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This is an official publication of the Commonwealth of Kentucky, Legislative Research Commission, giving public notice of all proposed regulations filed by administrative agencies of the Commonwealth pursuant to the authority of Kentucky Revised Statutes Chapter 13.

Persons having an interest in the subject matter of a proposed regulation published herein may request a public hearing or submit comments within 30 days of the date of this issue to the official designated at the end of each proposed regulation.

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KENTUCKY ADMINISTRATIVE REGULATIONS are codified according to the following system and are to be cited by Title, Chapter and Regulation number, as follows:

Title	Chapter	Regulation
806	KAR	50 : 155
Cabinet, Department, Board or Agency	Bureau, Division or Major Function	Specific Area of Regulation

Administrative Register of Kentucky

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Public Hearings

603 KAR 5:066. Weight limits for trucks. [2 Ky.R. 312]
603 KAR 5:096. Highway classifications. [2 Ky.R. 314]

The Department of Transportation, Bureau of Highways, has scheduled a public hearing on these regulations at 9 a.m. EST March 4, 1976 in the Auditorium of the State Office Building at Frankfort, Kentucky.

401 KAR 5:035. Application of stream use classification. [2 Ky.R. 460]

The Department for Natural Resources and Environmental Protection, Division of Water Quality, has scheduled a public hearing on proposed amendments to this regulation at 10 a.m. EST March 31, 1976 in the Auditorium of Capital Plaza Tower, Frankfort, Kentucky.

401 KAR 1:010. Definitions. [2 Ky.R. 443]
401 KAR 1:015. License application; examination. [2 Ky.R. 448]
401 KAR 1:020. Installation permits. [2 Ky.R. 449]
401 KAR 1:040. Plumbing fixtures. [2 Ky.R. 450]
401 KAR 1:060. Soil, waste and vent systems. [2 Ky.R. 451]
401 KAR 1:070. Joints and connections. [2 Ky.R. 455]
401 KAR 1:080. Traps and cleanouts. [2 Ky.R. 456]
401 KAR 1:090. Water supply and distribution. [2 Ky.R. 457]
401 KAR 1:110. Inspection and tests. [2 Ky.R. 459]

The Department for Natural Resources and Environmental Protection, Division of Plumbing, has scheduled a public hearing on proposed amendments to these regulations at 10 a.m. April 6, 1976 in the Auditorium of Capital Plaza Tower, Frankfort Kentucky.

Amended Regulations

Withdrawn 4-14-76
SECRETARY OF THE CABINET
Department of Personnel
(Proposed Amendment)

101 KAR 1:050. Compensation plan.

RELATES TO: KRS 18.170, 18.190, 18.210, 18.240
PURSUANT TO: KRS 13.082, 18.170, 18.210

NECESSITY AND FUNCTION: KRS 18.210 requires the Commissioner of Personnel to prepare and submit to the board rules which provide for a pay plan for all employees in the classified service, taking into account such factors as the relative level of duties and responsibilities of various classes, rates paid for comparable positions elsewhere, and the state's financial resources. This rule is to assure uniformity and equity in administration of the pay plan in accordance with statutory requirements.

Section 1. Preparation, Approval, and Amendment of the Plan. After consultation with appointing authorities and the Commissioner of the Executive Department for Finance and Administration, the commissioner shall prepare and recommend to the board a compensation plan for all classes of position. The board shall present the plan, through the Commissioner of the Executive Department for Finance and Administration, to the Governor for his approval. The plan shall provide salary ranges for the various classes, with the salaries consistent with the

functions outlined in the classification plan. Such salary ranges shall include minimum, intervening, maximum, and longevity rates of pay for each class. Each class of position in the classification plan shall be assigned to a salary range in the compensation plan.

Section 2. Entrance Salary. Initial appointments to state service shall be made at the minimum of the pay range for the class unless:

(1) The commissioner determines that it is not possible to recruit qualified employees at the established entrance salary in a specific area, in which case, he may, at the request of the appointing authority, authorize the recruitment for a class of position at a higher step of the range, provided that all other employees in the same class of position in the same agency in the same locality are adjusted in salary to the same step.

(2)(a) The commissioner authorizes the appointment of a qualified applicant at the second or third step of the range, provided that any such exception is based on the outstanding and unusual character of the employee's experience, education and ability over and above the minimum qualifications specified for the class, provided that all other employees possessing similar qualifications in the same class of position in the same agency in the same locality are adjusted in salary to the same step.

(b) An agency head signs the personnel action form appointing a college graduate applicant, who is not appointed under 101 KAR 1:050, Section 2(2)(a) and who

has an undergraduate average of 3.25 on a four (4) point scale, or equivalent, or better, and has submitted an official college transcript to the Department of Personnel before the effective date of his appointment.

Section 3. Re-Entrance to State Service. Appointing authorities, with the approval of the commissioner, may place re-employed, reinstated and probationarily appointed former employees at a salary determined by one (1) of the following methods:

(1) The same class:

(a) Request the same salary that was paid at the time of separation if such salary is within the current salary range;

(b) Request a salary relative to that which was paid employee at time of separation (original salary plus increases resulting from a change of salary range) if such salary is within the current salary range;

(c) Request a lower salary within the current salary range which falls in one (1) of the steps within the salary range;

(d) Request a salary in accordance with the standards used for making new appointments.

(2) A higher class:

(a) Request the same salary that was paid at the time of separation if such salary is within the higher salary range;

(b) Request a salary relative to that which was paid the employee at time of separation (original salary plus increases resulting from a change of salary range) if such salary is within the higher salary range;

(c) Request a salary in accordance with the standards used for making new appointments.

(3) A lower class:

(a) Request the same salary that was paid at the time of separation if such salary is within the lower salary range;

(b) Request a salary relative to that which was paid the employee at the time of separation (original salary plus increases resulting from the change of salary range) if such salary is within the lower salary range;

(c) Request a salary in accordance with the standards used for making new appointments.

Section 4. Salary Adjustments. (1) **Change in Salary Range.** Whenever a new or different salary range is made applicable to a class of position, persons employed in positions of that class at the effective date of the adjustment shall have their salary placed at least at the minimum salary step of the new range. An adjustment may be made to the salary step of the new range corresponding to that step which an employee held under the range formerly applicable to his class of position. In fixing salaries on an adjustment, an appointing authority shall afford equitable treatment to all employees affected by the adjustment. Salary adjustments resulting from different salary ranges being made applicable to a class of position shall not affect an employee's normal anniversary increment date.

(2) An employee who is promoted may have his salary raised to the lowest step of the salary range for the class of his new position which will provide an increase over the salary received prior to promotion. If the promotion is to a classification which constitutes an un-

sual increase in the level of responsibility, the appointing authority, with the prior written approval of the commissioner, may grant a two (2) or three (3) step salary increase over the employee's previous salary, provided the proposed salary is within the salary range for the position.

(3) An employee who is demoted shall have his salary reduced to at least the maximum rate of the new class; however, if an employee whose performance is satisfactory is demoted through no fault of his own as a result of the reallocation of his position to a lower class and his salary is above the maximum, he may retain the salary he received before the reallocation, but he shall not receive salary advancements so long as he remains in a position with a maximum rate no higher than this salary.

(4) **Transfer.** An employee who is transferred to the same class of position shall be paid the same salary that he received prior to transfer.

(5) **Reclassification.** An employee who is advanced to a higher pay grade through a reclassification of his position shall have his salary raised to the lowest step of the salary range for the class which will provide an increase over the salary received prior to the advancement.

(6) **Reallocation.** An employee who is advanced to a higher pay grade through a reallocation of his position shall have his salary raised to the lowest step of the salary range for the class which will provide an increase over the salary received prior to the advancement.

(7) **Detail to Special Duty.** An employee who is approved for detail to special duty as provided by 101 KAR 1:110, Section 4, may have his salary raised to the lowest step of the salary range for the class of the new position which will provide an increase over the salary received prior to the detailed assignment.

(8) **Salary Reduction.** Employees who are transferred back to their old class, after completion of a detail assignment or unsatisfactory probationary period following a promotion, shall have their salary reduced to the salary rate received prior to the detail assignment or promotion.

Section 5. Salary Advancements. (1) All salary advancements shall be based upon quality and quantity of work giving due consideration to length of service, and shall correspond with the steps of the approved salary range, and shall, in the classified service, be limited to employees having status.

(2) Employees shall be eligible and may be given consideration by the appointing authority for a one-step salary advancement at the beginning of any month following the successful completion of the probationary period. An employee may not be given salary advancement more than once for successful completion of a probationary period in the same classification. *A reinstated employee who is required to serve a probationary period shall not be eligible for a probationary period salary advancement at the end of that probationary period.* Thereafter, an employee shall be eligible and given consideration by the appointing authority for a one-step salary advancement at the beginning of any month following completion of twelve (12) months continuous satisfactory service since last receiving an increase in salary. The service may be [temporary] provisional, or probationary.

(3) Any permanent full-time employee who has served continuously for one (1) year immediately preced-

ing the recommendation and who has not received an outstanding merit advancement within twenty-four (24) months, and who has not received more than one (1) outstanding merit advancement in his present grade, is eligible for a one (1) step outstanding merit salary advancement in his present grade in addition to any other salary advancements to which he might be entitled if:

(a) His acts or ideas have resulted in significant financial savings to the Commonwealth, or to a significant improvement in service to its citizens; or,

(b) His job performance is outstanding. The appointing agency must submit written justification to the commissioner and the personnel action form must be approved by the agency head and the commissioner to be effective. In a fiscal year, an agency with sufficient budgeted funds may grant as many outstanding merit salary advancements as ten (10) percent of the number of its employees at the close of the prior fiscal year.

(4) Subject to the approval of the commissioner, any permanent, full-time employee who, after his probationary period, satisfactorily completes 260 classroom hours of job-related instruction, is eligible for an educational achievement one (1) step salary advancement.

(5) New increment anniversary dates will be established when:

(a) An employee first enters on duty. Increment anniversary date will be the first of the month if the employee enters on duty the first work day of the month. For employees entering on duty after the first work day of the month, the anniversary date shall be the first day of the following month;

(b) An employee receives an increase in salary as a result of a promotion;

(c) An employee going on leave without pay, shall result in a postponement of employee's receiving an increment one (1) full month for each full or partial month he is on leave.

(6) Increment anniversary dates will not change when:

(a) An employee's position class receives a new or different salary range;

(b) An employee receives a salary adjustment as a result of his position being reallocated or reclassified;

(c) An employee is transferred from one department to another in the same salary grade and at the same rate of pay;

(d) An employee receives a demotion to a position of a lower class or his position receives a lower classification;

(e) An employee is approved for detail to special duty as provided by 101 KAR 1:110, Section 4;

(f) An employee receives an outstanding merit salary advancement under 101 KAR 1:050, Section 5(3), or an educational achievement salary advancement under 101 KAR 1:050, Section 5(4);

(g) An employee receives an adjusted increment based on the fact that the employee had not received the maximum number of salary advancements permitted.

(7) An employee who has not received the maximum number of salary advancements permitted by the time limits set forth may be given additional salary advancements at the beginning of any month provided his salary

is not advanced to a step of the salary range higher than he would have reached had he received all salary advancements permitted.

(8) No employee shall have his salary advanced to a point above the maximum of the salary range applicable to the class of his position except as provided by 101 KAR 1:050, Section 5(3)(4), and 101 KAR 1:050, Section 6.

Section 6. Longevity Increases. (1) All salary advancements with the longevity plan shall be based upon quality and quantity of work, giving due consideration to length of service, and shall correspond with the steps of the approved salary range, and shall, in the classified service, be limited to employees having status.

(2) An employee shall be eligible and considered for advancement to the first longevity step after completion of twelve (12) months of satisfactory service at the salary rate preceding the first longevity step and seven (7) years of total state service.

(3) An employee shall be eligible and considered for advancement to the second longevity step after completion of twelve (12) months of satisfactory service at the salary rate preceding the second longevity step and nine (9) years of total state service.

(4) An employee shall be eligible and considered for advancement to the third longevity step after completion of twelve (12) months of satisfactory service at the salary rate preceding the third longevity step and eleven (11) years of total state service.

(5) Requirements as to total service. Service requirements for advancement to the longevity steps require satisfactory service. The service does not have to be continuous. Absences of leave without pay, except approved educational leave, in excess of thirty (30) working days shall be deducted in computing total service. Re-employed persons who have been dismissed for cause from state service shall not receive credit for service prior to the dismissal.

(6) The longevity steps may be used for promotions, demotions, and changes in pay grade, provided the employee possesses the total service required for advancement to the longevity step.

Section 7. Paid Overtime. Overtime for which pay is authorized shall have the approval of the Commissioner of Personnel and the Commissioner of the Executive Department for Finance and Administration.

Section 8. Maintenance and Maintenance Allowance. In each case where an employee or the employee and his family are provided with full or part maintenance, consisting of one (1) or more meals per day, lodging or living quarters, and domestic or other personal services, such compensation in kind shall be treated as part payment and its value shall be deducted from the appropriate salary rate in accordance with the schedule promulgated by the commissioner after consultation with appointing authorities and the Commissioner of the Executive Department for Finance and Administration.

ADDIE D. STOKLEY, Commissioner

ADOPTED: February 13, 1976

APPROVED: WILLIAM E. SCENT, Secretary

RECEIVED BY LRC: February 13, 1976 at 3:35 p.m.
Personnel, New Capitol Annex, Frankfort, Kentucky
40601.

**SECRETARY OF THE CABINET
Department of Personnel
(Proposed Amendment)**

101 KAR 1:140. Service regulations.

RELATES TO: KRS 18.170, 18.190, 18.210

PURSUANT TO: KRS 13.082, 18.170, 18.190, 18.210

NECESSITY AND FUNCTION: KRS 18.170 requires the Personnel Board to adopt comprehensive rules consistent with KRS Chapter 18. KRS 18.190 and 18.210 require the Commissioner of Personnel to prepare and submit to the board rules which provide for annual leave, sick leave, special leaves of absence, and for other conditions of employment. This rule is necessary to comply with these statutory requirements.

Section 1. Attendance. Hours of Work: The number of hours full-time employees in state offices in Frankfort are required to work shall be uniform for all positions unless specified otherwise by the appointing authority or the statutes. The normal work day shall be from 8:00 a.m. to 4:30 p.m., local time, Monday through Friday. Employees in other than Frankfort state office buildings shall be subject to such hours of work as set by the appointing authority.

Section 2. Annual Leave. (1) Each employee in the state service, except seasonal, temporary and emergency employees, shall be allowed annual leave with pay at the following rate:

Years of Service	Annual Leave Days
0 – 5 years:	1 leave day per month; 12 per year
5 – 10 years:	1¼ leave days per month; 15 per year
10–15 years:	1½ leave days per month; 18 per year
15 years and over:	1¾ leave days per month; 21 per year

An employee must have worked more than half of the work days in a month to qualify for annual leave. Employees serving a part-time basis or per-diem basis shall not be entitled to annual leave.

(2) Annual leave may be accumulated; however, not more than thirty (30) working days of accumulated leave may be carried forward from one (1) calendar year to the next. However, leave in excess of thirty (30) work days may be carried forward for a period of six (6) months if the appointing authority justifies in writing the reasons which made it impossible to allow an employee to take accumulated annual leave in a timely manner. Annual leave shall not be granted in excess of that earned prior to the starting date of leave.

(3) Absence on account of sickness, injury, or disability in excess of that hereinafter authorized for such purposes may at the request of the employee and within the discretion of the appointing authority, be charged against annual leave.

(4) Accumulated annual leave shall be granted by the appointing authority in accordance with operating requirements and, insofar as practicable, with the requests of employees.

(5) Employees are charged with annual leave for absence only on days upon which they would otherwise work and receive pay.

(6) Annual leave shall accrue only when an employee is working or on authorized leave with pay. *Annual leave shall not accrue when an employee is on educational leave with pay.*

(7) An employee who is transferred or otherwise changed from the jurisdiction of one agency to another shall retain his accumulated annual leave in the receiving agency.

(8) Before an employee may be placed on leave of absence without pay in excess of thirty (30) working days, he must have used or have been paid for any accumulated annual leave.

(9) Employees shall be paid in a lump sum for accumulated annual leave, not to exceed thirty (30) working days, when separated by proper resignation, layoff, retirement, or when granted leave without pay in excess of thirty (30) working days. The effective date of the separation shall be the last work day and the employee's amount of accumulated annual leave shall be listed in the remarks section of the advice effecting the separation. A supplemental pay voucher shall be submitted on accumulated annual leave.

(10) An employee who has been dismissed for cause or who has failed to give proper notice of resignation may, at the discretion of the appointing authority, be paid in a lump sum for accumulated annual leave not to exceed thirty (30) working days.

(11) Upon the death of an employee, his estate shall be entitled to pay for the unused portion of the employee's accumulated annual leave not to exceed thirty (30) working days.

Section 3. Sick Leave. (1) Each employee in the state service, except an emergency employee, shall be allowed sick leave with pay at the rate of one (1) working day for each month of service. An employee must have worked more than half of the work days in a month to qualify for sick leave with pay. Employees serving on a part-time or per-diem basis shall not be entitled to sick leave.

(2) Employees completing ten (10) years of total service with the state shall be credited with ten (10) additional days of sick leave upon the first day of the month following the completion of ten (10) years of service. The total service must be verified in writing before the leave is credited to the employee's record.

(3) Unused sick leave may be accumulated with no maximum on accumulation.

(4) Sick leave shall accrue only when an employee is working or on authorized leave with pay. *Sick leave shall not accrue when an employee is on educational leave with pay.*

(4) Sick leave shall accrue only when an employee is working or on authorized leave with pay.

(5) An appointing authority shall grant accrued sick leave with pay when an employee:

(a) Receives medical, dental or optical examination or treatment;

(b) Is disabled by sickness or injury;

(c) Is disabled by pregnancy and/or confinement limited to a maximum of three (3) calendar months;

(d) Is required to care for a sick or injured member of his immediate family for a reasonable period of time;

(e) Would jeopardize the health of others at his duty post, because of exposure to a contagious disease;

(f) Has lost by death a parent, child, brother or sister, or the spouse of any of them, or any persons related by blood or affinity with a similarly close association. Leave under this paragraph is limited to three (3) days or a reasonable extension at the discretion of the appointing authority. At the termination of sick leave with pay, the appointing authority shall reinstate the employee to his former position.

(6) An appointing authority shall grant sick leave without pay for so long as an employee is disabled by sickness, or illness, or pregnancy and confinement, and the total continuous leave does not exceed two (2) years. At the termination of sick leave without pay, the appointing authority shall reinstate the employee to a position for which he is qualified, and which resembles his former position as closely as circumstances permit.

(7) Absence for a fraction or part of a day that is chargeable to sick leave shall be charged in hours or one-half (½) hours.

(8) An employee who is transferred or otherwise changed from the jurisdiction of one agency to another shall retain his accumulated sick leave in the receiving agency.

(9) Employees shall be credited for accumulated sick leave when separated by proper resignation, layoff, retirement, or when granted leave without pay in excess of thirty (30) working days. The employee's amount of accumulated sick leave shall be listed in the remarks section of the advice effecting the separation. Former employees who are reinstated or re-employed may have their accumulated and unused sick leave balances revived after sixty (60) days of work and placed to their credit upon request of the appointing authority, and approval of the commissioner.

(10) In cases of absence due to illness or injury for which Workmen's Compensation benefits are received for lost time, sick leave may be utilized to the extent of the difference between such benefits and the employee's regular salary.

(11) Application for sick leave. An employee shall file a written application for sick leave with pay within a reasonable time. Except in cases of emergency illness, an employee shall request advance approval for sick leave for medical, dental, or optical examination, and for sick leave without pay. In all cases of illness, an employee is obligated to notify his immediate supervisor or other designated person. Failure to do so in a reasonable period of time may be cause for denial of sick leave for the period of absence.

(12) Supporting evidence:

(a) An appointing authority shall grant sick leave when the application is supported by acceptable evidence. A supervisor's or employee's certificate may be accepted, but a medical certificate may be required, signed by a licensed practitioner and certifying to the incapacity, examination, or treatment.

(b) An appointing authority may place on sick leave a pregnant woman who, on request, fails to produce a satisfactory medical certificate.

Section 4. Court Leave. An employee shall be entitled to leave of absence from duties, without loss of pay or time for that amount of time necessary to comply with subpoenas by any court, federal, state, or political subdivision thereof, to serve as a juror or witness. This leave shall include necessary travel time. If relieved from duty as a juror or witness during his normal working hours, the employee shall return to work.

Section 5. Compensatory Leave. (1) Accumulated compensatory time shall be granted by the appointing authority in accordance with agency needs and requirements and, insofar as practicable, in accordance with the employee's request. To maintain a manageable level of accumulated compensatory time and for the specific purpose of reducing the employee's compensatory time balance, an appointing authority may direct an employee to take accumulated compensatory time off from work.

(2) An employee who is exempt from overtime provisions of wage and hour laws and who is authorized in advance by the appointing authority to work one (1) or more hours in excess of his prescribed hours of duty shall be granted compensatory leave on an hour-for-hour basis.

(3) An employee subject to wage and hour laws whose prescribed hours of duty are normally fewer than forty (40) per week and who is authorized in advance by the appointing authority to work one (1) or more hours in excess of his normal hours of duty may be awarded compensatory time for that portion of extra time worked up to forty (40) hours, provided his rate of pay meets requirements of minimum wage laws.

(4) An employee subject to overtime provisions of wage and hour laws shall be paid in accordance with such provisions for actual hours worked in excess of the applicable statutory maximum hours. Compensatory leave earned and used during the same workweek does not constitute "hours worked" for computing overtime pay.

Section 6. Military Leave. Any employee who is an active member of the United States Army Reserve, the United States Air Force Reserve, the United States Naval Reserve, the United States Marine Corps Reserve, the United States Coast Guard Reserve, the United States Public Health Service Reserve, or the Kentucky National Guard shall be relieved from his civil duties upon request therefor, to serve under orders on training duty without loss of his regular compensation for a period not to exceed ten (10) working days in any one (1) calendar year, and any such absence shall not be charged to leave. Absence in excess of this amount will be charged as annual leave or leave without pay. The appointing authority may require a copy of the orders requiring the attendance of an employee before granting military leave.

Section 7. Voting Leave. Appointing authorities shall allow all employees ample time to vote. Such absence shall not be charged against leave.

Section 8. Special Leave of Absence. (1) In addition to leaves as above provided, an appointing authority may grant leave without pay for a period or periods not to exceed thirty (30) working days in any calendar year.

(2) An appointing authority, with approval of the commissioner, may grant leave of absence for a period not to exceed twenty-four (24) months for the following purposes, with or without pay: for assignment to and attendance at college, university, or business school for the purpose of training in subjects related to the work of the employee and which will benefit the state service; or for purposes other than above that are deemed to be in the best interests of the state.

(3) An appointing authority, with approval of the commissioner, may grant an employee entering active military duty a leave of absence without pay for a period of such duty.

Section 9. Absence Without Leave. An employee who is absent from duty without approval shall report the reason therefor to his supervisor immediately. Unauthorized and/or unreported absence shall be considered absence without leave and deduction of pay may be made for each period of such absence. Such absence may constitute grounds for disciplinary action and will serve to interrupt continuous service as defined in 101 KAR 1:050.

Section 10. Performance Appraisal. Quality and quantity of work shall be considered in determining salary advancements, in promotions, in determining the order of layoff, in re-employment, and as a means of identifying employees who should be promoted, demoted, or dismissed.

Section 11. Records and Reports. (1) Personnel action forms: The commissioner shall prescribe personnel action forms which appointing authorities shall use to report such personnel actions and status changes as he may require. The commissioner shall inform the appointing authorities which personnel actions and status changes must be reported to him.

(2) Leave records: Each appointing authority shall install and maintain a leave record showing for each employee:

(a) Annual leave earned, used and unused;

(b) Sick leave earned, used and unused; and

(c) Special leave or any other leave with or without pay. Such record shall be documentary evidence to support and justify authorized leave of absence with pay. Each appointing authority shall notify his employees of their annual and sick leave balances as of January 1; a summary of which shall be sent to the department by February 1.

(3) Official roster: The commissioner shall prepare and maintain a record of all employees showing for each employee his name, address, title of position, salary rate, changes in status, transfer, sick leave and annual leave.

Section 12. Confidentiality of Records. (1) Except as otherwise provided in the rules, all records of the department shall be considered public records and may be inspected, when in the public interest, upon application made to the commissioner during normal working hours.

(2) Unless the board shall determine otherwise, records of the department involving investigation correspondence and data related to the moral character and reputation of applicants for employment or employees in state service; and examination materials, questions, data and examination papers and records relating in any way to competitive examinations and tests conducted and held by the department shall be held confidential.

Section 13. Dual Employment. No employee holding a full time position with the Commonwealth may hold another state position regularly requiring more than four (4) hours service per day except upon recommendation of the appointing authority and the written approval of the Commissioner of Personnel. A copy of such written approval and a statement of the reasons therefor shall be transmitted to the Governor and the Director of the Legislative Research Commission. A complete list of all employees holding more than one (1) state position shall be furnished to the Legislative Research Commission quarterly by the commissioner.

Section 14. Minimum Hiring Age. The minimum age for hiring of state employees shall conform to federal and state labor laws, rules and regulations.

Section 15. Maximum Hiring Age. (1) The normal maximum hiring age for permanent employment subject to these rules is sixty-five (65).

(2) Individuals over sixty-five (65) may be employed from year to year with prior approval of the Commissioner of Personnel when it serves the public interest. Such requests must be justified in writing by the appointing authority.

Section 16. Retirement. (1) The normal retirement age for employees subject to these rules shall be sixty-five (65).

(2) Employees over sixty-five (65) may be allowed to continue employment from year to year with prior approval of the Commissioner of Personnel when it serves the public interest. Such requests must be justified in writing by the appointing authority.

Section 17. Restoration From Military Leave. (1) State appointing authorities shall comply with the provisions of KRS 61.371, 61.373, 61.375, 61.377, 61.379.

(2) The Department of Personnel shall require proper compliance with these statutes as they pertain to state employees.

(3) The appointing authorities for employees in county, city, or political subdivisions thereof, are responsible for compliance with these statutes, in keeping with normal personnel practices and procedures of each.

(4) Appeals may be filed by an employee or previous employee pursuant to 101 KAR 1:130. The governmental agency from which the appeal is filed shall bear the expense of the hearing of the appeal.

(5) A former employee seeking restoration, who has been rejected or otherwise penalized, must file an appeal within thirty (30) days, after notification of such rejection or penalization by an appointing authority.

ADDIE D. STOKLEY, Commissioner

ADOPTED: February 13, 1976

APPROVED:

WILLIAM E. SCENT, Secretary

RECEIVED BY LRC: February 13, 1976 at 3:35 p.m.

AND ENVIRONMENTAL PROTECTION

SUBMIT COMMENT OR REQUEST FOR HEARING
TO: Commissioner, Kentucky Department of Personnel,
New Capitol Annex, Frankfort, Kentucky 40601.

(The following regulation, published originally in the July, 1975 Register [1 Ky.R. 1399], was amended by the issuing agency to meet objections of the Administrative Regulation Review Subcommittee. The regulation, as amended, will be considered by the Subcommittee at its March 10, 1976 meeting.)

EXECUTIVE DEPARTMENT FOR FINANCE AND ADMINISTRATION

Board of Hairdressers
and Cosmetologists
(Proposed Amendment)

201 KAR 12:055. Instructor's license for out-of-state applicant.

RELATES TO: 317A.050, 317A.100

PURSUANT TO: 317A.050, 317A.100

NECESSITY AND FUNCTION: Out-of-state applicants for instructor's licenses must meet the same or similar requirements of resident instructors.

Section 1. Any applicant from out of state who hold a current instructor of cosmetology license and who can show proof of two (2) years current experience as a licensed instructor and proof of the statutory educational requirements can come before the state board of examina-

tion (science and practical) by paying the statutory non-resident instructor fee. After passing the prescribed examination for instructors, applicant must pay the examination fee of twenty dollars (\$20) for regular cosmetologists and first cosmetology license fee of ten dollars (\$10) before the first instructor license may be issued at the fifteen dollars (\$15) fee.

CARROLL ROBERTS, Administrator

ADOPTED: May 7, 1975

APPROVED: WILLIAM E. SCENT, Commissioner

RECEIVED BY LRC: February 13, 1976 at 2:30 p.m.

**DEPARTMENT FOR NATURAL RESOURCES
AND ENVIRONMENTAL PROTECTION**
Bureau of Environmental Quality
Division of Plumbing
(Proposed Amendment)

401 KAR 1:010. Definitions.

RELATIVE TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 211.090, 318.130, and Executive Order 74-449

NECESSITY AND FUNCTION: The department is directed by KRS 318.130 through the State Plumbing Code Committee to adopt and put into effect a State Plumbing Code. This regulation relates to the definitions needed to interpret other sections of the subsequent regulations or comprising the State Plumbing Code.

Section 1. Definition of Terms:

(1) Air break (drainage system). A piping arrangement in which a drain from a fixture, appliance, or device discharges indirectly into another fixture, receptacle, or interceptor at a point below the flood level rim.

(2) Air gap (drainage system). The unobstructed vertical distance through the free atmosphere between the outlet of waste pipe and the flood level rim of the receptacle into which it is discharging.

(3) Air gap (water distribution system). The unobstructed vertical distance through the free atmosphere between the lowest opening from any pipe or faucet supplying water to a tank, plumbing fixture or other device and the flood level rim of the receptacle.

(4) Anchors. (See supports.)

(5) Approved. Accepted or acceptable under an applicable specification stated or cited in this code.

(6) Area drain. A receptacle designed to collect surface or storm water from an open area.

(7) Aspirator. A fitting or device supplied with water or other fluid under positive pressure which passes through an integral orifice or "constriction" causing a vacuum. Aspirators are often referred to as "suction" apparatus, and are similar in operation to an ejector.

(8) Autopsy table. A fixture or table used for post-mortem examination of a body.

(9) Backflow. The flow of water or other liquids, mixtures, or substances into the distributing pipes of a pota-

ble supply of water from any source or sources other than its intended source. Back-siphonage is one type of backflow.

(10) Backflow connection. Any arrangement whereby backflow can occur.

(11) Backflow preventer. A device or means to prevent backflow.

(12) Backflow preventer, reduced pressure zone type. An assembly of differential valves and check valves including an automatically opened spillage port to the atmosphere.

(13) Back-siphonage. The flowing back of used, contaminated, or polluted water from a plumbing fixture or vessel or other sources into a potable water supply pipe due to a negative pressure in such pipe.

(14) (a) *Basement.* The basement is the lowest level of a dwelling unit which is wholly or partly below the ground level in which the entrance and exit is made by use of a stairway or other mechanical means and which may or may not have an entrance and exit at the basement floor level.

(b) *Basement floor drains.* A basement floor drain is a drain placed in the basement floor of a residence which may or may not receive sanitary waste water.

(15) *Battery of fixtures.* Any group of two (2) or more similar adjacent fixtures which discharge into a common horizontal waste or soil branch.

(16) *Bedpan hopper.* (See clinical sink.)

(17) *Bedpan steamer or boiler.* A fixture used for scalding bedpans or urinals by direct application of steam or boiling water.

(18) *Bedpan unit.* A small workroom in the nursing area designed and equipped for emptying, cleaning, and sometimes for steaming bedpans, and for no other purposes.

(19) *Bedpan washer and sterilizer.* A fixture designed to wash bedpans and to flush the contents into the sanitary drainage system. It may also provide for disinfecting utensils by scalding with steam or hot water.

(20) *Bedpan washer hose.* A device supplied with hot and cold water and located adjacent to a water closet or clinical sink to be used for cleaning bedpans.

(21) *Boiler blow-off.* An outlet on a boiler to permit emptying or discharge of sediment.

(22) *Boiler blow-off tank.* A vessel designed to receive the discharge from a boiler blow-off outlet and to cool the discharge to a temperature which permits its safe discharge to the drainage system.

(23) *Branch.* The branch of any system of piping is that part of the system which extends horizontally, at a slight grade, with or without lateral or vertical extensions or vertical arms, from the main to receive fixture outlets not directly connected to the main.

(24) *Branch, fixture.* (See fixture branch.)

(25) *Branch interval.* A distance along a soil or waste stack corresponding in general to a story height, but in no case less than eight (8) feet, within which the horizontal branches from one floor or story of a building are connected to the stack.

(26) *Branch vent.* A vent connecting one or more individual vents with a vent stack or stack vent.

(27) *Building.* A structure having walls and a roof designed and used for the housing, shelter, enclosure, or support of persons, animals or property.

