (Number, Street, or Rural Route, City or Town,
County, State, Zip Code)

3. PHONE NUMBER AREA CODE NO.

() -

4. BIRTHDATE (Mo., Day, Yr.)

5. SEX

1. _____ Male 2. _____ Female

6. ETHNIC GROUP OR ANCESTRY (Check all that apply)

1. _____ White
2. _____ Black or African American
3. _____ Asian

4. ____ Hispanic or Latino
5. ____ American Indian or Alaska Native
6. ____ Native Hawaiian or Other Pacific Islander

7. STANDING HEIGHT

_____ (in)

8. WEIGHT (lbs)

9. WORK SHIFT

1st ____ 2nd ____ 3rd ____

10. PRESENT WORK AREA

Please indicate primary assigned work area and percent of time spent at that site.
If at other locations, please indicate and note percent of time for each.

PRIMARY WORK AREA	_____

SPECIFIC JOB	_____

11. APPROPRIATE INDUSTRY

1. ____ Garnetting
2. ____ Cottonseed Oil Mill
3. ____ Cotton Warehouse
4. ____ Utilization
5. ____ Cotton Classification
6. ____ Cotton Ginning

B. OCCUPATIONAL HISTORY TABLE

Complete the following table showing the entire work history of the individual from present to initial employment. Sporadic, part-time periods of employment, each of no significant duration, should be grouped if possible.

INDUSTRY AND LOCATION	TENURE OF EMPLOYMENT		SPECIFIC OCCUPATION	AVER- AGE NO. DAYS WORK- ED PER WEEK	HAZARDOUS HEALTH EXPOSURE ASSOCIATED WITH WORK		
	FROM (year)	TO (year)			YES	NO	IF YES, DESCR- IBE

C. SYMPTOMS

Use actual wording of each question. Put X in appropriate square after each question. When in doubt record "No."

COUGH

1. Do you usually cough first thing in the morning? (on getting up)* (Count a cough with first smoke or on "first going out of doors". Exclude clearing throat or a single cough.)

1. ___ Yes 2. ___ No

2. Do you usually cough during the day or at night? (Ignore an occasional cough.)

1. ___ Yes 2. ___ No

If YES to either 1 or 2:

3. Do you cough like this on days for as much as three months a year? 1. ____ Yes 2. ____ No
3. ____ NA

4. Do you cough on any particular day of the week? 1. ____ Yes 2. ____ No

If YES:

5. Which day? Mon. Tue. Wed. Thur. Fri. Sat. Sun. _____

PHLEGM

6. Do you usually bring up any phlegm from your chest first thing in the morning? (on getting up)* (Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm. 1. ____ Yes 2. ____ No

7. Do you usually bring up any phlegm from your chest during the day or at night? (Accept twice or more.) 1. ____ Yes 2. ____ No

If YES to either question 6 or 7:

8. Do you bring up phlegm like this on most days for as much as three months each year? 1. ____ Yes 2. ____ No

If YES to question 3 or 8:

9. How long have you had this phlegm? (cough)
(Write in number of years)
- (1) ____ 2 years or less
(2) ____ More than 2 years - 9 years
(3) ____ 10-19 years
(4) ____ 20+ years

* These words are for subjects who work at night.

CHEST ILLNESS

10. In the past three years, have you had a period of (increased) cough and phlegm lasting for 3 weeks or more?
- (1) ____ No
(2) ____ Yes, only one period
(3) ____ Yes, two or more periods

For subjects who usually have phlegm:

11. During the past 3 years have you had any chest illness which has kept you off work, indoors at home or in bed?
(For as long as one week, flu?)
1. ____ Yes 2. ____ No

If YES to 11:

12. Did you bring up (more) phlegm than usual in any of these illnesses?
1. ____ Yes 2. ____ No
13. Only one such illness with increased phlegm?
1. ____ Yes 2. ____ No

If YES to 12: During the past three years have you had:

14. More than one such illness:
1. ____ Yes 2. ____ No
- Br. Grade _____

TIGHTNESS

15. Does your chest ever feel tight or your breathing become difficult? 1. ____ Yes 2. ____ No

16. Is your chest tight or your breathing difficult on any particular day of the week? (after a week or 10 days away from the mill) 1. ____ Yes 2. ____ No

17. If `Yes`: Which day? Mon. ^ (3) (4) (5) (6) (7) (8)
(1) / \ (2) Tues. Wed. Thur. Fri. Sat. Sun.
Sometimes Always

18. If YES Monday: _____ Before entering mill
At what time on Monday does your chest feel tight or your breathing difficult? _____ After entering mill