(28) Building classification. The arrangement of buildings in classes according to occupancy.

(29) Building drain. That part of the lowest piping of a drainage system which receives the discharge from soil, waste, and other drainage pipes inside the walls of the building and conveys it to the building sewer beginning two (2) feet outside the building wall.

(30) Building drain,—combined. A building drain which conveys both sewage and storm water or other drainage.

(31) Building drain,—sanitary. A building drain which conveys sewage only.

(32) Building drain,—storm. A building drain which conveys storm water or other drainage but not sewage.

(33) Building gravity drainage system. A drainage system which drains by gravity into the building sewer.

(34) Building sewer. That part of the drainage system which extends from the end of the building drain and conveys its discharge to a public sewer, private sewer, individual sewage-disposal system, or other point of disposal.

(35) Building sewer,—combined. A building sewer which conveys both sewage and storm water or other drainage.

(36) Building sewer,—sanitary. A building sewer which conveys sewage only.

(37) Building sewer,—storm. A building sewer which conveys storm water or other drainage but no sewage.

(38) Building subdrain. That portion of a drainage system which does not drain by gravity into the building sewer.

(39) Cesspool. A lined and covered excavation in the ground which receives a discharge of domestic sewage or other organic wastes from a drainage system, so designed as to retain the organic matter and solids, but permitting the liquids to seep through the bottom and sides.

(40) Circuit vent. A branch vent that serves two (2) or more traps and extends from the down-stream side of the highest fixture connection of a horizontal branch to the vent stack.

(41) Clinical sink (bedpan hopper). A fixture for the rinsing of bedpans and soiled linens. Such fixture shall have a trap size of not less than three (3) inches.

(42) Code. Means the State Plumbing Code.

(43) Combination fixture. A fixture combining one (1) sink and laundry tray or a two (2) or three (3) compartment sink or laundry tray in one (1) unit.

(44) Combined building drain. (See building drain,—combined.)

(45) Combined building sewer. (See building sewer,—combined.)

(46) Combination waste and vent system. A specially designed system of waste piping embodying the horizontal wet venting of one (1) or more sinks or floor drains by means of a common waste and vent pipe adequately sized to provide free movement of air above the free water surface in the drain.

(47) Common vent. A vent connecting at the junction of two (2) fixture drains and serving as a vent for both fixture drains.

(48) Conductor. A pipe inside the building which con-

veys storm water from the roof to a storm or combined building drain.

(49) Continuous vent. A vertical vent that is a continuation of the drain to which it connects.

(50) Continuous waste. A drain from two (2) or more fixtures connected to a single trap.

(51) Cross connection. Any physical connection or arrangement between two (2) otherwise separate piping systems, one (1) of which contains potable water and the other either water of unknown or questionable safety or steam, gas, or chemical whereby there may be a flow from one (1) system to the other, the direction of flow depending on the pressure differential between the two (2) systems. (See backflow and back-siphonage.)

(52) Dead end. A branch leading from a soil, waste or vent pipe, building drain, or building sewer, and terminating at a developed length of two (2) feet or more by means of a plug, cap, or other closed fitting.

(53) Developed length. The length of a pipe line measured along the center line of the pipe and fittings.

(54) Diameter. The nominal diameter as designated commercially.

(55) Domestic sewage. The water-borne wastes derived from ordinary living processes.

(56) Double offset. Two (2) changes of direction installed in succession or series in a continuous pipe.

(57) Downspout. (See leader.)

(58) Drain. Any pipe which carries waste water or water-borne wastes in a building drainage system.

(59) Drainage pipe. (See drainage system.)

(60) Drainage system. Includes all the piping, within public or private premises, which conveys sewage, rain water, or other liquid wastes to a point of disposal. It does not include the mains of a public sewer system or private or public sewage-treatment or disposal plant. Neither does this apply to plumbing appliances.

(61) Drainage system, (building gravity). A drainage system which drains by gravity into the building sewer.

(62) Drainage system, (sub-building). (See building subdrain.)

(63) Dry well. (See leaching well.)

(64) Dual vent. (See common vent.)

(65) Durham system. A term used to describe soil or waste systems where all piping is of threaded pipe, tube, or other such rigid construction, using recessed drainage fittings to correspond to the types of piping.

(66) Dwelling unit. One (1) or more rooms with provision for living, sanitary and sleeping facilities arranged for the use of one (1) family or individual.

(67) Effective opening. The minimum cross-sectional area at the point of water supply discharge, measured or expressed in terms of (i) diameter of a circle, or (ii) if the opening is not circular, the diameter of a circle of equivalent cross-sectional area.

(68) Ejector. (See aspirator.)

(69) Existing work. A plumbing system or any part thereof installed prior to the effective date of this code.

(70) Fire line. A system of pipes and equipment used exclusively to supply water for extinguishing fires.

(71) Fixture. (See plumbing fixture.)

(72) Fixture branch. A fixture branch is the piping

distance between a soil, waste and vent stack and the fixture trap.

(73) Fixture drain. The drain from the trap of a fixture to the junction of that drain with any other drain pipe.

(74) Fixture supply. The water supply pipe connecting a fixture to a branch water supply pipe or directly to a main water supply pipe.

(75) Fixture unit, drainage (d.f.u.). A measure of the probable discharge into the drainage system by various types of plumbing fixtures. The drainage fixture-unit valve for a particular fixture depends on its volume rate of drainage discharge, on the time duration of a single drainage operation, and on the average time between successive operations. (Note: In general, on small systems, one (1) drainage fixture-unit approximates one (1) cubic foot per minute.)

(76) Fixture unit, supply (s.f.u.). A measure of the probable hydraulic demand on the water supply by various types of plumbing fixtures. The supply fixture-unit value for a particular fixture depends on its volume rate of supply, on the time duration of a single supply operation, and on the average time between successive operations.

(77) Flood level. (See flood level rim.)

(78) Flood level rim. The edge of the receptacle from which water overflows.

(79) Flooded. The condition which results when the liquid in a container or receptacle rises to the flood-level rim.

(80) Floor drain. A floor drain is a drain placed in the floor of a building for the purpose of receiving sanitary waste water.

(81) Floor pantry. A workroom in the nursing area designed and equipped to prepare supplemental diets or beverages, and to assemble food trays at meal times if used in conjunction with decentralized food service.

(82) Flow pressure. The pressure in the water supply pipe near the faucet or water outlet while the faucet or water outlet is wide-open and flowing.

(83) Flush valve. A device located at the bottom of a tank for flushing water closets and similar fixtures.

(84) Flushing type floor drain. A drain which is equipped with an integral water supply enabling flushing of the drain receptor and trap.

(85) Flushometer valve. A device which discharges a predetermined quantity of water to fixtures for flushing purposes and is closed by direct water pressure.

(86) Frostproof closet. A hopper with no water in the bowl and with the trap and water supply control valve located below frost line.

(87) Grade. The fall (slope) of a line of pipe in reference to a horizontal plane. In drainage it is usually expressed as the fall in a fraction of an inch per foot length of pipe.

(88) Grease interceptor. (See interceptor.)

(89) Grease trap. (See interceptor.)

(90) Hangers. (See supports.)

(91) Horizontal branch drain. A drain branch pipe extending laterally from a soil or waste stack or building drain, with or without vertical sections or branches, which receives the discharge from one (1) or more fix-

ture drains and conducts it to the soil or waste stack or to the building drain.

(92) Horizontal pipe. Any pipe or fitting which makes an angle of less than forty-five (45) degrees with the horizontal.

(93) Hot water. Water at a temperature of not less than 120 degrees F.

(94) House drain. (See building drain.)

(95) House sewer. (See building sewer.)

(96) Individual sewage disposal system. A system for disposal of domestic sewage by means of a septic tank, cesspool or mechanical treatment, designed for use apart from a public sewer to serve a single establishment or building.

(97) Indirect waste pipe. A waste pipe which does not connect directly with the drainage system, but which discharges into the drainage system through an air break or air gap into a trap, fixture, receptor or interceptor.

(98) Individual vent. A pipe installed to vent a fixture drain. It connects with the vent system above the fixture served or terminates outside the building into the open air.

(99) Individual water supply. A supply other than an approved public water supply which serves one (1) or more families.

(100) Industrial floor drain. An industrial floor drain is a drain placed in the floor of a building other than in a toilet room or shower room to receive waste water.

(101) Industrial wastes. Liquid wastes resulting from the processes employed in industrial and commercial establishments.

(102) Insanitary. Contrary to sanitary principles; injurious to health.

(103) Interceptor. A device designed and installed so as to separate and retain deleterious, hazardous, or undesirable matter from normal wastes while permitting normal sewage or liquid wastes to discharge into the drainage system by gravity.

(104) Installed. Altered, changed or a new installation.

(105) Kitchen sink unit. A kitchen sink unit is defined as a sink, double or single compartment, food waste disposer, and dishwasher placed in a unit so arranged that the dishwasher abuts the sink.

(106) Leaching well or pit. A pit or receptacle having porous walls which permit the contents to seep into the ground.

(107) Leader. An exterior drainage pipe for conveying storm water from roof or gutter drains.

(108) Liquid waste. The discharge from any fixture, appliance, area or appurtenance, which does not contain fecal matter.

(109) Load factor. The percentage of the total connected fixture unit flow which is likely to occur at any point in the drainage system.

(110) Local vent stack. A vertical pipe to which connections are made from the fixture side of traps and through which vapor and/or foul air may be removed from the fixture or device used on bedpan washers.

(111) Local ventilating pipe. A local ventilating pipe is a pipe through which foul air is removed from a room or fixture.

(112) Loop vent. A circuit vent which loops back to connect with a stack vent instead of a vent stack.

(113) Main. The main of any plumbing system is that part of such system of horizontal, vertical or continuous piping which receives the waste, soil, main or individual vents from fixture outlets, or traps, directly or through branch pipes.

(114) Main sewer. (See public sewer.)

(115) Main vent. The principal artery of the venting system to which vent branches may be connected. (Manufacturer's Floor Drain. See industrial floor drain.)

(116) Multiple dwelling. Building containing more than two (2) dwelling units.

(117) Non-potable water. Water not safe for drinking, personal or culinary use.

(118) Nuisance. Public nuisance as known in common law or in equity jurisprudence; whatever is dangerous to human life or detrimental to health; whatever building, structure, or premise is not sufficiently ventilated, sewered, drained, cleaned or lighted, in reference to its intended or actual use; and whatever renders the air or human food or drink or water supply unwholesome.

(119) Nurses' station. An area in the nursing unit separated from the corridor by counter or desk, designed to permit nurses to record and file each patient's history and progress, observation and control of corridor, preparation of medicines and maintain contact with patients, the hospital and the outside by local and public means of communication.

(120) Offset. A combination of elbows or bends which bring one (1) section of the pipe out of line but into a line parallel with the other section.

(121) Oil interceptor. (See interceptor.)

(122) Person. A natural person, his heirs, executors, administrators or assigns; and includes a firm, partnership or corporation, its or their successors or assigns. Singular includes plural; male includes female.

(123) Pitch. (See grade.)

(124) Plumbing. Plumbing means the art of installing in buildings the pipes for distributing the water supply, the fixtures for using water and drainage pipes for removing waste water and sewage, together with fittings, appurtenances, and appliances of various kinds, all within or adjacent to the building. It shall include:

(a) The water service pipe which forms the connection between the property line and the building other than piping serving fire fighting equipment;

(b) Private water supply systems;

(c) House sewers which convey the waste water and sewage from the building to the property line or other points of disposal but not including sewers located between manholes and sewers extending five (5) feet from a main or manhole on private property; and

(d) Storm sewers and rain water piping located within a building to a point two (2) feet outside of the building and private sewage disposal systems other than those which have a treated effluent.

(125) Plumbing appliance. Any one of a special class of plumbing fixture which is intended to perform a special function. Its operation and/or control may be dependent upon one (1) or more energized components, such as motors, controls, heating elements, or pressure or temperature-sensing elements. Such fixtures may operate automatically through one or more of the following ac-

tions; a time cycle, a temperature range, a pressure range, a measured volume or weight; or the fixture may be manually adjusted or controlled by the user or operator.

(126) Plumbing appurtenance. A manufactured device, or a prefabricated assembly of component parts, and which is an adjunct to the basic piping system and plumbing fixtures. An appurtenance demands no additional water supply, nor does it add any discharge load to a fixture or the drainage system. It is presumed that it performs some useful function in the operation, maintenance, servicing, economy, or safety of the plumbing system.

(127) Plumbing fixtures. A receptacle or device which is either permanently or temporarily connected to the water distribution system of the premises, and demands a supply of water therefrom, or it discharges used water, liquid-borne waste materials, or sewage either directly or indirectly to the drainage system of the premises, or which requires both a water supply connection and a discharge to the drainage system of the premises. Plumbing appliances as a special class of fixture are further defined.

(128) Plumbing inspector. A duly authorized employee or agent of the Department for Natural Resources and Environmental Protection who is charged with the responsibility of inspecting plumbing installations and with the enforcement of the state plumbing laws and code.

(129) Plumbing system. The plumbing system of a building includes: appliances and water heaters; the water supply distributing pipes; the fixtures and fixture traps; the soil, waste and vent pipes; the house drain and house sewer; the storm water drainage within a building with their devices, appurtenances and connections all within or adjacent to the building.

(130) Pool. (See swimming pool.)

(131) Potable water. Water free from impurities present in amounts sufficient to cause disease or harmful physiological effects and conforming in its bacteriological and chemical quality to the requirements of the Public Health Service Drinking Water Standards or the regulations of the Department for Natural Resources and Environmental Protection.

(132) Private or private use. In the classification of plumbing fixtures, private applies to fixtures in residences and apartments and to fixtures in private bathrooms of hotels as well as similar installations in other buildings where the fixtures are intended for the use of a family or an individual.

(133) Private sewer. A sewer, serving two (2) or more buildings, privately owned, and not directly controlled by public authority.

(134) Public or public use. In the classification of plumbing fixtures, public applies to fixtures in general toilet rooms of schools, gymnasiums, hotels, railroad stations, public buildings, bars, public comfort stations, and other installations (whether pay or free) where a number of fixtures are installed so that their use is similarly unrestricted.

(135) Public sewer. A common sewer directly controlled by public authority.

(136) Public water main. A water supply pipe for public use controlled by public authority.

(137) Receptor. A fixture or device which receives the discharge from indirect waste pipes.

(138) Relief vent. An auxiliary vent which permits additional circulation of air in or between drainage and vent systems.

(139) Return offset. A double offset installed so as to return the pipe to its original alignment.

(140) Revent pipe. (See individual vent.)

(141) Rim. An unobstructed open edge of a fixture.

(142) Riser. A water supply pipe which extends vertically one (1) full story or more to convey water to branches or to a group of fixtures.

(143) Roof drain. A drain installed to receive water collecting on the surface of a roof and to discharge it into a leader or a conductor.

(144) Roughing-in. The installation of all parts of the plumbing system which can be completed prior to the installation of fixtures. This includes drainage, water supply, and vent piping, and the necessary fixture supports.

(145) Safe waste. (See indirect waste.)

(146) Sand interceptor. (See interceptor.)

(147) Sand trap. (See interceptor.)

(148) Sanitary sewer. A sewer which carries sewage and excludes storm, surface, and ground water.

(149) Scrub sink. A device usually located in the operating suite to enable operating personnel to scrub their hands prior to operating procedures. The hot and cold water supply is activated by a knee-action mixing valve or by wrist or pedal control.

(150) Seepage well or pit. A covered pit with open-jointed lining into which septic tank effluent is received that will seep or leach into the surrounding porous soil.

(151) Separator. (See interceptor.)

(152) Septic tank. A water-tight receptacle which receives the discharge of a building sanitary drainage system or part thereof, and is designed and constructed so as to digest organic matter through a period of detention and allow the liquids to discharge into the soil outside of the tank through a system of open joint or perforated piping, or a seepage pit.

(153) Sewage. Any liquid waste containing animal or vegetable matter in suspension or solution, and may include liquids containing chemicals in solution.

(154) Sewage ejectors. A device for lifting sewage by entraining it in a high velocity jet of steam air or water.

(155) Side vent. A vent connecting to the drain pipe through a fitting at an angle not greater than forty-five (45) degrees to the vertical.

(156) Size of pipe and tubing. (See diameter.)

(157) Slope. (See grade.)

(158) Soil pipe. A soil pipe is any pipe which conveys the discharge of water closets or similar fixtures, with or without the discharges from other fixtures, to the house drain.

(159) Soil vent. (See stack vent.)

(160) Special wastes. Wastes which require special treatment before entry into the normal plumbing system.

(161) Special waste pipe. Pipes which convey special wastes.

(162) Stack. A general term for any vertical line of soil, waste or vent piping.

(163) Stack group. A group of fixtures located adjacent to the stack so that by means of proper fittings, vents may be reduced to a minimum.

(164) Stack vent. The extension of a soil or waste stack above the highest horizontal drain connected to the stack.

(165) Stack venting. A method of venting a fixture or fixtures through the soil or waste stack.

(166) Sterilizer, boiling type. A boiling type "sterilizer" is a fixture (nonpressure type), used for boiling instruments, utensils, and/or other equipment (used for disinfection). Some devices are portable, others are connected to the plumbing system.

(167) Sterilizer, instrument. A device for the sterilization of various instruments.

(168) Sterilizer, pressure instrument washer-sterilizer. A pressure instrument washer-sterilizer is a fixture (pressure vessel) designed to both wash and sterilize instruments during the operating cycle of the fixture.

(169) Sterilizer, pressure (autoclave). A fixture (pressure vessel) designed to use steam under pressure for sterilizing. Also called an autoclave.

(170) Sterilizer, utensil. A device for the sterilization of utensils as used in hospital services.

(171) Sterilizer vent. A separate pipe or stack, indirectly connected to the building drainage system at the lower terminal, which receives the vapors from nonpressure sterilizers, or the exhaust vapors from the pressure sterilizers, and conducts the vapors directly to the outer air. Sometimes called vapor, steam, atmospheric, or exhaust vent.

(172) Sterilizer water. A water sterilizer is a device for sterilizing water and storing sterile water.

(173) Still. A device used in distilling liquids.

(174) Storm drain. (See building storm drain.)

(175) Storm sewer. A sewer used for conveying rain water, surface water, condensate, cooling water, or similar liquid wastes.

(176) Subsoil drain. A drain which collects subsurface water and conveys it to a place of disposal.

(177) Sump. A tank or pit, which receives sewage or liquid waste, located below the normal grade of the gravity system and which must be emptied by mechanical means.

(178) Sump pump. A mechanical device other than an ejector or bucket for removing sewage or liquid waste from a sump.

(179) Supports. Devices for supporting and securing pipe, fixtures, and equipment.

(180) Swimming pool. Any structure, basin, chamber, or tank containing any artificial body of water for swimming, diving, wading or recreational bathing.

(181) Trap. A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it.

(182) Trap seal. The vertical distance between the crown weir and the top of the dip of the trap.

(183) Utility room. A workroom in the patient nursing area, designed and equipped to facilitate preparation, cleaning and incidental sterilizing of the various supplies, instruments, utensils, etc., involved in nursing treatment and care, exclusive of medications handled in nurses' stations and bedpan cleaning and sterilizing.

(184) Vacuum. Any pressure less than exerted by the atmosphere.

(185) Vacuum breaker. (See backflow preventer.)

(186) Vacuum breaker, non-pressure type (atmospheric). A vacuum breaker which is not designed to be subjected to static line pressure.

(187) Vacuum breaker, pressure type. A vacuum breaker designed to operate under conditions of static line pressure.

(188) Vent pipe. A vent pipe is any pipe provided to ventilate a house drainage system and to prevent tray siphonage and back pressure.

(189) Vent system. A pipe or pipes installed to provide a flow of air to or from a drainage system or to provide a circulation of air within such system to protect trap seals from siphonage and back pressure.

(190) Vertical pipe. Any pipe or fitting which makes an angle of forty-five (45) degrees or less with the vertical.

(191) Wall hung water closet. A wall mounted water closet installed in such a way that no part of the water closet touches the floor.

(192) Waste pipe and special waste. A waste pipe is any pipe which receives the discharge of any fixture (except water closets or similar fixtures) and discharges to the house drain, soil or waste stacks. When such pipe does not connect directly with a house drain, waste or soil stack, it is termed a special waste.

(193) Water distributing pipe. A pipe within the building or on the premises which conveys water from the water-service pipe or meter to the point of usage.

(194) Water lifts. (See sewage ejector.)

(195) Water outlet. A discharge opening through which water is supplied to a fixture, into the atmosphere (except into an open tank which is part of the water supply), to a boiler or heating system, to any devices or equipment requiring water to operate but which are not part of the plumbing system.

(196) Water riser pipe. (See riser.)

(197) Water service pipe. The pipe from the water main or other source of potable water supply to the water distributing system of the building served.

(198) Water supply stub. A vertical pipe less than one (1) story in height supplying one or more fixtures.

(199) Water supply system. The water service pipe, the water-distributing pipes, and the necessary connecting pipes, fittings, control valves, and all appurtenances in or adjacent to the building or premises.

(200) Well, bored. A well constructed by boring a hole in the ground with an auger and installing a casing.

(201) Well, drilled. A well constructed by making a hole in the ground with a drilling machine of any type and installing casing and screen.

(202) Well, driven. A well constructed by driving a pipe in the ground. The drive pipe is usually fitted with a well point and screen.

(203) Well, dug. A well constructed by excavating a large diameter shaft and installing a casing.

(204) Wet vent. A vent which receives the discharge of wastes other than from water closets.

(205) Yoke vent. A pipe connecting upward from a

soil or waste stack to a vent stack for the purpose of preventing pressure changes in the stack.

JOHN S. HOFFMAN, Secretary

ADOPTED: February 13, 1976

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DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION

Division of Plumbing
(Proposed Amendment)

401 KAR 1:015. License application; examination.

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 211.090, and Executive Order 74-449

NECESSITY AND FUNCTION: KRS 318.030, as amended, directs that no person shall engage in or work at the trade of plumbing unless he is the holder of a valid and effective master or journeyman plumber's license duly issued by the department. KRS 318.040 establishes the qualifications for respective license applicants and provides for an examination procedure relating to both master and journeyman applicants. KRS 318.050 establishes an application fee schedule for those seeking licensure under KRS Chapter 318. KRS 318.050 deals with license expiration, renewal, and revival fees, and directs the department to establish by regulation a reasonable annual license renewal fee for both master and journeyman plumber's licenses. This regulation is designed to set forth license application and examination procedures and to establish a reasonable annual license renewal fee in accord with the aforementioned statutory provisions.

Section 1.. Applications for Master or Journeyman Plumber's Licenses. Applications for master or journeyman plumber's licenses shall be submitted to the Department for Natural Resources and Environmental Protection on forms furnished by the department. Each application shall be properly notarized and accompanied by a fee of twenty-five dollars (\$25) if for a master plumber's license or ten dollars (\$10) if for a journeyman plumber's license. A signed photograph of the applicant not less than two (2) inches square nor larger than four (4) inches square taken within two (2) years shall accompany each application. Application fees shall be submitted at least two (2) weeks prior to the date of examination and remitted by post office or express money order, bank draft or certified check payable to the Kentucky State Treasurer.

Section 2. Examinations for Master or Journeyman Plumber's Licenses. (1) Examination of applicants. Regular examination of applicants for master or journeyman plumber's licenses shall be conducted during the months of February, May, August and November of each year. Special examinations may be conducted at such times as the Department for Natural Resources and Environmental Protection may direct.

(2) Time and place of examination. Notice of the time and place of examination shall be given by the United States mail at least one (1) week prior to the date of examination to all persons having applications on file.

(3) Materials required for journeyman plumbers' examinations. Applicants for journeyman plumbers' licenses shall furnish the materials required for the practical examination.

Section 3. Renewals of Master and Journeyman Plumber's Licenses. (1) Renewal fees. The annual license renewal fee shall be *fifty dollars (\$50)* [fifteen dollars (\$15)] for master plumbers and *twenty-five dollars (\$25)* [five dollars (\$5)] for journeyman plumbers.

(2) Remittance of renewal fees. Renewal fees shall be remitted by post office or express money order, bank draft, or certified check payable to the Kentucky State Treasurer.

JOHN S. HOFFMAN, Secretary

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**DEPARTMENT FOR NATURAL RESOURCES
AND ENVIRONMENTAL PROTECTION**

Bureau of Environmental Quality

Division of Plumbing

(Proposed Amendment)

401 KAR 1:020. Installation permits.

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 318.134, 211.090 and Executive Order 74-449

NECESSITY AND FUNCTION: The department is directed by KRS 318.134 to adopt a reasonable schedule of fees and charges to be paid for plumbing installation permits and the necessary inspections incident thereto. This regulation is to assure uniformity of fees and charges for plumbing installation permits throughout the state.

Section 1. Issuance of Permits.

(1) Except as otherwise provided by subsection (3) of this section, permits to construct, install or alter plumbing, sewerage or drainage shall be issued only to licensed master plumbers.

(2) Journeyman plumbers shall not construct, install or alter plumbing, sewerage or drainage except when the work is done under the supervision of a licensed master plumber.

(3) Permits to construct, install or alter plumbing, sewerage or drainage may be issued to homeowners who desire to install plumbing in homes actually occupied by them provided:

(a) Application is made for the permit prior to the beginning of the work;

(b) All work is performed in compliance with the state plumbing law and code and the rules and regulations thereunder promulgated;

(c) The work is not performed for monetary gain;

(d) All the work is personally performed by the owner and he does not employ any other person to assist him.

(4) No permit shall be required for the repairing of leaks, cocks, valves, or for cleaning out waste or sewer pipes.

Section 2. When a permit is required. A plumbing construction permit shall be required for the following:

(1) For all new plumbing installations.

(2) For all existing plumbing installations where a fixture or a soil waste opening is to be moved or relocated.

(3) For each individual unit of a multi-store building where there is more than one (1) unit.

(4) For each individual building. (Buildings shall be deemed separate if the connection between them is not a necessary part of the structure of either building, or if they are not under a continuous roof.)

(5) For a new house sewer and for a house sewer that is to be replaced.

(6) For a new water service and for a water service that is to be replaced.

(7) For a new water heater installation and for a water heater installation that is to be replaced.

(8) For any other installation which constitutes "plumbing" within the meaning of KRS Chapter 318 and the state plumbing code.

Section 3. Plumbing Installation Permit Fees.

(1) The fee for each plumbing installation permit shall be twelve dollars (\$12) plus:

(a) three dollars (\$3) for each plumbing fixture or appliance or plumbing fixture opening or appliance opening left in the soil or waste pipe system including openings left for future fixtures or appliances;

(b) three dollars (\$3) for each domestic water heater.

(2) In the event only a new domestic water heater is installed or replaced, the fee for the plumbing installation permit shall be *ten dollars (\$10)* [five dollars (\$5)].

(3) In the event only a new water service is constructed or replaced the fee for the plumbing construction permit shall be *ten dollars (\$10)* [five dollars (\$5)].

(4) In the event only a new house sewer is constructed or replaced the fee for a plumbing construction permit shall be *ten dollars (\$10)* [five dollars (\$5)].

(5) In the event only a new private sewage disposal system is constructed or replaced the fee for a plumbing construction permit shall be *ten dollars (\$10)* [five dollars (\$5)].

(6) All persons securing plumbing permits shall be entitled to plumbing inspections at no additional cost; provided, however, that all inspections in excess of three (3) shall be charged at the rate of three dollars (\$3) per inspection.

(7) All plumbing installation permits issued under this regulation shall expire one (1) year after date of issuance thereof; provided, however, if construction is begun within one (1) year after date of issuance the permit shall not expire until completion of the planned plumbing installation.

(8) Plumbing fixtures may be replaced without procuring a plumbing installation permit provided the county plumbing inspector is notified of the installation.

Section 4. Plumbing Inspection Fees for Public Building. The schedule of fees for inspection of the construction, installation or alteration of plumbing in public buildings shall be the same as specified in Section 3 of this regulation.

JOHN S. HOFFMAN, Secretary

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DEPARTMENT FOR NATURAL RESOURCES
AND ENVIRONMENTAL PROTECTION

Bureau of Environmental Quality

Division of Plumbing

(Proposed Amendment)

401 KAR 1:040. Plumbing fixtures.

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 211.090, 318.130 and Executive Order 74-449

NECESSITY AND FUNCTION: The Department is directed by KRS 318.130 through the State Plumbing Code Committee to adopt and put into effect a State Plumbing Code. This regulation relates to the quality, type and kinds of plumbing fixtures that may be used in the installation of plumbing.

Section 1. Materials. All receptacles used as water closets, urinals, or otherwise for the disposal of human excreta, shall be of vitrified earthenware, hard natural stone, or cast iron with a light color porcelain enameled on the inside.

Section 2. Installation. All plumbing fixtures shall be installed free and open in a manner to afford access for cleaning. Where practical, all pipes from fixtures shall be run to the wall and no trap or pipe shall extend nearer to the floor than twelve (12) inches except laundry trays or similar fixtures.

Section 3. Water Closet Bowls. Water closet bowls shall be made in one (1) piece and of such form as to hold a sufficient quantity of water when filled to the trap overflow to prevent fouling of its interior surfaces, and it shall be provided with an integral flushing rim so constructed as to flush the entire interior of the bowl.

Section 4. Frost-Proof Closet. A frost-proof water closet may be installed only in a building that has at least a twelve (12) inch air break between it and any building used for habitation or occupancy. The room shall be tightly enclosed and accessible from the outside only. The soil pipe between the trap and hopper shall be of extra heavy cast-iron, four (4) inches in diameter and shall be light colored porcelain enamel on the inside. The building must have a non-absorbent floor. Each frost-proof water closet shall have a four (4) inch vent.

Section 5. (1) Floor Drains and Shower Drains. A floor drain or a shower drain is considered a plumbing fixture and shall be provided with a strainer.

(2) Shower Drain Pan Construction. Shower drain pans shall be constructed of sheet lead weighing not less than four (4) pounds per square foot, *non-plasticized chlorinated polyethylene conforming to ASTM D-412-66, D-1204-54 and D-568-61 not less than 0.040 inches* or other approved material. Shower pans shall be constructed without seams and shall extend to a minimum height of six (6) inches on all vertical walls. Shower pans shall not be required on a concrete floor below the outside grade level.

(3) Fiberglass Bathtubs, Showers, Tub Enclosures and Shower Stalls. Fiberglass bathtubs and tub enclosures shall conform to Commercial Standards CS 221-59. Fiberglass shower stalls and shower receptors shall conform to Commercial Standards CS 222-59.

(4) Metamorphosed Carbonate Aggregate Polyester Resinous Matrix-Marbleoid Bathtubs, Lavatories and Shower Stalls. Metamorphosed Carbonate Aggregate Polyester Resinous Matrix-Marbleoid bathtubs, lavatories and shower stalls shall conform to Commercial Standards CS 111-43.

Section 6. Floor Drains, Shower Drains or Urinal Drains in Inaccessible Places. Floor drains, shower drains or urinal drains shall have a cast-iron P trap when installed under concrete floors or in inaccessible places. They shall be either caulk or screw type.

Section 7. Fixture Strainers. All fixtures other than water closets and pedestal urinals shall be provided with a fixed strong, metallic or porcelain strainer. The total outlet area shall not be less than that of the interior area of the trap.

Section 8. Fixture Overflow. The overflow pipe from a fixture shall be connected to the inlet side of a trap and be so arranged that it may be readily and effectively cleaned.

Section 9. Ventilation of Rooms Containing Fixtures. Plumbing fixtures, except bedroom lavatories, shall not be located in any room which does not contain a window placed in an external wall or is not otherwise pro-

vided with adequate ventilation. The minimum size of the external fresh air inlet shall be two and one-fourth (2 1/4) square feet of opening. Where forced ventilation is used, the minimum change of air shall be six (6) times per hour and the vent must be extended to the outside of the building.

Section 10. Fixture Additions. Any fixture or fixtures added to a plumbing system shall be installed to comply with the other sections of this code, and the discharge from the additional fixture or fixtures shall enter the soil pipe below the lowest vented opening.

Section 11. Defective Fixtures. All newly installed fixtures found defective or old fixtures found to be in an unsanitary condition, shall be repaired, replaced, or removed within thirty (30) days upon written notice from the department.

Section 12. Water Heaters. Water heaters shall be properly connected to the hot and cold water supply and shall be connected to an adequate size flue or chimney, but in no case shall this be connected to a flue serving a coal burning apparatus. The flue or chimney shall extend two (2) feet above the roof and be properly flashed and shall not terminate within six (6) feet of a door or window. If a water heater is placed in a closed room or closet the door must be a louver door.

JOHN S. HOFFMAN, Secretary

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**DEPARTMENT FOR NATURAL RESOURCES
AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Quality
Division of Plumbing
(Proposed Amendment)**

401 KAR 1:060. Soil, waste and vent systems.

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 211.090, 318.130, and Executive Order 74-449

NECESSITY AND FUNCTION: The department is directed by KRS 318.130 through the State Plumbing Code Committee to adopt and put into effect a State Plumbing Code. This regulation relates to material and the design of the soil, waste and vent systems that will be used in all types of plumbing systems that are constructed throughout the Commonwealth.

Section 1. Grades and Supports of Horizontal Piping. All horizontal piping shall be run in practical alignment

and at a uniform grade of not less than one-eighth (1/8) inch per foot, and shall be supported or anchored in accordance with the manufacturer's recommendations but in no instance to exceed ten (10) feet in length. All stacks shall be supported at their bases and all pipes shall be rigidly secured. No-hub pipe and fittings shall be supported at each joint of pipe and fittings. Polyvinyl chloride and acrylonitrile-butadiene-styrene schedule forty (40) horizontal piping shall be supported at intervals not to exceed five (5) feet and at the base of all vertical stacks and at all trap branches as close to the trap as possible. Polyethylene pipe and fittings must be continuously supported with a V channel. Stacks must be rigidly supported at their bases and at each floor level.

Section 2. Change in Direction. All changes in direction shall be made by the appropriate use of forty-five (45) degree wyes, half-wyes, quarter, sixth, eighth or sixteenth bends, except that a single sanitary tee may be used in a vertical stack, or a sanitary tee may be turned on its back or side at an angle of not more than forty-five (45) degrees.

Section 3. Prohibited Fittings. No double hub bend or double hub tee or inverted hubs shall be used on sewers, soil or waste line. The drilling and tapping of house sewers or house drains, soil, waste or vent pipes, and the use of saddle hubs and bands is prohibited. Double sanitary tees may be used on vertical soil, waste and vent lines. All pipes shall be installed without hubs or restrictions that would reduce the area or capacity of the pipe.

Section 4. Dead Ends. In the installation of any drainage system dead ends shall be avoided.

Section 5. Protection of Material. All pipes passing under or through walls shall be protected from breakage. All pipes passing through, or under cinder, concrete, or other corrosive material shall be protected against external corrosion.

Section 6. Materials. All main or branch soil, waste and vent pipes and fittings within or underneath a building shall be hub and spigot extra heavy or service weight cast iron, no-hub service weight cast iron, galvanized steel, galvanized wrought iron, lead, brass, types K, L, M, DWV copper, standard high frequency welded tubing conforming to ASTM B-586-73, Types R-K, R-L, R-DWV brass tubing, DWV brass tubing conforming to B-587-73, seamless stainless steel tubing, Grade G or H conforming to CS-263-68, polyvinyl chloride schedule 40 or 80 conforming to ASTM D-2665-69 and D-1784-65T, acrylonitrile-butadiene-styrene schedule 40 or 80 conforming to ASTM D-2661-69 and D-1788-67, silicon iron or borosilicate. All mains or branch soil waste and vent pipe and fittings underground shall either be hub and spigot extra heavy or service weight cast iron, Type K or L copper pipe, Type R-K, R-L brass tubing, lead, silicon iron or borosilicate.

Section 7. Size of Waste Pipe Per Fixture Unit on Any One Stack. The following table, based on the rate

of discharge from a lavatory as a unit, shall be employed to determine fixture equivalents.

Pipe Size (In Inches)	Maximum Developed Length	Fixture Units
1 1/4	25 ft.	1
1 1/2	30 ft.	2
2	50 ft.	6
2 1/2	100 ft.	12
3	225 ft.	30
4		96
5		180
6		420
8		1200
10		2400
12		4200

Section 8. Size of Combined Soil and Waste Pipe Per Fixture Unit on Any One (1) Stack. The following table, based on the rate of discharge from a lavatory as the unit, shall be employed to determine fixture equivalents.

Pipe Size (In Inches)	(Maximum Developed Length of Combined Soil and Waste and Vent)	Fixture Units
*3	100 ft.	24
4		96
5		180
6		420
8		1200
10		2400
12		4200

*Not more than two (2) water closets or two (2) bathroom groups.

Section 9. Soil and Waste Branch Interval. The total number of fixture units installed on any soil or waste branch interval shall not exceed one-half (1/2) of the fixture units set forth in the table in Section 8, above.

Section 10. (1) Soil and Waste Stacks. *Except as provided for in Section 12 of this regulation,* every building in which plumbing fixtures are installed shall have a full size soil and/ or waste stack and all soil or waste stacks shall extend full size through the roof [stacks extending full size through the roof]. A full size waste stack is one that is the same size as the house drain to which it is connected. Soil and waste stacks shall be as direct as possible and free from sharp bends or turns. The required size of the soil or waste stack shall be determined from the total of all fixture units connected to the stack in accordance with the above tables except that no more than two (2) water closets shall discharge into a three (3) inch stack.

(2) Soil and/or Soil and Waste Branches. A three (3) inch soil and/or soil and waste branch shall not serve more than two (2) water closets and shall have a full size vent.

Section 11. Future Openings. All openings left or installed in a plumbing system for future openings shall be complete with its soil and/or waste and vent piping and shall comply with all other sections of this code.

Section 12. House Drain. *A house drain shall be the same size as the stack that it serves. A floor drain with a three (3) inch trap may be connected to the three (3) inch house drain provided it conforms to Sections 26 or 29 of this regulation.* [When a three (3) inch house drain enters a building it shall be provided with a three (3) inch stack. One (1) basement floor drain may be added to the house drain with a three (3) inch trap. Seven and one-half (7-1/2) fixture units may be added to the three (3) inch house drain if an additional two (2) inch stack is provided and the fixtures are vented in accordance with the other applicable sections of this code. The center of the last fixture must not exceed five (5) feet from the center line of the house drain.]

Section 13. Soil and Waste Stacks, Fixture Connections. All soil and waste stacks and branches shall be provided with correctly faced inlets for fixture connections. Each fixture shall be independently connected to the soil and/or waste system. Fixture connections to water closets, floor-outlet pedestal sinks, pedestal urinals, or other similar plumbing fixtures shall be made by either cast iron, lead, brass, copper, or plastic closet bends. All three (3) inch closet bends shall have a four (4) inch by three (3) inch flange.

Section 14. Changing Soil and Vent Pipes. In an existing building where the soil, waste and vent piping is not extended undiminished through the roof or where there is a sheet metal soil or waste piping such piping shall be replaced with appropriate sizes and materials as prescribed for new work when a fixture or fixtures are changed or replaced.

Section 15. Prohibited Connections. No fixture connection shall be made to a lead bend or a branch of a water closet or a similar fixture. Vent pipes above the highest installed fixture on a branch or main shall not be used as a soil or waste pipe.

Section 16. Soil, Waste and Vent Pipe Protected. No soil, waste, or vent pipe shall be installed or permitted outside a building unless adequate provision is made to protect it from frost. The piping must be wrapped with one (1) layer of heavy hair felt and at least two (2) layers of two (2) ply tar paper, all properly bound with copper wire or in lieu thereof, the vent may be increased to full size, the size of the increaser if it were passing through the roof.

Section 17. Roof Extensions. All roof extensions of soil and waste stacks shall be run full size at least one (1) foot above the roof, and when the roof is used for other purposes than weather protection, such extensions shall not be less than five (5) feet above the roof. All stacks less than three (3) inches in diameter passing through a roof shall be increased. No stack shall be less than three (3) inches. When a change in diameter is made the fitting must be placed at least one (1) foot below the roof.

Section 18. Terminals. If a roof terminus of any stack or vent is within ten (10) feet of the top, bottom, face or side edge of any door, window, scuttle, or air shaft, and not screened from such an opening by a pro-

jecting roof or building wall, it shall be extended at least two (2) feet above the top edge of the window or opening.

Section 19. Terminals Adjoining High Buildings. No soil, waste or vent pipe extension of any new or existing building shall be run or placed on the outside of a wall, but shall be carried up in the inside of the building unless the piping is protected from freezing. In the event, the new building is built higher than the existing building, the owner of the new building shall not locate windows within ten (10) feet of any existing vent stack on the lower building.

Section 20. Traps, Protected; Vents. Every fixture trap shall be protected against siphonage and back-pressure. Air circulation shall be assured by means of an individual vent. Crown vents are not permitted.

Section 21. Distance of Trap from Vent. (1) The distance between the vent and the fixture trap shall be measured along the center line of the waste or soil pipe from the vertical inlet of the trap to the vent opening. The fixture trap vent, except for water closets and similar fixtures, shall not be below the dip of the trap, and all ninety (90) degree turns in the water line of the main waste, soil, or vent pipes shall be washed. Each fixture trap shall have a vent located with a developed length not greater than that set forth in the table below:

Size of Fixture Drain (In Inches)	Distance-Trap to Vent
1 1/4	2 ft. 6 in.
1 1/2	3 ft. 6 in.
2	5 ft.
3	6 ft.
4	10 ft.

(2) A fixture branch on a water closet shall not be more than three (3) feet.

Section 22. Main vents to Connect at Base. The main vent or the vent stack shall connect full size at their base to the main soil or waste pipe at or below the lowest fixture branch and shall extend undiminished in size through the roof or shall be re-connected with the main soil or vent stack at least six (6) inches above the rim of the highest fixture. This section shall not apply to one (1) and two (2) story residential installations. When it becomes necessary to increase a vertical vent stack it then becomes a main vent and must comply with other sections of this code.

Section 23. Vents; Required Sizes. (1) The required size of a vent or vent stacks shall be determined by the total number of fixture units it serves and the developed length of the vent, in accordance with the following table, interpolating, when necessary, between permissible length of vent given in the following table.

MAXIMUM PERMISSIBLE LENGTHS OF VENTS		
Pipe Size (In Inches)	Maximum Length (In Feet)	Fixture Units
1 1/4	30	2
1 1/2	150	8
2	200	18
2 1/2	250	36
3	300	72
4	400	240
5	600	420
6	800	720

(2) If a fixture opening is installed more than twenty-five (25) feet of developed length from the point where it is connected to the main soil or waste systems, or, if more than ten (10) feet of vertical piping is used, the vent shall be continued full size through the roof or returned full size to the main vent.

Section 24. Branch and Individual Vents. In no instance shall a branch or individual vent be less than one and one-fourth (1 1/4) inches in diameter and shall not exceed the maximum length permitted for a main vent.

Section 25. Vent Pipes Grades and Connections. All vent and branch vent pipes shall be free from drops or sags and be so graded and connected as to drip back to the soil or waste pipe by gravity. Where vent pipes connect to a horizontal soil or waste pipe, the vent branch shall be taken off above the center line of the pipe, and the vent pipe must rise vertically at an angle of forty-five (45) degrees to the vertical, to a point six (6) inches above the fixture it is venting before offsetting horizontally or connecting to the branch, main, waste, soil or vent.

Section 26. Vents Not Required. Vents will not be required on a back-water trap, or a subsoil catch basin trap, or a basement floor drain provided that the basement floor drain is the first opening on the house drain and that the basement floor drain branches into the house drain so that measuring along the flow line from the center of the stack, the floor drain shall not be closer than five (5) feet to the stack, nor farther than twenty (20) feet. The floor drain line shall be four (4) inches above the house drain. All floor drains on a house drain in between stacks shall be vented. All floor drains shall be the caulk-on-type.

Section 27. When Common Vent Permissible. Where two (2) water closets, two (2) lavatories or two (2) of any fixtures of identical purpose are located on opposite sides of a wall or partition, or directly adjacent to each other within the prescribed distance as set forth in Section 21 of this regulation measured along the center line of the flow of water, the fixtures may have a common soil or waste pipe and a common vent. It shall be vented in accordance with the other sections of this code.

Section 28. Floor Drain Individual Vent Not Required. Manufacturers' floor drains do not require individual vents when they are placed on a waste line for floor drains only within the prescribed distance of ten (10) feet from the main waste line, or stack, provided the

base of the stack is washed and the stack or stacks are undiminished through the roof, or connected to a main vent stack.

Section 29. A Basement Floor Drain Does Not Require an Individual Vent. A basement floor drain does not require an individual vent if it conforms to Section 26 of this regulation, or if it is the first floor drain on the main and is ahead of all sanitary openings and is not farther than five (5) feet from the main.

Section 30. House Drain Material. House drains shall be either extra heavy cast iron, service weight cast iron, brass, Type (K) or (L) copper, lead, ABS or PVC plastic, or duriron.

Section 31. Indirect Waste Connections. Waste pipe from a refrigerator drain or any other receptacle where food is stored or waste water from a water cooled compressor, shall connect indirectly with the house drain, soil or waste pipe. The drain shall be vented to the outside air. Such waste pipes shall discharge into an open sink or another approved open receptacle that is properly supplied with water in accordance with other sections of this code. Such connections shall not be located in an inaccessible or unventilated area.

Section 32. Bar and Soda Fountain Wastes. Bar and soda fountain wastes, sinks and receptacles shall have a one and one-half (1 1/2) inch P trap and branches. The main shall not be less than two (2) inches. The fresh air pipe shall not be less than one and one-half (1 1/2) inches. The main waste line shall discharge into a properly vented and trapped open receptacle inside or outside a building. Food storage compartment drains shall be indirectly connected through a trapped receptacle whose upper edge is raised at least one (1) inch above the finished floor line.

Section 33. Open Receptacles. Soil or waste piping receiving the discharge from an open receptacle shall be at least six (6) inches above the surface of the ground when it discharges into a septic system.

Section 34. Refrigerator Wastes. Refrigerator waste pipes shall not be less than one and one-half (1 1/2) inches for one (1) to three (3) openings, and at least two (2) inches for four (4) to eight (8) openings. Each opening shall be trapped. Such waste piping shall be provided with sufficient cleanouts to allow for thorough cleaning.

Section 35. Overflow Pipes. Waste from a water supply tank or exhaust from a water lift shall not directly connect to a house drain, soil, or waste pipe. Such waste pipe shall discharge upon a roof or into a trapped open receptacle.

Section 36. Acid and Chemical Wastes. Except as provided herein, no corrosive liquids shall be permitted to discharge into the soil, waste or sewer system. Such waste shall be thoroughly diluted or neutralized by passing through a properly constructed and acceptable dilution or neutralizing pit before entering the house sewer.

Section 37. Laboratory Waste Piping. Laboratory waste piping shall be sized in accordance with the other

sections of this code. Each fixture shall be individually trapped. A continuous waste and vent pipe system may be used, provided the waste discharges into a vented dilution pit outside the building with a vent equal to the size of the drain. The vent may be eliminated when a pit has a ventilated cover. If under certain conditions a dilution pit is not required and is not used, each fixture shall be individually vented. If construction conditions permit, the base of the stack of the continuous waste and vent system shall be washed by the last fixture opening, and continue full size independently through the roof. All fixture branches exceeding more than the distance specified in the table in Section 21 of this regulation from the main shall be revented. The distance shall be measured from the center of the main to the center of the vertical riser. Fixture connections shall rise vertically to a height so that the trap will not be lower than twelve (12) inches from the bottom of the sink. Two (2) or more sinks may be connected into a common waste before entering the riser of the continuous waste and vent system, provided the fixtures are not more than five (5) feet from the center of one (1) fixture to the center of the other.

Section 38. Acid Waste Piping. Underground piping for acid wastes shall be extra heavy salt glazed vitrified pipe, silicon iron, lead, polyethylene pipe and fittings conforming to PS 10-69, PS 11-69, and PS 12-69, polypropylene pipe conforming to ASTM D-2146-65T, or other materials approved by the department. Piping for acid wastes and vents above ground shall be of silicon iron, lead, borosilicate, or polyethylene pipe conforming to PS 10-69, PS 11-69, and PS 12-69.

Section 39. Special Vents. Flat or wet vents serving a plumbing fixture may be constructed only with special permission when a plumbing system is being remodeled or when additions are added to an original system.

JOHN S. HOFFMAN, Secretary

ADOPTED: February 13, 1976

RECEIVED BY LRC: February 13, 1976 at 3:45 p.m.

PUBLIC HEARING: A Public Hearing on this proposed amendment is scheduled for April 6, 1976 at 10 a.m. EDT, Capital Plaza Tower Auditorium, Frankfort, Kentucky. For additional information or for submission of comments, please contact Mr. Eugene F. Perkins, Director, Division of Plumbing, Department for Natural Resources and Environmental Protection, 6th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

DEPARTMENT FOR NATURAL RESOURCES
AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Quality
Division of Plumbing
(Proposed Amendment)

401 KAR 1:070. Joints and connections.

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 211.090, 318.130 and Executive Order 74-449

NECESSITY AND FUNCTION: The department is directed by KRS 318.130 through the State Plumbing Code Committee to adopt and put into effect a State Plumbing Code. This regulation relates to the methods that must be used in joining certain types of piping materials together as well as denoting the methods that must be used in securing plumbing fixtures to waste piping outlets.

Section 1. Water and Air-Tight Joints. All joints and connections shall be made permanently gas and water tight.

Section 2. Vitrified Pipe Joints; Concrete Pipe Joints; House Sewers-Combined Sewers. Joints in vitrified clay pipe shall conform to ASTM specification C-425. Joints in concrete pipe shall conform to commercial standard C-443. When it is necessary to use piping in other than standard lengths hot poured joints may be used. Joints between cast iron pipe and vitrified clay pipe or concrete pipe shall be made either of hot poured bitumastic compound or by a pre-formed elastomeric ring. The ring shall completely fill the annular space between the cast iron spigot and the vitrified clay or concrete pipe hub. *Joints in pipe and fittings of the same size between vitrified clay, asbestos cement, acrylonitrile-butadiene-styrene or polyvinyl chloride to cast iron pipe and fittings or the joining of either material to the other may be made with proper fittings by the use of a dispersion grade polyvinyl chloride ring conforming to ASTM C-443, C-425, C-594, C-564 and D-1829.*

Section 3. Caulked Joints. All caulk joints shall be firmly packed with oakum or hemp and shall have at least one (1) inch of pure lead properly caulked. No paint varnish or putty will be permitted until tests have been performed.

Section 4. (1) Screw Joints. All screw joints shall be American Standard screw joints and all burrs or cuttings shall be removed.

(2) **Mechanical Joint Couplings for Hot and Cold Water.** Mechanical joint couplings for hot and cold water may be used above ground provided the couplings are galvanized and the gaskets conform to ASTM D-735-61, grade N-R-615 BZ.

(3) **Mechanical Joint Couplings for Storm Water Piping.** Mechanical joint couplings for storm water piping may be used above ground provided the couplings are either black iron or galvanized and the gaskets conform to ASTM D-735-61, grade N-R-615 BZ.

(4) **Joints in PVC and ABS Schedule 40 or 80 Pipe and Fittings.** Joints in polyvinyl chloride schedule 40 or 80 pipe

and fittings shall be solvent welded joints and shall conform to ASTM D-2665-69. Joints in acrylonitrile-butadiene-styrene pipe and fittings shall be solvent welded joints and shall conform to ASTM D-2226-69. *Acrylonitrile-butadiene-styrene and polyvinyl chloride sewer piping that conforms to ASTM 3033 and 3034 shall be joined by solvent cement conforming to ASTM C-2665-69 for acrylonitrile-butadiene-styrene and ASTM D-2661-69 for polyvinyl chloride or with an elastomeric joint conforming to D-3212-73.*

(5) **Copper Pipe, Brass and Stainless Steel Tubing Joints.** Copper pipe, brass and stainless steel tubing joints shall be soldered joints.

(6) **Expansion.** Every expansion joint shall be of approved type and its material shall conform with the type of piping in which it is installed.

(7) **Brazed Joints.** Brazed joints shall be made by first cleaning the surfaces to be joined down to the base metal, applying flux approved for such joints and for the filler metal to be used, and making the joint by heating to a temperature sufficient to melt the approved brazing filler metal on contact.

(8) **Tapered Couplings.** Every joint in bituminized fiber pipe shall be made with tapered type couplings of the same material as the pipe. Joints between bituminized fiber pipe and metal pipe shall be made by means of an approved adapter coupling properly caulked.

(9) **Joints in Corrugated Polyethylene Subsoil Drainage Tubing.** Joints in corrugated polyethylene subsoil drainage tubing shall be made by slip joints using appropriate fittings.

Section 5. Cast Iron Soil Pipe Joints. Joints in cast iron shall either be caulked, screwed, or joints made with the use of neoprene gaskets. Neoprene gaskets shall conform to either ASTM C-564-70 or CS 301-72. Joints that conform to commercial standard 301-69T shall have a stainless steel clamp.

Section 6. Borosilicate Joints. Joints and gaskets used for borosilicate pipe shall be made in a manner approved by the department.

Section 7. (1) Steel, Brass and Copper Connections to Cast Iron Pipe. Steel, brass and copper joints when connected to cast iron pipe shall be either screwed or caulked joints. All caulked joints shall be made by the use of a caulking spigot.

(2) **PVC and ABS Pipe and Fitting Connections to Steel, Brass, Copper and Cast Iron Pipe.** Polyvinyl chloride and acrylonitrile; butadiene; styrene pipe and fitting connections to steel, brass, copper or cast iron pipe shall either be a screwed or caulk joint. All caulk joints shall be made with the use of either a polyvinyl chloride or acrylonitrile; butadiene; styrene or cast iron caulking spigot.

(3) **Stainless Steel Tubing to Cast Iron Pipe to Galvanized Steel Pipe and to Copper Tubing.** Stainless steel tubing to cast iron pipe shall be made by caulking spigot. Stainless steel tubing to galvanized steel pipe or copper pipe shall be made by the use of an adaptor.

(4) **Joints in Acid Waste Piping.** Joints in vitreous

glazed piping shall be made in a manner and of a material approved by the department. Joints in polyethylene and polypropylene piping must be made by the heat fusion process. Joints in borosilicate pipe may be a stainless steel mechanical joint. Joints between silicon iron pipe may be either caulk joint or stainless steel mechanical joint.

Section 8. Lead Pipe. Joints in lead pipe or between lead pipe and brass or copper pipes, ferrules, soldering nipples, or trap, shall be fullwiped joints, with an exposed surface of the solder at each side of the joint of not less than three-quarters ($\frac{3}{4}$) of an inch. The minimum thickness of the thickest part of the joint shall be at least as thick as the material being used. In the event lead pipe is used for acid waste lines the pipe may be joined by burning.

Section 9. Lead Pipe to Cast Iron, Steel, or Wrought Iron Pipe. The joints between lead to cast iron, steel, or wrought iron shall be made by means of a caulking ferrule or a soldering nipple.

Section 10. Wall or Floor Flange Joints. Wall or floor flange joints shall be made by using a lead ring or brass flange and shall be properly soldered.

Section 11. Soil Pipe, Iron Pipe, Copper Pipe; Tubular Trap Joints. Joints between soil pipe, iron pipe, copper pipe and tubular traps shall be made by the use of heavy red cast brass adaptor. Tubular traps shall be soldered to the adaptor in a manner approved by the department.

Section 12. Slip Joints. Slip joints shall be permitted only on the inlet side of a trap.

Section 13. Unions. Unions shall be ground faced and shall not be concealed or enclosed.

Section 14. Roof Joints. The joint at the roof shall be made water-tight by use of copper, lead or other approved flashing or flashing material. It shall extend not less than six (6) inches from the pipe in all directions and shall extend upward twelve (12) or more inches and turn down into the pipe. A hub flashing may be used provided it is constructed so it can be caulked into a hub above the roof.

Section 15. Increasers and Reducers. When different size pipes or pipes and fittings are to be concealed, the proper size increaser or reducer pitched at an angle of forty-five (45) degrees between the two (2) sizes, shall be used.

Section 16. Prohibited Joints and Connections. Any fitting or connection which has an enlargement chamber, or recess with a ledge shoulder, or reduction of the pipe area in the direction of the flow is prohibited.

Section 17. Hangers and Supports. All piping and fixtures shall be adequately supported by hangers or anchors securely attached to the building construction.

Section 18. Welded Pipe for Soil, Waste and Vent

Systems. Mild steel pipe may be welded for a soil waste and vent system provided the welds are mechanically sound and the bore of the piping is smooth throughout its length. The welded piping shall be covered with a metallic continuous coating. Written permission shall be secured from the department for such a system.

JOHN S. HOFFMAN, Secretary

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DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION

Bureau of Environmental Quality

Division of Plumbing

(Proposed Amendment)

401 KAR 1:080. Traps and cleanouts.

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 211.090, 318.130, and Executive Order 74-449

NECESSITY AND FUNCTION: The department is directed by KRS 318.130 through the State Plumbing Code Committee to adopt and put into effect a State Plumbing Code. This regulation relates to the quality, location and the placing of traps and clean-outs to prevent harmful gases and odors from entering buildings and homes that are served by plumbing systems.

Section 1. Traps, Kind and Minimum Size. Every trap shall be self-cleaning. Traps for bathtubs, lavatories, sinks and other similar fixtures shall either be tubular *brass*, *tubular ABS* or *PVC conforming to ASTM F-409*, cast brass, cast iron, lead or *schedule 40 PVC* (polyvinyl chloride) or *ABS* (acrylonitrile-butadiene-styrene) traps. *Tubular or schedule 40 PVC or ABS p-traps may be either the union-joint or solvent welded type.* Tubular *brass* traps shall be seventeen (17) gauge with ground joints. No tubular *brass*, *tubular PVC* or *ABS or schedule 40 PVC or ABS* traps shall be installed below the finished floor serving a fixture. Traps shall have a full-bore, smooth interior waterway. The threads in [the] cast brass and cast iron traps shall be tapped out of solid metal. [Cast iron, brass and] Lead traps shall be extra heavy.

Section 2. Traps, Prohibited. A trap which depends upon the action of movable parts or concealed interior partitions for its seal shall not be used.

Section 3. Traps, Where Required. Each fixture shall be separately trapped by a water-seal trap placed as near to the fixture as possible not to exceed ten (10) inches from the bottom of the fixture to dip of the seal. In no case shall the waste from a bathtub or other fixture discharge into a water closet bend. No fixture shall be double trapped.

Section 4. Water Seal. A fixture trap shall have a water seal of not less than two (2) inches nor more than four (4) inches.

Section 5. Trap Clean-Outs. Trap clean-outs are optional.

Section 6. Trap Levels and Protection. All traps shall be set true with respect to their water seals and shall be protected from frost and evaporation.

Section 7. Pipe Clean-Outs. The bodies of clean-out ferrules shall be made in standard pipe sizes, conforming in thickness to that of pipe and fittings and shall extend not less than one-quarter ($\frac{1}{4}$) inch above the hub in which it is placed. The clean-out cap, or plug shall be heavy red brass not less than one-eighth ($\frac{1}{8}$) inch thick and shall have a raised nut or recessed pocket for removal.

Section 8. Pipe, Clean-Outs, Where Required. A clean-out easily accessible, shall be provided at the base of each vertical waste or soil stack. There shall be at least two (2) clean-outs in the house drain, one (1) at or near the base of the stack and the other with full size Y branch inside the wall or outside the building at a point not beyond two (2) feet from the foundation wall. Clean-outs shall be of the same nominal size as the pipe it serves up to four (4) inches, and not less than four (4) inches for larger pipe.

Section 9. Manholes. All underground clean-outs in a building, except where clean-outs are flush with the floor or wall, shall be made accessible by a manhole or with a proper cover.

Section 10. Clean-Outs (Equivalents). Any floor or wall connection of a fixture trap whether bolted or screwed to the floor or wall, shall be regarded as a clean-out with the exception of the clean-out where the house drain enters a building.

Section 11. Grease Traps. When a grease trap is installed, it shall be placed as near as possible to the fixture it serves and shall be approved by the department. All grease traps used inside a building shall have a sealed cover and shall be properly vented. Grease traps may be installed whenever a private sewage disposal system is used but must be installed to serve restaurants and food handling establishments.

Section 12. Sand Traps. Sand traps shall be designed and located so as to be readily accessible and shall meet the requirements of the department.

Section 13. Basement Floor Drains. A basement floor drain shall connect into a trap so constructed that it can be readily cleaned and of a size to serve efficiently the purpose for which it is intended. When subject to back flow or back pressure, such drains shall be equipped with an adequate back-water valve. The trap seal shall be at least four (4) inches above the flow line of the house drain.

Section 14. Back Water Valves. A back water valve shall be of non-corrosive metals and so constructed as to insure a positive mechanical seal except when discharging wastes.

Section 15. Utility Room Floor Drains. A utility room floor drain with an individual waste shall be provided with a two (2) inch vent increased to three (3) inches before passing through the roof of a building.

Section 16. Directional Flow Fittings and Continuous-Waste. Kitchen sink units, or fixtures with more than one (1) unit may be connected with a continuous-waste, provided a directional flow fitting is used. *Continuous-waste shall be either seventeen (17) gauge tubular brass or schedule 40 ABS or PVC or tubular ABS or PVC material.*

JOHN S. HOFFMAN, Secretary

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PUBLIC HEARING: A Public Hearing on this proposed amendment is scheduled for April 6, 1976 at 10:00 a.m. EDT, Capital Plaza Tower Auditorium, Frankfort, Kentucky. For additional information or for submission of comments, please contact Mr. Eugene F. Perkins, Director, Division of Plumbing, Department for Natural Resources and Environmental Protection, 6th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

DEPARTMENT FOR NATURAL RESOURCES
AND ENVIRONMENTAL PROTECTION
Bureau of Environmental Quality
Division of Plumbing
(Proposed Amendment)

401 KAR 1:090. Water supply and distribution.

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 211.090, 318.130, and Executive Order 74-449

NECESSITY AND FUNCTION: The department is directed by KRS 318.130 through the State Plumbing Code Committee to adopt and put into effect a State Plumbing Code. This regulation relates to the types of piping, pipe sizes for a potable water supply system and the methods to be used to protect and control it.

Section 1. Quality. The bacteriological and chemical quality of the water supply shall comply with the regulations of the department.

Section 2. Distribution. The water supply shall be distributed through a piping system entirely independent of any other piping system.

Section 3. Water Service. The water service piping to any building shall be not less than three fourths ($\frac{3}{4}$) inch but shall be of sufficient size to permit a continuous and ample flow of water to all fixtures on all floors at all times. The water service may be laid in the same trench with the house sewer provided the water piping is benched eighteen (18) inches above the sewer.

Section 4. Water Supply to Fixtures. Plumbing fixtures shall be provided with a sufficient supply of water for flushing to keep them in a sanitary condition. Every water closet or pedestal urinal shall be flushed by means of an approved tank or flush valve. The tank or valves shall furnish at least a four (4) gallon flushing capacity for a water closet and at least a two (2) gallon capacity for a urinal. When a water closet, urinal, or similar fixture is supplied directly from the water supply system through a flushometer or other valve, such valves shall be set above the fixture in a manner so as to prevent any possibility of polluting the potable water supply by back siphonage. All such fixtures shall have a vacuum breaker. Plumbing fixtures, devices or appurtenances shall be installed in a manner that will prevent any possibility of a cross connection between the potable water supply system, drainage system or other water system.

Section 5. Water Supply to Drinking Fountains. The orifice of a drinking fountain shall be provided with a protective cowl to prevent any contamination of the potable water supply system.

Section 6. Sizing of Water Supply Piping. (1) The minimum size water service from the property line to the water heater shall be three-fourths ($3/4$) inch. The hot and cold water piping shall extend three-fourths ($3/4$) inch in size to the first fixture branch regardless of the kind of material used. When galvanized iron pipe is used the distribution piping shall be arranged so that no two (2) one-half ($1/2$) inch fixture branches are supplied from any one-half ($1/2$) inch pipe.

(2) The following schedule shall be used for sizing the water supply piping to fixtures:

Fixture Branches	Size Minimum Inches
Sill Cocks	$1/2$
Hot water boilers	$3/4$
Laundry trays	$1/2$
Sinks	$1/2$
Lavatories	$3/8$
Bathtubs	$1/2$
Water closet tanks	$3/8$
Water closet flush valves	1

Section 7. Water Supply Pipes and Fittings, Materials. Water supply piping for a potable water system shall be of galvanized wrought iron, galvanized steel, brass, Types K, L, and M copper, cast iron, Types R-K, R-L, and R-M brass tubing standard high frequency welded tubing conforming to ASTM B-586-73. *DWV welded brass tubing conforming to B-587-73*, seamless stainless steel tubing, Grade H conforming to CS A-268-68, Polyethylene plastic pipe conforming to ASTM D-2239-69, PVC plastic pipe conforming to ASTM 1785, and CPVC plastic pipe conforming to CS D-2846-70. plastic pipe and fittings shall bear the NFS seal of approval. Fittings shall be brass, copper, or approved plastic or galvanized cast iron or galvanized malleable iron. Piping or fittings that have been used for other purposes shall not be used for the water distribution system. All joints in the water supply system shall be of the approved type. All joints in the water supply system shall be made of screw, solder, or plastic joints. Cast iron water pipe joints may be caulked, screwed, or machine drawn.