(Ask only if NO to Question (15))

19. In the past, has your chest ever been tight or your breathing difficult on any particular day of the week? 1. ____ Yes 2. ____ No

20. If `Yes`: Which day? Mon. ^ (3) (4) (5) (6) (7) (8)
(1) / \ (2) Tues. Wed. Thur. Fri. Sat. Sun.
Sometimes Always

BREATHLESSNESS

21. If disabled from walking by any condition other than heart or lung disease put "X" in the space and leave questions (22-30) unasked. _____

22. Are you ever troubled by shortness of breath, when hurrying on the level or

walking up a slight hill?

1. ____ Yes 2. ____ No

If NO, grade is 1. If YES, proceed to next question.

23. Do you get short of breath walking with other people at an ordinary pace on the level?

1. ____ Yes 2. ____ No

If NO, grade is 2. If YES, proceed to next question.

24. Do you have to stop for breath when walking at your own pace on the level?

1. ____ Yes 2. ____ No

If NO, grade is 3. If YES, proceed to next question.

25. Are you short of breath on washing or dressing?

1. ____ Yes 2. ____ No

If NO, grade is 4, If YES, grade is 5.

26.

Dyspnea Grd. _____

ON MONDAYS:

27. Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill?

1. ____ Yes 2. ____ No

If NO, grade is 1, If YES, proceed to next question.

28. Do you get short of breath walking with other people at an ordinary pace on the level?

1. ____ Yes 2. ____ No

If NO, grade is 2, If YES, proceed to next

question.

29. Do you have to stop for breath when walking at your own pace on the level?

1. ____ Yes 2. ____ No

If NO, grade is 3, If YES, proceed to next question.

30. Are you short of breath on washing or dressing?

1. ____ Yes 2. ____ No

If NO, grade is 4, If YES, grade is 5.

B. Grd. _____

OTHER ILLNESSES AND ALLERGY HISTORY

32. Do you have a heart condition for which you are under a doctor's care?

1. ____ Yes 2. ____ No

33. Have you ever had asthma?

1. ____ Yes 2. ____ No

If yes, did it begin:

(1) Before age 30 _____

(2) After age 30 _____

34. If yes before 30: did you have asthma before ever going to work in a textile mill?

1. ____ Yes 2. ____ No

35. Have you ever had hay fever or other allergies (other than above)?

1. ____ Yes 2. ____ No

TOBACCO SMOKING

36. Do you smoke?
Record Yes if regular smoker up to one month ago. (Cigarettes, cigar or pipe)

1. ____ Yes 2. ____ No

If NO to (33).

37. Have you ever smoked? 1. ____ Yes 2. ____ No
 (Cigarettes, cigars, pipe. Record NO if subject has never smoked as much as one cigarette a day, or 1 oz. of tobacco a month, for as long as one year.)

If YES to (33) or (34); what have you smoked for how many years?
 (Write in specific number of years in the appropriate square)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
Years	<5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
Cigarettes										(38)
Pipe										(39)
Cigars										(40)

41. If cigarettes, how many packs per day?
 Write in number of cigarettes _____

- _____ Less than 1/2 pack
- _____ 1/2 pack, but less than 1 pack
- _____ 1 pack, but less than 1 1/2 packs
- _____ 1-1/2 packs or more

42. Number of pack years: _____

43. If an ex-smoker (Cigarettes, cigar or pipe), how long since you stopped? (Write in number of years.) _____

- _____ 0-1 year
- _____ 1-4 years
- _____ 5-9 years
- _____ 10+ years

OCCUPATIONAL HISTORY

Have you ever worked in:

44. A foundry? 1. ____ Yes 2. ____ No
(As long as one year)

45. Stone or mineral mining, quarrying 1. ____ Yes 2. ____ No
or
processing?
(As long as one year)

46. Asbestos milling or processing? 1. ____ Yes 2. ____ No
(Ever)

47. Cotton or cotton blend mill? 1. ____ Yes 2. ____ No
(For controls only)

48. Other dusts, fumes or smoke? 1. ____ Yes 2. ____ No
If yes, specify.

Type of exposure _____

Length of exposure _____

Appendix B-III to [§ 1910.1043](#)—Abbreviated Respiratory Questionnaire

APPENDIX B-III -- ABBREVIATED RESPIRATORY QUESTIONNAIRE
ABBREVIATED RESPIRATORY QUESTIONNAIRE

A. IDENTIFICATION DATA

PLANT _____

DAY MONTH YEAR

(figures) (last 2 digits)