When Type M copper pipe, Type R-M brass tubing, standard high frequency welded tubing or stainless steel tubing is placed within a concrete floor or when it passes through a concrete floor it shall be wrapped with an approved material that will permit expansion or contraction. In no instance shall Polyethylene, PVC or CPVC be used below ground under any house or building.

Section 8. Temperature and Pressure Control Devices for Shower Installations. Temperature and pressure control devices shall be installed on all shower installations that will maintain an even temperature and pressure and will provide non-scald protection. Such devices shall be installed on all installations other than in homes or apartment complexes.

Section 9. Water Supply Control. A main supply valve shall be placed inside a foundation wall. Each fixture or each group of fixtures shall be valved and each lawn sprinkler opening shall be valved.

Section 10. Water Supply Protection. All concealed water pipes, storage tanks, cisterns, and all exposed pipes or tanks subject to freezing temperatures shall be protected against freezing. Water services shall be installed at least thirty (30) inches in depth.

Section 11. Temperature and Pressure Relief Devices for Water Heaters. Temperature and pressure relief devices shall be installed on all water heaters on the hot water side not more than three (3) inches from the top of the heater. Temperature and pressure relief devices shall be of a type approved by the department. When a water heater is installed in a location that has a floor drain the discharge from the relief device shall be piped to within two (2) inches of the floor; when a water heater is installed in a location that does not have a floor drain, the discharge from the relief device shall be piped to the outside of the building with an ell turned down and piped to within four (4) inches of the surface of the ground. Relief devices shall be installed on a pneumatic water system.

Section 12. Protection of a Private Water Supply or Source. Private water supplies or sources shall be protected from pollution in a manner approved by the department. Such approval shall be obtained before an installation is made.

Section 13. Water Distribution and Connections to Mobile Homes. (1) An adequate and safe water supply shall be provided to each mobile home conforming to the regulations of the department.

(2) All materials, including pipes and fittings used for connections shall conform with the other sections of this code.

(3) An individual water connection shall be provided at an appropriate location for each mobile home space. The connection shall consist of a riser terminating at least four (4) inches above the ground with two (2) three-fourths ($3/4$) inch valve outlets with screw connection, one (1) for the mobile home water system and the other for lawn watering and fire control. The ground surface around the riser pipe shall be *graded so* [graded to] as to divert surface drainage. The riser pipe shall be encased in an eight (8) inch vitrified clay pipe or equal with the intervening space filled

with an insulating material to protect it from freezing. An insulated cover shall be provided which will encase both valve outlets but not prevent connection to the mobile home during freezing weather. A shut-off valve may be placed below the frost depth on the water service line, but in no instance shall this valve be a stop and waste cock.

JOHN S. HOFFMAN, Secretary

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DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION

Bureau of Environmental Quality

Division of Plumbing

(Proposed Amendment)

401 KAR 1:110. Inspection and tests.

RELATES TO: KRS Chapter 318

PURSUANT TO: KRS 13.082, 318.130, 211.090 and Executive Order 74-449

NECESSITY AND FUNCTION: The department is directed by KRS 318.130 through the State Plumbing Code Committee to adopt and put into effect a State Plumbing Code. This regulation relates to tests and inspections that are necessary in order to cause compliance with other regulations of this code.

Section 1. Inspections and Tests. The water distribution system, the soil, waste and vent system, the fixtures and fixture traps, appurtenances and all connections thereto in a [the] plumbing system shall be inspected and tested by the department to insure compliance with all the sections of this code. In buildings condemned by other authorities [the department] because of unsanitary conditions of the plumbing system, the alterations [to the system] shall be considered as a new plumbing system.

Section 2. Material and Labor for Tests. All equipment, material and labor necessary for inspections and tests shall be furnished by the persons procuring [holder of] the plumbing construction permits.

Section 3. Systems of tests. [The soil, waste and vent system of the plumbing system including the house sewer shall be tested with water, smoke, or other tests approved by the department before it is concealed or covered within the floors, walls, or other areas adjacent to the building. After the plumbing fixtures have been set and their traps filled with water, the entire system other than the house sewer shall be subjected to a final air pressure test. The department may require the removal of any cleanouts to ascertain whether or not the pressure has reached all parts of the system.]

(1) *Test of the Potable Water Supply System. The potable water supply system shall be tested and found*

without leaks under the normal working pressure under which the system will function.

(2) *Tests for the Soil and/or Waste and Vent System. The soil and/or waste and vent system of the plumbing system shall be tested with water or other tests approved by the department, before it is concealed or covered within the floors or walls of a building. After the plumbing fixtures have been set and their traps filled with water and before the building is occupied, the entire system, other than the house sewer, shall be subjected to a final air pressure test. It shall be the responsibility of the person who secured the plumbing construction permit to notify the department representative and request a final inspection and air test upon completion of the installation. In the event only a portion of the plumbing fixtures are set, an air test shall be requested and given prior to the time a building is occupied. After the plumbing system is finally completed another inspection and test must be requested and given. The department may require the removal of any cleanouts to ascertain whether or not the pressure has reached all parts of the system.*

(3) *Tests of the House Sewer. The house sewer shall be tested with either a water or a smoke test.*

Section 4. Methods of Testing. (1) [(6)] *The potable water supply system as well as the water service [Test of Water Distribution System. The entire water distribution system] shall be tested under a pressure of not less than the maximum working pressure under which it is to be used and be free from leaks.*

(2) [(1)] *The entire soil and/or waste and vent system shall be subjected to a water test or it may be tested in sections. [A water test shall be applied to the entire soil, waste and vent system or in sections.] When it is [If] applied to the entire system, all openings [in the piping] shall be closed, except the highest opening [.] and the system shall be filled with water to the point of overflow. If the system is tested in sections, each opening shall be tightly plugged, except the highest opening and it shall be tested with not less than a ten (10) foot head of water or with five (5) pounds of air pressure. In testing successive sections, at least the upper ten (10) feet of the preceding section shall be retested [so that no joint or pipe in the building shall have been subjected to less than a ten (10) foot head of water or five (5) pounds of air pressure].*

(3) [(2)] *In lieu of a water test an air pressure test may be used [made] when the outside temperature is twenty (20) degrees Fahrenheit or less, by attaching an air compressor or test apparatus to any suitable opening. All other inlets and outlets to the system shall be closed, forcing air into the system until there is a uniform pressure sufficient to balance a column of mercury ten (10) inches in height [on the entire system]. The [This] pressure shall be maintained for fifteen (15) minutes.*

(4) [(3)] *[Final Air Test] The final air test shall test the entire soil and/or waste and vent system including the fixture and appurtenances [shall be tested] by connecting an air machine to any suitable opening or outlet and applying air pressure equivalent to a one (1) inch water column. It shall be maintained for at least a fifteen (15) minute [minutes] period. If there are [is] no leaks [leakage] or forcing of trap seals as may be indicated by the functioning [function] of a drum, float, or water column, the system shall be deemed air-tight.*

(5) [(4)] *A garage drainage system shall be tested in the same manner as the soil, waste and vent system.*

(6) [(5)] *House Sewer Test] the house sewer shall be*

tested by either a [with] water or a smoke [or other] test [approved by the department]. [After the sewer has been installed it shall be subjected to a ten (10) foot head of water, a smoke test or other tests approved by the department.] After the sewer trench has been filled with at least two (2) feet of earth cover [above the sewer], it shall [again] be retested. A four (4) inch test tee or Y connection shall be provided at the property line for testing.

Section 5. Order of Tests. Tests may be made separately or as follows: (1) The house sewer and its branches from the property line to the house drain.

(2) The house drain including its branches.

(3) The soil, waste, and vent system as well as [and the] inside rain water conductor s .

(4) The [F] final inspection and air test which shall include [including] the complete plumbing system as required by Section 4(2), exclusive of the house sewer.

Section 6. Tests of Alterations, Extensions or Repairs . Any alterations, extensions, or repairs that requires [require] more than ten (10) feet of soil, waste and or vent piping, shall be inspected and tested as required by Section 3(2).

Section 7. Covering of Work. No part of a plumbing system shall be covered until it has been inspected, tested, and approved as herein provided.

Section 8. Uncovering of Work. [If the house drain or] any part of a [the] plumbing system is covered or concealed before being inspected, tested and approved, it shall be uncovered, or unconcealed and tested as required herein.

Section 9. Defective Work. If an inspection or a test indicates [shows a] defected [defect] work [the defective work] or material it shall be replaced and the inspection [inspections] and the test [tests] repeated.

Section 10. Testing Defective Plumbing. An air test shall be used in testing the condition of a [the] plumbing system [of all buildings] where there is reason to believe [that] it has become defective.

Section 11. Inspections and Test Not required for Exhibition Purposes. Tests and inspections shall not be required where a plumbing system or a part thereof is to be used for exhibition purposes and is not directly connected to a sewerage system [nor after the repairing or replacing of an old fixture, faucets or valves or repairing leaks].

Section 12. Inspections and Tests for the Replacement of Old Plumbing Fixtures. Inspections and tests shall not be required when old plumbing fixtures are replaced with new ones where faucets or valves are replaced or where leaks are repaired.

Section 13. [12.] Certificate of Approval. Upon the satisfactory completion and final test of the plumbing system, a certificate of approval may be issued by the department.

JOHN S. HOFFMAN, Secretary

ADOPTED: February 13, 1976

RECEIVED BY LRC: February 13, 1976 at 3:45 p.m.

PUBLIC HEARING: A Public Hearing on this proposed amendment is scheduled for April 6, 1976 at 10:00 a.m. EDT, Capital Plaza Tower Auditorium, Frankfort, Kentucky. For additional information or for submission of comments, please contact Mr. Eugene F. Perkins, Director, Division of Plumbing, Department for Natural Resources and Environmental Protection, 6th Floor, Capital Plaza Tower, Frankfort, Kentucky 40601.

DEPARTMENT FOR NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION

Bureau of Environmental Quality
Division of Water Quality
(Proposed Amendment)

401 KAR 5:035. Application of stream use classification; treatment requirements; compliance.

RELATES TO: KRS 224.020, 224.060, 224.073

PURSUANT TO: KRS 13.082, 224.033(17)

NECESSITY AND FUNCTION: To implement KRS 224.020. This regulation describes [applies to the use classification found in Sections 3 to 9 of 401 KAR 5:025 to] certain waters[.] to which the stream use classifications found in Sections 3 to 9 of 401 KAR 5:025 apply. Additionally, this regulation mandates that all persons discharging pollutants through point sources shall apply "best practical control technology" and "best available technology economically achievable" by certain dates.

Section 1 (1) All [Except as otherwise provided by law, all] waters shown on the map "Streams of Kentucky," scale: one (1) inch equals ten (10) miles, prepared by the Kentucky Department of Commerce, Frankfort, Kentucky, 1973, and all streams shown on the Topographic Quadrangle Maps of Kentucky, 7.5 minute series, scale: one (1) inch equals 2,000 feet, published by the Kentucky Geological Survey in cooperation with the United States Geological Survey, Department of the Interior, Washington, D. C., both of which maps are incorporated herein by reference, and all streams not shown on either of said maps [hereby incorporated by reference, scale one (1) inch equals ten (10) miles] are classified for all uses in accordance with Sections 3 to 9 of 401 KAR 5:025.

(2) Any person subject to any rule or regulation governing the discharge of contaminants into the waters of the Commonwealth may apply for an exemption or partial exemption from such rule or regulation in the manner provided for in KRS 224.073.

[(2) All discharges to waters not shown on the map described in subsection (1) of this section shall meet all use classifications at the point where those waters join the waters shown on the map.]

Section 2. (1) All persons who discharge through point sources, including but not limited to any discernible, confined and discrete conveyance, including but not limited to any pipe, ditch channel, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, from which pollutants are or may be discharged, shall satisfy the requirements of this section.

(2) All persons who discharge through a point source shall apply the best practical control technology

considering such factors as the total cost of the application of such technology in relation to the effluent reduction benefits to be achieved from such application, the age of the equipment and facilities involved, the process employed, the engineering aspects of the application of various types of control techniques, process changes, non-water quality environmental impact and such other factors as the department considers appropriate to treatment facilities not later than July 1, 1977.

(3) All persons who discharge through a point source shall apply the best available technology economically achievable by July 1, 1983. In determining what is the best available technology economically achievable, the factors in subsection (2) of this section [.] shall be considered, and in addition, any control measures and practices available to eliminate the discharge of pollutants, taking into account the cost of eliminating the discharge of pollutants.

(4) Where coliform bacteria are present in a discharge, disinfection shall be required in accord with Section 8 of 401 KAR 5:025.

Section 3. All existing facilities shall satisfy the applicable section of this regulation or be committed to a compliance schedule which will achieve the same results. New facilities shall satisfy Sections 1 and 2 upon commencing operations.

Section 4. (1) All permits on existing facilities shall be reviewed to insure that they [shall] satisfy the requirements of Sections 1, 2 and 3. When the permit for an existing facility is reviewed, the person(s) responsible shall be notified to submit an application for a permit anew with such supporting information as may be required by the department.

(2) Upon notice of review, persons failing to submit a complete application within sixty (60) days shall be in violation of this regulation unless an extension is granted by the department.

Section 5. The department shall refuse to issue a permit to any applicant where the discharge in the judgment of the department does not conform to the policy of the Commonwealth of Kentucky as set forth in KRS 224.020.

Section 6. Waters and streams of the Commonwealth as designated in Section 1 of this regulation that possesses a higher quality, as determined by the department, than that required by those applicable water quality standards contained in 401 KAR 5:025 shall be maintained at that higher level. In all cases, such higher water quality shall not be degraded unless and until it is determined by the secretary of the department or his designee that such change is allowable under the provisions of KRS 224.020 and is mandated by necessary economic, social or other legitimate water uses and will not adversely affect present or future uses. In no event shall there be allowed degradation of the water quality below the standards set forth for aquatic life and recreation.

Section 7. (1) Nothing contained in this regulation shall prevent or be construed to prevent the imposition of greater or more stringent water quality requirements to new or existing point sources as such requirements become applicable by statute or regulation.

(2) In implementing this policy, the Environmental Protection Agency Administrator will be kept advised and provided with such information as is required to discharge

his responsibility under the Federal Water Pollution Control Act as amended.

JOHN S. HOFFMAN, Secretary

ADOPTED: February 9, 1976

RECEIVED BY LRC: February 9, 1976 at 3:25 p.m.

PUBLIC HEARING: A public hearing on this proposed regulation is scheduled for March 31, 1976 at 10 a.m. EST in the Auditorium of Capital Plaza Tower, Frankfort, Kentucky 40601. For additional information or submission of comments, please contact William Forester, Acting Director, Division of Water Quality, Department for Natural Resources and Environmental Protection, Capital Plaza Tower, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES Kentucky Drug Formulary Council (Proposed Amendment)

902 KAR 1:010. Distribution of generic drug formulary.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)

PURSUANT TO: KRS 13.082

NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. KRS 217.819 also directs the council to provide for the distribution of copies of such formulary and revisions and additions thereto among practitioners and pharmacists and to supply a copy to any person on request upon payment of a price determined by the council. This regulation provides for the distribution of the formulary and prescribes a fee to be paid by other persons requesting a copy of the formulary.

Section 1. Distribution of Formulary to Physicians and Pharmacists. The Kentucky Generic Drug Formulary shall be distributed, when available, without request or cost, to all licensed pharmacists and to all licensed medical and osteopathic physicians and dentists actively engaged in practice in Kentucky.

Section 2. Distribution of Formulary to Podiatrists and Veterinarians. The Kentucky Generic Drug Formulary shall be distributed, when available, upon written request, without cost to all licensed podiatrists and veterinarians actively engaged in practice in Kentucky.

Section 3. Distribution of Formulary to Individuals; Fee. The Kentucky Generic Drug Formulary shall be distributed, when available, to any person upon written request, upon payment of a one dollar (\$1) [five dollar (\$5)] fee. The cost of subsequent [annual] revisions of the formulary to such persons shall be one dollar (\$1) [five dollars (\$5)].

KENNETH P. CRAWFORD, Chairperson
C. LESLIE DAWSON, Secretary

ADOPTED: November 9, 1975

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:130. Chlorpromazine Hydrochloride.

RELATES TO: KRS 217.814 to 217.826,
 217.990(9)(10)

PURSUANT TO: KRS 13.082

NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Chlorpromazine Hydrochloride pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Chlorpromazine Hydrochloride Tablet Pharmaceutical Products. The following Chlorpromazine Hydrochloride tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:

(1) Chlorpromazine Hydrochloride 10 mg. Tablet Form:

- (a) *Chlor-PZ: USV Pharmaceutical Company;*
- (b) [(a)] Chlorpromazine Hydrochloride: *Murray Drug Corporation*, Paramount Surgical Supply Corporation, Purepac Pharmaceutical Company, Rondex Laboratories, Incorporated, Zenith Laboratories, Incorporated;
- (c) [(b)] Marazine: Geneva Drugs, Ltd.;
- (d) [(c)] Proma: Vanguard Laboratories;
- (e) [(d)] Promopar: Parke-Davis and Company; and
- (f) [(e)] Thorazine: Smith, Kline and French Laboratories.

(2) Chlorpromazine Hydrochloride 25 mg. Tablet Form:

- (a) *Chlor-PZ: USV Pharmaceutical Company;*
- (b) [(a)] Chlorpromazine Hydrochloride: Abbott Laboratories, *Murray Drug Corporation*, Paramount Surgical Supply Corporation, Purepac Pharmaceutical Company, Rachele Laboratories, Rondex Laboratories, Incorporated, Zenith Laboratories, Incorporated;

- (c) [(b)] Marazine: Geneva Drugs, Ltd.;
- (d) [(c)] Proma: Vanguard Laboratories;
- (e) [(d)] Promopar: Parke-Davis and Company; and
- (f) [(e)] Thorazine: Smith, Kline and French Laboratories.

(3) Chlorpromazine Hydrochloride 50 mg. Tablet Form:

- (a) *Chlor-PZ: USV Pharmaceuticals Company;*
- (b) [(a)] Chlorpromazine Hydrochloride: Abbott Laboratories, *Murray Drug Corporation*, Paramount Surgical Supply Corporation, Purepac Pharmaceutical Company, Rachele Laboratories, Rondex Laboratories, Incorporated, Zenith Laboratories, Incorporated;

- (c) [(b)] Marazine: Geneva Drugs, Ltd.;
- (d) [(c)] Proma: Vanguard Laboratories;
- (e) [(d)] Promopar: Parke-Davis and Company; and
- (f) [(e)] Thorazine: Smith, Kline and French Laboratories.

(4) Chlorpromazine Hydrochloride 100 mg. Tablet Form:

- (a) *Chlor-PZ: USV Pharmaceutical Company;*
- (b) [(a)] Chlorpromazine Hydrochloride: Abbott Laboratories, Paramount Surgical Supply Corporation, Purepac Pharmaceutical Company, Rachele Laboratories, Rondex

Laboratories, Incorporated, Zenith Laboratories, Incorporated;

- (c) [(b)] Marazine: Geneva Drugs, Ltd.;
- (d) [(c)] Proma: Vanguard Laboratories;
- (e) [(d)] Promopar: Parke-Davis and Company; and
- (f) [(e)] Thorazine: Smith, Kline and French Laboratories.

(5) Chlorpromazine Hydrochloride 200 mg. Tablet Form:

- (a) *Chlor-PZ: USV Pharmaceutical Company;*
- (b) [(a)] Chlorpromazine Hydrochloride: Abbott Laboratories, Paramount Surgical Supply Corporation, Purepac Pharmaceutical Company, Rachele Laboratories, Rondex Laboratories, Incorporated, Zenith Laboratories, Incorporated;

- (c) [(b)] Marazine: Geneva Drugs, Ltd.;
- (d) [(c)] Proma: Vanguard Laboratories;
- (e) [(d)] Promopar: Parke-Davis and Company; and
- (f) [(e)] Thorazine: Smith, Kline and French Laboratories.

KENNETH P. CRAWFORD, Chairperson

APPROVED: C. LESLIE DAWSON, Secretary

ADOPTED: February 2, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:150. Hydrochlorothiazide.

RELATES TO: KRS 217.814 to 217.826,
 217.990(9)(10)

PURSUANT TO: KRS 13.082

NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Hydrochlorothiazide pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Hydrochlorothiazide Tablet Pharmaceutical Products. The following Hydrochlorothiazide tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:

(1) Hydrochlorothiazide 25 mg. Tablet Form:

- (a) Esidrix: Ciba Pharmaceutical Company;
- (b) Hydrochlorothiazide: Columbia Medical Company, Geneva Drugs, Ltd., Midway Medical Company, Murray Drug Corporation, Paramount Surgical Supply Corporation, Richie Pharmacal Company, Zenith Laboratories, Incorporated;

- (c) Hydrodiuril: Merck Sharp and Dohme;
- (d) Oretic: Abbott Laboratories; and
- (e) Thiadril: Vanguard Laboratories; and
- (f) *Thiuretic: Parke Davis & Company.*

- (2) Hydrochlorothiazide 50 mg. Tablet Form:
 (a) Esidrix: Ciba Pharmaceutical Company;
 (b) Hydrochlorothiazide: Columbia Medical Company, Geneva Drugs, Ltd., Midway Medical Company, Murray Drug Corporation, Paramount Surgical Supply Corporation, Richie Pharmacal Company, Zenith Laboratories, Incorporated;
 (c) Hydrodiuril: Merck Sharp and Dohme;
 (d) Oretic: Abbott Laboratories; [and]
 (e) Thiatril: Vanguard Laboratories; and
 (f) *Thiuretic: Parke Davis & Company.*

KENNETH P. CRAWFORD, Chairperson

APPROVED: C. LESLIE DAWSON, Secretary

ADOPTED: January 13, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES

Kentucky Drug Formulary Council

(Proposed Amendment)

902 KAR 1:180. Tetracycline Hydrochloride.

RELATES TO: KRS 217.814 to 217.826, 217.990(9)(10)

PURSUANT TO: KRS 13.082

NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Tetracycline Hydrochloride pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Tetracycline Hydrochloride Tablet Pharmaceutical Products. The following Tetracycline Hydrochloride tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:

- (1) Tetracycline Hydrochloride 250 mg. Tablet Form:
 (a) Panmycin: Upjohn Company;
 (b) Sumycin: E. R. Squibb & Sons;
 (c) Tetrachel: Rachele Laboratories; and
 (d) Tetracycline Hydrochloride: H. L. Moore Drug Exchange, Mylan Pharmaceutical.
 (2) Tetracycline Hydrochloride 500 mg. Tablet Form:
 (a) Panmycin: Upjohn Company;
 (b) Sumycin: E. R. Squibb & Sons; and
 (c) Tetracycline Hydrochloride: Mylan Pharmaceuticals.

Section 2. Tetracycline Hydrochloride Capsule Pharmaceutical Products. The following Tetracycline Hydrochloride capsule pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:

- (1) Tetracycline Hydrochloride 250 mg. Capsule Form:
 (a) Achromycin V: Lederle Laboratories;
 (b) Bristacycline: Bristol Laboratories;
 (c) Kesso-Tetra: McKesson Laboratories;
 (d) Panmycin: Upjohn Company;

- (e) OID-Tet: Mallinckrodt Chemical;
 (f) Retet-250: Reid-Provident;
 (g) Robitet: A. H. Robins Company;
 (h) SK-Tetracycline: Smith, Kline and French;
 (i) Sumycin: E. R. Squibb & Sons;
 (j) Tetrachel: Rachele Laboratories;
 (k) Tetracycline Hydrochloride: Alliance Laboratories, Bocan Drug Company, Columbia Medical, Geneva Drugs, Ltd., International Laboratories, H. L. Moore Drug Exchange, Mylan Pharmaceuticals, Paramount Surgical Supply Corp., Parke-Davis, Philips-Roxane Laboratories, Purepac Pharmaceutical Co., Rexall Drug Company, Wyeth Laboratories, Zenith Laboratories;

- (1) Tetracycline: Pfizer Laboratories; and
 (m) V-Tet: Vanguard Laboratories.
 (2) Tetracycline Hydrochloride 500 mg. Capsule Form:
 (a) Achromycin V: Lederle Laboratories, Inc.;
 (b) Bristacycline: Bristol Laboratories;
 (c) Kesso-Tetra: McKesson Laboratories;
 (d) Panmycin: Upjohn Company;
 (e) OID-Tet: Mallinckrodt Chemical;
 (f) Retet-500: Reid-Provident;
 (g) Robitet: A.H. Robins Company;
 (h) SK-Tetracycline: Smith, Kline & French;
 (i) Sumycin: E. R. Squibb & Sons;
 (j) Tetrachel: Rachele Laboratories
 (k) Tetracycline Hydrochloride: Alliance Laboratories, Bocan Drug Company, Columbia Medical, Geneva Drugs, Ltd., International Laboratories, H.L. Moore Drug Exchange, Mylan Pharmaceuticals, Paramount Surgical Supply Corp., Parke-Davis, Philips-Roxane Laboratories, Purepac Pharmaceutical Co., Zenith Laboratories,
 (1) Tetracycline: Pfizer Laboratories; and
 (m) V-Tet: Vanguard Laboratories.

Section 3. Tetracycline Hydrochloride Syrups and Pediatric Drops. The following Tetracycline Hydrochloride 125 mg/5 ml syrups and 100 mg/ml pediatric drops are determined to be therapeutically equivalent, in each respective dosage:

- (1) Tetracycline Hydrochloride 125 mg/5 ml Syrups:
 (a) Achromycin V: Lederle Laboratories;
 (b) Kesso-Tetra: McKesson Laboratories;
 (c) Panmycin: Upjohn Company;
 (d) Retet-S: Reid-Provident;
 (e) Robitet: A. H. Robins Company;
 (f) SK-Tetracycline: Smith, Kline, and French;
 (g) Sumycin: E. R. Squibb & Sons;
 (h) Tetrachel: Rachele Laboratories; [and]
 (i) Tetracycline Hydrochloride: Purepac Pharmaceuticals Co., Rexall Drug Company; and
 (j) V-Tet: Vanguard Laboratories.
 (2) Tetracycline Hydrochloride 100 mg/ml Pediatric Drops:
 (a) Achromycin V: Lederle Laboratories
 (b) Panmycin: Upjohn Company; and
 (c) Tetrachel: Rachele Laboratories.

KENNETH P. CRAWFORD, Chairperson

APPROVED: C. LESLIE DAWSON, Secretary

ADOPTED: February 2, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Kentucky Drug Formulary Council
(Proposed Amendment)

902 KAR 1:220. Propantheline Bromide tablet.

RELATES TO: KRS 217.814 to 217.826,
 217.990(9)(10)

PURSUANT TO: KRS 13.082

NECESSITY AND FUNCTION: KRS 217.819 directs the Kentucky Drug Formulary Council to prepare a formulary of drugs and pharmaceuticals with their generic or chemical names that are determined by the council to be therapeutically equivalent to specified brand name drugs and pharmaceuticals. This regulation lists Propantheline Bromide pharmaceutical products by their generic and brand names that have been determined by the council to be therapeutically equivalent.

Section 1. Propantheline Bromide Tablet Pharmaceutical Products. The following propantheline bromide tablet pharmaceutical products are determined to be therapeutically equivalent, in each respective dosage:

- (1) Propantheline Bromide 7.5 mg. Tablet Form:
 - (a) Pro-Banthine: Searle Laboratories; and
 - (b) Propantheline Bromide: Philips-Roxane Laboratories, Inc.
- (2) Propantheline Bromide 15 mg. Tablet Form:
 - (a) *Panthene*: Vanguard Laboratories;
 - (b) [(a)] Pro-Banthine: Searle Laboratories;
 - (c) [(b)] Propantheline Bromide: Geneva Drugs, Ltd., Midway Medical Co., Pace-Bond Drug Co., Paramount Surgical Supply Co., Philips-Roxane Labs., Ritchie Pharmaceutical, and Zenith Laboratories.

KENNETH P. CRAWFORD: Chairperson

APPROVED: C. LESLIE DAWSON, Secretary

ADOPTED: February 13, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING
 TO: Mrs. Dorothy Barnes, Kentucky Drug Formulary Council, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
(Proposed Amendment)

902 KAR 2:010. Definitions and methods of control.

RELATES TO: KRS 211.180, 214.010, 214.020

PURSUANT TO: KRS 13.082, 195.040, 211.090

NECESSITY AND FUNCTION: KRS 211.180 mandates the Department for Human Resources to implement a statewide program for the detection, prevention and control of communicable diseases. This regulation insures uniform definitions and methods of control for communicable diseases throughout the Commonwealth.

Section 1. The "definitions" and "methods of control" as set forth in the 1975 [1970] edition of the booklet "Control of Communicable Diseases in Man," published by the American Public Health Association, are hereby adopted for the Commonwealth of Kentucky. A copy of this publication shall be on file in the Office of the

Commissioner for Health Services, 275 East Main Street, Frankfort, Kentucky, and open to public inspection, and is available from the American Public Health Association, 1015 Eighteenth Street, N.W., Washington, D.C. 20036.

WILLIAM P. McELWAIN, Commissioner
 C. LESLIE DAWSON, Secretary

ADOPTED: February 4, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING
 TO: Secretary for Human Resources, Capitol Annex, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
(Proposed Amendment)

902 KAR 2:020. Reportable diseases.

RELATES TO: KRS 211.180, 214.010

PURSUANT TO: KRS 13.082, 195.040, 211.090

NECESSITY AND FUNCTION: KRS 211.180 mandates the Department for Human Resources to implement a statewide program for the detection, prevention and control of communicable diseases. This regulation is being repromulgated in order to effectuate uniform reporting of cases of communicable diseases in accordance with the provisions of KRS 214.010.

Section 1. Reportable Diseases; Time of Reporting. Because of their public health significance, the following diseases are hereby declared to be reportable diseases within the time periods specified below. All cases shall be reported.

(1) Diseases to be reported within twenty-four (24) hours. The following diseases shall be reported within twenty-four (24) hours of suspicion of diagnosis:

(a) Diseases for which routine immunization is recommended: diphtheria, whooping cough (pertussis), poliomyelitis (paralytic or non-paralytic), measles (rubeola), tetanus, rubella, mumps.

(b) Others: anthrax, botulism, cholera, infectious hepatitis, malaria, ophthalmia neonatorum, gonococcal meningococcal infections, plague, relapsing fever, rabies in human, salmonellosis, shigellosis, smallpox, syphilis, infectious; tuberculosis, typhoid fever, typhus, yellow fever, any suspected food-borne illness and a suspected epidemic of any disease.

(2) Diseases to be reported within seven (7) days of suspicion of the diagnosis:

(a) All communicable diseases listed in the 1975 [1970] edition of the American Public Health Association publication, "Control of Communicable Diseases in Man," except as otherwise provided in this regulation.

(b) Other selected non-communicable diseases: animal bites (by species), rheumatic fever, encephalitis, post-infectious; rubella, congenital; syphilis, non-infectious; complications of any immunization.

(3) Diseases to be reported collectively, on a weekly basis: chickenpox, influenza, conjunctivitis, scarlet fever, streptococcal pharyngitis; gastroenteritis, non-food-borne, non-epidemic.

Section 2. Reporting of Diseases. (1) Physicians. Each and every physician in active practice within the State of

Kentucky shall report to the local health department of the county in which the physician practices the identifying and pertinent epidemiological, clinical and laboratory information of any confirmed or suspected case under his care of any disease listed as reportable in Section 1 of this regulation. Cases of venereal disease shall be reported in a confidential manner according to the provisions of the regulation of the Department for Human Resources relating to venereal diseases.

(2) Reporting of diseases by others. The head of a family, midwife, nurse, superintendent, or person in charge of a hospital, laboratory, other institution or dispensary, superintendent, principal, teacher or other person in charge of any public, private, or parochial school, or any person in charge of any group of persons, shall report immediately any of the diseases listed as reportable to the local health department in whose jurisdiction the disease occurs.

(3) Reporting of communicable diseases in animals. It shall be the duty of every person having knowledge of the existence of an animal of any species apparently afflicted with rabies, anthrax, erysipelas, leptospirosis, brucellosis, tuberculosis, psittacosis, or other disease known to be communicable to man to report the pertinent information immediately to the local health department.

Section 3. Transmission of reports to the Department for Human Resources. The reports of cases of reportable disease required by this regulation shall be transmitted from local health departments to the Department for Human Resources within the time intervals stated in this regulation. Where there is no local health department or when for any reason the local health department is unable to receive or transmit any report of any reportable disease, the report shall be submitted directly to the Department for Human Resources.

WILLIAM P. McELWAIN, Commissioner
C. LESLIE DAWSON, Secretary

ADOPTED: February 13, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING
TO: Secretary for Human Resources, Capitol Annex,
Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board
(Proposed Amendment)

902 KAR 20:050. Intermediate care facilities; operations and services.

RELATES TO: KRS 216.405 to 216.485, 216.990(2)

PURSUANT TO: KRS 13.082, 216.425

NECESSITY AND FUNCTION: This regulation, which relates to the operations and services of intermediate care facilities, is being promulgated pursuant to the mandate of KRS 216.425(3) that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services.

Section 1. Definition: Intermediate care services are

provided intermittently on a twenty-four (24) hour basis by establishments with permanent facilities and health related services to patients who do not require the degree of care and treatment which a hospital or skilled nursing facility is designed to provide, but who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities on an inpatient basis.

Section 2. Essential characteristics: All intermediate care services shall have provisions for the following essential characteristics: (1) A governing authority legally responsible for the conduct of the facility;

(2) An administrator licensed by the Kentucky Board of Licensure for Nursing Home Administrators to whom the governing authority delegates full-time responsibility for the operation of the facility in accordance with established policy;

(3) Inpatient care;

(4) Twenty-four (24) hour supervision (at various levels) according to patient need;

(5) Diagnostic care and evaluation according to need;

(6) Treatment and/or training of the type and frequency required by specific patient needs as detailed in an individual "plan of care;"

(7) Cooperation with appropriate community planning and referral agencies where available for admission and discharge of patients;

(8) Social services as needed by the patients through direct provision or arrangement;

(9) A current and complete record maintained for each patient;

(10) An organized food service which meets the nutritional needs of the patients, with special diets regularly available;

(11) A plan for independent and group activities;

(12) A written patient care policy governing patient treatment in the facility;

(13) Maintaining effective arrangements for required institutional services through a written agreement with an outside resource in those instances where the facility does not employ a qualified professional person to render a required service. The terms of agreement with each such resource are delineated in writing and signed by the administrator or authorized representative and the resource;

(14) Written transfer agreements with other health facilities in the service area will provide a level of inpatient care not provided by the intermediate care facility. Any facility which does not have such an agreement in effect but which is found by the survey agency to have attempted in good faith to enter into such an agreement with another health facility shall be considered to have such an agreement in effect if and for so long as the survey agency finds that to do so is in the public interest and essential to assuring intermediate care facility services for eligible persons in the community;

(15) Intermittent appraisal and intervention by trained nursing personnel is on a twenty-four (24) hour basis;

(16) Medical management by a licensed physician and scheduled intermittent diagnostic care is provided;

(17) Restorative nursing care is provided to each patient to achieve and maintain the highest possible degree of function, self-care and independence.

Section 3. Licensure: [(1)] No person shall provide intermediate care services without having first obtained a license from the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board. [Licenses issued by the board shall include designation thereon of "conforming" or "non-conforming" with the standards set forth in this regulation.] A license shall not be issued to any facility which cannot meet the minimum requirements as set forth in the life safety codes and standards, and federal, state and local requirements for environment and sanitation as set forth in these standards. The license shall be posted in a public area of the facility in plain view of visitors. An "existing facility" is defined as a long term care facility in operation prior to January 1, 1974 and continuously thereafter.

[(2) Conforming licenses: Upon submission of a properly completed application to the board accompanied by the prescribed fee, an existing facility in full compliance with the standards herein may be issued a license designated as "conforming." Any existing facility not in full compliance, upon submission of properly completed application accompanied by the prescribed fee, may be issued a license designated as "non-conforming." Those standards which are not met by the "non-conforming" facility shall be identified and reported to the Regional Health Planning Council and responsible state and local officials. An existing licensed "non-conforming" facility may be redesignated as a "conforming" facility upon full compliance with standards herein.]

[(3) Non-conforming licenses:]

[(a) Licenses issued to existing intermediate care facilities designated as "non-conforming" by reason of deficiencies pertaining to physical structure of the plant shall be issued on the basis that a facility may be granted a three (3) year period of time in which to meet "conforming" standards. The current owner may retain the bed complement for the three (3) year waiver period provided he can show that he is making reasonable effort and progress to attain "conforming" status. Deficiencies in the physical plant may be waived only if they are non-hazardous in nature and if the patient care services are conforming. At the end of the three (3) year period, the number of beds in the existing facility shall be open for replacement if the facility has not become "conforming."]

[(b) Licenses issued to existing intermediate care facilities designated as "non-conforming" by reason of deficiencies pertaining to patient care services shall be considered for renewal on an individual basis concerning the need therefore; and where the denial of licensure would seriously limit the availability of the service to the patients.]

Section 4. Minimum Standards for Operation: The following minimum standards for operation as set forth in this regulation shall apply to all intermediate care facilities services in a distinct part, or other facilities providing intermediate care services: (1) Organization:

(a) The facility shall comply with all applicable laws and regulations.

(b) The facility shall have a governing authority that has overall legal responsibility for the conduct of the facility.

(c) The governing authority shall establish bylaws or policies in accordance with legal requirements, setting forth the purposes of the facility and the means of fulfilling them.

(d) The facility shall admit only those persons whose needs can be met by the facility directly or in cooperation with community resources or other providers of care with which it is affiliated or has contracts.

(2) Administrative management:

(a) The facility shall have available a written statement of objectives, goals and policies which shall include a statement of rights of its patients and its relationship to its patients or their surrogates.

(b) The administrator may or may not serve in the capacity of supervisor, but shall be responsible for satisfactory compliance with state and local laws, rules and regulations. The administrator: 1. Shall be licensed and be responsible for meeting all laws governing licensure requirements for intermediate care facilities; 2. May be the director of nursing service in a facility of sixty (60) beds or less; 3. Shall, in his absence, designate a responsible person on his staff to act in an emergency during his absence, and shall designate a full-time person in charge of each shift in the facility to be responsible for patient care; 4. Shall be responsible for the services required in the daily care of the patients and for supervision of the personnel who are employed; 5. Shall be in good physical and mental health, have the ability to establish a program to meet the needs of the patients in relation to their community and families, and be capable of directing and supervising persons working in a facility; 6. Shall attend education programs appropriate to the responsibilities of the position and shall arrange for other professionals to attend appropriate educational programs in supervision, subjects related to personal care, activities, nutrition and other pertinent subjects as often as possible; and 7. Shall be responsible for and participate in recruiting, hiring, assigning and development of the staff.

(c) The administrator shall be responsible for coordinating and directing the day-to-day activities of the facility in accordance with the policies established by the governing body. He shall: 1. Serve as liaison between the governing authority and the staff of the facility; 2. Assist the governing authority in the formulation and implementation of policies; 3. Develop an organizational structure including lines of authority, responsibility and communication subject to the approval of the governing authority; and 4. Perform other duties that may be designated to him by the governing authority.

(d) The administrator shall appoint qualified personnel as needed to assume the responsibility for the routine functioning of the various aspects of the program. He shall: 1. Carry out the administration of their program in keeping with established policies; 2. Participate in decisions affecting program development such as staffing and budgeting; and 3. Coordinate activities and policies through regularly scheduled meetings of the appropriate staff members.

(e) According to the policies set by the governing authority, the administrator shall contract for professional and supportive services as appropriate to the needs of the patient. These contracts shall be available for review by appropriate representatives of the Department for Human Resources. The contractors shall: 1. Be required to meet the standards as herein contained; and, 2. Co-

ordinate the service(s) they render to the existing patient care program.

(f) Reports: 1. Administrative reports shall be established, maintained, and utilized as necessary to guide the operation, and reflect the program of the facility. Such reports shall include, where applicable: minutes of the governing body, financial meetings and reports, personnel records, inspection reports, incident investigation reports, and other pertinent reports made in the regular course of the business of the intermediate care facility. 2. Each facility shall furnish an annual report to the Department for Human Resources which shall consist of statistical data on utilization of services, plus other information as requested by the Department for Human Resources on forms supplied by the department; however, financial records previously submitted to the department for Medicare and/or Medicaid shall be excluded.

(g) There shall be full disclosure annually to the licensure board of the names and addresses, and any changes in these, if: 1. Each person having (directly or indirectly) ownership interest of ten (10) percent or more in such facility; and 2. Each officer and director of the corporation where a facility is organized as a corporation; and 3. Each partner where a facility is organized as a partnership; and prompt reporting if; 4. Any change of ownership occurs.

(h) Admission and discharge: 1. The facility shall have written policies which provide that a patient is admitted when it has been determined that the patient is in need of the care and services provided by such facility consistent with the medical recommendation stated in subsection (11) of this section. 2. As changes occur in their physical or mental condition, necessitating service or care which cannot be adequately provided by the facility, patients, upon physician's orders, (except in cases of emergency) shall be transferred promptly to hospitals, skilled nursing facilities or other appropriate facilities; or services shall be contracted for from another community resource to be provided either in the intermediate care facility or in the resource facility as an out-patient. 3. It may be, by reason of remote location or other good and sufficient reason, that the facility is unable to effect such an arrangement with a hospital, skilled nursing facility or other type of facility required for appropriate patient care. These findings may be made by the Department for Human Resources when: a. There is no general hospital or skilled nursing facility serving the area in which the facility is located; or b. There are one (1) or more general hospitals or skilled nursing facilities serving the area and the facility has attempted in good faith and has exhausted all reasonable possibilities to enter into an agreement with such other facilities; and c. The facility has provided copies of letters, records of conferences, or other evidence to support its claim that it has attempted in good faith to enter into an agreement; d. Hospitals or skilled nursing facilities in the area have, in fact, refused to enter into an agreement with the facility in question. 4. Similarly, as validated changes, and progress occur which would enable the patient to function in a less structured and restrictive environment, the facility shall offer assistance in making arrangements for patients to be transferred to facilities providing appropriate services and the less restrictive environment cannot be offered at the facility. 5. Except in an emergency, the

patient, his next of kin, the attending physician, and the responsible agency, if any, are consulted in advance of the transfer, release or discharge of any patient, and social services, or other means, are utilized to assure that adequate arrangements exist for meeting his needs through other resources. 6. Upon the direction of a qualified physician or physicians, the facility shall have the right to discharge to an appropriate resource, any patient for whom such action is indicated. 7. No patient shall knowingly be admitted to an intermediate care facility with a communicable disease, including active tuberculosis.

(3) Personnel and staffing:

(a) The facility shall employ, or offer access to, a sufficient number of qualified personnel as may be required to provide services necessary to fully implement the facility's program. Responsible staff member shall be on duty and awake at all time to assure prompt, appropriate action in cases of injury, illness, fire, or other emergencies. 1. Volunteers shall be used, when available, to supplement staff, but shall not be counted on to make up minimum staffing requirements. 2. The working hours of the personnel shall be spaced over all shifts so that the needs of the patients are adequately met over any twenty-four (24) hour period. 3. The number and classification of personnel to be provided, including staff to provide personal care, shall be based on the following: number of patients; amount and kind of personal care, nursing care, supervision, and program needed to meet the needs of the patients as determined by the definition and essential characteristics of this regulation; and/or, medical orders.

(b) Written job descriptions and standards of qualifications shall be developed for each category of personnel. Job descriptions shall include necessary qualifications, lines of authority and specific duty assignments. Job descriptions shall be reviewed and revised as necessary.

(c) Current employee records shall be maintained and shall include a resume of each employee's training and experience, evidence of current licensure or registration where required by law, health records and evaluation of performance, along with employee's name, address and social security number.

(d) Supportive personnel, consultants, assistants and volunteers shall be supervised and shall function within the policies and procedures of the facility.

(e) Each employee shall present, at time of employment, or within one (1) week of employment, evidence of freedom from communicable disease.

(f) All employees shall have a test for tuberculosis either prior to or within the first week of employment and annually thereafter.

(g) The staff shall be knowledgeable and well-trained in relation to policies and procedures regarding their roles within the program.

(h) There shall be a planned in-service program including orientation, skilled training and ongoing education provided for all levels of employees.

(i) Immediate supervision of the facility's health services, on all days of the week, shall be by a registered nurse or a licensed practical (or vocational) nurse employed full-time on the day shift.

(j) In the facility where a licensed practical (or vocational) nurse serves as health services supervisor, consultation shall be provided by a registered nurse under formal contract at regular intervals, but not less than four (4) hours weekly.

(4) Community involvement and relations:

(a) The facility shall develop its programs and services to meet the needs of the community which it serves.

(b) Identification of available services and resources, i.e., emergency, transportation, medical care shall be made and use of these services shall be in cooperation with other groups (in the service community) concerned with health and welfare. The facility shall have communication with other facilities in the community to allow temporary or permanent placement of patients at the appropriate levels of care when advisable for the benefit of the patients.

(c) The staff and/or administrator of the program shall be encouraged to be involved in interagency and community planning and activities.

(d) If and when the facility conducts or participates in public information programs to promote understanding of the facility's programs and goals, either separately or in cooperation with agencies and groups in the service community, or in fund raising, it shall protect the confidential relationship of persons served. 1. The program and its representatives shall employ only ethical methods of publicity, promotion and solicitation of funds. Promotional materials shall not contain portrayals of the disabled as helpless. 2. No use shall be made of any living, deceased or disabled person's name or picture without prior permission of the individual or guardian concerned. 3. No rights shall be granted to profit making or non-profit making groups to couple their support of programs for the disabled with their sales promotions in such a manner as to exploit the disabled.

(5) Case records:

(a) The facility shall develop and maintain a system of records retention and filing to insure completeness and prompt location of each patient's records. These records shall be the property of the facility and shall be held confidential. The records shall be in ink or typed and shall be legible. Each entry shall be dated and signed. These shall include but not limited to the following: 1. Identification data including the patient's name, address and social security number (if available); name, address and telephone number of referral agency; name and telephone number of personal physician; name, address and telephone number of next of kin or other responsible person. 2. The patient's physician shall transmit a medical evaluation including medical history, physical examination and diagnosis. This admission information shall also include current medical findings, summary of the course of treatment in the transferring institution and verification of freedom from all contagious disease. The medical evaluation may be a copy of the discharge summary or history and physical report from a hospital or skilled nursing facility if done within fourteen (14) days prior to admission. The physician's orders shall include all medication, diet, treatment and any other orders required for the safety and well-being of the patient. These shall be dated and signed by the physician. The discharge and/or release summary shall be dated and signed by the attending physician. 3. A

progress record shall be maintained relating to patient goals. It shall indicate any changes in the patient's condition, actions, responses, attitude, appetite and other changes as noted by the staff; and shall include a discharge summary within one (1) month of discharge from the facility. 4. If consultants are involved in the intermediate care program, they shall make a written report of their findings and recommendations at the time of their visits. These shall be included in the patient's record. 5. A medication sheet shall be maintained which contains the date, time given, name of medication or prescription number, dosage and name of prescribing physician. 6. Nurse's notes shall indicate changes in patient's condition, actions, responses, attitudes, appetite, etc. These changes shall be recorded as they occur. Nursing personnel shall make notation of significant response to special treatment, medication, etc. There shall be a written assessment of the patient's general condition at least monthly by the nursing supervisor. 7. Reports of social services, dental, laboratory, x-ray and special reports shall be included in the case record. 8. A full written report of any incident or accident involving a patient, including medication errors or drug reactions, shall be made and signed by the administrator/health services supervisor and any staff member who may have been witness to the incident. 9. Records shall be retained for a minimum of five (5) years and for such additional time as deemed necessary by the governing body of the facility.

(b) Storage and transfer of records: 1. After death or discharge, the completed case record shall be placed in an inactive file and retained in accordance with applicable regulations governing the storage and retention of medical records. 2. In the event of a transfer to another health care facility, a copy of the patient's record or summary thereof, shall accompany the patient. 3. In multi-level facilities, the complete patient record shall be transferred with the patient.

(c) Responsibility for medical records: If the facility does not have a full or part-time medical records librarian, an employee shall be assigned to the responsibility of assuring that the medical records are maintained, completed and preserved according to subsection (5)(a)9. of this section.

(6) Administrative records:

(a) The facility shall maintain a bound, permanent, chronological patient registry showing date of admission, name of patient, and date of discharge.

(b) The facility shall keep records of any personal money, regardless of source, or valuables kept by the facility for a patient. When purchases are made for a patient from personal monies, proper accounting shall be made.

(c) The facility shall require and maintain written recommendations or comments from consultants regarding the program and its development on a per visit basis.

(d) Menu and food purchase records shall be maintained.

(e) There shall be quarterly reports for all employees as needed for Social Security and Unemployment Compensation. Copies of these reports shall be made available to the department upon request.

(7) Fire control or disaster plan:

(a) The facility shall have a written procedure to be followed in case of fire, explosion or other emergency. It shall specify persons to be notified, locations of alarm signals and fire extinguishers, evacuation routes, proce-

dures for evacuating patients, frequency of fire drills, and assignment of specific tasks and responsibilities to the personnel of each shift. 1. The plan shall be developed with the assistance of qualified fire and safety experts. 2. All personnel shall be trained to perform assigned tasks. 3. Simulated drill testing the effectiveness of the plan shall be conducted involving each shift at least one (1) time per quarter. 4. The plan shall be posted throughout the facility.

(b) Fire extinguishers, alarm signals and exits shall be clearly marked and visible.

(8) Environment:

(a) Infection control: 1. The intermediate care facility shall provide a sanitary environment to avoid sources and transmission of infections. 2. There shall be a plan for isolation of patients with contagious diseases.

(b) Housekeeping services: 1. The facility shall provide sufficient housekeeping and maintenance personnel to maintain the exterior and interior of the facility in a safe, clean, orderly and attractive manner. 2. Housekeeping personnel and staff, using accepted procedures and practices, shall keep the facility free from offensive odors, safety hazards, and accumulations of dirt, rubbish and dust. 3. Floors shall be cleaned regularly. Polishes on floors shall provide a non-slip finish; throw or scatter rugs shall not be used except for non-slip entrance mats. 4. Walls and ceilings shall be maintained free from cracks and falling plaster, and shall be cleaned and painted regularly. 5. Deodorizers shall not be used to cover odors caused by unsanitary conditions or poor housekeeping practices. 6. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers. 7. The grounds shall be kept free from refuse and litter. Areas around buildings, sidewalks, gardens and patios shall be kept clear of dense undergrowth. 8. The facility shall be maintained free from insects and rodents. 9. A pest control program shall be in operation in the facility. Pest control services shall be provided by maintenance personnel of the facility or by contract with a pest control service.

10. Windows and doors shall be appropriately screened.

11. Harborages and entrances for insects and rodents shall be eliminated.

12. Garbage and trash shall be stored in areas separate from those used for the preparation and storage of food and shall be removed from the premises regularly. Containers shall be cleaned regularly.

13. Bathtubs, shower stalls and/or lavatories shall not be used for laundering, janitorial or storage purposes.

14. All cleaning compounds, insecticides and all other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms.

(9) Transportation:

(a) If transportation of patients is provided by the facility to community agencies or other activities, the following shall apply: 1. Special provision shall be made for patients who use wheelchairs. 2. An escort or assistant to the driver shall be provided in transporting patients to and from the facility if necessary for patient's safety.

(b) The facility shall arrange for appropriate transportation, if available, when necessary for medical emergencies.

(10) Communicable disease policies:

(a) The administrator shall assume the responsibility of assuring that there is a minimum danger of transmission of communicable diseases.

(b) No person with a serious communicable disease shall knowingly be admitted to the facility. If, after admission, such a condition is suspected or diagnosed, the individual shall be placed in isolation until a transfer from the facility can be arranged. No individual may remain in the facility for more than seventy-two (72) hours after a diagnosis of a serious communicable disease has been made.

(c) No patient shall be admitted knowingly who has had a history of tuberculosis until the disease is classified inactive and the results of the annual examination by the physician have been received indicating the inactive status of the patient's tuberculin condition, or until the attending physician's written statement that tuberculosis is inactive is on record.

(11) Medical supervision of patients: The facility shall maintain policies and procedures to assure that each patient shall be under the medical supervision of a licensed physician.

(a) The patient (or his guardian) shall be permitted his choice of physician.

(b) The physician shall visit the patients as often as necessary and in no case less often than every sixty (60) days, unless justified otherwise and documented by the attending physician.

(c) Physician services shall include a complete physical examination at least annually and formal arrangements to provide for medical emergencies on a twenty-four (24) hour, seven (7) days a week basis.

(12) Psychiatric emergencies:

(a) If a patient becomes disturbed or unmanageable, his doctor will be notified immediately and the patient will be seen as soon as possible.

(b) Restraints can be used if ordered by the attending physician. In an emergency, restraints may be used temporarily, but in no case for a period to exceed twelve (12) hours. Restraints shall be applied only by personnel trained in proper application and observation of this equipment. Restraints as referred to by this regulation shall be those devices utilized to confine a patient that has become unmanageable thus requiring restraints as protection against self-endangering acts to other patients or staff. In no case shall a locking device be used.

(c) Mechanical restraints shall be employed only when absolutely necessary to protect the patient from injury to himself or to others. This does not include safety devices such as Posey vests, and other similar non-locking devices. 1. The facility shall have a written policy that defines the use of restraints and a mechanism for monitoring and controlling their use. 2. Restraints or safety devices shall not be employed as a punishment, for the convenience of staff or as a substitute for appropriate programs.

(d) During the psychiatric emergency an employee shall remain in the area of the patient under restraint at all times.

(e) The reason for ordering and using restraints shall be recorded in the clinical record. There shall be written policies covering the use of restraints.

(13) Patient care and safety:

(a) Missing, lost or runaway patient procedures shall include: 1. A written procedure for all three (3) shifts, which will specify in a step-by-step manner, the actions which shall be taken by staff when a patient is determined to be lost, runaway, unaccounted for or on other unauthorized absence. 2. Specific, individualized staff responsibilities for search of all locations in the facility and of its surroundings and if necessary, notification of specific authorities and law enforcement agencies for assistance.

(b) A patient shall not be held in isolation except in the case of an emergency or suspicion of communicable disease; and in the case of an emergency, shall be attended by an employee until a change of condition has occurred or until the patient is transferred to a different facility.

(c) No patient whose need for care shall exceed the abilities of the personnel of the facility to provide shall be retained in that facility for a period longer than is required to obtain transfer to a facility where the required level of care can be provided.

(d) Utmost safety precautions relating to conditions and maintenance of floors, steps, doorways, furniture placement, beds, equipment of any type which may be contacted by patient (including heating and cooking equipment) shall be taken to prevent injury or accident. Poisonous cleansing supplies shall be kept in locked storage areas.

(14) Patient accommodations:

(a) Furnishings: 1. There shall be a standard size bed for each patient which is at least thirty-six (36) inches wide, of standard length with head board and foot board, and which is of sturdy construction and in good repair. Cots, roll-away, double or folding beds shall not be used. 2. Each bed shall be provided with satisfactory type springs or similar support structure in good repair and a clean, firm, comfortable mattress and covers of appropriate size for the bed. 3. Each bed shall be provided with a minimum of one (1) clean, comfortable pillow. If the pillow is not made with a waterproof washable fabric, the pillow shall be sterilized after it has been used by one patient before it is used by another. 4. Bedroom windows shall have window shades or equivalent in good repair. 5. For each patient unit, the following shall be furnished: individual reading light; bedside cabinet; comfortable chair; accessible storage space for clothing and other possessions. 6. Each patient room shall have a night light. In multi-patient rooms, each bed shall have flame retardant cubicle curtains or partitions. 7. There shall be a sufficient number of tables provided that can be rolled over a patient's bed, or one that can be placed next to a bed to serve every patient that does not eat in a dining room or area. 8. Each living room or lounge area and recreation area used for patients shall be provided with an adequate number of reading lamps, tables and chairs or settees. These furnishings shall be well constructed and of satisfactory design for the patients. 9. Dining room furnishings shall be adequate in number, well constructed, and of satisfactory design for the patients.

(b) Equipment: There shall be a sufficient quantity of patient care equipment of satisfactory design and in good condition to carry out established patient care procedures. This shall include, but not be limited to, the following: 1. Wheelchairs with brakes; 2. Walkers; 3. Metal bedside rails; 4. Bedpans and urinals (permanent

or disposable); 5. Emesis basins and wash basins (permanent or disposable); 6. Footstools; 7. Bedside metal commodes; 8. Foot cradles; 9. Foot boards;

10. Under-the-mattress bed boards;

11. Trapeze frames;

12. Transfer board; and

13. An autoclave for sterilization of nursing equipment and supplies or an equivalent alternate method of sterilization is provided.

(c) Linens: There shall be a sufficient supply of linen and bedding in good condition to provide proper care and comfort to the patients. The following procedures will be followed for the handling of soiled and cleaned linen: 1. Soiled linen shall be placed in washable or disposable containers, transported in a sanitary manner and stored in separate, well-ventilated areas in a manner to prevent contamination and odors. 2. Soiled linen shall not be permitted to accumulate excessively in any area of the facility. 3. Soiled linen shall be handled and stored in such a manner as to prevent contamination of clean linen. Equipment of areas used to transport or store soiled linen shall not be used for handling or storing of clean linen. 4. Soiled linen shall not be sorted, laundered, rinsed or stored in bathrooms, patients' rooms, kitchens or food storage areas. 5. Handwashing facilities with hot and cold running water, soap dispenser and paper towels shall be available in the laundry area where soiled linen is handled or sorted. 6. Personal laundry of patients, or staff shall also be collected, transported, sorted, washed and dried in a sanitary manner, separate from bed linens. 7. Clean linen shall be sorted, dried, ironed, and folded in a specified area separate from soiled linen and in a sanitary manner. 8. Clean linen shall be transported, stored and distributed in a sanitary manner. 9. Clean linen and clothing shall be stored in clean, dry, dust-free closets on each floor that are easily accessible to the nurses' station and such closets shall not be used for any other purpose.

10. When feasible, arrangements shall be made so that patients who wish to do so have a safe and convenient place to wash out and dry a small amount of personal laundry.

11. When applicable, laundry personnel shall be appropriately uniformed and adequate storage space shall be provided for the storage of their street clothing.

(15) Policies governing patient rights:

(a) The patient's family, guardian, or committee appointed by the state authority responsible for the patient, and if indicated, the private or public agency financially responsible for his care, shall be notified immediately, if possible, of accidents, sudden illness, disease, unexplained absences, or anything unusual happening to the patient.

(b) The patient's family, guardian, or committee and, if indicated, the private or public agency financially responsible for his care, shall be notified, if possible, prior to the patient being transferred to a hospital, to another facility, or discharged.

(c) The facility shall provide and maintain an adequate system for identifying each patient's personal property and facilities for safekeeping of his valuables. Each patient's clothing and other property shall be reserved for his own use.

(d) A written account, available to patients and their families is maintained on a current basis for each patient

with written receipts for all personal possessions and funds received by or deposited with the facility and for all disbursements made to or on behalf of the patients.

(e) The facility shall return to the patient his valuables, personal possessions, and any unused balance of monies from his account at the time of his transfer or discharge from the facility. In case of his death, or for valid reasons when he is transferred or discharged, they shall be returned promptly to any legally authorized person.

(f) Every patient shall be permitted and/or assisted in attending religious services if he desires. His spiritual advisor shall be permitted to visit him at all reasonable hours. Privacy for consultation with his spiritual advisor and for communion shall be provided.

(g) Visitors shall be permitted for each patient. Provision shall be made for privacy with his visitors, physician, and any agency representative who has a responsibility for his care.

(h) Each patient shall be permitted to have his own radio and/or television set in his room unless it interferes with or is disturbing to other patients.

(i) Each patient shall be permitted to send and receive mail. His mail shall be delivered to him unopened unless the patient's physician has requested in writing that the mail be reviewed. His outgoing mail shall not be censored.

(j) Patients shall have access to a telephone at a convenient location within the building for making and receiving telephone calls.

(k) Patients shall be permitted to go outdoors and leave the premises as they wish to visit, shop, attend church, see a movie, attend a social function, or for any similar reason, unless a legitimate reason can be shown for refusing such activity.

Section 5. Services-General: All programs and services shall have:

(1) Written policies and procedures which govern all areas of services provided by the facility which shall be developed with the assistance of a registered nurse, and/or other professional staff employed by the facility or under contract to the facility.

(2) An orientation program conducted for all new employees that includes review of facility policies, patient care and service policies, and emergency and disaster instructions.

Section 6. Nutrition and Dietary Services: The facility shall provide or contract for food service to meet the dietary needs of the patients including modified diets or dietary restrictions as prescribed by the attending physician.

(1) **Director of food service:** Each facility shall have a full-time person qualified by training and experience designated by the administrator, responsible for the total food service operation of the facility and who shall be on duty a minimum of thirty-five (35) to forty (40) hours each week. Such a person may be a qualified dietitian or nutritionist. If the facility provides therapeutic diets, and the food service director is not a qualified dietitian or nutritionist, consultation by a qualified dietitian shall be provided or the diets shall be reviewed and approved by the attending physician.

(2) **Dietary staffing:** There shall be sufficient number of

food service personnel employed and their working hours, schedules of hours, on duty and days off shall be posted. Employees personal hygiene:

(a) All persons engaged in the preparation and serving of food shall have a current tuberculin test [and stool examination. These]. This shall be performed at least annually.

(b) No person, while afflicted with any disease in a communicable stage, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores, or acute respiratory infection, shall work in areas in any capacity in which there is likelihood of such person contaminating food, or food surfaces with pathogenic organism, or transmitting disease to other individuals.

(c) If any food service personnel are assigned duties outside the dietary department, the duties shall not interfere with the sanitation, safety or time required from regular dietary assignments.

(d) Employees shall wear apparel appropriate to their jobs and shall adhere to good sanitation practices.

(e) Hairnets, caps or other effective hair restraints shall be used by all employees (male and female) engaged in the preparation and serving of food.

(f) Dietary employees shall not use tobacco in any form while engaged in any dietary department procedure.

(3) **Food service functions and areas:**

(a) **Physician's diet order:** The diet order shall be specific, complete and in writing.

(b) **Menu planning:** 1. Menus shall be planned, written and rotated according to a definite pattern. Nutrition needs shall be met in accordance with the current recommended dietary allowances of the nationally accepted dietary authorities, and in accordance with physician's orders. 2. Meals shall correspond with the posted menu; when changes in the menu are necessary, substitutions shall provide equal nutritive value and the changes shall be recorded on the menu and kept on file for thirty (30) days. 3. The daily menu shall include daily diet for all modified diets served within the facility based on an approved diet manual. (The diet manual shall be a current manual with copies available in the dietary department, that has the approval of the professional staff of the facility. The diet manual shall indicate nutritional deficiencies of any diet. The dietitian shall correlate and integrate the dietary aspects of the patient care with the patient and patient's chart through such methods as patient instruction, recording diet histories and participation in rounds and conferences.)

(c) **Quality of food:** 1. At least three (3) meals or their equivalent shall be served daily with not more than a fourteen (14) hour span existing between substantial evening meal and breakfast. 2. Meals shall be served at regular times with between meals or bedtime snacks of nourishing quality offered.

(d) **Preparation and serving of food:** Foods shall be prepared by methods that conserve nutritive value, flavor and appearance and attractively served at the proper temperatures, and in a form to meet the individual needs. (A file of tested recipes, adjusted to appropriate yield shall be maintained.) 1. Food shall be cut, chopped or ground to meet individual needs. If a patient refuses foods served, substitutions shall be offered. 2. Trays provided bedfast patients shall rest on firm supports such as overbed tables. Sturdy tray stands of proper height are provided for patients able to be out of bed. 3. Correct positioning of the patient to receive his

tray shall be the responsibility of the direct patient care staff. Patients requiring help in eating shall be assisted by trained personnel. 4. Adaptive self-help devices shall be provided to contribute to the patient's independence in eating.