NAME _____ DATE OF INTERVIEW _____

(Surname)

_____ DATE OF BIRTH _____

(First Names)

M F

ADDRESS _____ AGE ____ (8, 9) SEX _____ (10)

RACE (11) (Check all that apply)

1. White ____

4. Hispanic or Latino ____

2. Black or African American ____

5. American Indian or Alaska Native ____

3. Asian ____

6. Native Hawaiian or
Other Pacific Islander ____

INTERVIEWER: 1 2 3 4 5 6 7 8

(12)

(cotton)									
----------	--	--	--	--	--	--	--	--	--

Continued –

	Work- Room Number	(26) Spool	(27) Warp	(28) Slash	(29) Weave	(30) Other
AT	1					
RISK	2					
(cotton & cotton blend)	3					
	4					
	5					
	6					
	7 (all)					
Control (synthetic & wool)	8					
Ex- Worker (cotton)	9					

Use actual wording of each question. Put X in appropriate square after each question. When in doubt record 'No'. When no square, circle appropriate answer.

B. COUGH

(on getting up)

Do you usually cough first thing in the morning? _____

Yes _____ No _____ (31)

(Count a cough with first smoke or on "first going out of doors." Exclude clearing throat or a single cough.)

Do you usually cough during the day or at night? Yes _____ No _____ (32)

(Ignore an occasional cough.)

If 'Yes' to either question (31-32):

Do you cough like this on most days for as much as three months a year? Yes _____ No _____ (33)

Do you cough on any particular day of the week? Yes _____ No _____ (34)

(1) (2) (3) (4) (5) (6) (7)
If 'Yes': Which day? Mon Tues Wed Thur Fri Sat Sun (35)

C. PHLEGM or alternative word to suit local custom.

(on getting up)

Do you usually bring up any phlegm from your chest first thing in the morning? (Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm.) Yes _____ No _____ (36)

Do you usually bring up any phlegm from your chest during the day or at night? (Accept twice or more.) Yes _____ No _____ (37)

If 'Yes' to question (36) or (37):

Do you bring up any phlegm like this on most days for as much as three months each year? Yes _____ No _____ (38)

If 'Yes' to question (33) or (38):

(cough)

How long have you had this phlegm?

(Write in number of years)

(1) ____ 2 years or less

(2) ____ More than 2 years-9 years

(3) ____ 10-19 years

(4) ____ 20+ years

* These words are for subjects who work at night

D. TIGHTNESS

Does your chest ever feel tight or your breathing become difficult?

Yes _____ No _____ (39)

Is your chest tight or your breathing difficult on any particular day of the week? (after a week or 10 days from the mill)

Yes _____ No _____ (40)

If 'Yes': Which day? (3) (4) (5) (6) (7) (8)

Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun. (41)

(1) / \ (2)

Sometimes Always

If 'Yes' Monday At what time on
Monday does your chest feel tight or your
breathing difficult?

(1) ____ Before entering the mill (42)

(2) ____ After entering the mill

(Ask only if NO to Question (45))

In the past, has your chest ever been tight or your breathing difficult on any particular day of the week?

Yes _____ No _____ (43)

If 'Yes': Which day?

	(3)	(4)	(5)	(6)	(7)	(8)		
Mon.	^	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	(44)
(1)	/	\	(2)					
Sometimes		Always						

E. TOBACCO SMOKING

* Have you changed your smoking habits since last interview?

If yes, specify what changes.

- d. Data quality with emphasis on repeatability.
- e. Actual use of the equipment under supervised conditions.
- f. Measurement of tracings and calculations of results.

[[43 FR 27394](#), June 23, 1978; [43 FR 35035](#), Aug. 8, 1978, as amended at [45 FR 67340](#), Oct. 10, 1980; [50 FR 51173](#), Dec. 13, 1985; [51 FR 24325](#), July 3, 1986; [54 FR 24334](#), June 7, 1989; [61 FR 5508](#), Feb. 13, 1996; [63 FR 1290](#), Jan. 8, 1998; [65 FR 76567](#), Dec. 7, 2000; [70 FR 1142](#), Jan. 5, 2005; [71 FR 16672](#), [16673](#), Apr. 3, 2006; [71 FR 50189](#), Aug. 24, 2006; [73 FR 75586](#), Dec. 12, 2008; [76 FR 33609](#), June 8, 2011; [77 FR 17782](#), Mar. 26, 2012; [84 FR 21490](#), May 14, 2019]