(e) Maintenance of sanitary conditions: 1. Equipment and work areas shall be clean and orderly. Effective procedures for cleaning all equipment and work areas shall be followed consistently to safeguard the health of the patient. The dietary department shall be routinely inspected and approved by state or local health agencies as a food handling establishment. Written reports of the inspection shall be on file with recommendations. 2. Dry or staple food items shall be stored at least six (6) [twelve (12)] inches off the floor in a ventilated room which is not subject to sewage or waste water backflow, or contamination by condensation, leakage, rodents, or vermin. 3. All cleaning agents and supplies shall be stored separately from food supplies. 4. All perishable foods shall be refrigerated at the appropriate temperature and in an orderly and sanitary manner. All refrigerators shall have thermometers conveniently located to spot check frequently. 5. Foods being displayed or transported shall be protected from contamination by being properly covered. 6. Only appropriate personnel shall be allowed in the food production and serving areas of the dietary department at any time. 7. Where mechanical dishwashers are used, dishwashing procedures and techniques shall be well-developed, understood, and carried out in compliance with the state and local health codes and with periodic check on: detergent dispenser operation, washing, rinsing, and sanitizing temperature of 180 degrees Fahrenheit for rinse cycle, machine and jets. 8. Where dishes are washed manually, the following techniques shall be employed: A three (3) compartment sink shall be provided; the utensils shall be washed in hot water at a temperature of 110 to 120 degrees Fahrenheit, containing an adequate amount of an effective soap or detergent. Water shall be kept clean by changing it frequently. 9. Sanitizing of hand-washed dishes: Following hand washing, all utensils shall be sanitized by either submerging all utensils for thirty (30) seconds in clean water maintained at a temperature of 180 degrees Fahrenheit, or more, or all utensils shall be submerged for at least two (2) minutes in a hypochlorite solution. The solution shall be made up with chlorine concentration of at least 100 parts per million and shall be discarded when the chlorine concentration goes below fifty (50) parts per million. All hypochlorite solutions shall be prepared fresh at least three (3) times each day prior to its use and sanitizing the dishes used at each main meal period, and at least twice each day if only glassware is sanitized. Soaps, water softeners, washing compounds and detergents shall not be added to hypochlorite solutions. Utensils should be racked in baskets so that all surfaces will be reached by the chemical solution while submerged. Other chemical sanitizing solutions shall be approved for use by the state health officer in which case the concentration will be specified.

10. Thermometer: A suitable thermometer shall be provided for frequent determination of the temperature of the water used for sanitizing, washing, and rinsing utensils.

11. All garbage and kitchen refuse shall be disposed of through a disposal or kept in leak proof, nonabsorbent containers with close fitting covers and shall be disposed of daily in a manner that will not permit transmis-

sion of disease, a nuisance, or a breeding place for flies. All garbage containers shall be thoroughly cleaned inside and out each day.

Section 7. Activities and Therapeutic Recreation: (1) All facilities shall provide or shall designate a person as an activity director who is responsible for developing and implementing the activity program.

(2) Patients, both ambulatory and non-ambulatory, are encouraged, but not forced, to participate in planned activities appropriate to the patients' needs.

(3) The patient activities program is designed to:

(a) Stimulate physical and mental abilities to the fullest extent;

(b) Encourage and develop a sense of usefulness and self respect;

(c) Include activities which inhibit, prevent, or overcome the development of symptoms of physical and mental regression due to illness or old age;

(d) Include, whenever possible, the patient and his family in planning of and participation in activities;

(e) Be of sufficient variety that they meet the needs of the various types of patients in the facility;

(f) Include religious activities for each patient if it is the desire of the patient to participate; requests from a patient to be seen by a clergyman are acted upon as soon as possible, and an area for consultation is made available to the patient who desires a private visit from the clergyman;

(g) Allow the patient to leave the facility to visit, shop, attend church, or other social activities provided this does not endanger his health; and

(h) Be planned in group and individual projects and programs and available to all patients.

(4) An activities program is developed for each patient, incorporated in the overall patient's plan of care and reviewed and revised, if necessary, every four (4) months.

(5) The patient's participation in the activities program and significant changes in his response to activities are entered into his patient record.

(6) The activities director maintains a current list of patients on which precautions are noted regarding a patient's condition that might restrict or modify his participation in the program.

(7) The schedule and/or calendar for the activity program shall be current and shall be posted on a general patient area within the facility.

(8) The facility provides indoor and outdoor space, supplies, and equipment for the program.

Section 8. Social Services: The facility provides or arranges for social services as needed by the patient, designed to promote preservation of the patient's physical and mental health.

(1) A designated staff member suited by training or experience is responsible for arranging for social services and for the integration of social services with other elements of the plan of care.

(2) A plan for such care is recorded in the patient's record and is periodically evaluated in conjunction with the patient's total plan of care.

(3) Social services patient records shall be maintained as an integral part of the patient's case record.

Section 9. **Pharmaceutical Services:** Whether drugs are generally procured from community or institutional pharmacists or stocked by the facility, the facility shall have methods for its pharmaceutical services that are in accordance with accepted professional practices.

(1) Procedures for administration of pharmaceutical services: The facility shall provide appropriate methods and procedures for obtaining, dispensing, and administering of drugs and biologicals, developed with the advice of a staff pharmacist, a consultant pharmacist, or a pharmaceutical advisory committee which includes one (1) or more licensed pharmacists.

(a) If the facility has a pharmacy department, a license pharmacist shall be employed to administer the pharmacy department.

(b) If the facility does not have a pharmacy department, it shall have provision for promptly and conveniently obtaining prescribed drugs and biologicals from a licensed community or institutional pharmacy.

(c) An emergency medication kit approved by the facility's group of professional personnel shall be kept readily available.

(d) The facility shall have written policies covering pharmaceutical services which shall be developed with the advice of a group of professional personnel and which shall be reviewed at least annually. Pharmacy policies and procedures shall be developed with the advice of a committee of the professional staff of the facility.

(2) Conformance with physician's orders: All medications administered to patients shall be ordered in writing. Oral orders shall be given only to a licensed nurse or pharmacist, immediately reduced to writing, and signed. Medications not specifically limited as to time or number of doses, when ordered, shall be automatically stopped in accordance with written policy on stop orders. A nurse and the prescribing physician shall review, not necessarily at the same time, as a committee, the patient's medication profile at least every three (3) months. The patient's attending physician shall be notified of stop order policies and contacted promptly for renewal of such orders so that continuity of the patient's therapeutic regimen is not interrupted. Medications are released to patients on discharge or visits only after being labeled appropriately and on the written authorization of the physician.

(3) Administration of medications: All medications shall be administered by trained personnel. Each dose administered shall be recorded in the clinical record. If in case of emergency, intravenous injections are necessary, they shall be administered by a licensed physician or a registered nurse.

(a) The nursing station shall have readily available items necessary for the proper administration of medication.

(b) Medications prescribed for one patient shall not be administered to any other patient.

(c) Self-administration of medications by patients shall not be permitted except for drugs on special order of the patient's physician or in a pre-discharge program under the supervision of a licensed nurse or pharmacist. (The medication shall remain in the container provided by the pharmacist.)

(d) Medication errors and drug reactions shall be im-

mediately reported to the patient's physician and pharmacist and an entry thereof made in the patient's clinical record as well as on an incident report.

(e) Up-to-date medication reference texts (P.D.R.) and other sources of information shall be provided, such as the American Hospital Formulary Service of the American Society of Hospital Pharmacists or other suitable references.

(4) Labeling and storing medications: Patient's medications shall be properly labeled and stored in a locked cabinet at the nurses' station.

(a) The label of each patient's individual medication container clearly indicates the patient's full name, physician's name, prescription number, name and strength of drug, date of issue, and expiration date of all time-dated drugs [and name and the lot or control number of the medication also appear on the label].

(b) Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the issuing pharmacist or pharmacy for relabeling or disposal. Containers having no labels shall be destroyed in accordance with state and federal laws.

(c) The medications of each patient shall be kept and stored in their originally received containers and transferring between containers shall be forbidden, except as noted in subsection (3)(c) of this section.

(d) Separately locked boxes, or drawers securely fastened down within the locked medicine cabinet shall be provided for storage of narcotics, barbiturates, amphetamines, and other dangerous drugs subject to the current Controlled Substance Act or subsequent amendments thereof.

(e) Cabinets shall be well lighted and of sufficient size to permit storage without crowding.

(f) Medications requiring refrigeration shall be kept in a separate locked box within a refrigerator at or near the nursing station.

(g) Medications for "external use only" shall be kept in a locked cabinet and separate from other medications.

(h) Medications no longer in use shall be disposed of or destroyed in accordance with federal and state laws and regulations.

(i) Medications having an expiration date shall be removed from usage and properly disposed of after such date.

(5) *Controlled substances:* [Control of narcotics:] The facility complies with all federal and state laws and regulations relating to the procurement, storage, dispensing, administration and disposal of *controlled substances* [narcotics], those drugs subject to the federal and state Controlled Substance Acts, and other legend drugs. A *controlled substances* [narcotic] record shall be maintained which lists on separate sheets for each type and strength of *controlled substances* [narcotic] the following information: date, time administered, name of patient, dose, physician's name, signature of person administering dose and balance.

Section 10. **Dental Services:** The facility shall assist patients in obtaining dental services. Conditions necessitating dental services shall be noted and such dental procedures and services shall be recorded in the patient's record.

Section 11. **Nursing Services:** (1) Immediate supervision of the facility's health services on all days of each

week is by a registered nurse or licensed practical nurse employed on the day shift.

(a) In the case of facilities where a licensed practical nurse serves as supervisor of health services, consultation is provided in the facility by a registered nurse, through formal contract, at regular intervals, but not less than four (4) hours weekly.

(b) The supervisor of health services shall have training and knowledge in restorative nursing.

(2) The responsibilities of the health services supervisor shall be in:

(a) Developing and/or maintaining nursing service objectives, standards of nursing practice, nursing procedure manuals, and written job description for each level of nursing personnel.

(b) Recommending to the administrator the number and levels of nursing personnel to be employed, participating in their recruitment and selection and recommending termination of employment when necessary.

(c) Assigning and supervising all levels of nursing care.

(d) Participating in planning and budgeting for nursing care.

(e) Participating with the interdisciplinary team in the development and implementation of patient care policies.

(f) Coordinating nursing services with other patient care services.

(g) Participating in the screening of prospective patients in terms of required nursing services and nursing competencies available.

(h) Assuring that a current nursing care plan is established for each patient and that his plan is reviewed and modified as necessary, (but not less than quarterly). Plan shall indicate (long and short term goals), nursing care needed, how it is to be accomplished, and methods, approaches and modifications necessary to insure best results for the patient.

(i) Assuring that all medications are administered by licensed personnel (physician or nurse) or by other personnel who have completed a state-approved training program. There shall be trained personnel in the facility at all times for supervision. Intravenous medication shall be limited to emergency situations and shall be administered by physicians, or registered nurse. Each dose shall be promptly charted in the patient's medical record.

(j) Assuring that the registered nurse reviews, monthly, each patient's medications and notifies the physician when changes are appropriate of pertinent information; the registered nurse or consultant participates with the physician (not necessarily at the same time) in a review of medication orders at least quarterly.

(k) Assuring that acceptable in-service and/or continuing education for all nursing personnel shall be conducted at least quarterly or its equivalent. (Provided by in-service or continuing education.) Also assuring that an orientation program shall be written and implemented for all levels of nursing personnel.

(l) Assuring that minutes of all meetings and in-service educational programs are recorded and available to staff members involved in patient care.

(m) Assuring the accuracy and legibility of the nurse's notes which must contain but are not limited to the following situations or circumstances: frequency of treatments rendered; response to treatments rendered; and frequency of p.r.n. medications administered; symptoms or condition necessitating administration of

p.r.n. medication when indicated; reaction following p.r.n. medication when indicated; visits by the physician and phone calls to the physician; unusual conditions or symptoms as they occur; the recording of medically prescribed diets in the patient's clinical record; (The patient shall be observed at all meals and persistent failure to eat shall be noted.); and restorative nursing measures.

(n) Restorative measures shall be practiced on a twenty-four (24) hour, seven (7) day week basis in the care of patients. Those procedures requiring medical approval shall be ordered by the attending physician. Restorative measures shall include, but are not limited to the following procedures: 1. Positioning and turning: Nursing personnel shall encourage and/or assist patients in maintaining good body alignment while standing, sitting, or lying in bed. 2. Exercises: Nursing personnel shall assist patients in maintaining maximum joint range of motion and/or active range of motion. 3. Bowel and bladder training: Nursing personnel shall assist incontinent patients to gain bowel and bladder control. 4. Training in activities of daily living: Nursing personnel shall encourage and when necessary, teach patients to function at their maximum level in appropriate activities of daily living for as long as, and to the degree that, they are able. 5. Ambulation: Nursing personnel shall assist and encourage patients with daily ambulation unless otherwise ordered by the physician.

(3) Nursing services shall include but not be limited to:

(a) Assessment of nursing needs and, where appropriate, direct nursing intervention; by: 1. Proper administration of medications including oral, rectal, hypodermic, and intra-muscular; 2. The proper carrying out of treatments such as: enemas, irrigations, catheterizations, applications of dressings or bandages, supervision of special diets, restorative measures and other treatments involving a like level of skill; 3. Objective observations of changes in a patient's condition, (including mental and emotional changes, as a means for analyzing and determining care required and/or the need for further medical evaluation and treatment); 4. Personal care and hygiene such as clean, neat, well-groomed hair; clean, trimmed fingernails and toenails; clean skin and freedom from offensive odors; clean mouth and teeth; and care of the lips to prevent dryness and cracking; and 5. Encouragement of patients to be dressed in their own clothing whenever possible (unless otherwise indicated by the physician, this should be street clothes and shoes).

(b) Implementing a regular program with special emphasis on the following to prevent decubiti: 1. A system to maintain cleanliness of the patient, his clothes and linens, shall be followed each time the bed or the clothing is soiled. Rubber, plastic, or other type of linen protectors (newspapers not acceptable) shall be properly cleaned and completely covered to prevent direct contact with the patient. 2. Special effort shall be made to assist the patient in being up and out of bed as much as his condition permits. The patient may be denied this assistance only upon the written order of his physician. If the patient cannot move himself, he shall have his position changed as often as necessary but not less than ev-

ery two (2) hours. 3. Treatment of decubitus in the facility will depend on the physician's judgment of the capability of the facility.

(c) Instruction and supervision of nursing staff in the following: 1. Basic skills required to meet the nursing needs of the patients; 2. Basic first aid practices to minimize injury from commonly encountered emergencies; and 3. Personnel should be knowledgeable of the proper use and location of emergency and life supporting equipment.

(d) Participation on appropriate facility committees.

Section 12. Separability. If any clause, sentence, paragraph, section or part of these regulations shall be adjudged by any court of competent jurisdiction to be invalid, the judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part thereof, directly involved in the controversy in which the judgment was rendered.

HOWARD L. BOST, Ph.D., Chairman

ADOPTED: January 14, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Kentucky Health Facilities and Health Services,
Certificate of Need and Licensure Board, 275 East Main
Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES

Bureau of Health Services
Certificate of Need and Licensure Board
(Proposed Amendment)

902 KAR 20:115. Emergency care; ambulance services.

RELATES TO: KRS 216.405 to 216.485, 216.990(2)

PURSUANT TO: KRS 13.082, 216.425

NECESSITY AND FUNCTION: This regulation, which relates to the operations and services of Emergency Care; Ambulance Services, is being promulgated pursuant to the mandate of KRS 216.425(3) that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services.

Section 1. Definition and Essential Characteristics: Emergency care ambulance service means health care and transportation provided by any individual or private or public organization having a vehicle or vehicles that are specially designed, constructed or that have been modified or equipped with the intent of using the same, or maintaining or operating the same for the health care and transportation of persons who are sick, injured, or otherwise incapacitated.

Section 2. Licensure: No person shall provide emergency care ambulance services without having first obtained a license from the board. Licenses issued by the

board shall include designation thereon of "conforming" or "non-conforming" with the standards set forth in this regulation.

(1) Existing services: An "existing service" is defined as an emergency care ambulance service in operation prior to January 1, 1973 and continuously thereafter.

(a) Upon submission of a properly completed application to the board, accompanied by the prescribed fee, an existing service in full compliance with the standards herein may be issued a license designated as "conforming." Any existing service not in full compliance, upon submission of properly completed application accompanied by the prescribed fee, may be issued a license designated as "non-conforming." Those standards which are not met by the non-conforming service shall be identified and reported to the Regional Health Planning Council and responsible state and local officials. An existing licensed non-conforming service may be redesignated as a conforming service upon full compliance with the standards herein.

(b) Licenses issued to existing services designated as "non-conforming" shall not be subject to renewal when adequate services conforming to standards have been developed and are available to serve the community or area in which the non-conforming service is operating. Delineation of such community or area shall be consistent with regional emergency medical services plans developed and adopted by the regional and state comprehensive health planning councils.

(2) Newly developed services: A "newly developed service" is defined as an emergency care ambulance service beginning operation on or after January 1, 1973.

(a) Upon submission of a properly completed application to the board, accompanied by the prescribed fee, a newly developed service in full compliance with the standards herein may be eligible to receive a license designated as "conforming." A newly developed service not in full compliance with the standards herein may, upon submission of a properly completed application accompanied by the prescribed fee, be eligible to receive a license designated as "non-conforming," provided that reasonable assurances including a plan setting dates for compliance with standards is submitted by the applicant and is accepted by the board. Newly developed services shall not be eligible for licensure when adequate services conforming to the standards herein exist in the area to be served. A newly developed service licensed as "non-conforming" may be redesignated as "conforming" upon full compliance with the standards herein.

(b) Licenses issued to newly developed services designated as "non-conforming" shall not be subject to renewal when adequate services conforming to standards have been developed and are available to serve the community or area in which the non-conforming service is operating. Delineation of such community or area shall be consistent with regional emergency medical services plans developed and adopted by the regional and state comprehensive health planning councils.

Section 3. Standards for the Operation of Ambulance Services: To be issued a license designated as "conforming," the ambulance service shall comply with the following standards: (1) Vehicle design and maintenance:

(a) On and after January 1, 1976 all vehicles used in the provision of ambulance services shall be designed to provide adequately for the care and transportation of patients and shall conform to the following patient compartment minimum dimensions: width *twenty-five (25) inches of unobstructed floor space between stretcher and squad bench for the technician to perform cardio-pulmonary resuscitation on the primary patient when the technician is in a right angle, kneeling position to the side of the patient*; [seventy-one (71) inches (two (2) litters twenty-three (23) inches wide plus twenty-five (25) inches of space between litters);] length, 116 inches (twenty-five (25) inches at the head plus fifteen (15) inches at the foot of a seventy-six (76) inch litter); height, fifty-four (54) inches from floor to ceiling; provided however that for some of the vehicles in use by the applicant reasonable variation in dimensions may be allowed where such vehicles are to be utilized only for designated limited purposes which are specified by the applicant and approved by the board. Effective January 1, 1980, all conforming vehicles utilized (except limited purpose units) shall comply fully with vehicle design criteria contained in GSA Federal Specifications KKK-A-1822, dated January 2, 1974.

(b) All vehicles shall be kept in optimum working order. The interior of the vehicle and equipment shall be cleaned after each use, unless precluded by emergency conditions.

(2) Personnel:

(a) Ambulance services shall provide emergency service on a twenty-four (24) hour basis. This provision may be met through an adequate call system.

(b) Each emergency ambulance service shall be staffed to provide at least one (1) driver and one (1) attendant for each run. The attendant shall remain with the patient at all times during transport.

(c) Each employee shall receive pre-employment and annual physical examinations which shall include at least a chest x-ray (or recommended tuberculin testing procedure).

(d) All attendants utilized in the provision of ambulance services shall be trained to at least minimal level. Until such time as EMT-A training becomes mandatory, the following are acceptable: Red Cross Advanced, Red Cross Standard First Aid and Personal Safety, either to be supplemented by ten (10) hours Cardio-Pulmonary Resuscitation; Red Cross Advanced First Aid and Emergency Care Certification with ten (10) hours supplemental CPR instruction, EMT-A Certification, and Medical Corpsman Training within the last five (5) years supersede the above listed programs. Certification must be current.

(e) Effective January 1, 1976, each attendant shall be certified as an EMT-A by the Department for Human Resources. All additional personnel utilized in the provision of EMS Transportation shall be trained to the minimal levels specified in paragraph (d) above. New personnel added after January 1, 1976, shall receive the minimal training within six (6) months from date of initial utilization.

(3) Equipment: All vehicles used in the provision of ambulance services shall have at least the following essential equipment or such equipment as is prescribed by the board, viz:

(a) Suction apparatus (fixed or portable);

(b) Hand operated bag-mask ventilation unit with adult, child, and infant size masks (capable of use with oxygen);

(c) Oropharyngeal airways in adult, child, and infant sizes;

(d) Oxygen equipment (fixed or portable): 1. Pressure gauge and flow rate regulator; 2. Adaptor and tubing; 3. Transparent masks in adult, child, and infant sizes; and 4. Filled spare cylinder.

(e) Mouth gags (commercial or made from tongue blades);

(f) Universal dressing approximately ten (10) inches by thirty-six (36) inches, compactly folded and packaged;

(g) Sterile gauze pads, four (4) inches by four (4) inches;

(h) Soft roller self-adhering bandages, various sizes;

(i) Roll of aluminum foil, sterilized and wrapped;

(j) Adhesive tape, various size rolls;

(k) Two (2) sterile burn sheets;

(l) Hinged half-ring lower extremity traction splint, length forty-three (43) inches or substitute padded board splints four and one-half feet by three inches (4 1/2' x 3");

(m) Inflatable air splints for arm, leg and foot as minimum or a suitable substitute (i.e., padded boards, etc.);

(n) Short and long spine boards with accessories (orthopedic "scoop" stretcher preferred over long spine board);

(o) Triangular bandages;

(p) Large safety pins;

(q) Shears for bandages;

(r) Sterile obstetrical kit; and

(s) Sphygmomanometer and stethoscope.

(t) Additionally, the following medical items are to be considered mandatory on-board equipment as of January 1, 1980: 1. Mouth-to-mouth artificial ventilation airways for adults and children; 2. Sterile IV agents with administration kits to be used by qualified personnel; 3. Two (2) or more padded board splints four and one-half (4 1/2) feet long by three (3) inches wide; 4. Poison kit. Also effective January 1, 1980, all conforming vehicles shall carry the full contingent of access and extrication equipment for ambulance use as stipulated in the Highway Safety Program Manual No. 11, dated April, 1974.

(4) Radio communications equipment: All ambulance services shall be equipped with two (2) way radio communications equipment compatible with the statewide ambulance-to-hospital emergency radio communications system. This requirement becomes effective upon implementation of the regional communications network for the region in which a particular ambulance service is located.

(5) Records: All ambulance services shall keep adequate records, and shall utilize forms which may subsequently be specified by the board. Records shall be maintained at the ambulance base headquarters, and shall be available for periodic review as deemed necessary by the board. Records shall include at least the following information:

(a) Name of patient;

(b) Date of run;

(c) Time and odometer readings;

- (d) Vehicle license or unit number;
- (e) Name of driver and attendant;
- (f) Destination;
- (g) Nature of call (illness, injury, etc.);
- (h) Victim status (conscious, convulsing, hemorrhaging, etc.);
- (i) Cause of injury (motor vehicle accident, gunshot wound, etc.);
- (j) Case severity;
- (k) Vital signs (blood pressure, pulse, respiration);
- (l) Response to external stimuli (patient does not react to pin prick, pupils do not react to light, etc.);
- (m) Aid given to patient;
- (n) Employee records, including a resume of each employee's training and experience, shall be maintained; and
- (o) Health records of all drivers and attendants including evidence of pre-employment and annual physical examinations, chest x-ray (or recommended tuberculin testing procedure) and records of all illnesses or accidents occurring on duty.

Section 4. Separability. If any clause, sentence, paragraph, section or part of these regulations shall be adjudged by any court of competent jurisdiction to be invalid, the judgment shall not affect, impair, or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part thereof, directly involved in the controversy in which the judgment was rendered.

HOWARD L. BOST, Ph.D., Chairman

ADOPTED: January 14, 1976

RECEIVED BY LRC: February 13, 1976

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Kentucky Health Facilities and Health Services, Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
(Proposed Amendment)

902 KAR 100:005. General applicability.

RELATES TO: KRS 152.105 to 152.190

PURSUANT TO: KRS 13.082, 194.050, 211.090

NECESSITY AND FUNCTION: The Department for Human Resources is empowered by KRS 152.105 to 152.190 to regulate the possession or use of any source of ionizing or electronic product radiation and to regulate the handling and disposal of radioactive waste. The purpose of this regulation is to specify the general applicability of the Department for Human Resources' Radiation Regulations.

Section 1. General Applicability of State Radiation Regulations. The Department for Human Resources regulations relating to radiation are applicable to the possession and use of all sources of ionizing and electronic product radiation in Kentucky and to the handling and

disposal of radioactive waste in Kentucky except where exclusive jurisdiction has been retained by the U. S. *Nuclear Regulatory* [Atomic Energy] Commission pursuant to applicable federal laws and regulations. Nothing in the department's radiation regulations shall be interpreted as limiting the exposure of patients to radiation by licensed state practitioners of the healing arts who are authorized by virtue of their license to use sources of radiation, or by qualified individuals acting under their direction. The classification and certification of operators of sources of radiation as provided by KRS 211.870, 211.890 and 211.993 are not included within the scope of these regulations.

Section 2. Existing Licenses and Certificates. All licenses, registration certificates and other actions of the department taken pursuant to previous State Board of Health regulations bearing the code letters "RAD" or "RH" shall continue in full force and effect subject to the provisions of the department's current regulations relating to radiation.

WILLIAM P. McELWAIN, Commissioner
C. LESLIE DAWSON, Secretary

ADOPTED: February 13, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Secretary for Human Resources, Capitol Annex, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
(Proposed Amendment)

902 KAR 100:015. General requirements.

RELATES TO: KRS 152.105 to 152.190

PURSUANT TO: KRS 13.082, 194.050, 211.090

NECESSITY AND FUNCTION: The Department for Human Resources is empowered by KRS 152.105 to 152.190 to regulate the possession or use of any source of ionizing or electronic product radiation and the handling and disposal of radioactive waste. The purpose of this regulation is to provide for general requirements, prohibitions, and exemptions that will be applicable to all persons who possess or use sources of ionizing or electronic product radiation in Kentucky.

Section 1. Applicability. This regulation is applicable to all persons who possess or use sources of ionizing or electronic product radiation in Kentucky.

Section 2. Exposure to be Maintained as Low as Practicable. All persons shall make every reasonable effort to maintain radiation exposures and releases of radioactive materials in effluents to unrestricted areas as far below the limits specified in these regulations as is practicable.

Section 3. Prohibited Uses. The following uses of radiation are prohibited in Kentucky: (1) Hand-held fluoroscopic screens shall not be used.

(2) Shoe-fitting fluoroscopic devices shall not be used.

(3) Sources of radiation detrimental to public health, safety, or property shall not be used.

(4) No person shall use sources of radiation in a manner to intentionally expose any individual except as specifically allowed by these regulations or by license authorization.

Section 4. Records. Each licensee and registrant shall keep records showing the receipt, transfer, and disposal of all sources of radiation. Additional record requirements are specified elsewhere in these regulations.

Section 5. Inspections. (1) Each licensee and registrant shall afford to the department at all reasonable times opportunity to inspect sources of radiation and the premises and installations wherein such sources of radiation are used or stored.

(2) Each licensee and registrant shall make available for inspection, to the department, records maintained pursuant to these regulations.

Section 6. Tests. Each licensee and registrant shall perform or permit the department to perform such tests as the department deems appropriate including, but not limited to, tests of:

- (1) Sources of radiation;
- (2) Location wherein sources of radiation are used or stored;
- (3) Radiation detection and monitoring instruments; and
- (4) Other equipment and devices used in connection with utilization or storage of licensed or registered sources of radiation.

Section 7. Exemptions. (1) General provision. The department may, upon application or its own initiative, grant such exemptions or exceptions from the requirements of these regulations as it determines are authorized by law or regulation that will not result in undue hazards to public health, safety, or property.

(2) Carriers. Common and contract carriers, *freight forwarders and warehousemen, and private carriers who are subject to the rules and regulations of the U. S. Department of Transportation or the U. S. Postal Service* operating within this state are exempt from licensing to the extent that they transport or store sources of radiation in the regular course of their carriage for another or storage incident thereto, provided that, when such transportation is not subject to the rules and regulations of the U. S. *Nuclear Regulatory* [Atomic Energy] Commission, the U. S. Department of Transportation, or the U. S. *Postal Service* [Post Office], such carriers shall comply with these regulations.

(3) U. S. *Energy Research and Development Administration contractors and U. S. Nuclear Regulatory* [Atomic Energy] Commission contractors. *Any U. S. Energy Research and Development Administration contractor or subcontractor and any U. S. Nuclear Regulatory Commission contractor or subcontractor of the following categories operating within this state is exempt from these regulations to the extent that such contractor or subcontractor under his contract receives, possesses, uses, transfers or acquires sources of radiation:* [The following contractors and subcontractors of the U. S. Atomic Energy Commission are exempt from licensing in this state to the extent that under their contract they receive, possess, use, transfer, own, or acquire sources of radiation; to wit:]

(a) Prime contractors performing work for the *Energy Research and Development Administration* [AEC] at U. S.

Government-owned or controlled sites, *including the transportation of sources of radiation to or from such sites and the performance of contract services during temporary interruptions of such transportation;*

(b) Prime contractors *of the Energy Research and Development Administration* performing research in, or development, manufacture, storage, testing, or transportation of, atomic weapons or components thereof;

(c) Prime contractors *of the Energy Research and Development Administration* using or operating nuclear reactors or other nuclear devices in a U. S. Government-owned vehicle or vessel; and

(d) Any other prime contractor or subcontractor *of the Energy Research and Development Administration or of the Nuclear Regulatory Commission* when the state and the *Nuclear Regulatory Commission* [AEC] jointly determine:

1. That, under the terms of the contract or subcontract, there is adequate assurance that the work thereunder can be accomplished without undue risk to the public health and safety; and

2. That, the exemption of such contractor or subcontractor is *authorized by law* [otherwise appropriate].

Section 8. Additional Requirements. The department may, by order, impose upon any licensee or registrant such requirements in addition to those established in these regulations as it deems appropriate or necessary to minimize danger to public health, safety, or property.

Section 9. Impounding. Sources of radiation may be subject to impoundment by the department as necessary to minimize danger to public health, safety, or property. Any such impoundment by the department shall not relieve the owner of the responsibility for such sources.

Section 10. Communications. All communications and reports concerning these regulations, and applications filed thereunder, shall be addressed to: *Manager, Radiation Control Branch* [Director, Radiological Health Program], Kentucky Department for Human Resources, 275 East Main Street, Frankfort, Kentucky 40601.

WILLIAM P. McELWAIN, Commissioner

APPROVED: C. LESLIE DAWSON, Secretary

ADOPTED: February 13, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Secretary for Human Resources, Capitol Annex, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES**Bureau for Health Services
(Proposed Amendment)****902 KAR 100:060. Leak testing.**

RELATES TO: KRS 152.105 to 152.190

PURSUANT TO: KRS 13.082, 194.050, 211.090

NECESSITY AND FUNCTION: The Department for Human Resources is empowered by KRS 152.105 to 152.190 to regulate the possession or use of any source of ionizing or electronic product radiation and to regulate the handling and disposal of radioactive waste. The purpose of this regulation is to provide requirements and procedures for the testing of sealed radioactive sources for leakage and contamination.

Section 1. Applicability. This regulation establishes leak testing procedures for sealed sources licensed under these regulations.

Section 2. Tests for Leakage and Contamination of Sealed Sources. (1) Requirements. Each licensee using sealed sources of radioactive material, Nickel 63 foil sources, or plated alpha sources shall have such sources periodically tested for leakage and contamination as prescribed in this section. Records of these tests shall be maintained and made available for inspection by the department.

(2) Method of testing. Tests for leakage and contamination shall be performed only by persons specifically authorized to perform such tests by the department, another agreement state, or the U. S. *Nuclear Regulatory [Atomic Energy]* Commission. The test sample shall be taken from the surface of the source or from the surface of the device in which the source is stored or mounted and on which one might expect contamination to accumulate. The test sample shall be analyzed for radioactive contamination and the analysis shall be capable of detecting the presence of 0.005 microcurie of radioactivity on the test sample. The results of the test shall be kept in units of microcuries and maintained for inspection by the department.

(3) Interval of testing. Each sealed source of radioactive material or Nickel 63 foil source shall be tested at intervals not to exceed six (6) months except that each source designed for the purpose of emitting alpha particles shall be tested at intervals not to exceed three (3) months. In the absence of a certificate from a transferor indicating that a test has been made prior to the transfer, the sealed source shall not be put into use until tested. Notwithstanding the leak test intervals specified herein, the department may authorize extended leak test intervals for specific sources used in certain specific applications.

(4) Leaking or Contaminated Sources. If the test reveals the presence of 0.005 [0.05] microcurie or more of leakage or contamination obtained from a teletherapy or a gamma irradiator source [or 0.005 microcurie or more of leakage] or [contamination obtained] from any other type source, the licensee shall immediately withdraw the source from use and shall cause it to be decontaminated, repaired, or disposed of in accordance with the department's radiation regulations. A report *within five (5) days of the test* describing the equipment involved, the test results and the corrective actions taken shall be filled with: *Manager, Radiation Control Branch* [Director, Radiological Health program], Kentucky Department for Human Resources,

275 East Main Street, Frankfort, Kentucky 40601.

(5) Exemptions. Notwithstanding the requirements of this section, the following sources are exempted from periodic leak testing:

- (a) Hydrogen 3 sources;
- (b) Sources of radioactive material with a half-life of thirty (30) days or less;
- (c) Sealed sources of radioactive material in gaseous form;
- (d) Sources of beta or gamma emitting radioactive material with an activity of 100 microcuries or less;
- (e) Sources of alpha emitting radioactive material with an activity of 10 microcuries or less;
- (f) Nickel 63 foil sources of 100 microcuries or less; and
- (g) Plated alpha sources, other than Californium 252 sources, with an activity of 0.1 microcurie or less.

WILLIAM P. McELWAIN, Commissioner

APPROVED: C. LESLIE DAWSON, Secretary

ADOPTED: February 13, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING
TO: Secretary for Human Resources, Capitol Annex,
Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES**Bureau for Health Services
(Proposed Amendment)****902 KAR 100:070. Intrastate transportation.**

RELATES TO: KRS 152.105 to 152.190

PURSUANT TO: KRS 13.082, 194.050, 211.090

NECESSITY AND FUNCTION: The Department for Human Resources is empowered by KRS 152.105 to 152.190 to regulate the possession or use of any source of ionizing or electronic product radiation and to regulate the handling and disposal of radioactive waste. The purpose of this regulation is to provide requirements for the intrastate transportation of radioactive material.

Section 1. Applicability. The provisions of this regulation apply to all persons who transport or deliver radioactive materials in Kentucky.

Section 2. Intrastate Transportation of Radioactive Materials. (1) The provisions of this section apply to transportation of radioactive material, or the delivery of radioactive material to a carrier for transportation, which is not subject to the rules and regulations of the U. S. Department of Transportation and other agencies of the United States having jurisdiction.

(2) No licensee shall transport any radioactive material outside of the confines of his plant or other authorized location of use, or deliver any radioactive material to a carrier for transportation unless the licensee complies with the applicable requirements of the regulations, appropriate to the mode of transport, of the U. S. Department of Transportation in 49 CFR Parts 170-189, 14 CFR Part 103 and 46 CFR Part 146 and the U. S. Postal Service in 39 CFR Parts 14 and 15 insofar as such regulations relate to the packaging of radioactive material, marking and labelling of packages, loading and storage of packages, placarding of the transporting vehicle, monitoring requirements and accident reporting.

(3) The licensee or transporting agent shall permit inspection for compliance with the requirements under subsection (2) of this section by authorized personnel of regulatory agencies.

(4) *The licensee shall establish procedures for opening and closing packages in which radioactive material is transported to provide safety and to assure that, prior to the delivery to a carrier for transport, each package is properly closed for transport.*

(5) *Prior to delivery of a package to a carrier for transport, the licensee shall assure that any special instructions needed to safely open the package are sent to, or have been available to the consignee.*

(6) *A general license is hereby issued to any common or contract carrier to transport and store radioactive material in the regular course of their carriage for another or storage incident thereto, provided the transportation and storage is in accordance with the applicable requirements of the regulations, appropriate to the mode of transport, of the U. S. Department of Transportation insofar as such regulations relate to the loading and storage of packages, placarding of the transporting vehicle, and incident reporting. Persons who transport and store radioactive material pursuant to the general license in this paragraph are exempt from the requirements of 902 KAR 100:020 and 902 KAR 100:165.*

(7) *A general license is hereby issued to any private carrier to transport radioactive material, provided the transportation is in accordance with the applicable requirements of the regulations, appropriate to the mode of transport, of the U. S. Department of Transportation insofar as such regulations relate to the loading and storage of packages, placarding of the transporting vehicle, and incident reporting.*

(a) *Persons who transport radioactive material pursuant to the general license in this subsection are exempt from the requirements of 902 KAR 100:020 and 902 KAR 100:165 to the extent that they transport radioactive material.*

(b) *Physicians are exempt from the requirements of this subsection to the extent that they transport radioactive materials for use in the practice of medicine.*

WILLIAM P. McELWAIN, Commissioner

APPROVED: C. LESLIE DAWSON, Secretary

ADOPTED, February 13, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Secretary for Human Resources, Capitol Annex, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
(Proposed Amendment)

902 KAR 100:095. Sealed sources.

RELATES TO: KRS 152.105 to 152.190

PURSUANT TO: KRS 13.082, 194.050, 211.090

NECESSITY AND FUNCTION: The Department for Human Resources is empowered by KRS 152.105 to 152.190 to regulate the possession or use of any source of ionizing or electronic product radiation and the handling and disposal of radioactive waste. The purpose of this

regulation is to provide requirements for the use of sealed radioactive sources in the healing arts and veterinary medicine.

Section 1. Applicability. The provisions of this regulation apply to all licensees who use sealed sources in the healing arts and veterinary medicine. The provisions of this regulation are in addition to, and not in substitution for, other applicable provisions of the department's radiation regulations.

Section 2. Interstitial, Intracavitary and Superficial Applications. (1) Accountability, storage and transit:

(a) Except as otherwise specifically authorized by the department, each licensee shall provide accountability of sealed sources and shall keep a permanent record of the issue and return of all sealed sources. A physical inventory shall be made at least every six (6) months and a written record of the inventory maintained.

(b) When not in use, sealed sources and applicators containing sealed sources shall be kept in a protective enclosure of such material and wall thickness as may be necessary to assure compliance with the provisions of 902 KAR 100:020 [these regulations].

(2) Testing sealed sources for leakage and contamination:

(a) All sealed sources with a half-life greater than thirty (30) days and in any form other than gas shall be tested for leakage and contamination prior to initial use and at intervals not to exceed six (6) months. If there is reason to suspect that a sealed source might have been damaged, or might be leaking, it shall be tested for leakage before further use.

(b) Leak tests shall be capable of detecting the presence of 0.005 microcurie of radioactive material on the test sample or, in the case of radium, the escape of radon at rate of 0.001 microcurie per twenty-four (24) hours. Any test conducted which reveals the presence of 0.005 microcurie or more of removable contamination or, in the case of radium, the escape of radon at the rate of 0.001 microcurie or more for twenty-four (24) hours shall be considered evidence that the sealed source is leaking. The licensee shall immediately withdraw the source from use and shall cause it to be decontaminated and repaired or to be disposed of in accordance with applicable provisions of these regulations.

(c) Leak test results shall be recorded in units of microcuries and maintained for inspection by the department.

(3) Radiation Surveys:

(a) The maximum radiation level at a distance of one (1) meter from the patient in whom brachytherapy sources have been inserted shall be determined by measurement or calculation and preferably by both. This radiation level shall be entered on the patient's chart and signs posted as required by subsection (4) of this section.

(b) The radiation levels in the patient's room and the surrounding area shall be determined, recorded in millirem per hour, and records maintained for inspection by the department.

(4) Signs and records:

(a) Unless otherwise specifically exempted by the provisions of these regulations, the bed, cubical, or room of the hospital brachytherapy patient shall be marked with a sign indicating the presence of brachytherapy sources. This sign shall incorporate the radiation symbol and specify the radionuclide, the activity, date, and the individual(s) to

contact for radiation safety instructions.

(b) The following information shall be included in the patient's chart:

1. The radionuclide administered, number of sources, activity in millicuries and time and date of administration;
2. The exposure rate at one (1) meter, the time the determination was made, and by whom;
3. The radiation symbol; and
4. The precautionary instructions necessary to assure that the exposure of individuals does not exceed that permitted under these regulations.

Section 3. Teletherapy. (1) Equipment:

(a) The housing shall be so constructed that, at one (1) meter from the source, the maximum exposure rate does not exceed ten (10) milliroentgens per hour when the beam control mechanism is in the "off" position. The average exposure rate measured at a representative number of points about the housing, each one (1) meter from the source, shall not exceed two (2) milliroentgens per hour.

(b) For teletherapy equipment installed after the effective date of these regulations, leakage radiation measured at one (1) meter from the source when the beam control mechanism is in the "on" position shall not exceed one (1) roentgen per hour or 0.1 percent of the useful beam exposure rate.

(c) Adjustable or removable beam-defining mechanisms or devices shall allow transmission of not more than five (5) percent of the useful beam exposure rate.

(d) The beam control mechanism shall be of a positive design capable of acting in any position of the housing. In addition to an automatic closing device, the mechanism shall be designed so that it can be manually returned to the "off" position with a minimum risk of exposure.

(e) The closing device shall be so designed as to return automatically to the "off" position in the event of any breakdown in interruption of the activating force and shall stay in the "off" position until activated from the control panel.

(f) When any door to the treatment room is opened, the beam control mechanism shall automatically and rapidly restore the unit to the "off" position and cause it to remain there until the unit is reactivated from the control panel.

(g) There shall be at the housing and at the control panel a warning device that plainly indicates whether the beam is "on" or "off."

(h) A written instruction shall be posted at the teletherapy machine control panel. This instruction shall inform the machine operator of the procedure to be followed should he be unable to turn the machine's primary beam of radiation "off" with the controls outside the treatment room. These instructions shall caution individuals to avoid exposure to the primary beam of radiation when in the treatment room and shall include specific instructions for:

1. Locating and using the device for manually turning off the teletherapy unit's primary beam of radiation.
2. Removing the patient from the treatment room.
3. Securing the room against unauthorized entry.
4. Notifying the responsible physician or radiation safety officer.

(i) The equipment shall be provided with a locking device to prevent unauthorized use.

(j) The control panel shall be provided with a timer that automatically terminates the exposure after a preset time.

(k) Teletherapy sources shall be tested for leakage and contamination in accordance with procedures described in

Section 2(2) of this regulation [except that the leak tests shall be capable of detecting 0.05 microcurie of removable contamination, and a source shall be considered to be leaking if the test reveals the presence of 0.05 microcurie or more of removable contamination]. The tests for leakage may be made by wiping accessible surfaces of the housing port or beam defining mechanism or device while the source is in the "off" position and measuring these wipes for transferred contamination.

(2) Shielding:

(a) Primary protective barriers shall be provided for any area that the useful beam may strike when using the largest possible diaphragm opening. Such barriers should extend at least one (1) foot beyond the useful beam for any possible orientation.

(b) Secondary protective barriers shall be provided for all occupied areas exposed to leakage and scattered radiation.

(c) Provision shall be made to permit continuous observation of patients during irradiation.

(3) Operation. No individual who is occupationally exposed to radiation shall be in the treatment room during irradiation unless he is the patient. No other individual shall be there except when it is clinically necessary, and such individual shall be adequately protected and shall be positioned so that no part of his body will be struck by the useful beam and so that his body is as far as possible from the edge of the useful beam. The exposure of the individual shall be monitored.

WILLIAM P. McELWAIN, Commissioner
C. LESLIE DAWSON, Secretary

ADOPTED: February 13, 1976

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SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Secretary for Human Resources, Capitol Annex,
Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES Bureau for Health Services (Proposed Amendment)

902 KAR 100:170. Proceedings.

RELATES TO: KRS 152.105 to 152.190

PURSUANT TO: KRS 13.082, 194.050, 211.090

NECESSITY AND FUNCTION: The Department for Human Resources is empowered by KRS 152.105 to 152.190 to regulate the possession or use of any source of ionizing or electronic product radiation and the handling and disposal of radioactive waste. The purpose of this regulation is to provide for the conduct of proceedings before the department involving the possession, use, and transfer of radioactive materials and radiation producing machines.

Section 1. Applicability. The provisions of this regulation apply to all administrative proceedings involving the use, possession, or transfer of radioactive materials or radiation producing machines within Kentucky.

Section 2. Administrative Examination of License Applications. Applications for the issuance of a license,

amendment of a license at the request of the holder, transfer of a license and renewal of a license shall be reviewed by the department. The applicant may be required to submit additional information and may be requested to confer informally regarding the application. The department shall give to others such notice of the filing of applications as is required under the applicable provisions of these regulations and such additional notices as it deems appropriate.

Section 3. Action on License Applications, Hearings.

(1) The department shall, upon request of the applicant or intervenor, and may upon its own initiative, direct the holding of a formal hearing prior to taking action on the application. If no prior formal hearing has been held and no notice of proposed action has been served as provided in subsection (2) of this section, the department shall direct the holding of a formal hearing upon receipt of a request therefor from the applicant or intervenor within thirty (30) days after the issuance of a license or other approval or a notice of denial.

(2) In such cases as it deems appropriate, the department may cause to be served upon the applicant a notice of proposed action upon his application and shall cause copies thereof to be served upon intervenors or others entitled to or requesting notification. The notice shall state the terms of the proposed action. If a formal hearing has not been held prior to the issuance of the notice, the department shall direct the holding of a formal hearing upon the request of the applicant or an intervenor received within fifteen (15) days following the service of the notice.

Section 4. Effect of Timely License Renewal Applications. If at least thirty (30) days prior to the expiration of an existing license authorizing any activity of a continuing nature, a licensee files an application for a renewal or for a new license for the activity so authorized, the existing license will not be deemed to have expired until the application has been finally determined.

Section 5. Notice of Violation. (1) Prior to the institution of any proceedings for alleged violation of any provisions of these regulations, the licensee or registrant shall be served with a written notice calling the facts to his attention and requesting a written explanation or statement in reply. Within fifteen (15) days of the receipt of such notice, or such other reasonable period as may be specified in the notice, the licensee or registrant shall send his reply to the department. If the notice relates to conditions or conduct which may be susceptible of correction or to conditions or conduct which may be susceptible of correction or of being brought into full compliance by action of the licensee or registrant, he shall state in his reply the corrective steps taken or to be instituted in achieving correction and preventing further violations, and the date when such correction and full compliance will be achieved.

(2) Where in the opinion of the department the public health, interest, or safety requires, or the failure to be in compliance is willful, the notice provided in this section may be omitted.

Section 6. Orders. In any case described in Section 5,

the department may issue the licensee or registrant a notice to comply with the rules and regulations of the department or any order issued by the department. The order shall appraise the licensee or registrant that he has the right to request a hearing within thirty (30) days by making a written request therefor to the secretary of the department. In the event a request for a hearing is received by the secretary of the department within the time specified, a notice of hearing shall be issued by the department in accordance with Section 5.

Section 7. Emergency Orders. Whenever the department finds that an emergency exists requiring immediate action to protect the public health or welfare, it may, without notice or hearing, issue an order with the approval of the secretary of the department reciting the existence of such an emergency and requiring that such action be taken as it deems necessary to meet the emergency. Such order shall be effective immediately. Any person to whom such an order is directed shall comply therewith immediately, but all applications for hearings to the department shall be afforded a hearing as soon as possible. On the basis of such hearing, the department shall continue such order in effect, revoke it, or modify it.

Section 8. Enforcement of Obedience to Orders. In case of the failure on the part of any person, firm, or corporation to comply with any lawful order of the secretary of the department or with process or in case of the refusal of any witness to testify concerning any matter on which he may be lawfully interrogated, the circuit court or a judge thereof having jurisdiction may, on application of the secretary of the department, compel obedience by proceedings as in contempt cases as provided by KRS 211.230.

Section 9. Recapture, Quarantine, or Seizure of Sources of Radiation. In cases found by the department to be of extreme importance to the health and safety of the public, the department may, without prior notice of hearing, recapture, quarantine, or seize any licensed or registered sources held by the licensee or registrant, provided that as promptly as possible and not later than ten (10) days from the recapture, quarantine, or seizure the department shall serve upon the licensee or registrant an appropriate order depriving the licensee or registrant use of the licensed or registered sources together with a notice which shall give the licensee or registrant the right to request a formal hearing, concerning the order depriving him of the use of the licensed or registered sources and the restoration of the licensed or registered sources to him.

Section 10. Filing of Papers. Unless otherwise specified, papers required to be filed with the department shall be filed with the *Manager, Radiation Control Branch*, [Director of Radiological Health,] Department for Human Resources, 275 East Main Street, Frankfort, Kentucky, 40601. Papers required to be filed with the department shall be deemed filed upon actual receipt with the department at the place specified accompanied by proof of service upon the parties required to be served as provided in

Section 13 of this regulation. Unless otherwise specified, the filing when by mail or telegram shall upon actual receipt be deemed complete as of the date of deposit in the mail or with the telegraph company. Papers may be filed in person at the department's offices at 275 East Main Street, Frankfort, Kentucky.

Section 11. Computation of Time. In computing any period of time prescribed or allowed by any applicable rule or regulation, notice or order, the provisions of KRS 446.030 shall apply.

Section 12. Extension of Time. Extensions of time for filing or performing any act required or allowed to be done, and continuances of any proceeding or hearing, may be granted in the discretion of the department upon application and good cause shown by any party, or upon the initiative of the department or stipulation of all the parties. When a hearing officer has been designated for hearing, the discretion in granting extensions of time and continuances in matters relating to the hearing shall rest with the hearing officer.

Section 13. Subpoenas, Service and Papers. Pursuant to the powers conferred by KRS 211.220, the department may issue subpoenas, subpoenas duces tecum, and all necessary process in proceedings brought before or initiated by the department and such process shall extend to all parts of the Commonwealth. Service of process and proof of service may be made, as provided by KRS 211.220, by registered mail or in the manner prescribed by CR 4.

Section 14. Representation. (1) Except as provided in subsection (2) of this section, any person appearing before the department may do so in person or by a representative. Any person transacting business with the department in a representative capacity may be required to show his authority to act in that capacity.

(2) In a formal hearing, a person may appear in person or be represented by his attorney.

Section 15. Intervention. (1) Any person whose interests may be affected by a proceeding may file a petition to intervene describing his interests, how it may be affected by department action, and the position he is taking in the matter. Service of copies of the motion shall be made upon all parties to the proceeding. The licensee, applicant or registrant upon notice and motion, and other parties by leave, may contest the right of the petitioner to intervene.

(2) As soon as is practicable after filing of a motion for intervention and a hearing of argument, if any, the department or a hearing officer will issue and serve an order either permitting or denying intervention. If the order is a denial of intervention, it shall contain a statement of the grounds. An order permitting intervention may be conditioned upon such terms as the department or hearing officer may direct.

Section 16. Effect of Intervention of Denial Thereof.

A person permitted to intervene becomes a party to the proceeding: (1) Where a notice of hearing has been issued or a hearing has begun, the admission thereafter of an intervenor shall not of itself enlarge or alter the issues without amendment as provided in subsection (3) of this section.

(2) An order denying intervention shall be without prejudice to any proposed limited appearance by the petitioner as one who is not a party for the purposes provided in Section 20.

(3) At any time prior to the time fixed for hearing but not later than five (5) days prior, the party concerned may amend the same by filing an amendment and serving it upon the parties. At any time thereafter, amendments may be permitted in the discretion of the hearing officer upon such terms as he shall prescribe.

Section 17. Consolidation. Upon motion and good cause shown or upon its own initiative the department or hearing officer may consolidate two (2) or more proceedings.

Section 18. Authority to Administer Oaths. Any oath or affirmation required by or pursuant to the provisions of these regulations may be administered by any person authorized to administer oaths by the laws of the Commonwealth of Kentucky.

Section 19. Informal Hearing Procedure. The procedure to be followed in informal hearings shall be such as shall best serve the purpose of the hearing. An informal hearing may consist of the submission of written data, views, or arguments with or without oral argument, or may partake of the nature of a conference or may assume some of the aspects of a formal hearing in which the subpoena of witnesses and the production of evidence may be permitted or directed.

Section 20. Formal Hearings. The parties to a formal hearing shall be the department, the licensee, applicant or registrant as the case may be, and any person permitted to intervene.

Section 21. Limited Appearances by Persons not Parties. With the consent of the hearing officer, limited appearances may be entered without request for or grant of permission to intervene by persons who are not parties to a hearing. With the consent of the hearing officer, and on due notice to the parties, such persons may make oral or written statements of their position on the issues involved in the proceeding, but may not otherwise participate in the hearing.

Section 22. Designation of Hearing Officer. The hearings herein provided for may be conducted by the department or the secretary of the department may designate hearing officers who shall have the power and authority to conduct hearings in the name of the department.

Section 23. Function of Hearing Officer. The function

of the hearing officer is to schedule and conduct hearings on behalf and in the name of the department on all matters referred for hearing by the department. It is the duty of the hearing officer to cause to be prepared and furnished to the department for decision a complete written transcript of the record of the hearing which contains all evidence introduced at the hearing and all pleas, motions, objections and rulings of the hearing officer.

Section 24. Notice of Hearing. Whenever a hearing is granted, the department shall give timely notice of the hearing to all parties and to other persons, if any, entitled to notice. Such notice shall state the time, place, and nature of the hearing; the legal authority and jurisdiction under which the hearing is to be held; the matters of fact and law asserted or to be considered and a request for an answer. The time and place for hearing will be fixed with due regard for the convenience and necessity of the parties or their representatives.

Section 25. Answer. (1) Within the time allowed by the notice of hearing for filing and serving an answer, the answer of a licensee, applicant or registrant shall fully advise the department and any other parties as to the nature of the defense or other position of the answering party, the issues he proposes to controvert and those he does not controvert, and whether or not he proposes to appear and present evidence. If facts are alleged, the answer shall admit or deny specifically each allegation of fact; or where knowledge is lacking, the answer may so state and the statement shall operate as a denial. Allegations of fact not denied shall be deemed to be admitted. Matters alleged as affirmative defenses or positions shall be separately stated and identified and, in the absence of a reply, shall be deemed to be controverted. The answer of an intervenor shall fully advise the department and other parties of his position and whether or not he proposes to appear and present evidence.

(2) If a party does not oppose any order or proposed action of the department embodied in or accompanying the notice of hearing or does not wish to appear and give evidence at the hearing, the answer shall so state. In lieu of appearing, the party may, if he chooses, submit a statement of reasons why the proposed order or sanction should not be issued or should be different than proposed, and the department will attribute such weight as it deems deserving to the written reasons.

Section 26. Reply. In appropriate cases the department may file and serve a reply to the answer or, if the answer affects other parties to the proceeding, the department or the hearing officer may permit such parties to file and serve a reply.

Section 27. Default. Failure of a party to file and serve an answer within the time provided in the notice of hearing or as prescribed herein or to appear at a hearing, shall be deemed to authorize the department in its discretion, as to such party:

(1) To find the facts alleged to be true and to enter such findings or order as may be appropriate, without further notice or hearing; or

(2) To proceed to take proof, without further notice, on the allegations or issues set forth in the specifications of issues.

Section 28. Admissions. After an answer has been filed, any party may file and serve upon the opposing side a written request for the admission of the genuineness and authenticity of any relevant documents described in or attached to the request or for the admission of the truth of any relevant matters of fact stated in the request. Each matter for which an admission is requested shall be deemed admitted unless within the time designated in the request, but not less than ten (10) days after service thereof or such further time as the hearing officer may allow upon motion and notice, the party to whom the request is directed serves upon the requesting party a sworn statement either denying the matters upon which the admission is requested or setting up the reasons why he cannot truthfully admit or deny such matters.

Section 29. Prehearing Conferences. (1) In order to provide opportunity for the settlement of a proceeding or any of the issues therein, or for agreement upon procedural and other matters, there may be held at any time prior to or during a hearing, upon due notice of the time and place given to all parties, such conferences of the parties as, in the discretion of the hearing officer, time, the nature of the proceeding, and the public interest may permit.

(2) Action taken at a prehearing conference may be recorded for appropriate use at the hearing in the form of a written stipulation among the parties reciting the matters upon which there has been an agreement. The stipulation shall be binding upon the parties thereto.

Section 30. Public Hearings. All formal hearings shall be public except in cases involving restricted data.

Section 31. Evidence in Formal Hearings. (1) Every party to the hearing shall have the right to present such oral or documentary evidence and rebuttal evidence and conduct such cross-examination as may be required for a full and true disclosure of the facts. The parties shall be encouraged to present evidence in written form.

(2) The hearing officer shall exclude all irrelevant, immaterial, or unduly repetitious evidence.

(3) Objections to the admission or exclusion of evidence shall state the grounds of objections. The transcript shall include the objections, the grounds and the rulings, but not the argument of the grounds unless ordered by the hearing officer.

(4) Any offer of proof made in connection with an objection taken to the ruling of the hearing officer, excluding or rejecting proffered oral testimony, shall consist of a statement of the substance of the evidence which the party contends would be adduced by such testimony. If the excluded material is documentary or written, a copy of such material shall be marked for identification and shall constitute the offer of proof.

(5) An official record of a governmental agency or an entry in such record, when admissible, may be evidenced by an official publication thereof or by a copy attested as a true copy by the officer having legal custody of the

record, or by his deputy, and accompanied by a certificate that such officer has the custody.

Section 32. Briefs. Briefs may be filed within ten (10) days after the close of the hearing provided; however, that the hearing officer may upon written application grant an additional period of time not in excess of sixty (60) days within which briefs may be filed.

Section 33. Findings and Order. The Commissioner for the Bureau for Health Services shall after reviewing the entire record of the hearing make his findings and enter his order. The findings and order shall be in writing and shall contain a statement of findings and conclusions upon all material issues of fact and law and shall be signed by the commissioner for health services of the department. The original thereof shall be filed as a part of the record of the case which shall be retained in the custody of the commissioner for health services unless an appeal is taken therefrom and one (1) certified copy of the findings and order shall be served on all parties to the proceeding.

Section 34. Appeals from Decisions of the Commissioner. Any person who is aggrieved by any ruling, decision or action of the commissioner for health services may appeal to the Secretary of the Department for Human Resources within thirty (30) days after service of said ruling, decision or action by filing with the secretary a written complaint setting out the ruling, decision or action complained of, the reasons that such person is aggrieved and the relief sought by such person as provided by KRS 211.260 and 211.090(1)(b). A copy of such complaint shall also be served by the appealing party upon any other party in interest. No new evidence shall be introduced and the appeal shall be tried upon the record prepared by the department or hearing officer. Additional briefs and oral arguments may be granted by the secretary. The secretary may affirm the findings and order of the commissioner for health services, or may reverse, modify or remand the case for further proceedings. Copies of the secretary's order shall be served upon the parties in interest.

Section 35. Waiver of Procedures. The parties to any hearing may agree to waive any one or more of the procedural steps which would otherwise precede the reaching of a final decision by the department.

Section 36. Public Records; Exceptions. Except as provided below all records shall be deemed public records and shall be open to inspection by the public. The following are not to be considered public records which are available for public inspection:

(1) Documents relating to personnel matters and medical and other personnel information, which, under general governmental personnel practices, are not normally made public.

(2) Intra-agency and inter-agency communications including memoranda reports, correspondence, and staff papers prepared by members of the department personnel, or by any other government agency for use within the department or within the executive branch of the government.

(3) Documents classified as restricted data under the Atomic Energy Act of 1954 or classified under Executive

Order of the President of the United States as restricted data.

(4) Correspondence received in confidence by the department relating to an alleged or possible violation of any statute, rule, regulation, order, license or permit.

(5) Any other document involving matters of internal departmental management.

(6) Any other matter required by law to be kept confidential or not available to public inspection.

(7) Names of individuals who have received exposures to radiation.

(8) The department may withhold any document or part thereof from public inspection if disclosure of its contents is not required in the public interest and would adversely affect the interest of a person concerned. Such withholding from public inspection shall not, however, affect the right of persons properly and directly concerned to inspect the document. Persons requesting that documents or information therein be withheld from public disclosure shall make prompt application identifying the material and giving the reasons. Where the applicant is responsible for the preparation of the document, he shall insofar as is possible segregate in a separate paper the information for which the special treatment is requested. The department may honor the request upon a finding that public inspection is not required in the public interest and would adversely affect the interest of the persons concerned. If the request is denied, the applicant will be notified thereof with a statement of the reasons.

Section 37. Hearings: Formal and Informal. (1) Formal hearings will be held in cases of adjudication of rights.

(2) Informal hearings will normally be held for the purpose of obtaining necessary or useful information.

WILLIAM P. McELWAIN, Commissioner

ADOPTED: February 13, 1976

APPROVED: C. LESLIE DAWSON, Secretary

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Secretary for Human Resources, Capitol Annex, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES Bureau for Social Insurance (Proposed Amendment)

904 KAR 1:010. Payments for physicians' services.

RELATES TO: KRS 205.550(4), 205.560(4)

PURSUANT TO: KRS 13.082, 194.050

NECESSITY AND FUNCTION: The Department for Human Resources has responsibility to administer a program of Medical Assistance under Title XIX of the Social Security Act. KRS 205.550(4) and 205.560(4) require that the secretary prescribe the methods for determining costs for vendor payments for medical care services. This regulation sets forth the method for establishing payment for physician services.

Section 1. Amount of Payment: Payment for covered services rendered to eligible medical assistance recipients is

based on the physicians' usual, customary, reasonable and prevailing charges.

Section 2. Definitions: For purposes of determination of payment: (1) Usual and customary charge refers to the uniform amount the individual physician charges in the majority of cases for a specific medical procedure or service.

(2) Prevailing charge refers to those charges which fall within the range of charges as computed by the use of a pre-determined and established statistical percentile. Prevailing charges for each medical procedure are derived from the overall pattern existing within each medical service area.

Section 3. Method and Source of Information on Charges: (1) Effective October 1, 1974, the individual fee profiles for participating physicians were generated from historical data accumulated from charges submitted and processed by the Medical Assistance program during all of calendar year 1973.

(2) Effective October 1, 1974, the title XIX prevailing fee maximums were generated from the same historical data as referenced in subsection (1) of this section.

(3) Effective October 1, 1974, the title XVIII, Part B, current reasonable charge profiles were utilized by the Medical Assistance program to comply with 45 C.F.R. section 250.30.

(4) Effective October 1, 1974, the title XVIII, Part B, current prevailing charge data was utilized by the Medical Assistance program to comply with 45 C.F.R. section 250.30.

(5) Percentile:

(a) The title XIX prevailing charges were established by utilizing the statistical computation of the seventy-fifth (75th) percentile.

(b) The title XVIII, Part B, prevailing charges were established by utilizing the statistical computation of the seventy-fifth (75th) percentile.

Section 4. Maximum Reimbursement for Covered Procedures: (1) Reimbursement for covered procedures is limited to the lowest of the following:

(a) Actual charge for service rendered as submitted on billing statement.

(b) The physician's median charge for a given service derived from claims processed or from claims for services rendered during all of the calendar year preceding the start of the fiscal year in which the determination is made; or

(c) The physician's reasonable charge recognized under Part B, title XVIII.

(2) In no case may payment exceed the prevailing charge recognized under Part B, title XVIII for similar service in the same locality.

(3) In instances where a reasonable charge for a specific medical procedure for a given physician has not been established under Part B, title XVIII, the prevailing charge recognized under Part B, title XVIII, for a similar procedure is utilized.

(4) In instances where neither a reasonable charge nor prevailing charge has been established for a specific medical procedure by Part B, title XVIII, the prevailing charge established under title XIX is utilized as the maximum allowable fee.

Section 5. Exceptions: Exceptions to reimbursement as outlined in foregoing sections are as follows:

(1) Reimbursement for physician's services provided to inpatients of hospitals is made on the basis of 100 percent reimbursement per procedure for the first fifty dollars (\$50) of allowable reimbursement and on the basis of a percentage of the physician's usual, customary and reasonable charge in excess of fifty dollars (\$50) per procedure, after the appropriate prevailing fee screens are applied. The percentage rate applied to otherwise allowable reimbursement in excess of fifty dollars (\$50) per procedure is established at sixty-two (62) percent. The percentage rate will be reviewed periodically and adjusted according to the availability of funds.

(2) Payment for individuals eligible for coverage under title XVIII, Part B, Supplementary Medical Insurance, is made in accordance with Sections 1 through 4 and Section 5(1) within the individual's deductible and coinsurance liability.

Section 6. The provisions of Sections (1) to (6) of this amended regulation shall be effective for all services rendered beginning January 1, 1976.

GAIL S. HUECKER, Commissioner

ADOPTED: February 13, 1976

APPROVED: C. LESLIE DAWSON, Secretary

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Secretary for Human Resources, Capitol Annex, Frankfort, Kentucky 40601.

(The regulation which follows, published originally in the August, 1975 issue [2 Ky.R. 111] was amended by the issuing agency following a hearing. The regulation as proposed to be amended will be considered by the Administrative Regulation Review Subcommittee at its meeting March 10, 1976.)

DEPARTMENT FOR HUMAN RESOURCES Bureau for Social Insurance (Proposed Amendment)

904 KAR 1:044. Mental Health center services.

RELATES TO: KRS 205.520

PURSUANT TO: KRS 13.082, 194.050

NECESSITY AND FUNCTION: The Department for Human Resources has responsibility to administer the program of Medical Assistance in accordance with Title XIX of the Social Security Act. KRS 205.520(3) empowers the department, by regulation, to comply with any requirement that may be imposed or opportunity presented by federal law for the provision of Medical Assistance to Kentucky's indigent citizenry. This regulation sets forth the provisions relating to services provided by Mental Health Centers for which payment shall be made by the medical assistance program to both the categorically needy and the medically needy.

Section 1. Covered Services: The following services provided by participating Mental Health Centers shall be

considered covered when rendered within Kentucky medical assistance program guidelines:

(1) Inpatient services, *as defined in 902 KAR 20:090*, when a center based psychiatrist renders the service, or when the psychiatrist deems it appropriate for the psychologist, psychiatric nurse, or master social worker to provide therapy for the patient.

(2) Outpatient services, *as defined in 902 KAR 20:090*, but not including services excluded from coverage under other provisions of this regulation if rendered by a *mental health professional from one of the four (4) principal disciplines* (psychiatrist, psychologist, psychiatric nurse, or master social worker). Services rendered by a staff member other than one of the above shall be covered only if the services is delivered in accordance with a plan of treatment [developed by one (1) of the four (4) principle disciplines and] approved by the psychiatrist.

(3) Partial hospitalization *as defined in 902 KAR 20:090* if (a) [i] the psychiatrist is present in the partial hospitalization unit on a regularly scheduled basis and assumes clinical responsibility for all patients; and (b) [ii] the program has direct supervision by a psychiatrist, psychologist, psychiatric nurse or master social worker.

(4) Home visits, *defined as visits by center staff to recipients in their homes*, if (a) [i] certified as a medical necessity by the psychiatrist or if the patient is homebound, and (b) [ii] provided by a *mental health professional from one of the four principal [principle] disciplines* and in accordance with an approved treatment plan.

(5) Detoxification services [units], when rendered by a center based psychiatrist in a detoxification unit.

(6) Psychological testing, if the tests are administered and evaluated by a certified clinical psychologist.

(7) Emergency services, *as defined in 902 KAR 20:090*, if the eligible recipient is seen in an emergency situation by any *professional or para-professional* member of the mental health staff.

(8) Personal care home services, if rendered by a *mental health professional from one [any] of the four (4) principal [principle] disciplines* (psychiatrist, psychologist, psychiatric nurse, or master social worker) to eligible recipients in personal care homes, *and including resocialization and/or remotivation services rendered to personal care home groups, if such group services are rendered* [shall be considered covered services. Resocialization and/or remotivation services rendered to groups, if rendered] in accordance with a plan of treatment [and if staff notes reflect the patients need for continued therapy].

(9) Diagnosis deferred, diagnostic category, only if provided by the psychiatrist or psychologist.

(10) Speech disturbance, diagnostic category, only if provided by a psychiatrist or psychologist.

(11) Services to clients in intermediate and skilled nursing facilities if provided on a one-to-one basis by the psychiatrist, psychologist, psychiatric nurse or master social worker in accordance with an approved plan of treatment.

Section 2. Non-Covered Services: The following mental health center services are non-covered:

- (1) Services of an educational or supervisory nature;
- (2) Speech therapy;
- (3) *Alcohol and drug* services [rendered by an Alcohol or Drug Counselor];
- (4) Consultation;
- (5) Collateral therapy;
- (6) Residential treatment for alcoholism;
- (7) Social and recreational activities for clients in intermediate care facilities or skilled nursing facilities.

GAIL S. HUECKER, Commissioner

ADOPTED: January 26, 1976

APPROVED: C. LESLIE DAWSON, Secretary

RECEIVED BY LRC: February 13, 1976 at 4 p.m.

Proposed Regulations

EXECUTIVE DEPARTMENT FOR FINANCE AND ADMINISTRATION

Board of Hairdressers and Cosmetologists

201 KAR 12:057. Uniforms.

RELATES TO: KRS 317A.060

PURSUANT TO: KRS 317A.010

NECESSITY AND FUNCTION: Beauty operators employed in beauty salons must wear clean, sanitary garments to prevent unsanitary conditions for the general public. The body must be covered to prohibit communication of infectious diseases through body contact.

Section 1. Licensed beauty operators in the State of Kentucky must wear a washable or dry cleanable garment

at all times. No shorts, bare midriff, or bare chest permitted.

CARROLL ROBERTS, Administrator

ADOPTED: February 2, 1976

APPROVED: WILLIAM E. SCENT, Commissioner

RECEIVED BY LRC: February 6, 1976 at 10:55 a.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Carroll Roberts, Administrator, Board of Hairdressers and Cosmetologists, 304 West Liberty, Suite 300, Louisville, Kentucky 40202.

**DEPARTMENT FOR HUMAN RESOURCES
Bureau for Health Services
Certificate of Need and Licensure Board**

902 KAR 20:059. Primary care center services.

RELATES TO: KRS 216.405 to 216.485, 216.990(2)

PURSUANT TO: KRS 13.082, 216.425

NECESSITY AND FUNCTION: This regulation, which relates to the operations and services of Primary Care Center Services, is being promulgated pursuant to the mandate of KRS 216.425(3) that the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board regulate health facilities and health services.

Section 1. Definition. A primary care center is a public or private community-oriented organization with permanent facilities that provides the entry point into the health care delivery system to primarily ambulant patients of all ages. A primary care center provides a variety of preventive, diagnostic, and therapeutic services administered by appropriately licensed or certified members of the health professions to meet usual health care needs in a manner that ensures the continuity of care. All primary care centers shall be characterized as follows. They shall:

- (1) Anticipate health care needs of the population they serve;
- (2) Facilitate access to diagnosis and treatment in the center and through referral to other health care providers;
- (3) Manage those conditions which have been diagnosed and/or treated by the center or other health care providers;
- (4) Provide diagnostic and treatment services for all age patients who do not currently require inpatient care, and who may have a variety of medical conditions;
- (5) Serve a defined geographic service area which is sixty (60) minutes or less travel time under normal conditions from the primary care center which is accessible by usual transportation and is visible in the community;
- (6) Emphasize services for the prevention of illness and improvement of health status;
- (7) Have a governing authority legally responsible for the conduct of the operations of the center;
- (8) Have linkages with other levels of care;
- (9) Assure continuity of care through a health record system;
- (10) Provide for one or more full-time physicians and one or more full-time mid-level practitioners on the staff of the center;
- (11) Provide for twenty-four (24) hour emergency medical services seven (7) days a week.

Section 2. Licensure and Certificate of Need. (1) A primary care center, as herein defined, shall not operate without having first obtained a certificate of need from the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board unless it was in operation prior to the effective date of this regulation.

(2) A certificate of need will be required for the addition or discontinuance of each extension service, as defined in this regulation, unless such extension services existed prior to the effective date of this regulation.

(3) A primary care center shall not operate without having first obtained a primary care center license from the Kentucky Health Facilities and Health Services Certificate

of Need and Licensure Board, in accordance with 902 KAR 20:007.

(4) The licensee of primary care centers may or may not serve in the capacity of administrator but shall be responsible for satisfactory compliance with Kentucky laws, regulations, and rules pertaining to the total operation of the designated facility.

(5) The license shall be posted in a public area of the facility in plain view of visitors.

Section 3. Organization and Administration.

(1) **Governing authority:** The center shall have a legally established governing authority fully responsible for the overall operation and performance of the center.

(a) The governing authority shall adopt bylaws in accordance with legal requirements and with its community responsibility, identifying the purposes of the center and the means of fulfilling them.

(b) There shall be full disclosure of the center's ownership.

(c) The governing authority shall appoint an administrator who will be a full-time staff member responsible for the twenty-four (24) hour daily operation of the center according to established policies, and for delegating that authority to another full-time staff member during his absence.

(d) The governing authority shall have responsibility for assuring the quality of care rendered in the center, shall provide the appropriate physical resources and personnel required to meet the needs of the patients, shall provide for the control and use of the physical and financial resources of the center, shall participate in planning to meet the health needs of the community, and shall conform to federal and state rules and regulations when applicable.

(e) The governing authority shall establish effective mechanisms to ensure the accountability of the center's medical staff and other personnel to the governing authority, and of the governing authority to the population served by the center.

(2) **Advisory body:** If the governing authority's sole purpose is not the delivery of primary care services and it is not a body consisting of persons widely representative of the community served (a representative governing authority consists of a majority of members who receive no monies from the center, who reside in the geographic service area and are consumers of the center's services), a representative advisory body to the governing authority shall be established and actively maintained (meeting at least quarterly), for the purpose of effective communication from and to the community at large.

(a) The advisory body shall at least annually review the policy, goals, and objectives of the center, as well as plans for future programs to determine if they are in accord with community health needs. It will make recommendations for changes deemed necessary because of deficiencies either discovered in periodic review or brought to the advisory body's attention by consumers, providers or community groups.

(b) If an advisory body exists, the center will make such known to the community it serves.

(3) **Administrative policies:** The center shall develop, and maintain on a current basis, written administrative policies covering all aspects of the center's operation, including financial accountability, staffing, assignment of responsibilities, and current operational plan. Such policies shall include:

(a) A description of organizational structure and allocation of responsibility and accountability;

(b) A description of referral linkages with inpatient facilities and other providers;

(c) Policies and procedures for the guidance and control of personnel performances;

(d) Description of services included in the center's program;

(e) A description of the administrative and patient care records and reports.

(4) Financial accountability: Included in the administrative policies required for primary care centers are the following:

(a) An expense and revenue accounting system following generally accepted accounting procedures with at least bi-monthly reports submitted to the governing authority.

(b) An annual audit conducted by a certified public accountant selected by the governing authority.

Section 4. Patient Care Policies. (1) The center shall develop and maintain written patient care policies and procedures governing all medical aspects of the center's program.

(a) The patient care policies shall be developed by the staff physician(s) and other professional staff of the center, and shall be approved by the governing authority.

(b) The center shall develop, and maintain a written protocol(s) applying to service provided by the center both for preventive health services as well as for illness and injury. Written protocols (i.e., standing orders, rules of practice, medical directives) are medical guidelines which explicitly direct the step-by-step collection of subjective and objective data from the patient. The protocols further direct data analysis and recommend explicit medical action depending upon the data collected and also include rationale for each decision made. The protocols are acceptable only when signed by the duly licensed staff physician of the center.

(c) A system will be established, such that, when appropriate, the patient is always cared for by the same health professional or health team, on both an inpatient and an ambulatory basis, to assure continuity of care.

(2) Patient bill of rights: The center shall adopt written policies regarding the rights and responsibilities of patients. These patients' rights policies shall assure that each patient:

(a) Is informed of these rights and of all rules and regulations governing patient conduct and responsibilities, including a procedure for handling patient grievances.

(b) Is informed of services available at the center and of related charges including any charges not covered under Medicare, Medicaid, or other third-party payor arrangements.

(c) Is informed of his medical condition, unless medically contraindicated (as documented in his medical record), and is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research.

(d) Is encouraged and assisted to understand and exercise his patient rights; to this end he may voice grievances and recommend changes in policies and services. The grievances and recommendations will be conveyed, within a reasonable time, to an appropriate decision making level within the organization which has authority to take corrective action, or to the advisory body if it exists (at the option of the patient).

(e) Is assured confidential treatment of his records and

disclosures of them, and is afforded the opportunity to approve or refuse their release to any individual not involved in his care except as required by Kentucky law or third-party payment contract.

(f) Is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in the care of his personal health needs.

Section 5. Services Provided. (1) Basic services: The center shall provide directly (except as noted) at least the following services:

(a) Medical diagnostic and treatment services of sufficiently broad scope to accommodate the basic health needs (including prenatal and postnatal care) of all age groups.

(b) Emergency services in accordance with Section 7:

1. Minor trauma management; services provided to treat lacerations, abrasions, sprains, strains, foreign bodies and other non-life supportive threatening injuries.

2. Acute illness.

(c) Preventive health services of sufficiently broad scope to provide for the usual and expected health needs of persons in all age groups.

(d) Education in the appropriate use of health services and in the contribution each individual can make to the maintenance of his own health.

(e) Chronic illness management. Includes any condition likely to require visits for services for many years.

(f) Laboratory, X-ray and treatment services shall be provided and these services may be arranged through other providers (need not be directly provided by the center).

(2) Supplemental services: The center shall provide additional professional services to complement the basic services provided in the program of the center. At least three (3) of the following services will be provided directly by the center during the scheduled hours of operation. The center shall establish linkages with those supplemental services which currently exist in the service area and which are not provided directly by the center.

(a) Pharmacy: licensed pharmacist;

(b) Dentistry: licensed dentist;

(c) Optometry: licensed optometrist or ophthalmologist;

(d) Midwifery services;

(e) Family planning;

(f) Nutrition;

(g) Social service counseling; and

(h) Home health services.

(3) Extension services: The center may provide primary care services on a temporary or regular basis in a location(s) separate from its permanent facility, provided any extension services are set forth in the licensure application and meet Kentucky Certificate of Need law requirements (KRS 216.405 to 216.485).

(a) The center shall have written policies and procedures pertaining to all aspects of the extension service, to include but not be limited to patient care (including protocol) and rights, services, medical records, linkage agreements, hours of operation and staffing.

(b) The extension service shall be located within the primary care center's service area.

(c) The governing authority of the center shall be responsible for all aspects of any extension services.

(d) The center's utilization review program shall include any extension services.

(e) A certificate of need will be required for the addition, reduction or relocation of each extension service

provided by the primary care center.

(f) Failure of any extension service to meet the requirements of subsection (3) of this section which apply to it will jeopardize the licensure status of the primary care center.

(4) Holding/observation accommodations: Utilization of holding/observation accommodations maintained by the center will be allowed within the limitations outlined below:

(a) Utilization of these accommodations will be limited to brief medical observation and/or recuperation in anticipation of transfer to an inpatient facility or to the patient's home.

(b) Decision to hold a patient shall be the responsibility of a physician(s) on the medical staff of the center.

(c) A licensed nurse shall be on duty at the center when a patient is held in the center's accommodations beyond regular scheduled hours.

(d) All procedures relating to the retention of, and the provision of health services to, patients held in the center's accommodations shall be set forth in the center's patient care policies.

Section 6. Primary Care Provider Team. The center shall have at least the following staff:

(1) **Physician:** The center shall have a duly-licensed, full-time physician, in active practice, who shall be responsible for all medical aspects of the center, and who shall perform direct medical services as indicated. If the center has only one (1) full-time physician, it shall have a formal written agreement with another duly-licensed physician(s), engaged in practice within, or reasonably near the locale of the center, who shall be available to perform direct medical services as specified in the agreement. Such physician(s) should be considered as a member(s) of the medical staff of the center.

(a) Physicians employed by or having an agreement with the center to perform direct medical services should be qualified to practice general family medicine. They might include general practitioners, family practitioners, obstetrician/gynecologists, pediatricians, and internists.

(b) Physicians employed by or having an agreement with the center to perform direct medical services should be members of the medical staff of, or hold at least courtesy staff privileges at, one or more hospitals with which the center has a formal transfer agreement.

(2) **Mid-level practitioner:** A category of health professionals which includes licensed registered nurses who have completed at least formal nurse practitioner training and/or who has completed an approved clinical specialist nurse training (the licensed nurse or the clinical specialist must have completed an approved nurse practitioner program by the first license renewal period), and/or a person who has been certified by the National Board of Medical Examiners of primary care. The mid-level practitioner works under the supervision of a licensed physician, and provides services according to established protocol. (See Section 4(1)(b).)

(a) **Mid-level practitioner:** The center shall have at least one (1) type of mid-level practitioner. The mid-level practitioner shall perform direct health services in accordance with applicable Kentucky laws within the framework of a written protocol and under the ongoing supervision of a staff physician.

(b) **Nurse:** The center shall have at least one (1) registered licensed professional nurse, unless the mid-level practitioner is a registered professional nurse.

Section 7. Hours of Operation and Coverage.

(1) Scheduled hours of the center's operation shall reasonably accommodate the various segments of the population served. Some provision shall be made for scheduled evening hours and/or weekend hours.

(2) The center shall make emergency services available twenty-four (24) hours per day, seven (7) days per week, either directly or through an alternate service.

(3) The center physician and/or mid-level practitioner shall be on call twenty-four (24) hours per day.

(4) During all hours outside the center's regular scheduled hours, an appropriate qualified person shall be on duty in the center. If the center has a written working agreement with a local hospital emergency room or another primary care center, after-hours staffing will not be required, provided:

(a) The alternate service is located within thirty (30) minutes, under normal conditions, travel time from the center;

(b) The alternate service is adequately staffed;

(c) The alternate service has a physician on call twenty-four (24) hours per day;

(d) The center maintains at least telephone screening, triage, and referral services for prospective patients to the alternate service during non-scheduled hours.

Section 8. Plan of Care and Medical Records. (1) The center shall establish and periodically update a comprehensive, written plan of care for all patients and/or family units, reflecting staff discussion of all medical and social information obtained relative to the patient and his family.

(2) The center shall maintain a type of family-centered medical records identifying all family members (a single patient may be considered a family unit). Medical records shall contain but not be limited to the following:

(a) Medical and social history, including data obtainable from other providers;

(b) Description of each visit and/or contact, to include condition and/or reason necessitating visit and/or contact, assessment, diagnosis, services provided, medications and treatments prescribed, and disposition made;

(c) Reports of all laboratory, X-ray, and other test findings;

(d) Documentation of all referrals made, to include reason for referral, to whom patient was referred, and any information obtained from referral source.

(3) Confidentiality of all patient records shall be maintained at all times.

(4) The center shall have policies providing for the retention and safekeeping of patients' medical records as required by Kentucky law.

(5) The center shall establish systematic procedures to assist in continuity of care where the patient moves to another area, or is referred, or transfers to another source of care, and the center shall, upon proper release, transfer medical records or an abstract thereof.

Section 9. Appointments, Scheduling and Altering System. The appointment and scheduling system will include an altering system which will guarantee the scheduling of all necessary or recommended diagnostic, therapeutic, or preventive procedures and services that the patient should have. This will take place in such a way as to allow the appropriate staff members and the patient to be automatically notified. Altering will take place for any

missed appointments, necessary procedure or service, preventive care and follow-up of any positive findings or for any positive diagnostic test. The record will be reviewed immediately for necessary action if the patient does not appear.

Section 10. Linkage Agreements. (1) The center shall have appropriate linkages through written agreements with providers of other levels of care which may be medically indicated to supplement the services available in the center. This includes linkages in each of the following categories:

(a) Various levels of inpatient services, specifically hospitals, skilled nursing facilities, intermediate care facilities, and personal care facilities;

(b) Other specialized services available in the service area not directly provided as a supplemental service in the center; (See Section 5(3).)

(c) Emergency medical transportation services in the service area;

(d) The mental health/mental retardation program in the service area.

(2) Linkage agreements with inpatient care facilities shall incorporate provisions for appropriate referral and acceptance of patients from the center, provisions for appropriate coordination of discharge planning with center staff, and provisions for the center to receive a copy of the discharge summary for each admission of a center patient.

(3) The written transfer agreements include designation of:

(a) Responsibility for transfer of information;

(b) Responsibility for provision of transportation;

(c) Responsibility for sharing of services, equipment, and personnel;

(d) Responsibility for provision of total care or portions thereof in relation to facility and agency capability.

(4) These linkage requirements shall not be construed as criteria for determining financial liability in the case of provision of services by the center through linkage agreements.

(5) Any center which does not have a linkage agreement with a required health service but which is found by the survey agency to have attempted in good faith to enter into such a linkage agreement, shall be exempt from the linkage agreement requirement if and for so long as the survey agency finds that it is in the public interest.

(6) The center shall be responsible for necessary follow-up services for patients referred to other levels of care.

Section 11. Outreach Program. In order to anticipate the health needs of the center's service area there shall be an ongoing outreach program which shall be described in writing and shall include:

(1) Methods by which the health needs in the service area are determined.

(2) Methods of evaluating whether health needs are being met.

(3) Projected goals of the center in fulfilling the health needs of the service area.

Section 12. Utilization Review and Medical Audit. In order to determine the appropriateness of the services delivered, the center shall establish medical audit and utilization review of services provided in the center. The center may use professional capabilities and assistance obtainable from other agencies and sources. There will be a written plan for utilization review developed by the center

including frequency of reviews and composition of the body conducting the review.

Section 13. Continuing Education. All center personnel shall participate in ongoing educational programs relating to their activities. These programs shall include thorough job orientation for new personnel, regular inservice training programs, emphasizing professional competence and the human relationship necessary for effective health care. Arrangements shall be made for professionals to attend appropriate educational workshops, institutes and seminars as often as possible.

Section 14. Fire and Disaster Plans. The center shall post and make available to all personnel a plan specifying procedures to be followed in case of fire, disaster, or other emergency.

(1) Fire and disaster drills shall be conducted at least twice a year and the results documented.

(2) There is an ongoing inservice training program for all personnel covering aspects of fire safety and the disaster plan.

Section, 15. Reports. Each center shall furnish an annual report to the Department for Human Resources which shall consist of statistical data on utilization of services, plus other information as requested by the Department for Human Resources on forms supplied by the department.

Section 16. Separability. If any clause, sentence, paragraph, section or part of these regulations shall be adjudged by any court of competent jurisdiction to be invalid, the judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part thereof directly involved in the controversy in which the judgment was rendered.

HOWARD L. BOST, Chairman

ADOPTED: January 14, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Howard Bost, Ph.D., Chairman, Kentucky Health Facilities and Health Services, Certificate of Need and Licensure Board, 275 East Main Street, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES Bureau for Health Services

902 KAR 50:002. Milk for Manufacturing Advisory Committee.

RELATES TO: KRS 217C.010 to 217C.990

PURSUANT TO: KRS 13.082, 211.090

NECESSITY AND FUNCTION: The Secretary for Human Resources is directed by KRS 217C.070 to appoint a Milk for Manufacturing Advisory Committee. This regulation establishes procedures for the selection of nominees for appointment to the Milk for Manufacturing Advisory Committee in accordance with KRS 217C.070.

Section 1. Procedure for the Selection of Nominees to the Milk for Manufacturing Advisory Committee. The

procedure for the selection of nominees for appointment by the Secretary for Human Resources to the Milk for Manufacturing Advisory Committee shall be as follows:

(1) The secretary shall appoint four (4) processors or representatives thereof. The Dairy Products Association of Kentucky or any other organization representing manufacturing milk processors in Kentucky may nominate two (2) candidates for each of the four (4) positions. In addition, any individual manufacturing milk processor may submit his own name for consideration for appointment.

(2) The secretary shall appoint two (2) producers or representatives thereof. The producer organizations listed below or any other organization representing manufacturing milk producers in Kentucky may nominate two (2) candidates for each position:

- (a) National Farmers Organization;
- (b) Kentucky Farm Bureau Federation;
- (c) American Dairy Association of Kentucky; and
- (d) D. I. Manufacturing. In addition, any individual manufacturing milk producer may submit his own name for consideration for appointment.

(3) The secretary shall appoint two (2) citizens at large to represent consumers. Any organization which represents consumers in Kentucky may submit two (2) names for each position for consideration for appointment. Such nominees shall not be directly connected with the producing, processing, or distribution of dairy products.

WILLIAM P. MCELWAIN, Commissioner

APPROVED: C. LESLIE DAWSON, Secretary

ADOPTED: February 13, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Secretary for Human Resources, Capitol Annex, Room 201, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES

Bureau for Health Services

902 KAR 50:005. Grade A Milk Advisory Committee.

RELATES TO: KRS 217C.010 to 217C.990

PURSUANT TO: KRS 13.082, 211.090

NECESSITY AND FUNCTION: The Secretary for Human Resources is directed by KRS 217C.070 to appoint a Grade A Milk Advisory Committee. This regulation establishes procedures for the selection of nominees for appointment to the Grade A Milk Advisory Committee in accordance with KRS 217C.070.

Section 1. Procedure for the Selection of Nominees to the Grade A Milk Advisory Committee. The procedure for the selection of nominees for appointment by the Secretary for Human Resources to the Grade A Advisory Committee shall be as follows:

(1) The secretary shall appoint three (3) processors or representatives thereof. The Dairy Products Association of Kentucky or any other organization representing Grade A processors in Kentucky may nominate two (2) candidates for each of the three (3) positions. In addition, any individual Grade A processor may submit his own name for consideration for appointment.

(2) The secretary shall appoint three (3) producers or representatives thereof. The producer organizations listed

below or any other organization representing Grade A milk producers in Kentucky may nominate two (2) candidates for each position:

- (a) Dairymen, Inc.;
- (b) National Farmers Organization;
- (c) Kentucky Farm Bureau Federation;
- (d) Huntington Interstate Milk Sales Association;
- (e) Cincinnati Coop. Milk Sales Association;
- (f) Southeastern Graded Milk Producers Association;
- (g) Dairy Products Association of Kentucky; and
- (h) American Dairy Association of Kentucky. In addition, any individual Grade A milk producer may submit his own name for consideration for appointment.

(3) The secretary shall appoint two (2) citizens at large to represent consumers. Any organization which represents consumers in Kentucky may submit two (2) names for each position for consideration for appointment. Such nominees shall not be directly connected with the producing, processing, or distribution of dairy products.

WILLIAM P. MCELWAIN, Commissioner

APPROVED: C. LESLIE DAWSON, Secretary

ADOPTED: February 13, 1976

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Secretary for Human Resources, Capitol Annex, Room 201, Frankfort, Kentucky 40601.

DEPARTMENT FOR HUMAN RESOURCES

Bureau for Social Insurance

904 KAR 1:055. Payments for primary care center services.

RELATES TO: KRS 205.520

PURSUANT TO: KRS 13.082, 194.050

NECESSITY AND FUNCTION: The Department for Human Resources has responsibility to administer the program of Medical Assistance in accordance with title XIX of the Social Security Act. KRS 205.520 empowers the department, by regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law for the provision of medical assistance to Kentucky's indigent citizenry. This regulation sets forth the method for determining amounts payable by the department for primary care center services.

Section 1. Basis of Payment: The department shall reimburse participating vendors on the basis of the allowable cost as established by the department using the title XVIII Principles of Reimbursement.

Section 2. Limitations on Payment: Allowable costs shall not exceed customary charges which are reasonable.

Section 3. Method of Determining the Payment Rate: The vendor shall submit to the department a schedule of customary charges for covered services. The department shall determine the reasonableness of the charges by comparison with charges for similar services as made by other providers of service within the medical service area and as corroborated by supplemental information which may be requested of the vendor as necessary by the

department. Payment shall be made at an interim rate determined using the previous year's allowable cost of covered services and making any adjustments required to bring the current year's rate of interim payment into agreement with current year's allowable cost. Such interim rate may be adjusted by the department during the vendor's accounting period to account for increase or decrease in allowable cost. Actual cost reimbursable to the vendor shall be determined on the basis of cost reports filed and after appropriate audits have been conducted by the department, and interim payments made throughout the year shall be retroactively adjusted to ensure that total payment for the year equals the reasonable allowable cost amount determined to be payable to the vendor for services rendered eligible recipients during that period.

Section 4. Record-Keeping and Reporting: The vendor shall complete an annual cost report on forms designated by the department not later than sixty (60) days from the end of the vendor's accounting year; the vendor shall maintain an acceptable accounting system to account for the cost of total services provided, charges for total services rendered, and charges for covered services rendered eligible recipients.

GAIL S. HUECKER, Commissioner

ADOPTED: February 13, 1976

APPROVED: C. LESLIE DAWSON, Secretary

RECEIVED BY LRC: February 13, 1976 at 4:00 p.m.

SUBMIT COMMENT OR REQUEST FOR HEARING

TO: Secretary for Human Resources, Capitol Annex,
Frankfort, Kentucky 40601.

Minutes

ADMINISTRATIVE REGULATION REVIEW SUBCOMMITTEE

February 4, 1976

(Subject to Subcommittee Approval at its next meeting on March 10, 1976.)

Chairman Moloney called the meeting to order and, with the concurrence of Representative Brinkley, announced that because Senator Johnson was needed in the Senate Chamber and Representative Brinkley had to be present for a roll call vote in the House Chamber, the meeting would recess until after the adjournment of both chambers or 4 p.m., whichever occurred first.

At the appointed time Chairman Moloney called the meeting to order in room 327 of the Capitol.

Members present: Senator Michael R. Moloney, Chairman; Senator Donald L. Johnson and Representative William T. Brinkley.

Guests: Johnny McDougal and Frank H. Julian, Murray State University; J. M. Myers and Herb Vescio, Eastern Kentucky University; Elmer Anderson and Morris Norfleet, Morehead State University; Marleen B. Ingle, E. W. Naye, Paul P. Borden and Henri Mangot, Kentucky Higher Education Assistance Authority; W. Barry Dixon, Centre College; John W. Frazer, Kentucky Independent Colleges and Universities; A. Y. Julian and Virgil F. Young, State Board of Business Schools; Harry V. Weber, Education Unlimited, Inc.; J. B. Mayhew, Bowling Green Business College; Joseph E. Hurn, Kentucky Association of Independent Colleges; Glenn D. Dexter, Draughon Business College.

LRC Staff: William H. Raines, E. Hugh Morris, Mabel D. Robertson, Paula Lay and Garnett Evins.

Press: Richard Wilson, The Courier Journal.

The minutes of the January 14 meeting were approved.

The following regulations were returned to the issuing agency:

11 KAR 5:015 was returned for the reason that it was duplicative and unnecessary because each regulation is in full force and effect from its effective date, can be amended to meet future needs, and repealed when no longer applicable. Additionally, the proposed regulation cited three regulations rejected by the subcommittee, thus rendering it further inapplicable.

11 KAR 5:020 was returned for the reason that the regulation contained definitions which were substantially in conflict with statutory definitions.

11 KAR 5:030 was returned for the reason that the regulation exceeded statutory authority in requiring that a student be enrolled as a "full-time" student for eligibility, whereas KRS 164.749(1)(b) states: "Are planning to enroll or are enrolled as at least half-time students . . ."

11 KAR 5:085 was returned for the reason that although it may be desirable to encourage students to apply

for basic grants, there is no statutory authority for penalizing those students who do not apply.

The following regulations were approved and ordered filed:

Kentucky Higher Education Assistance Authority

KHEAA Programs

11 KAR 4:020 Denial, probation, suspension or revocation of institution eligibility to participate in Authority programs.

KHEAA Grant Programs

11 KAR 5:010 Authority, purpose, name of grant programs.

11 KAR 5:040 Forms to be used by eligible institutions.

11 KAR 5:050 Student application.

11 KAR 5:060 Award determination procedure. (Amended)

11 KAR 5:070 Notification of award.

11 KAR 5:080 Disbursement procedures.

11 KAR 5:090 Refund policy.

11 KAR 5:100 Records and reports.

11 KAR 5:101 Repeal of 1975-76 regulations.

Kentucky Employees' Retirement System

General Rules

105 KAR 1:010 Contributions and interest rate. (Amended)

Department for Fish and Wildlife Resources

Fish

301 KAR 1:145 Gear allowed for commercial fishing. (Amended)

Hunting and Fishing

301 KAR 3:051 Wild turkey; gun and archery season.

Department of Agriculture

Livestock Sanitation

302 KAR 20:070 Stockyards. (Amended)

Department of Justice

Kentucky Crime Commission

500 KAR 5:005 Commission's meeting dates. (Amended)

500 KAR 5:015 Filing period for grant applications. (Amended)

Department of Labor

Occupational Safety and Health

803 KAR 2:020 Adoption of 29 CFR Part 1910. (Amended)

803 KAR 2:161 Repeal.

Occupational Safety and Health Review Commission

803 KAR 50:010 Hearings; procedure, disposition. (Amended)

The meeting adjourned at 6 p.m. to meet again on Wednesday, March 10, 1976 at 10 a.m. EST in Room 9 of the Capitol.

Administrative Register ^{of} *kentucky*

Cumulative Supplement

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